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INDIAN "SELF-GOVERNMENT" AND COMMUNITY CONTROL IN CANADA:

A CASE STUDY OF KAHNAWAKE

by

Ellen Bobet

**A thesis submitted to the Faculty of Graduate
Studies and Research in partial fulfillment of the
requirements for the degree of Master of Arts
Department of Sociology and Anthropology**

Carleton University

December, 1988

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A CASE STUDY OF KAHNAWAKE

submitted by Ellen Bobet, B.Sc.

in partial fulfilment of the requirements for
the degree of Master of Arts

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January 11, 1989

ABSTRACT

This case study of the Kahnawake reserve focusses on the community's control over its health and social service programs during the period from 1960 to 1988. Using a combination of interviews and file documents, it seeks to determine the degree of community control of these programs, and the factors that allowed the community to develop such control. The development of autonomy at Kahnawake is explained in terms of larger trends within the Canadian and Quebec states, and in terms of the particular features of the community's relationship with state departments. It is demonstrated that although Indian communities may not be able to achieve complete independence in the current context, substantial gains in autonomy are possible.

Acknowledgements

This thesis would not have been possible without the help of the numerous people, both at Kahnawake and within government departments, who generously provided interviews and made the data-collection phase so interesting. Special recognition is due to the staff of Kahnawake Community Services, who allowed me to "land" on their organization, ask strange questions about their programs, and abscond with their working files. In particular, I would like to thank Donald Horne, who cheerfully stuck to his original commitment to provide help and documents; and Keith Leclaire, who provided valuable advice and support at various times throughout the process. I would also like to thank those who made academic contributions to this thesis, especially the members of my committee, Daiva Stasiulis and Frances Abele, who provided insightful comments and critiques.

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LIST OF ACRONYMS

AFN	Assembly of First Nations
CRSSS	Conseil régional de santé et services sociaux (regional health and social services council)
CSS	Centre de services sociaux (Social Service Centre)
DIAND	Department of Indian Affairs and Northern Development
KADAP	Kahnawake Alcohol and Drug Abuse Prevention Program
KMHC	Kateri Memorial Hospital Centre
KSS	Kahnawake Social Services
MAS	Ministère des affaires sociales, now called Ministère de la santé et des services sociaux (Quebec Ministry of health and social services).
MSB	Medical Services Branch (federal ministry of Health and Welfare)
NADAP	National Native Alcohol and Drug Abuse Prevention Program
SAGMAI	Secrétariat des affaires gouvernementales en milieu amérindien et inuit. Now called Secrétariat aux affaires autochtones (Quebec's secretariat for native affairs)

CHAPTER 1: INTRODUCTION

The period since 1945, and especially since 1969, has seen a trend towards the transfer of federal responsibilities for Indian communities to provincial governments and to the communities themselves. These initiatives have ranged from simply hiring a community member to perform administrative duties formerly done by government personnel; to "devolution" initiatives whereby programmes such as the prevention of alcohol and drug abuse are administered by the community, and to some extent tailored to its needs; to the recent recommendations in the Penner Report¹ for Indian self-government. The Penner Committee recommended recognition of First Nations as a distinct order of government in Canada, able to exercise powers similar in scope to those presently exercised by the provinces. The specific powers of each First Nation were to be determined through negotiations between the Indian group concerned and the government.

Although in recent years both federal officials and Indian organizations have advocated "self-government" as a solution to the problems experienced by Indian communities, there is considerable controversy about what is involved in the concept. Many Indian communities have been reluctant to adopt the model currently proposed by federal ministries, which entails applying for a delegation of ministerial

authority over specific areas. Although much attention has been devoted to the various possible models of self-government, there is little concrete material on how much autonomy Indian communities currently have, and how they obtained it. In this context, it is useful to look at Indian communities that seem to have achieved a considerable degree of local control without formally applying for "self-government" according to the current federal conception.

Kahnawake appears to be a good choice for a case study of this type: its leaders have explicitly rejected the Penner model, yet the band seems to control a large number of its own institutions and services, including a police force, a high school, a variety of social services, a local court system, an alcohol/drug abuse treatment centre, and a hospital. This case study focusses on the health and social services at Kahnawake, and will attempt to answer two questions:

- (1) What degree of 'self-government' does Kahnawake have in the area of health and social services? That is, how 'separate' can these institutions really become, in the existing situation?; and
- (2) What are the factors that have made this degree of autonomy possible? That is, what factors have allowed the band to extract resources from the state in order to build separate institutions? This covers questions like: How does the band manage to establish, fund, and

perpetuate its own institutions? And, what ideology is presented to funding agencies to justify this process?

In practical terms, this study is intended to shed some light on the factors involved in the development of local control, and hence on the likelihood that other communities can similarly gain such control. It should also help to highlight the constraints and limitations of Indian self-government in the current context. On a theoretical level, the study attempts to elucidate the nature of the relationship between Indian groups and the state, specifically in terms of how state policies structure a situation, and how bands exploit possibilities and contradictions within the state. Because the Kahnawake band is also extracting resources from the Quebec government, the case study should help to fill a gap in the existing literature, which has largely neglected the role of the provinces in Indian affairs.²

The theoretical framework adopted for this study draws on some of the literature relating to the nature of the state, and to the role of state institutions and policies in structuring the form of social conflict. Two premises underly the choice of theoretical framework: First, that any explanation of Indian self-government in Canada must accord a prominent place to the role of the state, and to the ways

in which the institutions and policies already in place structure the situation; and second, that it must be able to take account of resistance, and of the reaction of Indian communities to the existing situation. Accordingly, an approach is adopted in which changes in community autonomy are interpreted as an interplay between existing state institutions and policies, band actions, and the specific interests of the state.

The methodology employed for this study will be considered in some detail, because of its impact on the type of data obtained. Methodological issues are considered under three headings, dealing with the scope of the study, the sources of information, and the advantages and limitations of the approach employed.

Scope of the study

The study focusses on the period from 1960 to March 1988. This covers the years during which Kahnawake gradually assumed almost complete control of a variety of health and social services. At present, the category "health and social services" includes a 43-bed hospital, a volunteer ambulance service, a program for handicapped children, a treatment centre for alcohol and drug dependency, and a series of programs coming under the general umbrella of "Community Services": Community Health Representatives, an alcohol prevention program, a resource

centre, a film library, and services relating to adoption, delinquency, psychological counselling, homes for the destitute, etc. Of these, the three main institutions, around which most of the others revolve, are the Kahnawake Community Services agency, the hospital, and the alcohol treatment centre. The present study focusses primarily on Kahnawake Community Services and the hospital. The alcohol treatment centre is considered only in passing, as investigation revealed that its degree of autonomy and mode of functioning closely paralleled that of some of the Community Services programs.

Within this context, the study focusses on two aspects. The first is the extent of self-government in health and social services. This was operationally defined in terms of the community's ability to determine what programs should be offered; how much service should be provided; what the content of these programs should be; and what the relative priority of each program should be. This necessitated gathering information on the origin of the various services offered, on the type and extent of services provided, on who determined the form and content of these services, and on the band's ability to shift funding and personnel to services that it considered to be of high priority.

The second aspect of the study focusses on the factors that impeded or facilitated the development of autonomy in

health and social services. Some of these factors relate to the community itself, such as its political stance, degree of internal unity, physical location, etc. However, to explain the functioning and degree of autonomy of health and social services it is necessary to understand not only the community's interests and actions, but also the interests of the federal and provincial governments in this area, since they supply almost all of the funding for these services as well as imposing legal and political constraints on the community's freedom of action. Therefore it was decided that information had to be collected not just about the community, but also about the provincial and federal ministries most involved with it, namely the federal Departments of Indian Affairs and Health and Welfare, and the provincial Ministry of Health and Social Services and Secretariat aux affaires autochtones.

Sources of information

Given the nature of the questions to be examined, it seemed best to adopt a methodology that would allow issues to be discussed in depth; that would allow for some historical perspective, so as to show how health and social services have evolved since 1960; and that would allow information to be collected from both band and government sources. It was also necessary to have an approach that

would allow for discussion of sensitive topics, which respondents might be reluctant to commit to paper. In order to meet these objectives, the methodology adopted included three main facets. The most important source of information was a series of open-ended interviews with informants within the community, and within the government agencies most involved with health and social services to native peoples. In addition, file documents relating to health and social services were examined for Kahnawake Community Services and the Kateri Memorial Hospital Centre. Finally, periodical and newspaper articles were used to build up a general picture of the context within which Kahnawake's health and social services developed over the 1960-87 period.

Interviews.

The most important source of information for the study was a series of unstructured interviews with persons involved with the development of health and social services at Kahnawake, and with employees of those government agencies most involved with them. The study was facilitated by the fact that many of the informants had been active in the area for long periods of time, so were able to provide first-hand descriptions of developments over time.

A total of 26 interviews were conducted, with 21 different informants. On average, the interviews lasted 1 1/2 hours. They typically included questions about the

origin of a service or program; how it was established and maintained; its source of funding and funding arrangements; how its content was determined; whether there were financial or administrative reporting requirements or externally imposed program guidelines; and the relationship of that program to other programs and services, both within the community and outside it. In addition, government respondents were asked about their government's overall policies and orientations on native matters, about their relationship with the other level of government (federal or provincial), and about the extent of coordination between the various departments involved. Informants within the community were asked about links with neighbouring services, with other native communities, and with native organizations. Those on Council provided information on the political stance of the Kahnawake band, and about band revenue from sources other than government.

Informants at Kahnawake included various employees of Community Services: a Community Health Representative, the manager of the Kahnawake Alcohol and Drug Abuse Prevention Program, and persons involved in providing services as such counselling, organization of community programs, youth protection, etc. The Director of Social Services was a valuable informant, having been employed within Social Services since 1973, and directly responsible for all the initiatives regarding the transfer of social services to

band control. Besides the people contacted within Community Services, the Executive Director of the alcohol treatment centre was also interviewed, as were two representatives from the hospital. Finally, members and employees of the Mohawk Council provided information on the negotiations with the Quebec government regarding the hospital, and on the community's financial situation.

Respondents within the federal government included two representatives of the Medical Services Branch of Health and Welfare Canada, and the person responsible for coordinating social services within the Quebec office of the Department of Indian Affairs. Within the provincial government, informants included persons currently and formerly employed by the *Secretariat aux affaires autochtones* (the agency responsible for coordinating the response of the various Quebec ministries on native issues); the Director of Liaison with Northern Regions at the Ministry of Health and Social Services; and the Director of Youth Protection at the regional Social Service Centre, which has a long history of involvement with Kahnawake.

In evaluating the information obtained from these interviews, it is worthwhile to discuss the question of access to informants, because the nature of this access may have some influence on the type of information obtained. At present, it appears that almost any aspect of life in Kahnawake has political implications: as an example, even a

seemingly innocent item of information, such as the population, has political repercussions, since much government funding is provided on a per capita basis. In addition, there is apparently some feeling in the community that students and researchers appear to collect information, then are never heard from again. As a result, it can be somewhat delicate to do research in the community: to do so over any extended period of time would seem to require at least one good contact person, who can explain the community structure and facilitate access to informants by providing a sort of character reference.

Access for this research project was facilitated by an arrangement with the Director of Social Services, whereby I exchanged a period of work on the planning of a community survey for co-operation within Community Services with my own research. The survey project involved identification of the data needed by the personnel of Community Services and the Kateri Hospital, questionnaire design, and some input into the sampling methodology. In addition to being something that could be "traded" for interview time, the survey project allowed initial contacts to be made in those agencies not directly coming under the umbrella of Community Services, for example, the hospital.

The arrangement described above may have influenced the nature of the information obtained in two ways. First, the fact that I had already worked on a community project,

and was known to various people within health and social services facilitated access to informants, and may have influenced their willingness to provide certain types of information. On the negative side, being associated with the Director of Social Services might mean that in cases where informants were in conflict with Social Services, certain types of information would be withheld or distorted. The amount of bias introduced by this factor is probably not very significant, since the study focussed primarily on relations with agencies outside the community rather than on politics internal to the community.

Review of files

Where possible, file documents were used to complete the picture of how health and social services developed at Kahnawake, and the environment in which they operate at present. The files typically included documents such as reports, position papers, letters, and memoranda. They also included copies of operating procedures, Contribution Agreements with government departments for various programs, Mohawk Council resolutions relating to health and social services, and details on budgets and staffing. Such files typically constituted the only written material available on the development of health and social services, and were particularly useful in those cases where interviewees did not have long experience in the area, or had not been

present during critical periods or events. File documents also tended to show the process of negotiation and the initial positions of the parties involved, where respondents typically focussed on the final decisions reached. Finally, file documents provided valuable background information, allowing more specific questions to be formulated and thereby helping to focus the interview process.

Access to file documents was obtained for two of the three main agencies of health and social services at Kahnawake, namely Community Services and the alcohol treatment centre. It was not possible to review such files for the hospital. This was unfortunate, because the hospital had recently negotiated a special agreement with the province for construction of a new building, and information on the negotiation process was to provide insight into the nature of the community's relationship with the provincial government. Fortunately, the lack was somewhat compensated for by the fact that the provincial **Secrétariat aux affaires autochtones** had also maintained a file on the negotiation process, and was prepared to provide access to it.

Review of events at Kahnawake since 1960

The third and least important component of the methodology employed for this study involved a review of existing sources of information on events within the community since 1960. This review necessarily relied mainly on newspaper and magazine articles produced over the period, and was intended primarily to provide a context for the study of Kahnawake's health and social services. It was undertaken in recognition of the fact that developments within the area of health and social services did not occur in a vacuum, but rather were part of a more general trend towards "regaining control" within Kahnawake at the time. Further, knowledge of past events and positions was helpful in understanding the current organization of the community, its internal dynamics, and the ideology presented both internally and to outside agencies.

Strengths and limitations of the methodology

The methodology for this study was intended to permit an examination of the degree of autonomy of Kahnawake's health and social services in terms of its insertion into a larger political and economic context. The approach adopted had the advantages of providing some historical perspective, and an opportunity to explore in detail how the actors themselves perceived the situation. These individual

perceptions are particularly relevant to an understanding of the situation, in that they informed other actions taken by the same people. Relying on several different sources of information allowed a more complete picture to be built up than would otherwise have been the case, by approaching the topic from several different angles.

It must be recognized, however, that the extensive reliance on information obtained from interviews may introduce some bias into the study. Not only might informants selectively emphasize, de-emphasize, or suppress certain types of information, but there is also the possibility of interviewer bias, which is particularly a concern in the case of unstructured interviews. Attempts were made to reduce this bias through interview techniques such as the use of neutrally phrased questions and probes. An awareness of the political implications of some of the questions, and of the likelihood of distortion, allowed this possibility to be taken into account in framing interpretations. However, it is unlikely that sources of bias were entirely eliminated or compensated for, therefore the conclusions in many cases are necessarily tentative in nature. The use of newspaper articles to provide a recent history of the community may also introduce some bias, in that it seems likely to produce a somewhat sensationalist version of events. Finally, the study shares the limitations inherent in any case study, namely that while it

can provide a detailed analysis of the community under consideration, the findings cannot necessarily be generalized to other communities. Despite these limitations, on balance it seemed that a case study was the most useful approach, given the paucity of existing studies on the conditions that enhance or limit a community's ability to gain autonomy.

The data for this study are organized as follows:

Chapter two begins by briefly placing the "self-government" issue in historical context, then goes on to consider how Indian self-government can be defined and measured. From there, it moves into a consideration of how the development of self-government can be understood. This involves explaining the nature of the state and its impact on the form of social conflicts. At a lower level of abstraction, it involves understanding the interests and positions of the main parties involved in the self-government debate, namely the federal and provincial governments and the Indian groups concerned. Finally, it involves considering what factors influence the relationship between the three parties in such a way as to either promote or hinder the development of community autonomy.

The following four chapters present the case study material from Kahnawake. Chapter three provides an overall profile of the community, so as to put the health and social

service programs in context. It describes the demographic and social conditions in the community, and traces some broad features of its history. Events since 1960 are considered in some detail, since this is the period covered by the case study.

Chapters four through six focus specifically on some of the health and social service programs at Kahnawake: chapter four looks at the Kateri Memorial Hospital Centre, while chapters 5 and 6 examine the Community Services programs. The format of each chapter is broadly similar: In each case, a basic description of the program is followed by a consideration of its origins and development, in an attempt to identify changes in the level of community control over time. This is followed by an overall assessment of the level of community control, and an analysis of the factors that affected the community's ability to gain such control.

The final chapter attempts to identify the common features involved in the development of community control over the three health and social service institutions, and to draw some more general conclusions regarding the nature of the relationship between Indian groups and the state. It concludes with a consideration of the possibilities for increased self-government in other Indian communities, and some suggestions for further research.

ENDNOTES

1. Canada, Parliament. House of Commons Special Committee on Indian Self-Government (committee chaired by Keith Penner). Indian Self-Government in Canada: Report of the Special Committee. (Ottawa: Queen's Printer for Canada, 1983.)

2. J. Rick Ponting and Roger Gibbins, Out of Irrelevance (Toronto: Butterworths, 1980): 317-318.

CHAPTER 2: INDIAN "SELF-GOVERNMENT": A THEORETICAL OVERVIEW

INTRODUCTION

The purpose of this chapter is to develop an analytical framework for understanding the development of Indian political autonomy in Canada. The discussion is divided into three main parts: the first consists of a brief overview of the origins of Indian "self-government" as an issue, and seeks to place the discussion in context. The second focusses on the meaning of "Indian self-government", and on how it should be measured. The final section is based on the premise that an analysis of the development of band autonomy requires an understanding of the nature and interests of the principal actors involved. In this case, the principal actors are clearly the state (federal and provincial) and the Indian group(s) concerned. It is argued that the development of band autonomy in Canada is best understood as a process of interaction between the state and the Indian group concerned. In general terms, this requires an understanding of the nature of the state, of how state policies and actions might affect the form and content of political cleavages and social conflict, and of how social conflicts might in turn influence state actions and policies. At a lower level of abstraction, this involves considering the interests and policies of the federal and provincial governments in Indian matters; the resistance of

Indian groups to the existing situation; and the factors that affect the relationship between the two groups and their relative power at any given moment. It is argued that a unique historical and legal framework has governed Indian issues in Canada, and that this framework has shaped the nature and form of social cleavages and collective action. Specifically, it has tended to encourage affiliation on the basis of shared ethnicity or community, and to promote demands for increased community autonomy and control.

Existing studies of the factors affecting the ability of Indian groups to increase their autonomy are then reviewed. On the basis of this review, it is suggested that the ability of Indian groups to extract significant concessions from the state appears to vary considerably. It is argued that the factors responsible for this variation have not been systematically identified, particularly in the case of southern-Canadian communities, and that there is a need for exploratory studies to examine what these factors might be. It is also argued that the existing literature has almost entirely neglected the role of provincial governments in the process of gaining autonomy, and that further analysis of this aspect is necessary.

ORIGINS OF INDIAN SELF-GOVERNMENT AS AN ISSUE

The emphasis on "self-government" as a way of

restructuring the relationship between Indian peoples and the rest of the country is a fairly recent phenomenon. The need to change the existing relationship apparently sprang from a number of causes, including a renewed demand for lands occupied by native peoples, as multinational companies expanded into the Northwest Territories¹ and as provincial governments began to support industrial development of their northern areas. The need for a new form of accommodation can also be traced to the vehement rejection of the 1969 White Paper by Indian groups, and to its role in creating unity.² Finally, it has been suggested that the recognition and funding of native associations during the 1970s also provided impetus for change.³

It is in this context that proposals for self government first became prominent. The most forceful statement of these proposals from the government side came in the 1983 report of the House of Commons Special Committee on Indian Self-Government, chaired by Keith Penner. The report advocated that First Nations should be recognized as a distinct order of government, and that this recognition should be entrenched in the Constitution.⁴ The Committee also recommended that while awaiting constitutional entrenchment, the federal government and First Nations should pursue other avenues leading to the implementation of self-government.

Accordingly, early in 1984, the Department of Indian

Affairs (DIAND) introduced an enabling bill (Bill C-52), the "Indian Self-Government Act". This bill set out a far more limited range of powers than had been recommended in the Penner Report. It specified that the powers of First Nations would be acquired by agreement with the Minister of Indian Affairs, and that their decisions and laws could be disallowed by Cabinet. In addition, First Nation governments would be subject to regulations in matters such as taxation, powers of imprisonment, and charges for public services.⁷ As Nicholson has argued, this conception of self-government precluded sovereignty, separate judicial or educational systems, and total control of the land base.⁸ In the end, however, the enabling legislation was never passed, with the result that, although the federal government remains committed in theory to the principle of Indian self-government, negotiations with First Nations continue to take place within the existing framework of the Indian Act and DIAND's established policies.

MEASURING INDIAN SELF-GOVERNMENT

Although in recent years both federal officials and Indian organizations have advocated "self-government" as a solution to the problems experienced by Indian communities, there is considerable controversy about what is involved in

the concept. As Hawkes has noted,

The wide variety of views as to what aboriginal self-government means - ranging from 'nationhood' to local school boards - has yet to be clearly articulated and fully elaborated.

In part, the confusion stems from the multidimensional nature of the concept. As Hawkes⁹ has pointed out in his typology of models of self-government, such arrangements can vary in terms of at least three major dimensions: their amount of independence from federal and provincial governments; their geographic scope (local or regional); and their type, meaning whether they constitute public government of an entire area, or ethnic government governing only a subset of that area's people. Besides the dimensions identified by Hawkes, much debate has also centered around the specific areas of jurisdiction, such as education or economic development, that should be controlled by Indian governments. Examples are the Penner Report's conclusion that Indian governments should probably control matters of social and economic development, use of land and resources, economic development, and justice;⁹ or the position of the government of Quebec that native peoples are entitled to control their own institutions in the areas of culture, education, and health care.¹⁰

This plurality of views about the type of "self-government" to be exercised by Indian groups is reflective of the great diversity in the material circumstances of Indian communities across the country. These range from

large, urban communities with economies built around wage labour, as in Kahnawake; to small communities with few resources, accessible only by air, as in the northern parts of some provinces; to areas where substantial proportions of the population engage in a subsistence mode of production, as in the North or the James Bay area of Quebec. Not surprisingly, no one model has been found that "fits" such varying circumstances.

The "self-government" agreements reached to date, such as the James Bay Agreement, or the Cree-Naskapi Act, have frequently been criticized on the grounds that they constitute self-administration rather than actual control of programs." However, explicit definitions of what would constitute "true" self-government are noticeably absent from the existing studies, due to the difficulty of finding one definition or criterion that would accommodate the diversity of situations in existence. Although most of the existing discussions of self-government share the common theme of an increase in control by Indian communities over the forces shaping their lives, the difficulty then becomes to determine what amount of control is necessary for a community to be considered self-governing.

Since there is no obvious "cut-off point" to determine when a community is self-governing, the most useful approach is to conceptualize self-government as a continuum. This is the approach adopted by Kelly-Ann Speck in her case study

Aboriginal Self-Government and Community Development."

Speck applies a community-development framework to the understanding of aboriginal self-government, and conceptualizes self-government as a continuum of community "empowerment". The concept is then operationalized by measuring changes over time in the level of empowerment along political, social, economic and cultural dimensions (for example, economic efficacy is measured by indicators such as the degree to which the community can provide gainful employment for its members).

Speck's model was designed to create an overall picture of the political, social, economic and cultural efficacy of a community taken as a whole. As such, it cannot simply be applied to the present analysis of the degree of self-government within specific community programs. The conceptualization of "self-government" as a continuum will be retained, however, as it seems to provide a useful analytic tool. Similarly, Speck's approach to evaluating self-government in terms of changes over time will be retained as the most practical method for a community case-study of this type.

EXPLAINING THE DEVELOPMENT OF INDIAN SELF-GOVERNMENT

The State and the Form of Social Conflict

It is argued in this section that the origin and form

of demands for Indian "self-government" or control in Canada is best understood as a dialectic between the policies and actions of the federal and provincial governments and those of the Indian groups concerned. Such an analysis focusses primarily on political processes, and on the nature of the state, rather than on purely class-based explanations. This is not to deny the existence of class dynamics, or the fact that most Indian people share a particular relationship to the means of production. It is, however, an argument that a focus on this relationship alone is not sufficient to explain the emergence and form of demands for increased community control. Specifically, it is not sufficient to explain why demands for "self-government" or increased local control are framed in terms of common ethnicity or community membership, rather than in class terms. As Valentine has argued,

A common view of Canada's native peoples is that they constitute a social class or subclass within Canadian society. Since they are the most impoverished group in Canada, the class position assigned to them is the lowest, lumped in with unskilled, immigrant workers recently arrived in Canada. A major difficulty with this view is that it obscures the extraordinary relationship that native people bear to the federal government.

This statement underlines the importance of considering the ways in which the state has mediated the relationship between Indian peoples and other classes and groups. Other researchers have similarly emphasized the need to give state policies and structures a central place in any analysis of

the situation of Indian peoples. For example, Noel Dyck claims that

The history of Canadian Indians has been indelibly marked by legal and social boundaries that have segregated them from other Canadians. (....) it is important to understand their longstanding relationship with the federal government, for the impact of federal administration upon Indians' social and cultural organization has been enormous. (....) In consequence, the starting point for an analysis of the aspirations and activities of a contemporary Indian political association must be the institutions that have dominated Indians and the circumstances that have rendered them an economically marginal, socially stigmatized and politically powerless people.

These comments point to the need for an explanatory framework that provides an understanding of the nature of the state and the impact of its policies and actions. That is, it must provide a framework for understanding both the state's ability (or inability) to accommodate some objectives of non-dominant groups such as Indian peoples, and its impact on the form of protest. The state's ability to pursue goals that do not directly serve the interests of dominant classes or fractions (ie its relative autonomy) has been the topic of much debate, particularly within the neo-marxist literature.¹⁹ These perspectives have generally fallen into three broad categories:²⁰ "derivationist" theories, which argue that the nature of the state is determined by inherent contradictions of capitalist development such as the tendency for the rate of profit to fall; "class struggle" theories, which view the state as a site of class struggles; and the "independent state" theory

first advanced by Offe, which views the state as a mediator of class struggle, obliged for its own survival to promote capital accumulation, yet also obliged to maintain an appearance of neutrality and legitimacy.¹⁷ Of these, the "independent state" theories appear to be the most useful for understanding the Indian situation in Canada, because they allow for the possibility of considering movements not explicitly based on class. In addition, this perspective has given rise to a new body of literature focussing on the state as an institution and as an actor in its own right. Put forward by researchers such as Skocpol, Evans, Rueschemeyer and Katznelson,¹⁸ the "neo-institutionalist" perspective contends that

As Cardoso observes, one cannot see the state 'just as an expression of class interests, without recognizing that such an expression requires an organization which, since it cannot be other than a social network of people, exists in its own right and possesses interests of its own.'

Because the state is viewed as an actor in its own right, these studies tend to bypass the issue of precisely how much autonomy a state can have, in favour of an emphasis on what conditions allow the state to serve interests that are not those of the dominant classes. This leads them to consider not only the constraints on state action posed by the interests of various classes and fractions, but also factors internal to the state apparatus, such as divisions and contradictions within the state itself, the existence and effectiveness of relevant agencies, and the effects of

previous policies and actions ("policy legacies").

Perhaps the main contribution of the neo-institutionalist perspective, however, is its ability to elucidate the factors that shape the form of social conflict. Approaches in this perspective argue that the "organizational configurations" of the state, and its patterns of activity, affect what political issues can be raised, what kinds of groups will form, and what type of collective action they are likely to take.²⁰ A clear example of this type of reasoning is provided in Laitin's study of political cleavages in Yorubaland,²¹ which argues that the existing political divisions are the result of strategies employed by the British colonial state. Laitin begins by posing a paradox: although there are distinct differences between Yorubaland's main religious denominations in terms of income levels, education, and so forth, 'political cleavages' are structured around ancestral city rather than around religious affiliation. Laitin suggests that in any society, there are a variety of "sociocultural cleavages" (such as the differences in living standard of religious denominations) but that only some of these become political cleavages, and come to serve as a basis for personal identity and political action. He argues that state policies determine which cleavages will become politicized, specifically that political cleavages can be the result of the strategies employed by hegemonic states to

control their colonies. Thus, he explains cleavages on the basis of ancestral city in Nigeria as a function of the British colonial strategy which "reinforced" traditional elites, made it advantageous to advance claims based on traditional rights, and enshrined intercity competition.

Essentially, then, Laitin is able to explain the prominence of certain types of cleavages in terms of state policies. As Evans et al suggest, such findings

reinforce the notion that states encourage certain forms of political identity and conflict rather than others, both by virtue of direct state interventions (...) and by virtue of indirect consequences of state structures and policies even when authorities do not necessarily consciously construct, or reinforce selected social identities.

The neo-institutionalist perspective will inform the treatment of the state in this analysis, because it offers several advantages for a study of this type. First, it gives state actions and policies a central place in the analysis, an emphasis that, as previously noted, is necessary to an adequate understanding of the Indian situation in Canada. Besides this, it provides a coherent framework for analyzing the origin and the form of social conflict, and therefore for understanding why demands for self-government arose, and why they are framed in terms of First Nation or community identity. To these elements must be added a few that are occasionally neglected in the neo-institutionalist studies, namely a consideration of the power of groups outside the state, and the sources of such

power. This entails considering the interaction between the state and the relevant social group(s), as well as the material circumstances of these groups. This perspective highlights the need to examine the interests and actions of both the state and the social group concerned in explaining the form and result of social conflict. As applied to the area of Indian self-government in Canada, therefore, it means examining the position of the federal government, the provincial governments, and the Indian groups, to understand how they interact and what factors influence the outcome of their interaction. Accordingly, we now turn to a consideration of the positions of the various actors.

The Positions of the Actors

The federal government

A number of researchers have advanced theories and hypotheses to explain why the federal government currently appears to be interested in the promoting some form of Indian "self-government". These range from explanations in terms of ideology, to theories in terms of conflict-management strategies, to the suggestion that "self-government" is a means of minimizing expenditures on services for Indian people.

A few researchers have attributed the federal government's interest in Indian control to the uncertainties

created by the recent changes to the Constitution. Both Gibbins²⁶ and Ponting²⁷ note the impact of constitutional recognition of aboriginal rights, although the process of constitutional amendment was carried forward primarily by non-Indian groups. The reasoning, as presented by Ponting, is that the entrenchment of existing aboriginal rights in the Constitution promoted Indian self-government in two ways. In the first place, it was instrumental in bringing about the establishment of the Penner Committee, which gave new legitimacy to the idea of Indian self-government. Further, it created pressures for governments to negotiate, by raising the possibility that self-government might be an "existing" right:

Of paramount importance in this regard is the realization, by all parties concerned, that the constitutional recognition of 'existing aboriginal rights' could conceivably be interpreted by the courts to mean the right to aboriginal governments with sovereignty over a broad range of jurisdictions. This prospect, and the uncertainty involved in not knowing for sure how the courts would rule if the issue were ever put to them in a test case of Indians' choosing, provides the incentive for the federal and provincial governments to negotiate with Indians...

Other researchers have offered interpretations in terms of ideology. For instance, Guillemin²⁸ and Morton²⁹ have seen a continuing tension between the liberal-democratic ideology of individual rights prevailing in Canada and the U.S. and the recognition of collective rights that is

implicit in the reserve and treaty system.' Guillon suggests that this tension has led both the Canadian and American governments to decentralize their operations in Indian affairs and to promote self-government:

Of late, the solution to the conflict between protecting Indians and guaranteeing their civil rights has been found in a renewed emphasis on native community self-government financed by federal funds.

Finally, some observers have offered explanations that take more account of resistance to the existing situation, and pressures created by the actions of native groups. Dunkley⁷ explains why the federal government wished to promote Indian "self-government" both in terms of contradictions internal to the government apparatus, and in terms of increasing conflict between the existing juridical framework and the demands of Indian bands. She suggests that the financial accounting procedures that were imposed by the Treasury Board on DIAND's "devolution" projects created an unmanageable overload of paperwork within the Department. Combined with official embarrassment over the deplorable conditions on most reserves, and with a general dissatisfaction with DIAND, this created an incentive to find alternative arrangements. Dunkley also partially attributes DIAND's moves towards self-government to

⁷ But see Richard Simeon, "Aboriginal Self-Government and Canadian Political Values" for a different viewpoint on this question. Michael Asch (1984) also considers this debate in some detail.

pressures from individual bands. Her analysis suggests that the Department is "trapped" between pressures from individual bands and the limitations of the Indian Act, which does not permit band councils to manage federal funds or to develop programs and services:

The strictures of the Indian Act, the failure of the joint process to devise amendments, and pressures by bands attempting to engage in business ventures and development projects provided the Department with the impetus to develop proposals for self-government, despite continuing NIB [National Indian Brotherhood, now the Assembly of First Nations] opposition.

Since the Assembly of First Nations had refused since 1980 to consider amendments to the Indian Act, the solution for DIAND was to develop proposals such as self-government that would allow bands to "opt out" of the Act.

Such studies help to identify the sorts of pressures that could lead the federal government to be interested in promoting the concept of Indian "self-government". Although each study tends to focus on only one or two such pressures, the different explanations offered are not mutually exclusive: that is, it is possible for all these factors to operate concurrently. These studies are useful in clarifying the interests of the federal government in this area, and in highlighting the impact of federal policies and changes in the judicial framework on the emergence of a movement towards Indian autonomy. Their primary limitation is that they represent only partial explanations for the trend towards Indian self-determination, in that they tend

to take the framework of the Indian Act, financial procedures, and other elements of explanation as a "given", without considering the power relationships originally responsible for the nature of these frameworks, laws and policies.

Other studies have adopted a broader perspective, and interpreted the federal government's motivation to transfer programs to communities in terms of larger trends within the Canadian state. They note that in recent years, there has been a strong tendency to reduce the scope of government intervention, cut the size of the public service, and reduce government spending (particularly on social programs). These studies point to the compatibility of 'transfer' initiatives with the government's "small-c conservative notion that the role of government overall should be reduced".¹¹ They also underline the utility of self-government agreements in containing federal expenditures, and note that measures such as "block funding" and the transfer of programs to local administration were proposed by the Nielsen report as a means of halting the massive growth in expenditures for native programs.¹²

For example, Graham suggests that self-government agreements and the new Alternative Funding Arrangements balance "an emphasis on giving Indian communities more autonomy in realizing their own program priorities (...) with a tough stance on limiting the amount of federal money

available for the term of the agreement." Similarly, Abele suggests that the government favours "devolution" projects in the north because they will reduce the scope of state intervention, reduce the number of persons employed by DIAND, and perhaps reduce expenditures by eliminating duplications of service and some of the governing machinery.'

Others have emphasized the utility of "self-government" in shifting costs to the provincial governments. Thus Nicholson' interprets "self-government" initiatives as a strategy by the federal government to minimize its expenditures on Indian programs by forcing Indian groups to rely on provincial services. Noting that when the federal government announced its policy of transferring programs to bands, it omitted to mention how these programs were to be financed, Nicholson asserts that

A more surreptitious part of the strategy is to force Indians to seek provincial services by holding the line on the total federal government contribution to Indian operating budgets. Because of inflation and an expanding Indian population, a 'hold-the-line' fiscal policy by the federal government will compel Indians to seek help from provincial governments or see their services reduced to intolerable levels.

Groves similarly notes this phenomenon, claiming that the federal government's position is that

legislative authority under 91(24) can and should be separated from financial responsibility for aboriginal self-governments. The federal delegation [to First Ministers' Conferences] has accordingly argued that since self-governments will or may "get" current provincial powers (an

argument that is hardly neutral in the broad sense), then the provinces are just as much 'responsible' for resourcing self-governments.

In sum, the existing analyses suggest that a number of factors may be motivating the federal government to advocate "self-government" arrangements. These include ideological factors, the entrenchment of "existing" rights in the Constitution, and the demands made by Indian communities. The primary motivation for recent initiatives, however, appears to be a desire to reduce the federal role in the direct provision of services, and to control expenditures. This has given the federal government an incentive to transfer the administration of programs to individual communities, and to attempt to shift the cost of such programs to provincial governments.

The provincial governments

Although many analysts have considered the policies and interests of the federal government in the area of Indian band autonomy, the positions of provincial governments have largely been neglected in the existing analyses and case studies. It is argued here that this neglect is unfortunate, since the provincial governments clearly have quite distinctive interests in the matter, and have the capacity to exert strong influence over the course of events. It is therefore necessary to understand what the

interests of the provincial governments might be.

One of the more concise descriptions of the provincial position is provided by Groves, who suggests that provinces wish to resist incursions of federal control into 'their' areas of jurisdiction, but are not themselves prepared to assume the costs of providing services to Indian communities:

Despite the fact that most provinces see the federal government as generally 'responsible' for aboriginal people, they are not sure they want exclusive federal power under section 91(24) [of the Constitution] over everything coming out of self-government negotiations. (...) They want control but they don't want to assume financial responsibility.

This fear that self-government will pose a threat to provincial control and powers is even more clearly expressed in a Quebec government document, Le gouvernement et les nations autochtones du Québec: harmonisation des relations." This document argues that a simple two-party agreement between Indian groups and the federal government regarding band control is not realistic. It claims that the province must necessarily be involved in any self-government negotiations, for several reasons. First, matters of land and resource development come under provincial jurisdiction. Second, provincial participation is politically and financially necessary to the development of adequate services in the areas of health, social services, and education. Finally, the province wishes to be assured that if it negotiates agreements with an aboriginal nation,

provincial laws passed as a result of that agreement will not be open to judicial challenge on the grounds that they infringe on section 91(24) of the Constitution."

Clearly, the Quebec government is primarily interested in retaining or expanding its current degree of control. It does not wish to see Indian communities unilaterally conclude agreements with the federal government, particularly in areas such as lands, health, or education, which otherwise fall exclusively under provincial authority. However, it does not see this as precluding the possibility of expanded powers for native groups as well, within certain limits. Thus, Quebec's National Assembly has explicitly affirmed the right of native peoples to self-government on their own lands; to cultural distinctiveness; and to their own institutions in the areas of culture, education, language, health, social services, and economic development." At the same time, these rights explicitly exclude the power to become completely separate:

The rights mentioned in paragraphs 1 and 2 must be exercised within Quebec society, and therefore do not imply rights to any sovereignty which would affect Quebec's territorial integrity.

In sum, existing accounts suggest that the provincial government (at least the Quebec one) is prepared to see Indian groups gain enhanced control, so long as this does not involve a transfer of costs from the federal to the provincial government, and so long as such arrangements either perpetuate or increase Quebec's existing degree of

control in spheres such as education, health, and social services.

The position of Indian groups

Explanations of the interests of Indian peoples in increased autonomy, "self-government" or "self-determination" fall very broadly into two categories. Studies in the first category advance explanations in terms of centre-periphery or internal colonial frameworks, and tend to concentrate on events in the north, where a land-based economy persists. Studies in the second category explain the origin and form of demands for increased autonomy or self-government primarily as a response to state policies and the political-legal framework of Indian affairs in Canada.

The internal colonial and centre-periphery frameworks focus on the economic exploitation of native peoples, specifically on the exploitation of their lands and resources by southern or "centre" areas. Thus for example Valentine,⁴ using Galtung's version of centre-periphery theory, interprets the demands for self-determination of frontier areas as a search for independence from southern control centres. He suggests that the federal government's recent emphasis on the "integration" of native communities into provincial structures as municipalities is a conflict-

management tactic designed to obscure economic and political control by permitting cultural diversity. This strategy of integration, he claims, is the latest "mode of incorporation" of native peoples, and coincides, among other things, with the northward expansion of multinational companies.

Watkins⁴ and Asch⁴ have similarly used internal colonial frameworks to advance explanations in terms of the exploitation of the north by metropolitan areas, and the threat posed to the traditional native economy by large-scale resource projects such as the Mackenzie Valley Pipeline. Using an approach based on staples theory, Watkins describes the drawbacks of mineral production for the North, arguing that it would entail loss of the land and the destruction of the land-based economy, while the linkages⁵ generated would primarily benefit southern areas. According to this view, self-determination would represent a way for the Dene to resist integration into the lowest level of the proletariat, by ensuring that they control the course of development and receive benefit from it. Asch offers a very similar analysis, focussing on the problems created in

⁴ Watkins' analysis is derived from the work of Harold Innis. In this context the term "staple" refers to an unprocessed resource, for example furs, wheat, minerals. "Linkages" refers to the spread of the effect of staple production to other sectors of the economy. These include forward linkages (the development of processing capacity); backward linkages (involving the inputs necessary to production of the staple); and final demand linkages (meaning the spending of wages and profits).

the north by the introduction of southern institutions such as welfare, and on the destructive effects of southern resource projects on the traditional economy. Like Watkins, Asch views the land claim as a form of resistance, as an attempt by the Dene to maintain or rebuild the land-based economy and thereby regain control over their own lives.

Such explanations in terms of internal colonial frameworks apply well to northern areas, where the extraction of resources to the benefit of southern Canadian and American interests is fairly clear. Internal colonial perspectives become somewhat problematic when applied to southern areas, and are less often used as an explanatory framework in these cases. Nonetheless, a few researchers, such as Ponting,⁴ have offered interpretations of events in terms of a process of decolonization. While Ponting's analysis does not directly address the origin of demands for autonomy, it does document certain gains in such autonomy. Ponting starts from the basis that internal colonialism as experienced by Indians in Canada can be defined in terms of seven characteristics:

- (1) the forced integration of Indians into the larger society; (2) major power differentials structured into the relationship between Indians and the larger society, so that a dominant group controls and administers Indians and makes decisions for Indians; (3) a system of 'indirect rule' whereby local Indian leaders act as agents for implementing the policies and decisions of non-Indian power-holders outside the community; (4) racially based barriers to Indians' upward socio-economic mobility; (5) exploitation of Indians for their labour; (6) cultural

destruction; and (7) a racist ideology."

He then identifies as major moves towards "decolonization" events such as the Nishga land claim, because of its impact on the claims process; the passing of Bill C-31, perceived to be decolonizing in nature because it removes the possibility of involuntary enfranchisement; and the entrenchment of existing aboriginal rights in the constitution, which could be interpreted to mean that aboriginal governments are sovereign in a number of areas of jurisdiction. Further, Ponting claims that the initiatives of the national native associations, such as the defeat of the White Paper, the establishment of the principle of Indian control of Indian education, and the gaining of increased input into federal policy, all represent steps in a process of "decolonization".

The major drawback of Ponting's analysis lies in the way he employs the concept of 'internal colony'. The primary advantage of applying an existing theoretical framework (such as that of internal colonialism) must be to highlight similarities between the specific situation under study and that of other regions or peoples in the world that also constitute 'internal colonies'. However, Ponting defines the concept of 'internal colony' in terms so specific to the situation of Indians in Canada as to make it questionable whether the findings from other studies of internal colonialism can be generalized to this case.

Further, his analysis assumes that every Indian community or group in Canada constitutes an internal colony; this assumption masks the diversity of the various groups, and the possibility that not all Indian communities would qualify as internal colonies according to his criteria.

In general, these explanations using internal colonial approaches present a number of advantages for analyzing the Indian situation in Canada. First, as noted by Wien,⁴⁸ they tend to provide an historical perspective, and they integrate economic, political, and social factors into one theoretical framework. In addition, such approaches have the advantage of linking the processes of development and underdevelopment, and showing the relationship between them.⁴⁹ Finally, they generally provide a coherent description of the factors that produce mobilization or nationalism, and identify the beneficiaries of such mobilization.⁵⁰

As applied to the situation of Indian communities in southern Canada, however, the internal colonial framework does present a few drawbacks. Because of its focus on the colonizer-colonized relationship, it tends to neglect both internal and external divisions. That is, it ignores diversity within the Indian groups, and treats the larger Canadian society as a monolithic whole.⁵¹ In addition, internal colonial frameworks appear to be most useful in explaining events at a fairly high level of abstraction,

rather than for studies of individual communities. In the first place, the concept of internal colonialism explains little at the local level. Further, it is not clear that all Indian communities in Canada can appropriately be considered internal colonies, since in many cases more resources might be transferred into a community than are extracted from it."

Finally, despite their strengths in explaining the emergence of ethnic or regional mobilization, internal colonial models have some difficulty in explaining why nationalism arises in areas that are not necessarily impoverished or peripheral.³ This does not pose major difficulties in the particular case of Canadian Indian groups, since many can be considered both impoverished and peripheral. It does, however, suggest that factors other than those identified by internal colonial models also play a role in creating and sustaining demands for ethnic or regional autonomy. These additional factors constitute the focus of the second approach to explaining demands for Indian self-government, in which such demands are seen to arise not only from economic exploitation but from the form of the relationship between Indian groups and the state. Elements such as the Indian Act, the reserve system, treaties, the actions of native associations, and the policies adopted by the federal Department of Indian Affairs tend to figure largely in these analyses.

This is the type of approach adopted by researchers such as Tanner, Dyck, and Lithman," all of whose studies take account of the particular administrative structures that govern Indian peoples, and emphasize the need to look at the form of politics that they have adopted in response to this system. Tanner begins by emphasizing the socially constructed nature of ethnicity. In a cross-cultural comparison, he notes that the "transformation of tribes to ethnic groups does not happen in all cases of developing states [but...] results from the use of a particular strategy by certain groups under specific conditions."⁸ He then underlines the need to take account of state policy towards tribal or ethnic groups.

In reviewing state policy towards Indians as it exists in Canada, Tanner focusses on "wardship", suggesting that political domination and the reserve system were originally instituted to prepare individuals for assimilation, but that on the contrary the result was the creation of economic and political dependency. This wardship system persisted because the reserves, although inadequate, at least allowed Indian communities to resist total disintegration, giving them a stake in the system's continuation. The result was something of a stand-off:

Although the special legislative and administrative structures applying to Indians (i.e., wardship) were felt to have failed in their task, they had become so entrenched, and had begun to serve new purposes (including some aims of the Indians themselves), that severe restrictions

prevailed over any changes which could subsequently be made.

Tanner concludes that wardship has persisted to the present day, and may even have intensified with the increase in the number of government-funded programs that followed in the wake of the White Paper. He suggests that Indian groups play a role in maintaining the wardship system, not because they wish to perpetuate dependency, but because it continues to play a practical role in ensuring community survival, and may be instrumental in achieving increased autonomy. That is, ethnicity has become a political resource that allows claims for recognition and special status. Although Tanner argues that many Indian people mistakenly believe that they already have extensive rights under the Indian Act and the treaties, he asserts that even those who desire increased community autonomy "consider this easier to achieve by starting from the situation of special status under the wardship system, rather than from the status of ordinary citizens."⁵⁷

Dyck⁵⁸ similarly views the form of Indian politics as a response to state policies and the nature of the reserve system, and notes the potential of using ethnicity as a political resource. In his case study of the "Western Indian Association" (WIA), Dyck advances the argument that the mechanisms of the wardship system, by creating a separate legal identity, have led Indian people to believe that they are "generically different" from other Canadians.

He suggests that this ethnic identification is now useful in resisting assimilation and improving living conditions:

The legal boundary that separates Indians from mainstream Canadian society is drawn over an ethnic boundary between Indians and non-Indians. (....) It is this coincidence between ethnic and administrative boundaries that the WIA has exploited, and it has provided a means by which the circumstances of Indians can be improved without incurring the costs that would have accompanied the implementation of the White Paper proposals.

The implication that the wardship system is the only factor involved in maintaining the "ethnic boundary" is somewhat overdrawn, in that it neglects factors such as racism, possible cultural or language differences, or the persistence in some areas of a subsistence mode of production. However, Dyck's basic argument that an emphasis on Indian distinctiveness as a people is useful in obtaining benefits and improving living conditions remains valid.

An exemplary discussion of how Indian-white relations should be understood, and of the use of ethnicity as a political resource, is presented in Lithman's case studies of the "Maple River" community in Manitoba.^{6c} Lithman argues that dependency or colonial perspectives are insufficient to explain the situation in communities such as Maple River. Instead, he advocates analyzing the situation in terms of Bourdieu's concept of "habitus" (a sort of composite of practices and ideology), as a system where various parties try to realize their different goals. For instance, he explains the failure of various development

projects in Maple River as the consequence of a system in which community members tried to realize their individual goals; Indian Affairs Branch employees tried to realize goals connected with the internal reward system of the Branch, which bore little relation to the community's needs; and the consultants and private enterprises connected with the projects similarly pursued their own objectives. Lithman concludes that

[T]he relationship between the Indian community and outside parties can be seen more as a relationship where various parties try to utilize various resources to serve the perpetuation of a habitus and its practices whose rewards are to be found inside the parties themselves. The Indians want to protect the autonomy and perpetuation of their communities, the IAB [Indian Affairs Branch] its meaningfulness as seen in the blend that has gone into its habitus, and other parties having their reasons.

This type of framework allows Lithman to analyze the increase in demands for local control and autonomy in terms of Indians' determination to remain in their own communities and develop them. Rather than concentrating on the administrative framework, he explains Indians' wish to remain on the reserve as being a consequence of the impossibility of attaining a decent standard of living through "duo-ethnic interactive events", that is, in terms of a series of mechanisms that exclude Indian people from education and work outside the reserve. The result, he claims, is a desire to maintain and develop the reserve, a process accomplished by extracting resources from the

bureaucracy. This transfer of resources from the bureaucracy to the band leadership tends to be justified on the grounds that Indians are culturally unique. That is, the use of government funds to establish and maintain services, employment, and material benefits on the reserve is increasingly legitimated by the "embracement of an opposition ideology, interpreted as 'Indian culture' by the representatives of the larger society."⁴ There is thus a strong trend towards the view that

it is only through a strengthening of the relationship between the Indians themselves (...) that the desired future, the possibility to live dignified and rewarding lives within the framework of the Indian community, can be realized.

The implications of such a trend in terms of demands for increased community autonomy are clear.

Analyses of this type, that take account of the political-administrative framework of Indian affairs and of the form of political action adopted in response to this framework, present a number of advantages. Studies such as Lithman's suggest that ethnicity is being used as a resource to achieve economic and political objectives, and highlight the role of state policies and actions in structuring political cleavages on the basis of ethnicity. The addition of variables at an intermediate level of abstraction, such as the consideration of specific policies or legitimating ideologies, helps in explaining the particular form of political action adopted by Indian groups. As a result,

these explanations are quite successful in taking account not only of the domination of Indian groups, but of various forms of resistance to this domination.

A consideration of the interests of the various actors, then, suggests that the form of state policies relating to Indian matters (specifically Indian "self-government") was a response both to external pressures (such as the actions of Indian groups, or the expansion of multinational companies into the north) and to some internally-generated ones (such as an overload of accounting procedures, or the "policy legacy" of the Indian Act and past federal initiatives). In turn, these policies have helped to shape the type of demands made by First Nations, and have helped create a situation in which demands are framed in terms of First Nation or Indian identity. There is thus a continuing interplay between state actions and policies and the reactions and initiatives of Indian groups. The final element to be considered is what factors influence this interplay. Specifically, in this study, it is necessary to consider what factors might affect the balance so that Indian groups can gain autonomy, and what factors stand in the way of such gains.

Perspectives on the Conditions Enhancing or Limiting the
Development of Autonomy

This section reviews existing studies that deal with the conditions affecting an Indian group's ability to gain autonomy. Attention is given both to the conditions that permit gains in autonomy to be made, and to those that impede such gains. In recognition of the very different situations faced by northern and southern communities (differences in economic base, in resources, in political organization, etc), the overview is divided into two parts: the first reviews studies of the Northwest Territories and the James Bay area of Quebec, while the second focusses on studies of southern-Canadian communities.

Many of the existing studies of the conditions that affect an Indian group's ability to gain autonomy deal with areas where major development projects were planned, as in Abele's discussion of the emergence of the Dene as a new "political minority".⁴ Focussing on the ability of liberal-democratic institutions to resolve social conflicts and accommodate the interests of political minorities, this analysis asserts that during the 1970s, the Dene were able to gain some political power and the right to survive as a distinct collectivity. It emphasizes as important factors in this process the establishment of mechanisms of communication between the Dene and the larger Canadian society, and an increase in the political power of the Dene resulting from the use of these mechanisms.

This increase in communication and political power is

seen to arise from a number of different sources. These include heightened political activism among the Dene as a consequence of the influx of non-natives into the territory beginning in the late 1960s; the role of the courts in halting development in the area; an increase in communication among the various communities, attendant on the process of testifying before the Berger Inquiry; and a change in Dene strategy, to one that involved seeking the support of non-native groups, and taking action through the N.W.T. legislature. Abele's analysis also underlines the limits to what could be obtained, noting that the Dene were unable to gain sovereignty or concessions giving them special rights or privileges as a group. Further, the gains achieved were at the cost of recognizing state jurisdiction:

When the Dene began to achieve real influence, through the courts, the Berger inquiry, and in the territorial legislature, they accepted (at least provisionally and implicitly) the institution through which influence was possible. In doing so, they accepted, as well, the legitimacy of the state and its ultimate authority to regulate their relationship to the land.

Somewhat similar conclusions about the possibilities and limitations of increased autonomy emerge from some of the studies of the James Bay agreement.⁶⁴ As in the Mackenzie area, a large proportion of the people in the James Bay region live off the land, or rely on some combination of land-based activities, seasonal wage labour, and transfer payments. Like Abele's, the studies of James Bay suggest that increased communication and solidarity

among the native communities enhanced their ability to gain increased political power and autonomy. In the case of James Bay, the magnitude of the threat posed by the hydro-electric project is perceived to have been so great as to facilitate cohesion among native communities that were previously only loosely interconnected. The studies of James Bay also resemble those of the Mackenzie area in identifying education as an important factor in the emergence of resistance. Thus for example La Rusic documents the process of "sedentarization"^{...} that had begun in the area during the 1940s, and the emergence of a group of educated, predominantly English-speaking Cree. He claims that together, these two processes created both an incentive to develop community or regional service structures, and a group of people able and willing to manage them.⁶⁷ The James Bay studies also identify two other major factors as instrumental in promoting native autonomy. The first and apparently most important factor was the ability of the Cree to increase the costs of building the dam by delaying the process through the courts.⁶⁸ The second was the Quebec government's interest in consolidating its control over the north.⁶⁹ In an argument similar to Abele's, these studies have pointed out that the James Bay Agreement represented de

^{...} In LaRusic's analysis, this term refers to a process whereby the native people of James Bay spent increasing portions of the year living in established communities, as opposed to their previous lifestyle, in which they spent most of the year living in temporary camps in the "bush".

facto recognition of the Quebec government's jurisdiction over the area.

As to the limits of local autonomy, most of these studies conclude that the James Bay Agreement benefitted the native peoples and allowed them some degree of influence over their own affairs. They generally agree, however, that what was gained is more accurately described as self-administration than as self-government. In support of this view, they note that the Native people were unable to prevent construction of the dam, and gained only a limited ability to control future developments in the area, or to extract benefits from current resource use.

What is most noticeable in the studies of both the Mackenzie Valley and the James Bay area is that the main catalyst for the negotiation of increased recognition or autonomy, in both cases, was the threat posed by a large-scale resource project. However, many Indian communities are located in areas that are not likely to be the site of major development projects, and therefore probably face quite different dynamics. Similarly, the economic base of many southern communities no longer includes subsistence activities. Discussions of the development of autonomy in southern Canadian reserves are much rarer, and few have offered as comprehensive an analysis as the ones cited above. Many have focussed on the obstacles to an increase in autonomy posed by either the existing economic

arrangements, or the legal framework of Indian matters.

Thus for example Manitowabi⁷⁰ argues that self-government is not possible under the Indian Act as presently constituted, because of the sweeping powers it allocates to the Minister of Indian Affairs. Dunning⁷¹ similarly suggests that the government's ability to audit funds transferred to bands at any time, and to impose trusteeship, gives it the power to edit or veto programs proposed by Indian groups. He also highlights the obstacles created by the fact that adjacent towns frequently benefit from a reserve's economic dependency. He notes that in many cases, reserves have no restaurants, stores, etc, as these are located in the neighbouring town, and concludes

It appears therefore to be of considerable benefit to this type of frontier town for Indian communities to remain in a state of subsistence and dependency.

Finally, Wien⁷² likewise documents the lack of economic development of most reserves, and postulates that the lack of a self-sustaining economic base is in itself a major impediment to the achievement of self-government.

Studies of the factors that facilitate the development of autonomy in southern areas are far less common than those documenting the obstacles to it, and do not always clearly identify what variables are implicated. For example, Taylor's case study of the development of "self-government" at Walpole Island⁷³ offers few insights into the dynamics involved, tending instead to focus on the personalities and

actions of the individuals within the Band Council and DIAND. While individual actions and motivations certainly constitute one part of the explanation, restricting the analysis to this level limits the extent to which the findings can be generalized to other bands. The reader is left with no clear idea of what might motivate other bands to seek "self-government", and what conditions might affect their success in achieving it.

A far more comprehensive attempt to explain the process of developing self-government in a "southern" Indian community is Kelly Ann Speck's previously mentioned study, Aboriginal Self-Government and Community Development," with its focus on the different dimensions of community empowerment. Speck measures empowerment in terms of four dimensions: political efficacy (defined as the degree to which the community makes its own decisions concerning goals, actions to be taken, and the allocation of resources); social efficacy (the degree to which the community provides opportunities for social interaction, mutual aid, and achievement); economic efficacy (the extent to which the community can provide opportunities for gainful employment); and cultural efficacy (the extent to which a unique community identity is promoted through shared activities).

Speck's model goes far in identifying what factors internal to the community are involved in the development of self-government, and in clarifying how changes in one area can affect another (for example, how levels of alcohol abuse - a "social" dimension - affect job retention, an "economic" dimension). It also underlines the importance of considering such internal dimensions in assessing whether a community can become self-governing:

If there is one clear message that is derived from the application of the ASG/CD [community development] model, it should be that a political/legal right to self-determination has little meaning, on its own, to communities such as the Village. The right to self-government, as articulated within the FMC process, would only be transformed into a supportive resource if other supporting PSEC conditions [i.e., the political, social, economic and cultural dimensions discussed above] were present (or potentially present) in the community. To suggest otherwise is to deny legitimacy to the problems confronting communities such as the Village, and further, to obscure the small but important improvements that might mark the process of self-determination/empowerment in those communities.

The drawback to Speck's model is that it is difficult to reach an overall judgement in cases where "empowerment" is increasing along one dimension, but decreasing in others. The other main drawback, as Speck herself notes in her assessment of the model's utility, is an insufficient consideration of external political, social, cultural and economic conditions. She concludes that "the dynamic relationship between the community and the society of which it is a part seems to warrant a more structured analysis."¹²

In general, the studies to date of the conditions promoting or hindering the development of local autonomy offer no absolute conclusions, but do suggest a number of tentative ones. Thus the studies of the Mackenzie Valley and James Bay cases suggest that in certain circumstances, both governments and the native groups concerned may have an interest in seeing native communities gain at least administrative powers. They underline the importance of mechanisms of communication, both within the native group concerned, and between the native peoples and the surrounding society. However, these studies also suggest that for native groups to achieve any real increase in control requires considerable "clout", frequently created by court injunctions or the existence of unusual circumstances. Further, in both cases there appear to have been clear limits to what was negotiable, with special rights for native peoples and the ability to control development projects being unattainable.

Studies of southern areas offer even more tentative conclusions regarding what factors allow an Indian community or group to increase its level of autonomy. Some have focussed on the role of conditions internal to the community in promoting gains in autonomy, such as the actions of the Band Council, or certain dimensions of "empowerment". This leaves the question of what aspects of the community's relationship with the surrounding society might facilitate

the development of autonomy. In particular, these studies have tended to omit any consideration of the community's relationship with the provincial government. The factors that limit the development of autonomy in southern areas are more clearly identified than those that promote it. Existing studies identify a series of impediments to the development of community control, such as the form of the Indian Act, or the presence of groups that benefit from the continued economic dependency of Indian communities. Finally, Speck's study suggests that even in the absence of external constraints, there are a number of prerequisites to the development of autonomy that are internal to the community.

The studies reviewed above enumerate a wide variety of conditions that might affect the development of "self-government" within a particular Indian community. By the very diversity of the explanations they present, they make it clear that "self-government" cannot be analyzed in terms of only one or two variables. Rather, these studies suggest that it must be understood in terms of an interaction between conditions internal to the community (such as its economic base, or its leadership), the larger political and administrative framework, and conditions that affect that specific group's ability to exert pressure (such as the ability to hinder megaprojects, to embarrass the government, to provide implicit support for the state's claims to

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CHAPTER 3: PROFILE OF KAHNAWAKE

INTRODUCTION

Before considering in detail the factors that have allowed Kahnawake to develop autonomy in the areas of health and social services, it is necessary to provide a basic description of the community, its origins, recent history, and current situation. This chapter begins with an overview of the community in terms of its size and location, the programs and institutions currently in existence, its place in Indian political associations, and its social and demographic characteristics. It then goes on to consider the origins of the community, and to identify some broad historical patterns. Events since 1960 are covered in greater detail, in order to provide a context for the later focus on health and social services from 1960 to 1988.

OVERVIEW OF THE COMMUNITY

Kahnawake is located directly across the St Lawrence river from Montreal, next to the suburbs of Chateaugay and Ste Catherine. It is in many respects almost a suburb of Montreal itself: to get downtown takes between 30 and 45

minutes. The community is bisected by two highways, crossed by railway tracks, and is bordered on one side by the St Lawrence Seaway. It also contains the access ramps for the Mercier bridge, which links all the suburbs in the area to the island of Montreal. In size, Kahnawake is fairly large, with some 13,000 acres (about 23 square miles) of land. The reserve forms a rough triangle that borders the St Lawrence for about 8 miles, and is 4 miles wide at its maximum.

The community houses from 5,000 to 6,000 people at any given time. This makes it one of the larger reserves in Canada, and accounts for about 10% of the Indian population of Quebec. Most of the residents are members of the Mohawks of Kahnawake band. In broader terms, they are members of the Mohawk nation, which includes two other communities in Quebec: Akwesasne (St Regis), and Kanasetake (Oka), some communities in Ontario, and about 10,000 people in the United States.¹

The community is governed by a 12-member council elected every two years. It does, however, contain a fairly important group of "traditional" people, who contest the authority of the elected council and follow the traditional Longhouse religion. Tersely characterized in a 1948 report² as "a small yet annoying group", the Longhouse today has been estimated to number about 500 people, or 10% of the population at Kahnawake.³ The Longhouse followers reject the elected council as a creation of the Indian Act, and

advocate instead a system of chiefs appointed for life by the clan mothers, in the traditional Mohawk fashion. In the past 20 years, there have been occasions of major conflict between the Longhouse and the elected council, as in 1973 when a group of traditionalists tried to unilaterally evict some 40 white families renting houses on the reserve, and the situation escalated to the point of violence. At present, the elected Council makes efforts to preserve harmony by consulting with representatives of the traditional people, and seeking ratification of its major decisions through community meetings.'

Politically, Kahnawake has been fairly prominent, both within the Assembly of First Nations, and in provincial Indian associations. As an example, its Grand Chief' of many years, Andrew Delisle, was a challenger for Walter Dieter's leadership of the National Indian Brotherhood in 1969-70, a situation which was handled by having him lead a national Committee on Indian Rights and Treaties.' The current Executive Director of the band, Arnold Goodleaf, was first active within the Indians of Quebec Association (IQA), then became one of two key advisors to Noel Starblanket during his presidency of the National Indian Brotherhood,' and remained with the AFN until 1987. At the provincial

' The terminology used at Kahnawake differs somewhat from that habitually used by DIAND. Rather than speaking of a band council made up of councillors and one chief, Kahnawake has a Mohawk Council made up of a number of chiefs with one grand chief.

level, Delisle was also leader of the IQA. When the IQA dissolved shortly after the James Bay Agreement, it was replaced by an association called Confederation of Indians of Quebec, which was based at Kahnawake. At present, no single association represents all the Indian nations of Quebec. They have, however, tried to coordinate their positions on constitutional issues, and this process of coordination has been led by a member of Kahnawake's Council.

Besides asserting its own sovereignty, Kahnawake has periodically acted in support of other Indian bands in Canada. As an example, in 1982 there was a violent confrontation on the Restigouche reserve in Quebec, as Quebec police attempted to enforce provincial laws against netting salmon before spawning. Kahnawake residents blocked all but one lane of the heavy commuter traffic on the Mercier bridge, handing out pamphlets to motorists in support of Restigouche's position. A more recent example involves the 1988 Olympic torch relay. Although Kahnawake allowed the relay to cross the territory (in fact, the torch was carried by Alwyn Morris, a community hero ever since he won a medal for kayaking in the 1984 Olympics), it used the occasion to stage a demonstration in support of the Lubicon Lake Band in Alberta. The Lubicons had been asking the public to boycott certain Olympic exhibits and events, particularly those sponsored by oil companies operating on

lands to which they have laid claim.

At present, Kahnawake seems to have more control over its own programs than do many Indian communities. The Council itself is directly responsible for a number of programs and committees, such as housing, economic development, road maintenance, water filtration, and so forth. Besides this, the community operates a 43-bed hospital, a program for handicapped children, a Golden Age club, a force of Peacekeepers, a recreation program, a local court system, a secondary school and a small traditional school. In addition to controlling the secondary school, the community has input into the curriculum of the two federally-operated elementary schools, and in fact has a curriculum development committee working on the areas of Mohawk content and language instruction. A Cultural Centre houses a small museum, a library, and the community's radio station, which employs about 22 people full- or part-time, and does some of its daytime broadcasting in Mohawk. In the area of social services, Kahnawake Social Services provides most of the standard programs, such as family counselling, dealing with issues of adoption and youth protection, delinquency and services for the handicapped or elderly.

Like most Indian communities in Canada, Kahnawake employs Community Health Representatives, and has a program designed to prevent alcohol and drug abuse. In addition, the community houses and operates two projects that are

technically part of Health and Welfare Canada's programs. The first is a "Role Models" project that produces posters intended to create pride in Indian accomplishments, for distribution across Canada. The second is a library of films on alcohol and drug-related subjects that are loaned to all reserves in Quebec on request. Finally, Kahnawake shares the administration of a 16-bed alcohol treatment centre with its sister community of Kanasetake and the Friendship Centre in the Montreal area.

Besides its formal institutions, the community operates some volunteer ones, and a large number of committees and clubs. Thus, for example, it has a force of volunteer conservation officers, an ambulance service comprised of volunteers with a paid manager, and a fire department similarly made up of volunteers with one paid coordinator. The community has a chamber of commerce, and a Caisse populaire opened recently, with community residents on its board of directors. Clubs and service organizations are prominent, for example, a rowing club, the Knights of Columbus, the Legion, and so forth.

The main problems in Kahnawake are apparently a shortage of housing, and alcohol and drug abuse.⁷ Housing is scarce because it is difficult to get a loan: funds to build must be obtained either from Council itself or from the Canada Mortgage and Housing Corporation. Under the provisions of the Indian Act, the land cannot be used as

collateral, therefore few banks are prepared to provide loans. The result is that young adults either live with their families, or are obliged to move off the territory (a situation that has helped to create resentment of non-Indian "renters", and incidents such as the one described above). The housing shortage may also have contributed to a Council decision that to live on the reserve, you must be at least 50% Indian by blood. Further, Council initiated action that resulted in the establishment of a Caisse populaire on the reserve in 1988, with the idea that this would not only keep money in the community by allowing people to cash their cheques there, but would provide easier access to loans for housing and business ventures.

Basic statistics on Kahnawake's demographic characteristics, employment patterns, and so forth are somewhat hard to come by, because Kahnawake has generally refused to provide such information to government sources. As an example, Council has refused to allow the Census to be conducted at Kahnawake since 1976, on the grounds that its inhabitants are not Canadian citizens, but rather members of the Mohawk nation. In a similar vein, Kahnawake generally refuses to provide information for documents such as the "Community Profiles" routinely produced by various government departments, and the validity of the information it does provide can be somewhat suspect. As a result, much of the demographic information available on the community is

out of date, since it is necessarily drawn from the 1976 Census. However, a composite picture built up from Census data, government reports, documents and press articles on the community suggests the following description:

Like many other Indian communities, Kahnawake has a young population: in 1976, 45% of its people were under the age of 20, as compared to only 36% for Quebec as a whole.¹⁰ Correspondingly, the average family is larger in Kahnawake than in the rest of Quebec: on average, families in Kahnawake have 3.9 people as compared to 3.5 for Quebec as a whole.¹¹ Unlike the rest of the province, most Kahnawake residents own the dwellings they live in, rather than renting them, and the vast majority of the dwellings are individual houses; there are almost no apartments in the community.¹²

Kahnawake is apparently characterized by high migration rates. Community informants suggest that it is common for construction workers to live in the United States for much of the year, but return to Kahnawake in the summer (or bring their families back to Kahnawake, then travel back themselves as often as possible). A 1972 estimate even suggested that more Kahnawake residents were employed in the US, than were employed in Canada.¹³ More recent figures show that some 250 people currently live in New York throughout the week, but return to Kahnawake on weekends.¹⁴ Indeed, the construction workers seem to be part of a

"migrant labour" scenario, if one follows Burawoy's" argument that the distinctive characteristic of migrant labour is not that it is cheap, but rather than the costs of renewal of the labour force are borne by a state or economy other than the one assuming the costs of maintenance. That is, while U.S. construction industries benefit from Kahnawake labour, the cost of raising and educating a family, and of supporting workers during "bust" periods, are borne by the Kahnawake and Canadian economies. Despite community accounts of high migration, Census figures (which measure movement over a 5-year period) produce very low estimates of migration at Kahnawake. The discrepancy suggests that much of the migration is short-term, the person being away for less than five years. At present, it appears that people who had left the community in past years are moving back to it: Kahnawake is apparently one of the few reserves in Canada to have more people returning to it than leaving."

The majority (84%) of Kahnawake residents speak English as their mother tongue, with most of the remainder speaking Mohawk. Less than 2% state French as their mother tongue," a situation that seems to have prevailed at least since the 1940s," and been little affected by recent events in Quebec politics." The percentage of those speaking Mohawk increases dramatically with age, suggesting that the use of the Mohawk language started to decline around 1920."

The employment situation at Kahnawake is very poor compared to that of Quebec in general, although it seems to be average as compared to most Indian communities in Quebec.²¹ Labour force participation rates are low, and unemployment is much higher than the Quebec average, particularly for young men.²² Recent estimates for years between 1981 and 1986²³ put the proportion of unemployed at around 40%. Much of the employment is seasonal or irregular in nature: in 1984, fully 42% of Kahnawake's employed worked on a part-time or seasonal basis.²⁴ In terms of income, the community is prosperous: estimates for 1986 place the average income at \$22,500,²⁵ better than for the province as a whole. That this has been the case for some time is suggested by the fact that a 1969 report already mentions that income at Kahnawake exceeds the national average.²⁶

The high income at Kahnawake is usually attributed to its large number of well-paid ironworkers. Until recently anywhere from half to three quarters of its employed men worked in construction,²⁷ most typically "high steel" projects such as bridges and skyscrapers. The number of construction workers has declined dramatically in recent years, from 79% of the employed labour force in 1966 to 27% in 1984.²⁸ In part, this may be because a recent trend towards the use of bolts rather than rivets has eliminated the need for "rivetting gangs".²⁹ However, 23% remains a substantial proportion, and the percentage would be even

higher if only the male labour force were considered; obviously, construction work is still a very common occupation for men at Kahnawake. Those not employed in construction tend to work in retail and service industries;³⁰ although there is arable land on the reserve, and farms in the surrounding communities,³¹ farming seems never to have been a prominent occupation at Kahnawake. Subsistence activities such as hunting and fishing are nonexistent, except for recreational purposes. The women at Kahnawake who are employed tend to work as teachers, nurses, or office workers in Montreal.³² The growth in the number of jobs in local government and community institutions has apparently favoured an increase in the number of women employed: for example, most of the workers at the hospital and within Kahnawake Social Services are women.³³

Recently, most of the available jobs seem to be within the community: putting aside the ironworkers, it has been estimated that in 1984-85 less than 5% of the employed at Kahnawake were "commuters",³⁴ meaning that some 74% of those employed worked within Kahnawake.³⁵ Of these, slightly less than half were in private businesses.³⁶ Altogether, there are 110 businesses operating at Kahnawake. Most of these businesses are small, as suggested by the fact that in total they generate 110 full-time jobs, and 300 part-time ones.³⁷ Only three of these companies operate outside the community, and many are run out of the owner's home. The businesses

include convenience stores, hardwares, sporting goods stores, golf courses, laundromats, restaurants, gas stations, and a number of construction-related companies.¹ One informant pointed out that 40 houses are to be built at Kahnawake in 1988.² This, combined with the construction of public buildings such as hospitals, arenas, and schools, seems to support a fairly strong local construction industry. In the past few years, the illegal sale of cigarettes imported tax- and duty-free from the United States has also come to employ a significant number of people.³ From about four stands in 1986, the number of cigarette outlets has grown to about thirty-two in 1988, each one employing an average of four to six persons.⁴

Besides the private businesses, the programs and institutions operating at Kahnawake provide employment for about 518 people.⁵ This figure would include people driving the schoolbuses, operating the local water filtration plant, working in the road service, as "Peacekeepers" (the local police force), in the schools, and on Council as such. The Council itself is the largest single employer in the community, with up to one hundred and

¹ This refers to a process whereby American and Canadian cigarettes are legally brought into Canada by Mohawk people at the Cornwall (St Regis/Akwesasne) crossing, without either tax or duties. It is the resale of these comparatively inexpensive cigarettes to non-Indians that is illegal, but is facilitated by the fact that two important highways cross Kahnawake. The extent of the trade can be estimated from the fact that an RCMP raid on six of the larger outlets in June 1988 reportedly seized \$450,000 worth of cigarettes.

thirty employees at certain times of the year (public works projects, many of them seasonal in nature, employ about 70).⁴² The Education Centre (which administers the various schools) employs 118 people, 92 of them native;⁴³ while the band-run hospital provides jobs for more than 100 people, most of them community residents.⁴⁴ All told, the Council's expenditures came to about 10 million dollars in 1985, of which 85% was supplied by the Department of Indian Affairs.⁴⁵ The remaining 15% appears to come from several different sources. The government of Quebec provides operating funds for the hospital, and for a program directed at handicapped children. Apart from this, Kahnawake has some income derived from various enterprises and rents. This includes royalties from a quarry, and from the sale by a private operator of gravel piled up during construction of the Seaway; the latter source provided about \$180,000 to Council in 1987.⁴⁶ It also includes rent for two golf courses operated by non-Indians (businesses owned by Kahnawake residents pay neither taxes nor rent to Council). Finally, Kahnawake has a trust fund of some 1.2 million dollars containing compensation monies for land expropriated during construction of the Seaway, and other income from leases and royalties that DIAND had accumulated over the years. The interest from this fund amounts to about \$200,000 per year.⁴⁷

ORIGINS OF THE COMMUNITY

Before considering the development of Kahnawake's health and social service institutions, it is worthwhile to provide a brief historical overview. This overview is not intended to be a complete history of the community, but rather to furnish a context for the description of the existing situation. Accordingly, the overview has two main objectives. First, it seeks to identify some broad shifts in the nature of the community's relationship with the surrounding economy, focussing primarily on changes in occupation and employment. Second, an attempt is made throughout to identify those historical events that continue to have an impact on the community today, such as events affecting its land base, its relationship to other nations, or its customs and institutions.

The Fur Trade and the Origins of the Community

Prior to the arrival of the Europeans in North America, the Mohawks lived along the St Lawrence river in what is now Canada, and throughout large parts of New York. They were slash-and-burn agriculturalists who moved villages periodically to prevent soil exhaustion, or to trade with other nations.⁴ The Mohawks were a matrilineal society, in which "clan mothers" named the leaders from each of the various clans. Although these chiefs were named for life,

they could be deposed if necessary by the same clan mothers. The women worked the land, raising mainly corn, squash and beans, and making any decisions regarding land use and allocation. The men were absent for extended periods, on hunting and trading expeditions and frequently on wars with other nations.⁴⁹

One point is worth noting about these frequent wars, however: they did not extend to all other nations. The Mohawks were (are still are) part of the Six Nations [Iroquois] Confederacy, along with the Oneida, Tuscarora, Onondaga, Cayuga, and Seneca nations. The Confederacy was an alliance of geographically contiguous tribes, within which peace prevailed and lands could be shared if necessary. Although each nation ran its own affairs to a large degree, decisions regarding the Confederacy as a whole were made at a central Council, and were based on consensus between all six nations.⁵⁰ In essence, the Confederacy was a sort of federal structure that allowed its member nations to protect their common interests, and limited warfare to groups outside the alliance.

When European traders first arrived in North America, they were faced with a situation in which the Confederacy controlled access to large areas of land, and the main waterways between the fur-bearing areas and the trading posts.⁵¹ Because of their military strength and geographic location, the Mohawks were rapidly able to monopolize trade

with the Dutch at Fort Orange (Albany), denying passage through their territories to other groups, and benefitting from a situation in which they controlled access to European goods."² Because furs originating from north of the St Lawrence were of better quality, the Mohawks seem to have obtained many of the furs that they traded to the Dutch through raids on French traders and their allies among the Huron, Algonkin and Montagnais groups in Quebec.

The Mohawks' trading interests brought them into repeated conflict with the French, in a situation in which neither side had an interest in exterminating the other, but nor could they afford to conclude a durable peace. As explained by Trigger,³ the situation was as follows: The Mohawks could not afford to allow northern tribes such as the Algonkin and Montagnais to conclude trading alliances with the Dutch, as this would undermine their favourable trading position. Consequently, although the Mohawks were prepared to trade with the French, they were obliged to be at war with the groups allied to them. The Mohawks therefore offered peace only on the condition that the French agree to remain neutral in any conflicts between the Mohawks and the Montagnais, Algonkin or Huron groups. Besides this, the Mohawks controlled much of the St Lawrence river, and had no wish to allow further French expansion into the area. The French, for their part, wished to develop the St Lawrence as a trade artery, and they further

wished to protect their access to good quality northern furs through alliances with Montagnais, Algonkin and Huron groups. Mohawk raids on the French and their allies interfered with both of these objectives, giving the French an incentive to try to drive the Mohawk raiders from the St Lawrence Valley. At the same time, the Mohawk presence was of benefit to the French, because it prevented their allies from trading with the Dutch. The result was a series of intermittent wars between the two groups:

[N]either the French traders nor the Mohawks could afford to permit the Hurons, Algonkins, and Montagnais to trade with the Dutch. Such trade would have put the prosperity of the French and the security of the Mohawks at serious risk. These factors, which had not influenced tribal relations previously, made it impossible for the French and the Iroquois to conclude a lasting peace with each other during the seventeenth century. Yet, while the French had to protect their native allies, neither the French traders nor the Iroquois had any pressing reason that would cause one to seek to destroy the other. On the contrary, the vested interests of both parties dictated the other's continued existence.

Although the Confederacy definitely had the upper hand in this situation throughout the 1650s, the French and their allies were able to inflict a major defeat in 1667. The origins of Kahnawake date from this period of temporary peace, as members of the pro-French faction within the Confederacy moved from what is now New York to Kentake (La Prairie) near Montreal. Interpretations of the situation at Kentake vary considerably from one source to another. Thus, Reid³⁴ believes that Kentake was already a Jesuit mission

before the Mohawks moved there, that the people moving to it had previously converted to Catholicism, and that the settlement was governed as a seigneurie by the Jesuits. He suggests several possible reasons for the move. First, the French had invited these people to relocate, in an attempt to break up the Confederacy that was, as noted, impeding their profits from the fur trade. Further, many of the converts were involved in the illicit trade then going on between Montreal and Fort Orange, which made the Montreal site advantageous. Finally, the converts had to move in order to practice catholicism free from harassment. Trigger, on the other hand, suggests that the Mohawks allowed the Jesuits into their new community because they were perceived as useful hostages, ensuring the good behaviour of the French."

Three points are worth mentioning with respect to this early settlement, because they have some bearing on the current situation. First, allying with the French brought the Kahnawake Mohawks into conflict with the rest of the Confederacy, as the French made another attempt to exterminate the Mohawks in the late 1600s. In fact, in 1689 the Kahnawake group had to move into the fort of Montreal for a year, to avoid being exterminated by other members of the Confederacy.⁵⁶ Eventually, in 1694, Kahnawake was disowned by the Confederacy, and became a non-voting observer, not to regain full status until the 1920s.⁵⁷

Second, the community continued its usual practice of periodic moves and split-offs during this time. The settlement changed sites four times altogether, eventually settling at its current location at the insistence of the French, who hoped that placing it on the headland of Sault St Louis would help protect Montreal against attack from the west. Split-offs from the community resulted in the establishment of two other Mohawk communities in Quebec, one (Akwasasne) on the Canada-US border near Cornwall, the other (Kanesetake) near Oka. Relations between Kahnawake and these "sister" communities still seem to be more frequent than contacts with other Mohawk communities in Ontario or the U.S.

Finally, a combination of Mohawk custom and Jesuit influence during this period probably contributed to making the community less strictly "Mohawk" in terms of bloodlines than would otherwise have been the case. The Mohawk had long had a practice of replacing family members lost in battle with prisoners, who were either tortured to death or adopted into the family to replace the dead member.⁴⁸ The practice of torturing prisoners came to an end around this time, apparently as a result of Jesuit influence;⁴⁹ hence British and other prisoners were adopted. Besides this, Taggart (basing his comments on the interpretation that the Jesuits were the governing body in the community) notes that the Jesuits accepted any Indian convert into the community,

[REDACTED]

so that by 1700 it contained members from 22 different bands.⁶⁰ These factors, combined with the community's proximity to Montreal and its long exposure to Europeans resulted in a situation where today many Kahnawake residents are not distinguishably "Indian" in appearance. Indeed, a 1949 report produced in the Indian Affairs Branch suggested that most Kahnawake residents might be at most 1/8 Indian by blood, and that "any claim to Iroquois nationality by blood relationship is confounded and at variance with all the circumstances indicated by history."⁶¹ Whether or not this is so, identification as "Mohawks" in the community is strong, as reflected in its Council's declarations, in individual comments, and in the names chosen for stores, newsletters, etc.

The next historical event that still has an impact on the current situation was the Seven Years War between the British and the French. Kahnawake seems to have been undecided who to ally with during this conflict, with the French actively seeking its allegiance. However, when the rest of the Confederacy allied with the British, Kahnawake followed suit, and its pilots helped to ferry Lord Jeffrey Amherst's boats up the Lachine Rapids when he attacked Montreal in 1760.⁶² When the British eventually won, Jesuit claims to the lands around Kahnawake were invalidated. However, the British were anxious to cultivate Kahnawake's goodwill,⁶³ with the result that a military court under

General Gage recognized Mohawk, rather than Jesuit, title to the area in 1762. General Gage reasoned that the Jesuits had been granted the land as a seigneurie solely so that they could settle the Indians on it, therefore the Indians had title to it.⁴ By the same reasoning, Gage ruled that the Jesuits had never had the right to alienate any parts of their seigneurie, as they had done; however, in recognition of the fact that the Jesuits had done a praiseworthy job over the years, the existing alienations should be confirmed, and the revenues from them should go to the Order. The Gage ruling seems to be the basis for the current Mohawk claim to large parts of the neighbouring suburbs of Chateauguay and Cote Ste Catherine.

During the American Revolution, the Kahnawake Mohawks, like most of the Six Nations, eventually sided with the British. The conflict does not seem to have had a major effect on Kahnawake, although it probably helped to increase its population, as people moved north from the settlements of the Mohawk Valley to those along the St Lawrence.⁵ A more important change to the prevailing way of life at Kahnawake occurred towards the beginning of the 1800's, as furbearing game became depleted in the Mohawk territory.

The Decline of the Fur Trade and Transition to New Occupations

Unlike the Mohawks in Ontario, those at Kahnawake had

never been heavily involved in farming, but rather depended on the fur trade. The depletion of the furs in their area led to a period during which the Kahnawake men became voyageurs, going as far west as the Rockies in some cases.⁶⁸ They generally worked for the Northwest Company based in Lachine (just across the river from Kahnawake), the Hudson's Bay Company, or the American Fur Company.⁶⁹ Because they could not bring home their own furs if they travelled in a Company canoe already filled with company cargo, this period saw the transition from an exchange economy in which furs were traded directly for the desired product to a cash economy.⁶⁸

By the 1830's, further transitions were underway in the Kahnawake economy. At this time, the fur trade was declining in Lower Canada, but trade through a network of canals was becoming important. Faced with the decline of the fur trade, Kahnawake men switched to several different occupations. Some began farming, while many switched to being river pilots or running timber rafts on the St Lawrence, being particularly adept at running the Lachine Rapids by the community.⁶⁹ Since this was a time when the "wild west" shows were popular, some Kahnawake families were involved in these, and later moved from wild west shows into circus acting.⁷⁰

The Beginning of Ironwork

In the 1850's, there was an important shift in employment patterns at Kahnawake. The Grand Trunk Railway began construction of the Victoria Bridge, and in the course of construction bought stone from a quarry at Kahnawake. Kahnawake men, in their role as river pilots, transported this stone, along with stone and timber from other quarries, to the construction site. The builders were apparently amazed to see the Kahnawake men voluntarily walking along the beams, as they had hitherto hired mainly experienced sailors for such work, on the assumption that sailors were used to heights. The Grand Trunk came to employ a number of Kahnawake men on bridgework, and they then moved on to working on bridges throughout Quebec and Ontario. ⁷¹

The transition to bridgework was perhaps a forced one, in the sense that the existence of the bridge reduced the need for river pilots, by allowing railways to operate directly from Montreal to New York.⁷² However, the fact that many people deserted farming to become ironworkers⁷³ suggests that wages were good. The bridge initiated an ironworking phase that has persisted to the present day, and has greatly contributed to the prosperity of the community. The concentration in ironwork received further impetus in 1889, when the CPR contracted with the Dominion Bridge Company of Lachine to build a bridge over the St Lawrence, one end of which was to be on Kahnawake land. The community

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agreed to this, on condition that the project hire Mohawk workers. By 1907, there were 70 Mohawk ironworkers," and by the 1920's they were working all over the continent, but primarily in New York. Under the provisions of the Jay Treaty, the Mohawks have always claimed the right to cross the border at will, a practice that has been of great benefit to Kahnawake. As Beauvais puts it in his description of the community,

We're often asked why the Indian structural steel workers work in the United States and not in Canada. Structural steel projects are usually of short duration and when a worker completes a job, he needs another one to go to. In the past, New York City alone produced more jobs than all of Canada combined. It's also closer than Toronto, the closest logical Canadian city after Montreal. In addition, the U.S. tax climate is more inviting.

Besides making Kahnawake more prosperous than most Indian communities, the ironworking phase brought about a transition to the use of English which has persisted, and has a definite impact on Kahnawake's current relations with institutions in the Montreal area. As Beauvais has noted,

Ironworking brought with it the almost exclusive use of the English language on the reserve as more and more Indians travelled to the States and forgot their French, which was up till then their second language.

Throughout most of these transitions, the community seems to have been free to manage its own affairs to a large extent, with the central government adopting a "laissez faire" attitude until the 1890s. The British at first appointed a Commissioner for Indian Affairs, who (in their

view) was "aided" by four chiefs chosen by the community." Even when the Indian Act was passed, the Indian Department "seemed to content itself in keeping touch only through a part-time Agent", who visited the four chiefs once a week."⁷⁸

Although Indian Affairs did not place an Agent on the reserve until much later, this did not prevent the provisions of the Indian Act, and those of the 1884 "Indian Advancement Act" from grating on the community. Beginning around 1890, the Department made strong efforts to impose an elected council, and the system of location tickets, over strenuous local objections."⁷⁹ Up to this point, the women controlled the land, which could not be sold or allocated without their consent. Further, they appointed the chiefs. The imposition of an elected council and a system of individual land holdings was therefore a threat to the women's powers in particular,"⁸⁰ so it is perhaps not surprising that it was the Kahnawake women who petitioned Ottawa on several occasions, asking the Indian Department to recognize the authority of the traditional council, and to abolish the Indian Act."⁸¹ Despite this, elected government was imposed on the community in 1894. At this point, according to a textbook produced for the reserve's Survival School,

What emerged was a dual system of government in Mohawk communities. The traditional council continued to be the basic unit of government. The Band Council system served as a liaison with the Canadian government.

Resistance to assimilation and the revitalization of the Confederacy

Beginning around 1920, there was a considerable revitalization of the Six Nations Confederacy, which appears to have been given impetus by several factors. First, during this period, both Canada and the United States were exerting pressure on native peoples to assimilate. For instance, in 1924, Congress declared that all natives within its borders were US citizens. Faced with this and similar pressures in Canada, there was a cultural revival: the communities of Kahnawake, Kanasetake, and Akwesasne sent to the Six Nations reserve for information about the traditional "Great Law of Peace", and there were attempts to rebuild the Confederacy.

Along with the revival of the Confederacy as a political alliance came a revival of the traditional Longhouse religion. According to Wilson,

During the nineteenth century, Handsome Lake's religion spread to every Iroquois reservation in the United States and Canada except Caughnawaga [Kahnawake]. It reached Caughnawaga right after the First World War and, despite the opposition of Catholics and Protestants, began to be practiced openly in 1927.

In the same year, the traditional chiefs at Kahnawake arranged for the Grand Council of the Six Nations to be held at Kahnawake. Beside pressures to assimilate, what has

become known as the "Paul K. Diabo case" in 1926 also created a good deal of unity both within Kahnawake and between Kahnawake and other Mohawk communities. Diabo was an ironworker whose family lived at Kahnawake, but who himself worked in the United States most of the time. In 1926, his right to cross the border and work in the US was challenged, on the grounds that he was not an American citizen. Backed by funding from the people of Kahnawake and Akwesasne, Diabo successfully won a series of court decisions, establishing the Mohawks' right to work in the United States. It can be suggested, therefore, that the revival of links with other Six Nations communities served to preserve Kahnawake as a distinct entity in several ways. On the one hand, emphasis on the traditional beliefs and systems of government helped to counter assimilatory pressures; on the other, united action with the Akwesasne community helped preserve the economic base of Kahnawake, by ensuring that its workers would continue to have access to the US construction market on which they depended.

By 1932, however, unemployment was reaching 25% in the United States, so most of the ironworkers returned to Kahnawake. At this stage, Kahnawake was still operating a dual system of government, under which the elected Council handled the administration of programs, while the traditional chiefs handled "national affairs", meaning relations with groups outside the community. Indeed, by

1942 the Council and the traditionals had joined together to form a unified government. The two groups prepared a joint submission to the Special Joint Committee of the Senate and House of Commons that was charged with reviewing the Indian Act in 1947. The submission bears a remarkable similarity to Kahnawake's current stance: it denounced the Indian Act, demanded recognition as a separate nation, demanded the removal of whites from reserve land (including the RCMP, and the Indian Agent who had been placed on the reserve in 1934), asserted the band's right to determine its own membership, and declared that the Mohawks were allies of Canada, and therefore would never want either the federal or provincial franchise. That there was still some dissent between "traditionals" and others within the community, however, is suggested by the fact that some residents met separately with the Commission and suggested that band elections be moved from January to July, when those living in the US were more likely to be at Kahnawake.

Following the Indian Act review exercise, relations between the elected Council and the traditionals became more distant." No explanation for this is offered in the existing sources, but it can be speculated that the importance of the traditional chiefs may have declined somewhat as a result of the introduction of "welfare state" programs after the war. As Blanchard describes their role,

the traditional chiefs were responsible for the care of the people. If a widow or a family was

too poor to take care of itself, a traditional chief would travel from door to door collecting money, food and clothes for the family in need.

It seems possible that the traditional chiefs may have been somewhat supplanted by programs such as unemployment insurance, family allowance, and so forth.

The St Lawrence Seaway

The next major event to seriously affect the community was the construction of the St Lawrence Seaway. An Order-in-Council of 1955 authorized the federally constituted Seaway Authority to expropriate 1260 acres of Kahnawake land, so long as agreement on the amount of compensation could be reached between the Seaway Authority, the band, the individuals affected, and the Ministry of Citizenship and Immigration (of which the Indian Affairs Department was part, at the time).⁸⁶

Kahnawake's response to the threat of expropriation was strong, but not always perfectly coherent. On the one hand, a referendum was held, and the majority of the residents opposed the Seaway project. On the other hand, people at Kahnawake were pessimistic about their ability to stop the Seaway, because another of the Six Nations, the Tuscarora in New York, had just lost a court battle to keep land that was wanted for a dam project.⁸⁷ Most of the individuals whose houses were on land subject to expropriation settled rather quickly on compensation. The

Mohawk Council, however, tried to stop the expropriations, while simultaneously demanding the maximum in compensation."

Kahnawake's stated position was as follows: That band land is held in common, hence the band as a whole had an interest in both the band land and the individual lands expropriated. This interest extended well beyond the government offer, which was for 10 or 12% of whatever total the individual compensation payments amounted to. Further, the community objected to the fact that compensation paid to it would in any case be held in trust by the federal government, to be used at the government's discretion. The community claimed the right to decide for itself on the allocation of these funds. Finally, Kahnawake's representatives suggested that if the Seaway was to continue to collect tolls after its costs and interests were paid off, then the community should also receive a share of these tolls."

The Council's resistance to the Seaway expropriations extended to two court challenges to the eviction warrants, (both on legal technicalities), and two separate appeals to the Secretary General of the United Nations. None of these measures were successful, and in the end the band was obliged to accept 10% of the individual compensations, in land and in money deposited with the federal government's trust fund." Together, this amounted to a value of about

3 1/2 million dollars, rather than the 11 1/2 million originally demanded by Council."

In sum, it is clear that Kahnawake's present incorporation into the surrounding mode of production does not reflect a recent shift from a mode of production based on subsistence activities to one based on wage labour. Rather, it is the latest in a series of transitions that began when Mohawk people took advantage of the opportunity to trade for European goods, and have since included voyageur activities, farming, river transport, circus acting, and ironwork. Although the community has in recent times been less essential to the surrounding economy than was formerly the case, it has never been totally excluded from it.

Certain historical occurrences continue to have an impact on the community's present-day functioning. Thus for example the ambiguous legal status of the reserve's land base, dating from the Jesuit era, has both helped to impede economic development by making land title uncertain, and fueled current claims to an area much larger than the existing territory. The split-offs dating from the same period mean that Kahnawake is currently linked to two other communities in Quebec by ties of family and shared history. In the same vein, the cultural revitalization of the 1920s helped both to protect Kahnawake's access to the American

labour market, and to produce a group of "traditional" people who are currently a force to be reckoned with in local politics. Finally, it can be suggested that events surrounding the construction of the St Lawrence Seaway in the late 1950s continue to have an impact, in that they have created an absolute determination within the community to yield no more land for either federal or provincially-sponsored projects.

EVENTS SINCE 1960

This section provides a more detailed consideration of events at Kahnawake from 1960 to 1987, the period which provides the context for the study of Kahnawake's health and social service institutions. The history of Kahnawake since 1960 presents a rapidly changing picture. In part, this stems from a decision taken by the federal government in the early 1960's not to duplicate provincial programs, but rather to arrange for Indian people to receive services from the existing provincial agencies wherever possible. Further, since 1960 the Quebec government has greatly expanded its range of services, becoming more deeply involved in areas such as health, education, and the development of the province's resources. The combination of these two factors has resulted in increased interaction between Kahnawake and the province, as the federal

government has funded the province to provide many services to the community.

Along with this increase in the number of programs provided by provincial agencies, there has been a simultaneous tendency for Indian Affairs to transfer the administration of various services to band councils. As a result of these factors acting together, programs at Kahnawake seem to have experienced considerable turnover since 1960: some were transferred to provincial administration, some to band administration, while others went successively from provincial to band control. Further, the period since 1960 has seen a series of confrontations between the community and the federal and provincial governments over various issues. Rather than proceeding in chronological order, it seems more fruitful to organize the description of events around some of the main themes: education, justice, band membership, environmental management, land and special rights, and issues of sovereignty. Health and social services are excluded from the discussion, because they constitute the focus of the next chapter.

Education

Education is one of the areas that saw first a shift to provincial systems, then a transition to a community-

operated system. In 1967, Kahnawake merged its Protestant and Catholic schools, to form a Combined School Committee that also included some Longhouse representation. In 1968, arrangements were made for Kahnawake children to attend the regional high school in neighbouring Chateauguy, under an agreement between Council, the Chateauguy Valley Regional School Board, and Indian Affairs." According to the terms of this agreement, Indian Affairs paid for Quebec to provide schooling to Kahnawake's children. That this integration into the regional high school created some tension is suggested by the fact that in 1969 the "traditional" group set up the small Indian Way School on reserve, while in 1970 the students at the regional high school staged a walkout, saying that they wanted their own high school at Kahnawake, and courses in Mohawk history and language."

When in 1978 the provincial legislature passed Bill 101, requiring any child attending an English school to show a certificate of eligibility to be educated in English, Kahnawake's Combined School Committee asked for natives to be exempted. Not only did Kahnawake residents feel that the bill treated them like immigrants in their own country, but they further objected to the principle involved." In Blanchard's description,

Bill 101 (....) attacks the sovereignty of the Mohawk people. The Mohawk people felt that if they signed the application for a license for an English education, they would be recognizing the right of the provincial government to legislate culture and education for native peoples.

When exemption was not forthcoming, approximately 800 Kahnawake residents staged a protest march from the regional school back to Kahnawake, and the community immediately established its own secondary school, named the Survival School. At first, the Survival School operated out a number of available public buildings, with a staff composed of volunteers and persons operating at low salaries. Some qualified teachers from outside the community who were strongly opposed to Bill 101 taught for little or no salary. After two months, the community was able to obtain some federal funding for the school, but it was not until several years later that full funding was obtained. At present, the school is housed in a modern building, with generally qualified staff and a strong Mohawk emphasis in its curriculum. About half the eligible Kahnawake children (150-200 children) attend the Survival School, while the others continue to attend the regional high school."

The "crisis" over Bill 101 seems to have been somewhat manufactured, for two reasons. First, there was no doubt that the Mohawk students were eligible for the certificates entitling them to study in English: the objection to the certificate was one of principle, as noted in the quote above. Second, the Chateaugay school was in fact prepared

to defy the Quebec government and accept Mohawk students even without certificates, on the grounds that in any case their education was paid for by the federal, rather than the provincial, government." However, the band already had plans to establish its own high school some day, and the furor over Bill 101 apparently provided the catalyst for it to accelerate its existing plans by five years."

Police and Justice System

The police force at Kahnawake is an example of a service that went from being federally managed to provincially managed, and ended by being community-operated. In 1966, the federal RCMP officers were replaced, first with a force of Quebec Special Constables, then with an Amerindian Police force affiliated with the provincial Sureté du Québec." These Amerindian police operated at Kahnawake until 1979, when the Council accused some non-Indians who were exploiting a quarry at Kahnawake of not paying the required dues, and ordered the quarry closed. There seems to have been some question about whether Council had the legal right to do this, for reasons that are not entirely clear.¹⁰⁰ In any case, the Amerindian Police refused to enforce the order, and Council thereupon fired all ten of them for "insubordination".¹⁰¹ In their place, a force of "Peacekeepers" was established.

The Peacekeepers, being somewhat unilaterally

established, were not immediately recognized as a legitimate police force by the federal and provincial governments; but the "Cross affair" a few months later probably provided a strong incentive to recognize them. In this affair, a young Kahnawake resident was suspected of driving drunk. When he realized he was being followed by provincial police, he speeded for the reserve. As the officers attempted to arrest him outside his own home, his elder brother rushed out and began hitting the patrol car with a pool cue, and was shot at close range by one of the officers.¹⁰²

The affair created intense bitterness in the community, and three days later an innocent white taxi driver was shot in the community by three Kahnawake women.¹⁰³ During the aftermath of this affair, the Quebec courts apparently recognized the Peacekeepers as a legitimate police force,¹⁰⁴ paving the way for them to receive funding. At present, the force is maintained by a combination of federal funding and fines from the local court.¹⁰⁵ Kahnawake is apparently unique within Quebec in having a band-run police force. Although the community has its own police force, this does not mean that Quebec has entirely conceded its jurisdiction in this area. In 1981, two Peacekeepers accused of using undue force during an arrest alleged in their defense that Quebec had no jurisdiction over them, since past treaties recognized them as a sovereign nation. The Quebec Court of Appeal rejected

the argument.¹⁰⁶

Besides having its own police force, the community to some extent has its own court system. Details on the precise workings of this system and its origins are scarce, but it appears to handle crimes that do not come under the Criminal Code, such as traffic offenses. Without specifying precisely what functions Kahnawake's Justice Committee is assuming that are technically outside its jurisdiction, a Council document notes that "In keeping with Mohawk philosophy of self-determination, they have already exceeded boundaries of section 107 of the Indian Act which makes provisions for the appointment of Justices of the Peace."¹⁰⁷ It employs three Justices of the Peace, and one (non-Indian) prosecuting attorney.¹⁰⁸ More important crimes are still handled by the provincial justice system. The Kahnawake court has at least *de facto* recognition from the Quebec justice system: if it imposes a prison term, the person is turned over to the Quebec system, to serve his/her time in a Quebec prison.¹⁰⁹

Membership

In the area of membership, Kahnawake has unilaterally asserted its right to determine its own membership since at least 1981, several years before the federal government recognized this right to all bands under Bill C-31. The community has changed its position on membership several

times over the period, apparently in response to the dual constraints of on the one hand allowing anyone who was once a band member to remain so, while on the other controlling access to the limited supply of on-reserve housing. The most recent by-law, dating from 1985, states that any Mohawk person remains a band member for life, but if he or she marries a non-Indian, the couple cannot live on the reserve.¹¹⁰ Although this stance obliges people to leave the community, it has also allowed the Council to reinstate various people, particularly women who lost their status under the Indian Act by marrying non-Indians, and then divorced or were widowed. Unofficially, the community began reinstating such people in 1982; by 1984 it was publicly asserting its jurisdiction in this area, although in actual fact it had reinstated something less than a hundred people.¹¹¹ As one of its councilors remarked to a journalist, "we would never have gotten away with this five years ago. But because of their embarrassment over [the Indian Act] they have loosened up a little. It's not in the law, but policy allows it."¹¹²

Conservation and environmental management

In the area of fishing and game laws, Kahnawake has been quite active. However, the community's initiatives in this area seem to be mainly a political statement, rather than a reflection of profound concern over wildlife

management. Reading between the lines a little, Kahnawake's actions seem mainly to constitute resistance to a project proposed by the province, Projet Archipel. A brief description of this project is necessary to understand the community's actions. The project was originally presented as a way of "harnessing" the Lachine rapids in order to control flooding, create waterfront parks, and improve water quality. However, its main objective in fact appeared to be to build a dam and generating station in order to produce hydroelectric power, with accompanying flooding and disruption of the existing environment. The proposal involved Hydro-Quebec and the Quebec government, and was strongly opposed by the communities in the Montreal area (including Kahnawake) and by environmentalist groups."¹ Kahnawake's Council repeatedly refused to let representatives of the project or of Hydro-Quebec onto the reserve to conduct feasibility studies for the project.

Although the plans for Projet Archipel first became public in 1979, feasibility studies seem to have begun somewhat later. In August of 1984, Kahnawake suddenly announced that its boundary extended to the middle of the St Lawrence River where it borders the community. The Mohawk Council declared the right to regulate activities in this area, and a staff of twenty-four volunteer conservation officers began stopping fishermen who had not bought the permit issued by Kahnawake. The Conservation Officers also

seem to have been effective in preventing people from using the reserve as a dumping ground for garbage, and from carrying out studies for Projet Archipel.¹¹⁴

Kahnawake's actions in sending conservation officers to harass ordinary citizens were personally protested by Premier Levesque in a letter to the Council. In the spirit of "nation to nation" negotiations, Levesque apparently told Grand Chief Norton that the action "could hardly be interpreted as reflecting responsible government".¹¹⁵ Some additional background helps to explain why Levesque's protest was successful. In the Spring of 1984, the Quebec government and Kahnawake had entered into a unique arrangement whereby Quebec would provide 4.2 million dollars for a new hospital to be built at Kahnawake, to be controlled entirely by the Mohawk Council. At the time, much was made of the fact that Kahnawake and Quebec had negotiated on a "nation-to-nation" basis. According to one informant within the Quebec government, when Levesque called Norton to protest, it was understood that the funding for the hospital was also at stake.¹¹⁶

Following this episode, the number of incidents between Conservation officers and fishermen seems to have declined. However, the community remained strongly opposed to Projet Archipel. This is evidenced by the fact that in November a Lachine counsellor and some Kahnawake residents removed the markers that Hydro-Quebec was using for its

prefeasibility studies from the rapids, with the full approval of both the Mohawk Council and the traditional group at Kahnawake.¹¹⁷ Although confrontations have diminished, the force of volunteer conservation officers continues to exist.

Land Claims and Special Rights

Negotiations regarding land claims and rights for Indian peoples such as exemption from taxation seem to have proceeded somewhat sporadically over the 1960-87 period, and to have been done rather quietly. At first, negotiations regarding territorial rights and Indian exemption from provincial sales tax were handled through the Indians of Quebec Association.¹¹⁸ Formal negotiations seem to have ceased around the time of the James Bay Agreement, but informal ones must have continued, since goods sold at Kahnawake are presently exempt from sales tax, and the community has an arrangement whereby its residents pay no tax on cars.¹¹⁹ In 1985, a Kahnawake chief publicly advocated that reserve residents be exempt from gasoline tax, proposing an arrangement whereby its members would keep their receipts and claim back the tax.¹²⁰ Although provincial officials denied considering such an arrangement at the time, it is notable that precisely such an agreement has since been implemented.¹²¹

In the area of land claims, the community has been

less successful. In 1984, its Grand Chief announced to the press that the community planned to mount a land claim dating from the Jesuit era, for an area five times the size of the present reserve. Since the area in question is now densely populated, he specified that the community would be seeking compensation, rather than reclaiming the land itself. The claim was declared to have two objectives: first, to accommodate an increasing population; and second, as an explicit assertion of Kahnawake's jurisdiction.¹²² To date, this claim does not seem to have been formally presented to either the federal or provincial governments.

Sovereignty

In its relations with the federal and provincial governments since 1960, Kahnawake has taken great pains to maintain the stand that it constitutes an autonomous nation. One of the first such actions directed toward the federal government took place in 1960, when the community sent a telegram to the Minister of Indian Affairs refusing the federal vote that the government had just extended to all Indian peoples.¹²³ Later, in 1965, Grand Chief Delisle had the federal Indian Agent removed from the reserve.¹²⁴ By 1981, Council refused to let the Census be conducted at

However, according to La Presse, (June 4, 1988: A1), Grand Chief Norton wrote to the mayors of the seven neighbouring municipalities in May of 1988, stating that they were occupying Mohawk land and the Mohawks intended to have their rights recognized.

Kahnawake. When the federal government threatened to prosecute the Grand Chief for this refusal, he justified it on the grounds that the community's residents were not Canadian citizens.¹²⁵

Similarly, in its relations with the provincial government, Kahnawake has been careful to preserve or enlarge its area of autonomy. Its resistance and challenges to provincial jurisdiction in areas such as education, land, and justice have been described in the preceding sections. One further assertion of band control deserves to be mentioned, and that is Kahnawake's rejection of Quebec's labour legislation and Workmen's Compensation program. Its workers have claimed not to be subject to the authority of the Quebec government, or its Conseil sur la santé et sécurité au travail, which enforces legislation respecting working conditions. Instead, the community has established its own Worker's Compensation scheme.¹²⁶ Again, this decision may be related in part to Kahnawake's reliance on construction-related work, since the workers involved have also claimed exemption from the mandatory holiday that Quebec imposes on its construction industry.

In their public declarations, community representatives have explicitly stated their claim to self-government on several occasions. For instance, Kahnawake's

brief to the Penner committee¹²⁷ in 1983 declared that its people were citizens of the Six Nations Confederacy rather than of Canada, and wanted an independent government on an equal footing with the Canadian one.¹²⁷ The brief suggested that the Indian Act be abolished, and stated that the community wanted to regulate its own citizenship, education, social services, and justice (all areas that the community in fact already controlled in practice, if not in title). In similar style, in 1986 Kahnawake and Akwesasne together presented the Minister of Indian Affairs with a declaration of intent for self-government, mentioning the areas of police, justice, and education as ones they wished to control.¹²⁸

In sum, the period from 1960 to 1987 saw an assertion of community control in numerous areas, and a gradual build-up of community-operated institutions. The degree to which the community actually controls its institutions (in the sense of deciding on priorities and orientations rather than simply administering programs of which the general framework is already established) varies considerably, from mere administrative authority to near total control. For instance, programs such as housing or Community Health Representatives appear to be examples of areas in which the basic framework is already determined. The community simply

¹²⁷The House of Commons Special Committee on Indian Self-Government, chaired by Keith Penner.

administers the program within the established parameters. In other areas, such as membership, the community's ability to set its own priorities is determined mostly by the existing political climate, specifically the degree to which the federal or provincial governments will tolerate infringements on the law. In areas such as the Peacekeepers and court system, the band has quite a lot of control, but is still subject to legal and budgetary constraints. Finally, the community appears to have almost total control over the priorities and actions of the Survival School, and the volunteer forces such as the conservation officers, the firemen, and the ambulance attendants.

This increase of community management in various areas has been accompanied by an ideology of "regaining control" and an explicit claim to recognition as an autonomous nation. This discourse has been backed up by actions ranging from negotiation (as in the case of tax exemption for reserve residents) to unilateral and sometimes illegal actions (as in the case of membership, or the assertion of jurisdiction over part of the St Lawrence). The history of events since 1960 suggests that although the provincial and federal governments have generally been unwilling to formally recognize Kahnawake's claim to sovereignty, there has been a good deal of de facto acceptance of the band's unilateral actions. In fact, the comment previously cited with respect to the band's actions in the area of membership

- "It's not in the law, but policy allows it" - appears to be a fair summary of the situation in several areas of jurisdiction. Overall, it seems fair to conclude that since 1960, the Kahnawake band has acquired an unusual degree of control over the programs and services provided to the community.

CONCLUSION

The picture presented by Kahnawake today is that of a large, urban reserve, with an economy built around off-reserve construction projects, band-operated institutions, and some employment in retail and service jobs in the Montreal area. As compared to most Indian communities, Kahnawake is prosperous, but employment levels are noticeably lower than is the case throughout the rest of the province. The history of the community suggests a series of transitions from one form of economic activity to another, and a tradition of resistance to the structures imposed by the federal Indian Act and related legislation. More recently, a federal policy of transferring programs to provinces and bands, a considerable expansion of provincial services, and the community's own initiatives have combined to produce a high number of community-operated services and

institutions. From the community's standpoint, this has been accompanied by a high degree of political awareness, and an explicitly nationalist discourse. The extent to which actual band control of these institutions is possible in the existing circumstances and the specific dynamics that allowed the community to gain increased control over its own services form the subject of the next chapter, which focusses on health and social services at Kahnawake.

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61. Ibid., p.9
62. Blanchard, Sketch, op cit.
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64. Blanchard, Seven, op cit.
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CHAPTER 4: KATERI MEMORIAL HOSPITAL CENTRE (KMHC)

INTRODUCTION

This section examines the issue of community "self-government" or control as it relates to the Kateri Hospital at Kahnawake. An attempt is made to assess how much autonomy the hospital has at present, in terms of its ability to determine the range and type of programs offered, their content, and the relative priority of each type of service. Such an assessment necessarily implies a comparison, either against an "ideal" standard of autonomy, against similar institutions, or against the situation prevailing in the past. Because the object here is not only to assess how much autonomy the community has at present, but also what conditions affected its capacity to gain such autonomy, an historical approach is taken. After a brief description of the hospital as it exists today, its origins and history are retraced, focussing on changes in the level of community control over time. The events surrounding the negotiation of an agreement with the Quebec government for a new building are discussed separately from the rest of the hospital's history, both because of the importance of this agreement for the hospital's evolution, and because of the comparative wealth of information on this topic. Following this review of the hospital's development, an attempt is made to describe its degree of autonomy, and the limits to

such autonomy. The section concludes with a consideration of the factors that helped to promote the development of community control over the hospital, and those that impeded such control.

BASIC DESCRIPTION OF KMHC AT PRESENT

The Kateri Memorial Hospital Centre (KMHC) is the only hospital to be both owned and operated by an Indian band in Canada.¹ It is a small hospital with a strong emphasis on chronic care: of its forty-three beds, thirty-three are used for extended care of elderly persons or those with chronic conditions. The other ten beds are used for short-term care, frequently for patients in transition between the Montreal hospitals and home.² People with acute illnesses, or emergency cases, generally go to either the Local Community Services Centre (CLSC) in Chateauguay, which has a clinic, or to the Lachine General Hospital in Montreal. However, KMHC does handle the occasional emergency, such as patients with drug overdoses rejected or kept waiting for extended periods in Montreal hospitals where, to quote one informant, "prejudice is alive and well".

The hospital operates using a combination of its own staff and visiting specialists such as ophthalmologists, internists, denturologists and surgeons. Three of the staff doctors are also associate professors at McGill University,

and KMHC does research into health problems prevalent in the community. As an example, it has developed an extensive program in diabetes control, diabetes being a very common disease at Kahnawake. KMHC staff have also conducted research on topics such as breastfeeding practices, or the applicability of standard developmental screening tests to Mohawk children.

Besides inpatient care and research, the services offered at KMHC can be divided into four main categories. The first is a Family Medicine Clinic held 5 1/2 days per week. This clinic offers the services of doctors, nurses, dentists, and the pharmacy. It includes monthly clinics in internal medicine and pediatrics, limited lab services, rehabilitation, and a community education program run by a dietitian. Besides the Family Medicine clinic, the hospital operates a Home Care Nursing program, and a Day Centre for the elderly. The intent of the Day Centre is to maintain elderly people in their own homes, while providing activities and meals for them on some days of the week. At present, the Day Centre serves about ten people, a figure which is expected to rise to twenty-five in the near future, as it begins to serve the handicapped as well as the elderly.' Finally, the hospital has a Community Health Unit, consisting of one full-time and one part-time nurse, who do school visits, immunizations, testing of hearing, vision, and blood pressure, prenatal and post-natal care,

and well-baby clinics. Most of these services are funded through operating grants under the Quebec Hospital Insurance Plan, as is the case for other Quebec hospitals. The exception is the Community Health Unit, for which funds are provided by National Health and Welfare.

The services offered by the hospital have expanded considerably over time, a trend reflected in the number of employees, which has risen from about 51 before 1984,⁴ to 75 in 1984,⁵ to about 105 in 1988.⁶ Since 1955, community control of the hospital has increased dramatically. This process began with the band's determination to keep the hospital open despite funding shortages and other pressures to close it. From there, community residents gradually asserted their right to determine which doctors would work there, what the content of the programs should be, and which programs should be offered. The most visible assertions of Mohawk control came during negotiations for the construction of a new hospital building. As a result of the agreement reached with Quebec at that time, Mohawk ownership and control of the hospital is formally recognized, as is the community's right to decide on the hospital's general orientation, its allocation of beds between chronic and acute cases, and so forth. There are apparently no requirements for the hospital to report to Quebec on its activities, although there are financial reporting requirements.⁷ In order to fully understand what

circumstances allowed the community to obtain this type of control over the hospital, a more detailed review of KMHC's history is required.

ORIGINS AND DEVELOPMENT OF KMHC

The External Control Phase: 1905-1955

The Kateri Hospital was not originally founded by the Kahnawake band; rather, they succeeded in perpetuating and transforming an existing institution. The hospital was first established in 1905 as a charity hospital under Jesuit auspices, by Sr Adèle Perrenault. It operated using Jesuit funds, nurses working for charity, and a contribution from Health and Welfare for "indigent" patients of \$1.00 per patient per day, up to a certain maximum. Later, the federal government began to pay for doctors to come from Montreal for about six hours per week, and for a Public Health doctor. The community had no say in which doctors were hired, or in the programs provided. The services apparently included school visits, well-baby clinics, and home visits to the elderly. Besides this, they included inpatient care, and the federal government periodically sent Inuit and Indian patients from elsewhere in the country to the hospital.

In 1919, Sr Perrenault transferred the hospital to an

order of nursing nuns, *L'oeuvre de protection des jeunes filles*, who continued to run it along the existing lines until 1955. The hospital does not appear to have offered outpatient clinics, with the result that most people apparently obtained care from city doctors and hospitals according to a system whereby the patient paid, then mailed in receipts to the government to be reimbursed. This system caused some difficulties, since at the time many community residents could not read English.'

In 1955, the Sisters informed the Indian Agent that they were closing the hospital, citing financial difficulties and the building's need of repairs; they apparently left only the six beds that still had patients in them.' It is at this stage that the community can first be said to have acquired even a limited amount of control over the hospital, in that it managed to keep it open. Several reasons have been advanced to explain the community's reluctance to see the hospital close, despite the questionable quality of care provided, the steadily worsening condition of the building, and the availability of other hospitals nearby. First, it was already in existence. Second, it provided care within the community, whereas patients from Kahnawake tended to feel isolated in Montreal hospitals, and experienced some discrimination there. Further, there was the language issue, in that at the time, those over 55 years of age generally spoke mainly Mohawk.

Finally, the hospital at Kahnawake was a major source of local employment.^{1c} Such factors seem to have contributed to a determination to keep the hospital open even in the face of major financial difficulties.

The Beginning of Community Control Over Programs and Services

From 1956 to 1961, the existence of the hospital seems to have been extremely precarious. When the Sisters withdrew, the Mohawk Council sent a delegation to Ottawa to ask for money and advice on how to keep the hospital operating. They appear to have been given advice but no money, whereupon Council decided to provide \$10,000 from band funds. This decision, however, like any band council resolution, was subject to the approval of the federal government. Indian Affairs set a number of conditions before it would authorize use of the funds: the band had to set up an operating plan and a board of management for the hospital, of which both the Indian Agent and the (federally employed) Superintendent Nurse had to be members. In addition, Indian Health Services would pay only for those patients admitted to hospital by the federal medical officer, and would only pay for drugs authorized by him. Clearly, effective control of the hospital rested firmly with Indian Affairs.

When the hospital showed a deficit for 1956, Indian

Affairs seems to have concluded that the \$10,000 per year transfer was a waste of band funds, and should be discontinued. This left the community with a choice between closing the hospital, or trying to operate it solely on the per-diem payments received for each patient. For the rest of the 1956-61 period, the hospital was therefore run on a combination of the per-diem rates, the minimal rent paid by Health and Welfare for the use of hospital space for its public health program, and money raised through contributions, volunteers, and bingos. Not surprisingly, admissions dropped dramatically, conditions were poor, and the hospital was in continual danger of closing.

Because KMHC already existed, minimal though it might be, it was able to get funding when provincial hospital insurance was introduced in 1961. In the Quebec government's terms, KMHC was recognized as an "institut privé non-conventionné", which meant that it was eligible for a per-diem fee of eight dollars per patient, but received no operating budget for staff, equipment, or supplies. Exactly when control by the Indian Agent was phased out and the band took sole responsibility for administering the hospital is not clear, but there are a few reasons to believe that this occurred shortly after 1961. First, as soon as hospital insurance was instituted, the federal government discontinued its per-diem payments, took the position that it would not duplicate provincial

services, and began phasing out or transferring hospitals in places where it had built them."¹¹ There is thus no reason to believe that Indian Affairs would have wanted its Agent to be deeply involved with the Kateri Hospital. Second, by 1965 Kahnawake's Grand Chief had had the agent completely removed from the reserve. Finally, according to one Chief, as funding from Quebec stabilized (around 1965), the community was able to resist Quebec's attempts to impose rules, on the grounds that they were already running the hospital in a competent fashion without outside regulations."¹² This suggests that the community had been administering the hospital on its own for some time before 1965.

At this stage, the hospital appears to have been quite a small affair, administered by volunteers and perennially short of funds. That its administration was disorganized is suggested by the fact that when in 1965 it finally acquired a Secretary-Treasurer, she discovered that the hospital was not getting the per-diem payments to which it was entitled, because the required statements had never been sent to the hospital insurance plan."¹³ Patients were increasingly referred out to other hospitals, due to lack of equipment, poor facilities, and the absence of specialists."¹⁴

It was at this time that a Health Action Committee composed of community residents was formed with the goal of improving health services. The committee decided that the

community should have more input into which doctors worked at the hospital, and contracted with doctors at McGill to service the hospital. This arrangement was apparently made easier by the idealism and the enthusiasm for community-controlled health that prevailed at the time: as one of these doctors explained it, "this is the 60s." Steps were also taken to improve standards, accountability, and working conditions at KMHC. From handling, in one employee's description "everything from maternity through hernias to geriatrics", the hospital now closed down a number of programs, and began to emphasize geriatric and convalescent care.

Two elements then combined to put the funding for health care in the community on a more secure footing, and to allow it to reintroduce programs such as pediatrics. First, in 1966, the Canada Assistance Plan stated that Indians were part of the general population, and were therefore covered by health insurance. As a result, negotiations began to have the Quebec government cover nursing and staff salaries for the hospital." In addition, community members and the medical consultants from McGill managed to get a one-year federal grant in 1969 to develop a separate Community Health Centre offering pediatrics and general medicine. The grant was later extended to 1973. The introduction of these programs coincided with an expansion in the services offered by the clinic connected

with the hospital, with the costs being paid by provincial health insurance. Public health and dental services continued to be provided by National Health and Welfare.

By 1970, then, health services at Kahnawake were divided into three somewhat separate pieces: the Health Centre, the hospital itself, and the Community Health Services unit run by Health and Welfare. The next step in the community's assertion of control over its services came around 1971, when the Health Centre managed to convince Health and Welfare to let it administer the Community Health Services unit. The change was justified on the grounds that not only would the community do a better job of administering the unit, but this would allow the federal programs to be integrated with those operating at the Health Centre.¹⁶ The Health Centre's consultants then rewrote large parts of the program to tailor it to the needs of the community (for example, the tuberculosis control policy used by Health and Welfare was completely revised, as it was far more applicable to northern communities than to urban ones such as Kahnawake). This arrangement apparently still persists: on paper, the community administers Health and Welfare's program for them; in practice, both parties know that the community is running its own programs, with its own content.¹⁷

Throughout the rest of the 1970s, the community consolidated its control over health services, and managed

to introduce a few new services. For instance, a Home Care Nursing Program was instituted to serve the elderly, the handicapped, and the convalescent, in the face of Quebec government claims that this type of service was not covered in its health insurance framework, and therefore could not be funded. The hospital used available funds to establish the program despite this, and was able to obtain Quebec funding a year or two later." Physiotherapy was introduced in the late 1970s, through an arrangement with the Constance Lethbridge Centre in Montreal. Finally, the outpatient services and the clinic/Health Centre began to be run together, uniting the components of what is currently the Kateri Hospital. With the move to a new building in 1986, a few existing programs (physiotherapy, occupational therapy, speech therapy and the pharmacy) were expanded, and two new ones - the Day Centre and Respite Care¹ - introduced. The move led to a large increase in staff, not so much due to new programs as to an increase in the number of people using the hospital, and the need for increased maintenance to keep up the larger building."

It is not possible to assess exactly what proportion of all the health care required by community residents is currently provided by the Kateri hospital, as opposed to

¹ The term "respite care" refers to the periodic admission of dependent elderly persons to hospital (perhaps for one week every few months) so that family members may have a respite from caring for them.

outside institutions. Clearly, emergencies, maternity, and acute illnesses requiring specialized care or equipment are still handled by hospitals or practitioners outside the community. However, the number of services offered for the elderly and chronically ill suggests that the Kateri hospital provides almost all of the care required in this area. In addition, the hospital's outpatient clinic obviously handles a fair proportion of the routine examinations and minor illnesses. Altogether, one of the hospital's physicians estimated that over the course of a year, almost every member of the community visits the hospital at least once.²⁰

Over the 1955-1986 period, then, Kahnawake increasingly gained control over the services provided by the hospital. From simply fighting to keep the hospital open, community residents moved to determining what staff would work there, what types of programs would be offered, and (unofficially, in some cases) what the content of these programs would be. They were able both to "take over" existing services, and to introduce some new ones. A second aspect of the process of developing control concerns not so much the programs offered as KMHC's degree of autonomy within the Quebec health services framework, an issue that was brought to the fore by the need to replace the existing hospital building.

The KMHC Agreement

By 1961, the building in which KMHC was housed had clearly become inadequate, both in terms of its physical condition and in terms of the obstacles it posed to any further expansion of services by its lack of space and facilities. As an example, physiotherapy could not be extended to outpatients, because there was no space to attach the necessary bars to the walls. A long-time doctor at Kateri claimed that the building was so cramped that "you couldn't even get a stretcher down the halls." Besides limiting the types of care that could be provided, the building had deteriorated to the point of becoming a danger: its condition was already a factor in the nuns' decision to close the hospital in 1955, and by 1961 it was becoming a definite fire hazard."

The need to replace the building was therefore clear, and in 1961 a first attempt was made to raise enough money within the community for a new building. When this failed, efforts seem to have been suspended until the formation of a Hospital Building Committee in 1972, which began to demand construction money from various government ministries. The process of negotiating for a new building is worth describing in some detail, because it sheds some light on the nature of provincial government involvement in issues of band control. The negotiations served to highlight certain features of the community's relationship with the Quebec government, and how this relationship affected its ability

to operate its health services autonomously.

The Hospital Building Committee began by demanding money for construction from both DIAND and the Medical Services Branch (MSB) of National Health and Welfare. Both ministries denied responsibility for construction, asserting that health care was a provincial responsibility, although the community did get a federal grant in order to do a feasibility study. Over the next three years, spokesmen for the hospital and for Council met with the provincial Ministry of Social Affairs, and continued to put pressure on both DIAND and MSB, with little result. At most, the federal ministries were prepared to provide funds for architectural plans, to ensure that the new building would meet Quebec's requirements for such institutions. Finally, in 1975, MSB proposed the formation of a Working Group to be composed of its employees, representatives of the community, and the Quebec Ministry of Social Affairs. The group prepared architectural and maintenance plans, and in October of 1975 Quebec included a new hospital for Kahnawake in its five-year plan for capital development. However, it required the hospital Board to form a non-profit corporation, a condition rejected by both the Board and Council. Further, according to one chief,²² Quebec's

The refusal to incorporate the hospital was not an isolated instance, but rather an expression of Kahnawake's overall position that no community institution shall incorporate. The reasons for this position are discussed later on in this section.

conditions included the surrender of the land on which the hospital would be located, and the insertion of the hospital into the larger Quebec network of health care services. The offer to build was later retracted when Quebec altered its five-year plan due to a shortage of funds. The situation continued at an impasse until 1978.

At this point, the actors changed both within the Quebec government and within Kahnawake. Within the Quebec government, the Parti québécois was elected, and created the SAGMAI in December of 1978. Within Kahnawake, several members of the Hospital Board (Myrtle Bush, Donald Horne, and Franklin Williams) became convinced that it was worth approaching the Quebec government, or anyone else, in order to get a new building, and that funds could be obtained without sacrificing the community's rights. Facing opposition from the existing Council, which opposed any agreement with the province, these people ran for Council and were elected.

The Quebec framework for health services divides the province into 13 administrative regions, each of which is headed by a regional health and social service agency, the *Conseil régional de la santé et des services sociaux* (CRSSS). Each CRSSS establishes broad policies, and allocates its regional budget as it sees fit among the health and social service agencies subordinate to it. These include the Local Community Service Centres (CLSC), which provide clinics and some home-support services; any hospitals in the region; and Social Service Centres (CSS), which coordinate social services such as adoption, marital counselling, intervention for delinquents, etc. Under this system, KMHC would have been answerable to the CRSSS for the Montérégie area.

According to Myrtle Bush, Council then contacted the Quebec government representatives and told them:

- that the province had a responsibility to ensure health care for Indians, the same level of care provided to anyone else;
- that because of this, if anything such as a fire happened, the province was responsible. Furthermore, Kahnawake was preparing documentation on the deplorable conditions at KMHC, and would ensure that it was stored somewhere other than the hospital;
- that Kahnawake was prepared to go to the press with the story of bad conditions."

The Kahnawake representatives argued that half the cost of health care is provided by the federal government under Established Program Financing (EPF) payments, and that the hospital could be built using funds from the federal half. Since the funds were federal, there was no question of a transfer of jurisdiction, hence Kahnawake refused to accept provincial regulations. In any case, community representatives argued, they had demonstrated that they could operate the hospital better than anyone outside the community, as shown by their record of financial accountability, and in the form of letters from various doctors attesting to the good quality of health care provided at KMHC. Finally, the chiefs suggested that an

agreement would be an excellent public relations move, which would demonstrate that Quebec was capable of conceding to others the type of autonomy that it demanded for itself."

Council members met on several occasions with Premier Lévesque, with the minister of Social Affairs, and with the head of SAGMAI. They also convinced numerous ministers and officials to tour the hospital themselves. As an example, Myrtle Bush followed up a casual conversation with Denis Lazure (the Minister for Citizen Relations) at a ministerial meeting in Ottawa with a formal invitation to visit Kahnawake and discuss various topics, including the hospital, with the chiefs."

From about 1978 onwards, Quebec appears to have been ready to provide funds for the hospital. Despite this, negotiations reached an impasse, revolving around three principal elements. The first concerned federal responsibility in the area; the second related to the way in which the Kahnawake hospital should fit into the broader Quebec health services network; and the third concerned the issue of incorporation.

With respect to the first point, representatives from the Ministry of Social Affairs were not sure whether they could legally build on Indian land, nor whether they would have to negotiate with the federal government in order to do so." Moreover, provincial regulations stated that any such establishment had to be built on lands owned by Quebec."

Accordingly, the Ministry of Social Affairs (MAS) wished to buy reserve land for the hospital, and be responsible for the construction of the building. It would then have owned both the land and the hospital building itself. The Mohawks were strongly opposed to this proposal, for reasons cogently summarized by one informant, who was peripherally involved with the negotiations:

One, we saw that as an infringement on our land rights. Two, if you do that, anybody that's working there would then be considered taxable, because it's not on reserve. And three, every item that goes into there would be taxed.

The federal government, meanwhile, disclaimed all responsibility for building the hospital, although it was prepared to contribute \$320,000 for an outpatient clinic to house the federally-funded public health programs. In the federal view, the availability of hospitals in Montreal made the existence of a separate facility at Kahnawake redundant. Consequently, Health and Welfare made it clear that the main source of funding would have to be the province, and it adopted a policy of letting Kahnawake negotiate with Quebec directly, so that it would not appear to be intruding on provincial jurisdiction.²⁹ The issue of federal involvement seems to have been resolved in 1979, when the head of SAGMAI suggested that Quebec might find the money for the hospital if it ever received a formal Mohawk Council Resolution requesting it to negotiate without federal involvement in this issue.³⁰ (The Council promptly issued one).

The question of whether Kahnawake should form part of the overall Quebec health network seems to have caused fewer problems. The Quebec government originally envisioned the hospital as being part of its existing structure; the community considered this completely unacceptable, and seems to have carried its point without major difficulties. If Quebec's wish to see Kahnawake follow the usual procedures did have an impact, it seems to have been an indirect one, affecting the scope of the programs offered at KMHC. Thus, one representative on Council claimed that part of the goal of replacing the hospital building was to expand the services. Because Quebec saw this as a good time to impose regulations, she said, they countered this tendency by continuing with the existing programs focussing on chronic care. Since the band had already demonstrated its ability to administer such programs, it was able to resist outside interference so long as it continued to focus on these programs. It is not clear if this analysis of the situation was widely shared within the community, as none of the other informants mentioned it.

The issue of whether or not the hospital should form an incorporated body raised far greater difficulties. From Quebec's point of view, the band's refusal to incorporate placed the hospital in a sort of legal limbo. Because the legal status of band councils is ambiguous, lawyers for the MAS found themselves grappling with questions such as: if

the hospital administration is indistinguishable from the band council, do Quebec's laws on wages, hiring, and audits still apply?" Further, the usual procedure for funding construction was for the hospital concerned to issue bonds, which would then be redeemed by the Quebec government; this procedure was less costly than a direct loan. However, although an incorporated body can issue bonds, a band council cannot legally do so.¹¹

From Kahnawake's point of view, the drawback of incorporating was that it would limit band autonomy, by making the hospital subject to a whole new set of laws governing corporations:

It's a political stand that the Mohawk peoples take. That if you become incorporated, you take away the Indianness. (....) the incorporated body would then have to follow all the rules and regulations set down by the province of Quebec and the government of Canada (....) It puts us under the Consumer and Corporate Affairs regulations.

Accordingly, Kahnawake's Council adamantly refused to consider incorporating the hospital.

In this situation, the community adopted the position that the building would belong to the band, the funds must be provided as a grant to the band, and the provincial Health and Social Services Act should not apply in cases where it was incompatible with the agreement reached with the province.¹² Further, Council adamantly refused to consider incorporation, defending this refusal to the Minister of Social Affairs on the basis of a strongly

cultural argument:

we must maintain our position and belief that the creation of such an artificial entity to receive the capital funding of our new building and to administer health services to the Mohawks of Kahnawake is not acceptable, as this notion is alien to our way of life.

In addition, the Mohawk Council made it clear that refusing these demands might prove costly: in a letter to the Minister of Social Affairs, it stated that if construction money was not provided by Quebec, the band would raise it through appeals to the press, foundations, and agencies. If this became necessary, the letter suggested, the MAS would be asked to introduce provisions for rent of the land and building in its next annual operating agreement with the hospital, to defray any debt incurred by the band."

Although the files both at SAGMAI and Kahnawake show continued communication between representatives of Kahnawake and the Quebec government over the next few years, the process seems to have reached something of a standstill until the intervention of the head of SAGMAI, Eric Gourdeau, in 1984. Concluding that the MAS and Council were at an impasse, Gourdeau and Lazure met with the Kahnawake Council and arranged for a working group composed of members of SAGMAI and Council to be established in order to find a "third avenue". The Working Group recommended that Kahnawake should build the hospital itself, according to plans acceptable to the MAS, and operate it in accordance with generally recognized medical ethics. The Quebec

government, in turn, should pass a special law allowing it to finance the hospital as a private organism in this particular case, and to exempt KMHC from certain provisions of the Law on Health and Social Services. In a letter to Premier Lévesque and the Minister of Social Affairs, Gourdeau enumerated the advantages of this approach as follows:

- it allows an agreement to be reached without requiring the hospital to incorporate;
- it guarantees to the Ministry of Social Affairs that the hospital will be built to the usual requirements, and be operated in a standard fashion thereafter;
- it allows the band to provide the service, and MAS records demonstrate that it is quite capable of doing so;
- it provides a "golden opportunity" for the government to apply the principles it passed in the National Assembly last February (1983), showing that it recognizes aboriginal nations as distinct entities with a right to their own institutions in the areas of health and education."

Gourdeau then identifies as the main disadvantage the fact that construction costs must be paid immediately. However, he suggests, 4 million dollars is a small amount for Quebec, and the risk of setting a precedent in the native milieu is "minimal." The letter annexes a draft agreement between Kahnawake and Quebec that is almost

identical to the final version. Later, at Kahnawake's demand, a clause was inserted into the agreement making it clear that Kahnawake would not be part of Quebec's usual health services structure, answerable to the regional CRSSS; instead, in this particular case, the functions of the CRSSS would be exercised by the Minister of Social Affairs.

Within Kahnawake, meanwhile, those individuals within the Council that favoured the agreement were promoting it, in the face of opposition from a significant portion of the community and even from some other chiefs. Many community members apparently felt that the community should not accept Quebec money, and that if Kahnawake let the federal government "off the hook" on this issue, it would then try to evade its responsibilities in other areas." Those favouring the agreement pointed out that the federal government had in fact never paid for the hospital, and that the province paid for hospital care whether it was provided at Kahnawake or in Montreal. They emphasized that the band would continue to administer the hospital, and argued that "After all, once the building is up they can't take it back."⁴⁰ The agreement was eventually approved at a public meeting at Kahnawake in 1991.

The final agreement concerning the building of the hospital incorporated the demands made by Kahnawake. Hailed as a "nation to nation" agreement by Premier Lévesque in his

" A copy of the Agreement is included in Appendix 2.

speech for the occasion," it provided that Kahnawake would build and operate the hospital, on land belonging to the community. Quebec would provide funds for construction, and would continue to provide operating monies as it had in the past. In terms of the legal-administrative framework, Quebec's Law on Health and Social Services would apply, but not in cases where it was incompatible with the Agreement. In particular, KMHC would not report to the CRSSS: rather, it would deal directly with the Minister of Social Affairs, and its annual operating budget would be determined through agreement with the Minister. To allow this unique arrangement, Quebec undertook to pass a special law that would give force to the Agreement.

Following the signing of the Agreement in April 1984, only two aspects need be noted in connection with the building process, because they help to clarify the positions of the various parties involved. The first concerns the interplay between the MAS and SAGMAI. Files at SAGMAI suggest that early in the building process, the MAS thought that it should have input into the construction plans. MAS personnel contacted officials at SAGMAI to point out that although the agreement said the Mohawks were responsible for construction, the term "construction" might not include development of the building plans. They asked SAGMAI how this should be handled, and SAGMAI responded that although the agreement could be interpreted to mean that the plans

might be prepared by someone else, such an interpretation was contrary to both the spirit of the agreement and the law that gave it force." Thus, SAGMAI seemed to be helping to defend Kahnawake's autonomy against pressures originating within the MAS. The second incident connected with the hospital agreement relates to its effect on relations between Quebec and the Mohawk Council, and has already been described in chapter 4. This refers to the incident connected with Projet Archipel, in which Premier Lévesque's ability to convince Grand Chief Norton to withdraw his Conservation Officers may have hinged on the funding for the hospital. It suggests that, at least temporarily, the KMHC agreement gave the Quebec government some influence over Kahnawake's actions in other areas. It is now worthwhile to focus more specifically on the extent and limits of KMHC's autonomy.

THE KATERI HOSPITAL AND THE LEVEL OF AUTONOMY

On considering KMHC's current ability to determine the type of services provided and their content, it seems that not only does the community have far more control than it had in the past, but in some respects the hospital has more autonomy than comparable Quebec institutions. In reviewing the development of community control over the hospital, it

has been seen that the community not only succeeded in keeping the hospital open, but gradually gained control over the hiring of doctors, the administration of the hospital, and the range of programs offered. In addition, it was able to "take over" existing programs such as the Public Health unit administered by Health and Welfare, and to institute new programs of its own design, such as those provided in the Community Health Centre, or the Home Care Nursing Program.

As compared to the situation before 1960, it seems fair to conclude that the community now has very extensive control over the content of the programs offered: the only limit seems to be that Health and Welfare presumably retains formal jurisdiction over the Public Health program. In practice, this has so far posed no obstacles, as both parties consider it unthinkable that Health and Welfare should intervene. Indeed, Health and Welfare officials readily admit that although the Ministry pays for a nurse at Kahnawake, they have no real idea what she/he does. The community's degree of control over the range of services - i.e., which programs will or will not be offered - is slightly less extensive: because of funding shortages, it was obliged to focus on a limited number of areas, with the result that it emphasized chronic care. This emphasis seems to have been perpetuated in part because of the desire to resist the imposition of external regulations. The

hospital's ability to provide new programs has sometimes been limited by the necessity of convincing external sources to provide the necessary funding, although in a few cases (such as the Home Care Program) it has managed to establish programs in the absence of sustained funding. Finally, the range of services is restrained by considerations of practicality and size: as a small hospital, it is not feasible for KMHC to have extensive lab facilities and complex equipment, or to employ full-time physicians in very specialized areas of practice. Thus, KMHC does not presently offer services in a number of areas such as maternity or emergency care, and serious "acute" illnesses tend to be handled by the large hospitals in Montreal.

As compared to other hospitals in Quebec, KMHC seems to have acquired an unusual degree of autonomy through its 1984 agreement with the Quebec government. The agreement formally recognized Mohawk control of hospital operations, and allowed KMHC to resist integration into the overall structure of health services in Quebec, by establishing a reporting relationship directly with the Minister of Social Affairs. This aspect of the Agreement has favoured Kahnawake's autonomy in several ways. Because KMHC does not have to report to the regional CRSSS, as would usually be the case, it avoids the standard requirements as to what agencies must be represented on the Board of Directors. This leaves Council free to determine the appropriate Board

membership according to its own criteria. The fact that KMHC is not answerable to the CRSSS has also allowed it more latitude in deciding what programs should be offered: it has been able to develop its own programs, rather than simply providing the ones that the CRSSS thinks everyone should have."

In addition to avoiding the standardization attendant on being answerable to a CRSSS, the arrangement whereby KMHC reports directly to the Minister has other advantages. First, the Minister cannot directly intervene in the day-to-day operations of the hospital; s/he can only intervene via the Agreement, meaning that she can terminate funding if the hospital's services become inadequate." Further, several informants suggested that this arrangement had helped KMHC to avoid cuts in its budget. As one informant pointed out, each CRSSS is allocated a global sum, which it distributes among its component agencies. When there are cuts in the health budgets, they take place at the level of the CRSSS, which then re-allocates. Because Kahnawake reports to the Minister, its budget generally does not get cut." Not only would cuts to the budget of an Indian hospital look bad politically, but they would result in very little saving, since KMHC represents such a small fraction of the province's overall budget." Besides avoiding cuts, KMHC's budget is established according to criteria agreed upon between itself and the Minister, rather than on the usual

amount-per-population formula. Because the hospital's director has always had an excellent relationship with the Minister and with officials within the provincial and federal governments, until recently KMHC has had more funding than average, and has been able to establish some programs that comparable institutions cannot afford.

Overall, then, Kahnawake's agreement with Quebec allowed it to receive funds while maintaining almost total control over the operation of the hospital. The limits to the hospital's autonomy under the Agreement seem to be only two: first, KMHC continues to be subject to Quebec's *Loi sur la santé et les services sociaux*, except where it is incompatible with the Agreement. Second, the Agreement requires KMHC to conform to generally accepted medical standards (in practice, those of the Quebec doctors' corporation), a requirement that poses no problem at present, but could conceivably limit its freedom of action if it ever wished to offer unconventional forms of care. Finally, there is some possibility that having signed the Agreement temporarily impeded Kahnawake's autonomy in other areas, so as not to put the funding for KMHC in jeopardy. It is now appropriate to consider what factors influenced Kahnawake's capacity to establish this degree of autonomy at KMHC.

FACTORS AFFECTING KMHC'S ABILITY TO GAIN AUTONOMY

It has been seen that much of KMHC's present ability to operate autonomously depends on the form of the Agreement it reached with Quebec. Because of this, the analysis has been divided into two parts. The first attempts to identify those factors associated with increases in autonomy up to the time of the Agreement; the second focusses specifically on those factors that influenced Kahnawake's ability to negotiate an agreement of this type with Quebec.

Autonomy prior to the Agreement

Of the factors that help to explain how KMHC was able to make gains in autonomy prior to the Agreement, most seem to be specific to the community, although a few relate to the larger context such as issues of federal-provincial jurisdiction or operating procedures within government ministries. For example, it can be suggested that Kahnawake would never have acquired a hospital had it not previously existed; further, had it been established by the federal government rather than the nuns, it would in all likelihood have been closed down after 1961. In addition, Kahnawake's ability to keep the hospital open between 1956 and 1961 rested on its capacity to raise sufficient funds through donations, bingos, and the like. It can be speculated that this capacity in turn was dependent on two features

particular to Kahnawake, its size and its comparatively high income levels, both of which would seem to facilitate fund-raising efforts of this type. Later, after the advent of hospital insurance, the good relations between KMHC personnel and government officials seem to have created a situation where funding was less restricted than in most hospitals. This in turn allowed KMHC to "put by" funds that could be used to unilaterally institute new programs, as was the case with the Home Care Nursing program. Thus, many of the gains achieved between 1956 and 1984 seem to have depended on features unique to Kahnawake such as its particular history, its size, the employment situation of its members, or the effectiveness of its management personnel.

Besides these factors particular to the community, KMHC obviously benefitted from the larger trends in the Canadian health-care system, and from the fiscal relationship between the federal and provincial governments. The introduction of hospital insurance first helped to give KMHC some stable funding, while the inclusion of Indian peoples under the Canada Assistance Plan later allowed it to obtain funds for maintenance and support staff. It can also be speculated that the band profited from the ambiguities associated with the introduction of hospital insurance to consolidate its administrative control. With hospital insurance, on the one hand, Quebec recognized KMHC as a "private" institution,

hence one not incorporated into its general hierarchy of health care; on the other hand, the federal government was obliged to withdraw from the picture, thus putting an end to the presence of the Indian Agent on the KMHC Board. The result seems to have been the creation of a vacuum into which community administrators could step.

Finally, KMHC can be argued to have benefitted from a tendency in the government bureaucracy that could loosely be termed the "closed eyes" phenomenon. Thus, its ability to take over Health and Welfare's Community Health unit, and to change the nature and emphasis of the programs it offered, essentially depended upon Health and Welfare not objecting to the changes and not being in any way embarrassed by them. As long as the community's programs are not likely to generate adverse publicity, and as long as the funds are demonstrably spent on health-related activities, Health and Welfare is prepared to close its eyes to the fact that it has no input into (or, indeed, information about) the programs offered using its funds.

Although this tendency has allowed KMHC to take considerably more latitude in practice than it has on paper, the limits of this approach are clear: its continued existence depends on no major scandal erupting which would embarrass the government. More importantly, it means that funds are compartmentalized, that is, those provided by Health and Welfare must necessarily be spent on Public

Health programs of some description, regardless of the community's other priorities.

More important limits to KMHC's ability to operate autonomously have been posed first by the constraints of the Indian Act and later by the possibility of "encroachments" by Quebec. The powers that the Indian Act allocates to the Minister posed a very obvious obstacle to community autonomy in 1956, when DIAND refused to allow bands funds to be used to maintain the hospital. Later, Quebec's attempts to impose regulations as it assumed financial responsibility for health care had to be countered by remaining in chronic care, since the community had already demonstrated that it could provide good quality chronic care in the absence of Quebec regulations. This created a very definite limitation on the community's ability to determine what programs should be offered. In fact, the annual operating agreement by which Quebec provided funding for the hospital apparently specified the number of beds that should be allocated to chronic care, and the number to be reserved for acute cases." Since the signing of the KMHC Agreement with Quebec, this is no longer the case.

The Agreement with Quebec

The advantages to Kahnawake of concluding an agreement of the type reached for KMHC are fairly clear. What needs to be explained is why Quebec, after "holding out" for so

many years, suddenly was ready to agree to an arrangement of this type. What was the motivation for Quebec? The explanations offered by interviewees cover a number of dimensions, ranging from the possibility of embarrassment for the Quebec government, to the influence of ideological factors, to the political mileage that could be gained from the Agreement, to features specific to Kahnawake.

Thus for example, there is evidence that Quebec officials felt that they were placed in an uncomfortable position regarding Indian health. On the one hand, they were faced with a legal responsibility to provide health care to every inhabitant of Quebec; on the other, residents of Kahnawake strongly resisted any provincial involvement. For Quebec, the agreement with Kahnawake represented a way of resolving the dilemma between its obligation to provide health services to all residents of the province, and the need to respect Mohawk autonomy. A memo from Premier Lévesque to the Quebec cabinet regarding the KMHC agreement argues that

This approach respects both the political autonomy of the band - at least, insofar as is possible - and Quebec's responsibility in the health area vis-a-vis Quebec society as a whole.

Furthermore, by agreeing to replace the KMHC building, Quebec was sparing itself a potential source of major embarrassment, in that it was likely to be held responsible if the old building burned down. Officials within both SAGMAI and MAS appeared to be keenly aware of this

possibility: when a former SAGMAI official was asked why Quebec agreed to replace the building at the time it did, his immediate response was "because we'd seen the hospital".⁴ Noting the risk of fire, he stated that the provincial and federal governments could have continued to argue about jurisdiction indefinitely, but that such arguments were going to seem very lame if the building did burn down. The MAS, he claimed, was placed in a situation where it absolutely had to close the hospital, but knew that it would face considerable resistance to such an action.⁵⁰

It can be speculated that the Parti québécois was particularly vulnerable to the threat of negative publicity during this period, when as part of its campaign in favour of sovereignty-association it was emphasizing its ability to provide "good government". In addition, the intense conflict over the use of English in Quebec at the time seems likely to have made the Parti québécois particularly sensitive about its relations with other "minority" groups. That Kahnawake did everything possible to maximize Quebec's fears of a tragedy and negative publicity is apparent from several of its actions, which can appropriately be described in Paine's terms as "the politics of embarrassment".⁵¹ Thus, as noted, the community first threatened to document the poor conditions and store the document in case of fire; it later threatened to raise funds for a new building through public appeals; and it repeatedly invited key

ministers and officials to view the hospital for themselves.

One other element also helps clarify why the Quebec government seemed to be particularly susceptible to Kahnawake's arguments at this time, which relates to the state of Quebec's relations with Indian peoples across the province. With some inaccuracy in the dates, an informant from Kahnawake explained it in these terms:

The negotiations, when they were going on, were happening in the Spring of 83. In the Summer of 82 [1981], Quebec, under the PQ government, had a very serious setback with Indian people. That was the Restigouche salmon affair, there was a salmon war. They wanted to regain the support of the Indian people. So what they were doing was they were in a bad position because none of the Indian groups wanted to talk to them. (....) And they lost their whole credibility across the province. So we came in to negotiate....

A former employee of SAGMAI similarly noted the importance of the Restigouche crisis in shaping Quebec's policy towards native peoples. He attributed the existence of SAGMAI, and its general orientation, to three principal factors: a heightened awareness of minority rights, the events surrounding James Bay, and the Restigouche confrontation. He then went on to note that by 1983, SAGMAI had developed a policy paper that recommended negotiating agreements of the type reached regarding KMHC. Thus, there is some evidence that at the time of the KMHC agreement, the Quebec government was both particularly vulnerable, and prepared to be receptive to the idea of a negotiated agreement.

Besides the Quebec government's fear of embarrassment,

almost all respondents who discussed the hospital negotiations attributed considerable importance to ideological factors, referring both to the general ideology prevailing at the time and to that of the Parti québécois in particular. Thus, one chief noted that Kahnawake has no political "clout", because most of its inhabitants do not vote, but that Indian rights were "in the air" at the time, due to national and provincial rights talks.³³ Aside from this general consciousness of Indian rights, informants both at Kahnawake and within the Quebec government attributed a great deal of importance to the personal influence of Premier Lévesque, and his interest in Indian matters. Several informants at Kahnawake expressed the view that "we never would have got it [the agreement] without Lévesque". In the same vein, an official at the MAS pointed out that Lévesque had been personally interested in Indian rights ever since 1962, when as Minister of Natural Resources he created a section within his ministry to handle native affairs.³⁴

There is also evidence to support the view that the Parti québécois saw a similarity between the demands made by the Mohawks and its own demands for 'sovereignty association', and used the Agreement as a public relations tool. As has been noted, the Mohawks explicitly suggested to the Quebec government that an agreement would provide good publicity; similarly, Eric Gourdeau of SAGMAI saw it as

a "golden opportunity" for Quebec to demonstrate that it could respect native people's rights to have their own institutions. While it cannot be proven that this was a motivating factor in the government's actions, it is clear that Quebec representatives subsequently used the Agreement in support of their own political approach. Thus, Premier Lévesque mentioned the Kahnawake agreement at a Constitutional Conference, citing it as a "promising approach" in terms of government-to-government relations.⁵⁶ According to Myrtle Bush, respective Quebec governments (including the one presently headed by the Liberal party) have used the Agreement at every subsequent constitutional conference.⁵⁷ In a sense, Kahnawake and Quebec can be said to have "traded" recognition of each other as autonomous nations. This element of trade is clearly expressed in one informant's comments about the KMHC negotiations:

[W]e played our cards right, and we got the PQ to understand our position, and politically we argued the hospital on a nation-to-nation basis. We respected Quebec as the francophone nation here, and they respected us as being the Mohawk nation who were the original owners of the land. Nobody lost face. We got our hospital, they got the satisfaction of saying that we do help the Indian people, and...it was a good deal.

Aside from its role in providing good publicity for the PQ's objective of political independence for Quebec, the Agreement appears to have helped legitimate an extension of

⁵⁶ This probably refers only to those conferences dealing specifically with native rights, held in accordance with section 37 of the Constitution Act.

Quebec's jurisdiction into the area of Indian health.

First, the simple fact of reaching the agreement in itself would seem to constitute a tacit acceptance of Quebec's jurisdiction over Indian health (although Kahnawake representatives deny this, on the reasoning that the money is originally provided by the federal government under EPF). It is also noteworthy that Quebec was prepared to provide all the funding for the new building on condition that it receive a Council resolution allowing it to proceed without the involvement of the federal government. In these ways, the Agreement constitutes a recognition of Quebec's claim to have sole authority over health matters.

One final set of factors should be mentioned in explaining why Kahnawake was able to negotiate the Agreement at the time it did, and why it was able to exploit the particular historical and ideological circumstances present during the PQ's tenure, while other Indian communities did not achieve comparable benefits. Such factors relate more specifically to conditions in the community, and to its prominence in Indian political associations. The first concerns the fact that KMHC had a record of competent administration and financial accountability. This was apparently an important factor in convincing the Quebec treasury board that it was worth investing some money in the hospital. An informant from SAGMAI claimed that when the possibility of building the hospital was suggested, the

treasury board's first question was whether the existing institution was well managed. Records maintained at the Ministry of Social Affairs demonstrated that it was." In this way, Kahnawake's organizational ability played some role in allowing it to maintain control of the hospital.

The second factor relates to Kahnawake's ability to make "contacts" within the government, so that for instance they could convince ministers to visit the hospital, or convince officials within SAGMAI and the MAS that they were trustworthy administrators. With respect to the first point, it can be speculated that Kahnawake's prominence within Quebec and Canadian Indian politics, and hence its frequent meetings with ministers and highly placed government officials, facilitated informal contacts with such officials. An example would be the invitation issued by Myrtle Bush to Denis Lazure to visit the community, following an informal conversation during a ministerial meeting.

Beyond the possibilities attendant on being involved in national and provincial associations, there is some possibility that Kahnawake's autonomy in other areas, such as education, or policing, indirectly helped foster autonomy in the area of health. For example, in analyzing why the KMHC negotiations were successful, a SAGMAI official noted that before the hospital issue ever arose, there was already a "relation de confiance" (roughly, a relationship of trust

or respect) between the leaders of SAGMAI and some prominent representatives at Kahnawake. This respect, he explained, had been built up during the course of contacts between SAGMAI and Kahnawake regarding issues such as the establishment of the Peacekeepers, the Survival School, and so forth."

Finally, the militancy of the community and the high level of political awareness of its leaders cannot be entirely discounted in explaining why Kahnawake benefitted from the situation under the PQ while others did not. Thus, the comments of Quebec officials indicate that they were well aware that attempts to simply close the existing hospital, rather than providing funds for a new one, would meet with major resistance. The events surrounding the establishment of the Survival School and the Peacekeepers had surely demonstrated to Quebec officials that Kahnawake was well able to carry through on its initiatives, despite the presence of major obstacles. Besides this, the community's leaders were astute enough to play on the government's fears of embarrassment (as when they threatened to document the poor conditions at the hospital), and to point out the utility of the Agreement as a source of favourable publicity.

Thus far, the analysis has concentrated on factors promoting the ability of Kahnawake to reach an agreement with Quebec under which KMHC retains considerable autonomy.

It is now necessary to briefly consider the factors that limited the development of such autonomy, and/or hindered the process of reaching agreement. Foremost among these must be the ambiguous legal status of Band Councils under the Indian Act, which precluded Council from issuing bonds for the construction of the hospital, and made the applicability of Quebec laws uncertain. This contributed to Quebec's insistence that the Hospital Board must incorporate, and helped stall negotiations for a period of years.

Second, the history of the negotiations suggests that major concessions were not forthcoming until the election of the Parti québécois, which for a number of reasons was particularly susceptible to the claim that because of their distinct cultural identity, Indian groups had a right to their own institutions. That is, community control could be increased only when the Quebec government was unusually vulnerable. Finally, it must be noted that complete autonomy was not obtained: the Minister retains the power to discontinue funding if the health care provided at KMHC is not "acceptable", and more importantly, the gains obtained required Kahnawake to recognize Quebec's jurisdiction over the area.

CONCLUSION

At present, the Kateri Hospital seems to have extensive control over the nature of the services offered, specifically the content and format of the various programs: the only limit is the requirement that they conform to "generally accepted" medical standards. Although there are some limits (mainly financial) to the community's ability to determine the range of programs that will be offered, here again the hospital possesses a substantial degree of autonomy; since the Agreement with Quebec in 1984, its right to determine what areas are a priority, and to allocate funding accordingly, is formally recognized.

A large number of factors seem to have had some impact on the community's ability to operate the hospital in an autonomous fashion. Among the factors that helped to promote community control were economic ones, specifically the income levels that allowed Kahnawake to run the hospital for six years using donations, bingo, and the like. In addition, political and ideological factors seem to have played a major role in allowing the community to develop autonomy. Such factors included the prominence of issues of minority rights and nationalism in Quebec politics; the similarity of Kahnawake's arguments to those being advanced by the Parti québécois, and the interest of PQ officials in native issues; the ability of Kahnawake representatives to

cultivate good relations with government leaders, attributable both to Kahnawake's prominence in Indian political associations, and to its "community control" initiatives in other areas of jurisdiction; and the usefulness of the KMHC agreement in legitimating both the claim of the Parti québécois to have good relations with Indian peoples, and its claim to jurisdiction over Indian health matters. Finally, the influence of a number of factors more specific to Kahnawake in promoting community control must be noted. These include elements such as the prior existence of the hospital; KMHC's history of competent operational and financial management; its proximity to Montreal, which facilitates access for visiting specialists; and perhaps the size of the community, which is sufficient to support a hospital.

The factors that limited the community's ability to operate KMHC in an autonomous fashion seem to be fewer in number, if not necessarily of lesser impact. They include the particular legal framework of Indian affairs, specifically the provisions of the Indian Act, which first allowed the Minister to dictate whether or not band funds could be used to maintain the hospital and who must be represented on its Board, and later rendered the legal status of the band council ambiguous. In addition, the policies adopted by Health and Welfare that prohibit the transfer of funds provided for Public Health activities to

any other category constitute a minor barrier to KMHC's ability to allocate funding in accordance with its own priorities. Perhaps the most obvious barrier to complete autonomy lies in the lack of an economic base, which forces the community to rely on outside funding, and obliges it to justify the introduction of new programs or services to the relevant funding agency.

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CHAPTER 5: COMMUNITY SERVICES PROGRAMS AT KAHNAWAKE:**KAHNAWAKE SOCIAL SERVICES****INTRODUCTION**

This chapter and the following one consider issues of community control and autonomy as they apply to Kahnawake's Community Services programs. The area of Community Services provides a particularly interesting field for analysis, in that it involves a variety of actors, and runs the gamut from programs originating at the very beginning of the "band control" phase to some that came into existence as recently as 1985. The term "Community Services" presently covers four separate programs, with disparate histories and distinct sources of funding. The first component is Kahnawake Social Services (KSS), which provides services such as workshops, crisis intervention, and counselling, and is funded by DIAND. For the past several years, the director of KSS has also acted as director of the other three programs, at the request of the Mohawk Council. Despite the fact that they share one director, however, the programs have not been merged into one unit, but remain somewhat distinct. The remaining three components of Community Services are funded by the Medical Services Branch of National Health and Welfare. They consist of the Kahnawake Alcohol and Drug Abuse Program, the Community

Health Representative program, and a Resource Centre that distributes films and posters primarily intended to be useful to alcohol-prevention projects.

As with the material relating to the Kateri Hospital, a historical approach is taken in these chapters, in order to clarify changes in the level of autonomy over time, and to assess the dynamics involved in such changes. Because the programs originated at different times, and operate in slightly different environments, each one is treated separately. The present chapter focusses on Kahnawake Social Services, while the remaining three components are considered in chapter 6. The chapter begins with a description of the Social Services program, and then considers its origins and describes changes in the level of community control of the program since 1960. This is followed by a more explicit assessment of the extent of local control, focussing on the community's ability to determine the content of the program, its priorities and operating procedures, and its importance as compared to other areas of activity. Consideration of the factors that promoted or hindered the development of local control is deferred to the following chapter, so as to permit identification of factors common to all four Community Services programs.

BASIC DESCRIPTION OF KAHNAWAKE SOCIAL SERVICES AT PRESENT

The Social Services section of Community Services employs three social workers and two technicians in social work, two psychologists, a director, an office manager, and some office staff. All except the psychologists are Mohawk.¹ The main "thrusts" of the services provided are in the areas of children and the elderly. As far as the children are concerned, the main problems which must be dealt with relate to single-parent families and inadequate parenting, lack of role models, abuse of alcohol, and so forth. Services for the elderly are becoming a concern because the proportion of elderly persons at Kahnawake is increasing, leading to a perceived need to prepare for the types of services that will be required, such as group homes.²

The activities of Social Services include helping families that are experiencing problems with their children; marital counselling; placing children in foster homes or institutions if necessary; and helping adults with problems such as mental retardation, or budgeting.³ The psychologists provide individual counselling, as well as running occasional workshops on themes such as coping or grieving, while the social workers provide counselling and intervention. KSS operates a Home Care program that

provides homemakers¹ to aid the elderly or those who are unable to manage domestic tasks, offers services to handicapped people, and is currently involved in organizing and lobbying for transportation services for the handicapped. Besides this, KSS operates a facility called "Manitou Park", which consists of two group homes for homeless, mentally handicapped or schizophrenic persons. A homemaker is hired to clean, shop, and prepare dinner for these homes, which together can accommodate up to ten people.⁴ Finally, in addition to providing services to individuals and families, KSS staff are involved with a large number of committees operating within the community.

At present, KSS is responsible for all the social services provided within the community: neither DIAND nor the provincial agencies have any personnel at Kahnawake. The staff of KSS are employed by the Mohawk Council, and its personnel policies, programs, and operating procedures are largely determined within the community. Despite this, the community cannot be said to have complete control over KSS's programs and activities, since KSS operates in an environment that involves ongoing relationships with both the Quebec office of DIAND, and the (provincially operated) regional Social Service Centre (CSS). Funding for social services in the community is provided by DIAND, through an

¹ The term "homemaker" refers to a person assigned to visit clients on a regular basis, to provide company and perform tasks such as cleaning, shopping, or preparation of meals.

annual Contribution Agreement. However, since social services come under provincial jurisdiction, DIAND provides funding only on the condition that Quebec's laws regarding social services be respected. These laws specify that only a provincial Social Service Centre can perform certain functions (the "statutory services"); hence, Kahnawake is obliged to contract with a CSS to provide these services. The result is a mandatory, ongoing relationship with the regional CSS, the CSS Richelieu.

Aside from the mandatory aspect of the relationship, considerations of practicality also compel KSS to reach some sort of agreement with a Social Service Centre, since Kahnawake's relatively small size precludes the provision of highly specialized services. The current agreement with the CSS Richelieu stipulates that not only will Richelieu assume formal responsibility for provision of the statutory services, but it will also provide certain specialized services that do not exist at Kahnawake. These include access to the Richelieu's staff of lawyers as necessary (as when a child is removed without the parents' consent, and the law requires the social service agency to justify this action in court within 24 hours); transportation services (e.g. to take a child from court to a detention centre); and some administrative services.⁴ KSS is thus placed in a situation where considerations of both Quebec law and practicality dictate some sort of arrangement with a

provincial Social Service Centre. As will be seen, however, the particular understanding reached between KSS and the CSS Richelieu allows KSS a somewhat unusual degree of latitude in its actions, sometimes to the extent of exceeding the law.

Besides dealing with the provincial social services network, KSS deals on an ongoing basis with DIAND, which provides the funding, and has the ability to impose accounting procedures and program guidelines. The vehicle for this is the Contribution Agreement, which typically requires itemized budget projections, a description of the activities planned, quarterly financial statements, and an audited annual financial report.⁶ The Contribution Agreement also requires KSS to follow DIAND's Manual of Procedures, which sets out what types of services will be reimbursed. A joint KSS-DIAND committee meets once or twice a year to discuss programs and assess the situation. DIAND officials have little or no involvement in the content of the programs, but the introduction of any new program must be justified at DIAND in order to obtain funding. As one of the two DIAND officials most closely involved with social services at Kahnawake explained his role,

If Donald [the Director at KSS] wants, for example, to develop services, I'll be the one who goes and evaluates on the spot, to see if really there's a need. I make recommendations to Nicole, [the Director at DIAND] so she can take a decision. I'm sort of the link between Indian Affairs and Donald's needs. (...) I'm not involved in the distribution of services, but if

Donald for example wanted to create a home for elderly persons, if he wanted daycare on the reserve; we'd do it together, so that I could defend his file within the federal government.

In practice, the Director of KSS describes DIAND personnel as very supportive.

KSS's ability to operate autonomously, then, is influenced by the necessity of dealing simultaneously with both the provincial and federal governments, and their procedures and administrative requirements. Since its inception around 1960, however, KSS has been successful in obtaining not only formal independence from the provincial agencies, but also a considerable amount of *de facto* autonomy from both the provincial and federal governments. A review of the origin and development of KSS will be helpful in elucidating both the actual degree of local control of social services, and how the community developed this degree of control.

ORIGINS AND DEVELOPMENT OF KSS

Service through Quebec agencies: 1961-1983.

Social services began to be provided at Kahnawake around 1961. Prior to this, the social services were of the "fire-fighting" type, that is, either the Indian Agent or the Roman Catholic church intervened when a delinquent got seriously out of hand, or if a child had to be placed in a

foster home. There were no counselling or prevention services at this time.⁹ Around 1961, the administration of Social Aid (welfare) was transferred from the Indian Agent to the Council office, and a Council member became the first welfare officer. In this capacity, she became increasingly aware of the need for counselling, and did more and more of it.⁹ Eventually, the Mohawk Council decided to support her in this role: representatives of Kahnawake appear to have made it clear to DIAND's Quebec office that there were problems in the community, and that residents were not receiving the services to which they were entitled.¹⁰

DIAND, meanwhile, was already somewhat uncomfortable about the existing situation: Indian people were going individually to provincial or outside agencies to receive social services, but the services provided were not particularly structured or organized. However, DIAND was not prepared to promote federal legislation in the area of social services, or to provide such services itself: the ministry had already established a policy of not duplicating provincial services, but rather attempting to extend provincial services to Indian groups.¹¹ As a result, DIAND appears to have been glad to reach agreements whereby the province would formally assume responsibility for providing social services to Indian communities, hire the necessary staff, and send personnel into the communities on a regular basis.¹² Faced with Kahnawake's demands, DIAND agreed to

fund the provision of social services, but on the condition that they be provided by an outside agency." In this way, Kahnawake became the first Indian community in Quebec to sign an agreement with a regional social service agency, which at the time was the Diocese St-Jean."¹⁴ The agreement was a tripartite one involving Council, DIAND, and the Diocese. Within this framework, the Council officer provided basic child care and counselling services, the administration of welfare, and authorization for the purchase of prescription drugs to be paid for by National Health and Welfare. The Diocese St-Jean provided clinical and administrative support.¹⁵

By 1965, a local office of the Diocese St-Jean had been opened at Kahnawake,¹⁶ and this office seems to have evolved along with the rest of the St-Jean agency: for instance, when the Diocese became part of **Service social familiale de Longueuil** in 1969, the contract was signed with this agency.¹⁷ There seems to have been little change in the services offered over this period, judging by the fact that until 1971, the social services staff consisted solely of the welfare worker and her secretary.

Beginning in 1971, Social Services seems to have expanded more rapidly: the community convinced DIAND that more staff were needed, with the result that a psychologist

¹⁴ At this stage, social services in Quebec had not yet been organized into a central government-funded network. Rather, they tended to be provided by church and benevolent organizations.

and a second social worker were added in 1971, and an additional caseworker in both 1972 and 1973." By 1975, the Kahnawake office employed a total of seven people: an office head, three caseworkers, one social-worker coordinator, a psychologist, and a secretary-receptionist."

This period of expansion and consolidation of the Kahnawake office coincided with a period in which Quebec was reorganizing its social services network, and DIAND was making its requirement that social services be compatible with the provincial system more formal and explicit. Thus in 1972 the Quebec government established its current system of regional Social Service Centres, which essentially amalgamated the diverse agencies in existence, placed them under the authority of the Ministry of Social Affairs, and standardized policies across the province. The Kahnawake office of *Service social familiale* fell into the area of jurisdiction assigned to the CSS Richelieu, and consequently its staff became part of the CSS. In the same year, a federal Order-in-Council (PC 1972-1017) formally established the principle that DIAND would pay for welfare services on reserves. Consistent with the federal stance that it would not duplicate provincial services, DIAND maintained its refusal to legislate in the area of social services. Because Section 88 of the Indian Act stipulates that provincial "laws of general application" apply to Indian reserves unless superceded by federal law, the absence of

federal legislation meant that Indian communities were subject to provincial laws regarding social services. Accordingly, it was explicitly decided that agreements reached with bands could not be inconsistent with provincial legislation.²⁰ In addition to meeting provincial criteria, the agreements had to meet DIAND's requirements, which were extensive. The funding arrangements thus ensured that DIAND had some voice in the provision of social services, while at the same time they required that such services be provided through the usual provincial agencies, the Social Service Centres. In some cases, DIAND entered directly into contracts with the relevant Social Service Centre to provide services to a reserve, without involving the band concerned; in others, tripartite agreements were concluded between the band, DIAND, and the Social Service Centre. The first such agreement to be concluded was between Kahnawake, DIAND, and the CSS Richelieu.

From DIAND's point of view, such arrangements ensured that services would be available to the community, and be comparable to those received by other residents of the province. Quebec also apparently liked the tripartite arrangement, because it ensured equity and quality of service, maintained dependence by requiring a contract to be signed, and "valorized" its institutions.²¹ Despite the positions of DIAND and the Quebec government taken as a whole, there seems to have been some difference in position

at the local level. Thus, the CSS Richelieu itself seems to have been favorable to the idea of some increase in local management: its Director of Youth Protection suggested that the CSS had a conscious objective of preparing Kahnawake to take charge of its own services. This claim is supported by some of Richelieu's actions over this period: for instance, it seems to have hired mainly community residents as staff for its Kahnawake office. Similarly, when the office manager at Kahnawake was promoted around 1975, he recommended that his replacement be someone from the community, and the current director, Donald Horne, was chosen.²²

The situation seems to have continued in this way until about 1980, with KSS gradually adding some new programs and services. Quebec laws and regulations, and the community's opposition to them, seem to have posed obstacles to the development of some services at this time. For instance, a marginal comment in the 1980 KSS annual report notes that foster homes for adults must have a Quebec permit in order to be subsidized; due to strong local opposition to any provincial jurisdiction on the reserve at this time, people were refusing to obtain these permits, and hence could not be funded.²³ In a similar fashion, the passage of Quebec's Youth Protection Act in 1979 posed an obstacle that had to be circumvented, because it specified that certain actions (mainly connected with adoptions and youth protection) could

only be performed by a Social Service Centre's Director of Youth Protection, or someone authorized by him/her. This problem was circumvented as the Director at CSS Richelieu promptly delegated the necessary authority to act in matters of youth protection and delinquency to Donald Horne at Kahnawake (he does not seem to have formally delegated the authority to handle adoptions).²⁴

The general picture conveyed by documents from this period is one of KSS operating in a fairly autonomous fashion, although it obviously had links with the CSS Richelieu, and its staff were technically employed by the CSS. It seems to be at this point that the question of a formal transfer of social services to band control first arose: around 1979, Council was assuming responsibility for activities such as water filtration and local government, and there was some idea of extending this to Social Services. In fact, however, the transfer to band control was deferred until 1983. Informants identified a number of reasons for this postponement, focussing on both the attitudes of the governments involved and on dynamics internal to Kahnawake. Thus, the Director of Youth Protection at the CSS Richelieu thought that DIAND had refused to transfer the necessary funds from the CSS to Kahnawake at this time, perhaps feeling that if it allowed Kahnawake to control its own services, other less "advanced" communities would want to do likewise. He also pointed out

that the Quebec government liked the existing arrangement, which recognized its social service institutions."

The Director of Social Services at Kahnawake, on the other hand, attributed the delay to community dynamics and his own actions.²⁴ He explained that at the time, there was a great deal of conflict with Quebec, due to disputes over fishing boundaries, community dislike of the Youth Protection Act of 1979, and the shooting of David Cross. As a result, the Mohawk Council was "negative" about accessing Quebec services in any form, and there was some hostility towards Social Services within the community, because it was perceived as an extension of the provincial apparatus. In the Director's view, social services were not a "priority" for Council, and were likely to be cut back if Council assumed control of the program. He therefore opposed any transfer of social services to band control at that time, and seems to have been successful in this opposition.

Despite the fact that social services were not formally transferred to Council, however, there appears to have been a continuing, gradual assertion of control in various areas.

An example is KSS's increasing involvement in adoptions (one of the "statutory" services): after mentioning that the employee at the Ville Marie Social Service Centre who coordinated adoptions for Kahnawake was retiring, a 1982 report concludes: "It was felt that the time had come for

Kahnawake Social Service to take the responsibility for handling all new adoption requests."

The transfer to community control, 1983.

Following a change in the membership of the Mohawk Council, the issue of local control surfaced again in 1983, as Kahnawake became the first Indian community in Quebec to take over its own social services. Under the new arrangement negotiated by KSS, KSS became an autonomous unit, reporting to the Mohawk Council rather than being part of the CSS Richelieu. Its staff became employees of Council, and arrangements were made for DIAND to fund KSS directly, rather than entering into a tripartite arrangement with the CSS Richelieu.

Although the new arrangement gave KSS considerably more freedom of action than was previously the case, it did not give it complete independence, due to the requirement for "statutory services" to be provided by the province. It seems that the proposal originally put forward by KSS envisioned taking control of all aspects of social services, both statutory and non-statutory. DIAND, however, opposed this proposal. The Director at KSS suggested that, at first, DIAND was uncomfortable with the idea of local control, and wanted to be sure that KSS staff were being supervised by the "professionals" at the CSS Richelieu. Informants at DIAND tended instead to focus on the fact that

the band could not legally provide statutory services as an explanation for the ministry's opposition to the initial proposal. The situation was eventually resolved by an arrangement whereby DIAND funds KSS directly, but makes it a condition of funding that KSS conclude an agreement with a Social Service Centre to provide statutory services. For example, the Contribution Agreement for 1984-85 between DIAND and KSS states that

The Mohawk Council of Kahnawake will negotiate in order to reach a formal agreement with the Centre de services sociaux Richelieu or other C.S.S. of the Quebec region, concerning the delivery of provincial statutory services: the Youth Protection services; the institutional resources (youth and elder); the adoption service.

KSS pays a set amount to the Social Service Centre for "professional services", and pays for any institutions used by Kahnawake residents. KSS is thus compelled by the terms of the Contribution Agreement to maintain its links with the Quebec social services network, and to follow Quebec's laws and procedures.

Although DIAND resisted KSS's original proposal for the transfer of social services, the CSS Richelieu seems to have been more accommodating, and there is no evidence that it opposed Kahnawake's plans in any way. Its readiness to see Kahnawake administer its own social services is explained in different ways by informants, and a combination of the various explanations may be closest to the truth. The Director at KSS claimed that the CSS Richelieu was always

somewhat ill at ease at Kahnawake, that it did only the required minimum, and that its social workers were in some danger of being "beaten up"; therefore, it was happy to pass control over to KSS. The Director at Richelieu did not recall Kahnawake being a difficult situation, but noted that the staff at Richelieu knew the Kahnawake team, and had confidence in them. Further, he could see no objections to the transfer, as Kahnawake comprised such a small proportion of the CSS's total activities: transfer to Kahnawake involved a loss of only five or six employees out of a total of about 550 at the time.³⁰

Despite the limitations in terms of statutory services, having autonomy from CSS Richelieu has provided a number of advantages to Kahnawake. Although the programs offered at Kahnawake are similar to those provided elsewhere, the transfer to community control has allowed KSS to develop new ways of doing things: it has allowed both greater flexibility and access to more institutional resources. In terms of flexibility, being independent of the CSS has allowed Kahnawake to establish its own administrative framework and procedures, not bound by those of Quebec. For instance, KSS still provides Home Care services, although throughout the rest of the province, this area was transferred from the social service agencies to the Local Community Service Centre (CLSC) in 1985: the Homemaker program is administered somewhat differently, using workers

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hired on an hourly basis rather than hiring full-time homemakers; minor expenses such as clothing allowances for children placed in care can be approved without having to go through a committee, as would be the case in a Social Service Centre; and the Mohawk Council determines personnel policies within KSS such as hours of work, pension plans, etc.³¹

Besides gaining flexibility, independence from the CSS Richelieu gives KSS access to additional resources. Under the Quebec system, institutions such as treatment centres for youth are funded in a lump sum; although a Social Service Centre may refer a client to these centres free of charge, if the centre is full, the client must wait. KSS, however, pays for each client, a practice that gives it the option of sending people to centres in Ontario or elsewhere if necessary. Further, they are now able to find and fund their own foster homes, without the necessity of obtaining a permit from the province.³²

The Period of Informal "Accommodation": 1983-1987

The ways in which KSS has attempted to maintain or expand its degree of autonomy since 1983 are best considered in three parts: those involving relations with Quebec, those involving DIAND, and those relating to actions taken within KSS itself that provide more freedom of action.

Relations with Quebec.

As far as relations with Quebec are concerned, the main problem has been to maintain the existing degree of autonomy in the face of changes to Quebec's Youth Protection Act that have affected Kahnawake's jurisdiction. As previously noted, the 1979 version of the Act established certain "statutory services" that were the responsibility of the Director of Youth Protection, but allowed him to delegate this responsibility to any person of his choice. In 1984, the Act was amended according to the recommendations of an investigative committee, the **Commission Charbonneau**. As a result of these amendments, the delegate must now be someone directly under the Director's authority, hence an employee of a Social Service Centre. Only the Director of Youth Protection, or someone in his employ, may exercise certain responsibilities, such as:

- analyzing the situation of any child whose security may be endangered, or who may have broken the law;
- taking any emergency measures necessary;
- deciding whether the case will be handled through voluntary measures or in court;
- ensuring that court orders are carried out;
- deciding to review the case, or close the file;
- receiving consent for adoption or judicial declarations of adoptability."

The stipulations of the new Act posed a serious problem for Kahnawake, since KSS was no longer under the CSS Richelieu's authority. The amendments made it illegal for KSS employees to carry out some of the responsibilities that they had been assuming for years. The CSS Richelieu seems to have handled the situation by a process of accommodation, and through an extremely liberal interpretation of the new law. This involved establishing a distinction between the person responsible for assessing the situation, and the person actually taking the decision. Kahnawake and Richelieu reached an agreement whereby KSS employees receive the necessary information, assess the situation, and act on this assessment, while on paper a liaison agent from Richelieu makes the appropriate "decisions" based on KSS's assessment.³⁴ In practice, this means that KSS provides copies of the relevant documents (such as the intake report, or the treatment plan) to the Social Service Centre. The liaison worker drops by about once a month to review all of KSS's new cases, and mails them the necessary authorizations a few days later; she has never over-ruled KSS's decisions. In emergencies where immediate authorization is needed, KSS contacts the liaison worker by telephone. As for adoptions, the agreement between KSS and Richelieu stipulates that KSS will "take charge of any Amerindian child of Kahnawake entrusted to the Director of Youth Protection in order for its adoption", and basically guarantees that the liaison

worker will rubber-stamp KSS's actions.

Neither the arrangement by which the liaison worker issues authorizations after the fact, nor the fact that Kahnawake finds most of its own foster homes, are strictly legal. In the opinion of KSS's director, this arrangement works because of KSS's prior relationship with the CSS Richelieu, which has meant that they have always had support for their initiatives; he notes that other Indian communities in Quebec have not had the same success.⁶ Personnel at both the headquarters of Quebec's Ministry of Social Affairs and the DIAND regional office are aware of the arrangement, and have not taken any action to challenge it, although one informant at the Ministry of Social Affairs expressed some unease about the system because of the precedent it creates. In his view, the arrangement posed no problem so long as Kahnawake was the only community placing children for adoption in this way; now that other Indian communities in Quebec are beginning to do the same thing, the Ministry is worried about being "caught out".⁷

Thus, although Quebec law poses definite restrictions on Kahnawake's freedom of action, it can be seen that in practice they have managed to acquire more autonomy than the law permits. This has not prevented the community from making it clear that it wants formal authority over these areas: for instance, the Mohawk Council Resolution that establishes the required contract with the CSS Richelieu

states that the Council is acting "under protest" to the federal government's inaction in this area. Similarly, in 1984-85, KSS seems to have deferred signing the agreement with the Social Service Centre for almost the entire year, apparently in the hope that no one at DIAND would notice. The attempt was unsuccessful, as early in 1985 DIAND threatened to cut off funds unless the agreement was signed."

Relations with DIAND.

Since 1983, there seem to have been occasional attempts by KSS to evade some of DIAND's requirements and regulations. For instance, there is some evidence that KSS has at least considered amending the Contribution Agreement to read that it will take DIAND's Procedures Manual "into consideration", rather than being bound by it as is currently the case. The application of DIAND's guidelines is another area where KSS seems to have more autonomy in practice than it has on paper, although the gap between regulations and actual practice is not as marked as in the case of the statutory services. According to an informant at DIAND, the ministry's guidelines deal primarily with administrative procedures necessary to obtain payment, rather than with the actual content of the programs. However, this view appears to be somewhat rosy, in that although the guidelines may not stipulate what activities

can be performed, they certainly limit the range of possibilities by stipulating what types of activities will be reimbursed. This is implicitly admitted in the same informant's comments on the Home Care Program:

There's going to be a bit of a change to the Home Care Program (...) the band will be given the flexibility to really adapt the program to its needs. Instead of following the guidelines that we set up in the area of home care, they'll be able to present a proposal to us, to say 'well, that money for the home care program, we want to use it for Meals on Wheels' (...) or to set up a program of family aides. (....) We're going to make it more flexible.

In addition, DIAND's financial guidelines definitely limit the ability to transfer funds between various services. DIAND's funds are provided by "activity", the main categories of "activity" currently being the placing of children in foster families or centres; the placing of adults; community projects; home support; and service delivery. Of these, funds can be transferred only between the first three categories, the latter two being "fixed". Nor can money be transferred from social service programs into some other area, such as alcohol prevention or the Community Health Representative program.⁴ Despite these limitations, there is once again some evidence that KSS has slightly more room in practice than it does in theory; for example, it might exceed DIAND's financial guidelines in certain cases, such as sending a family to camp for "therapeutic" reasons, or allocating clothing allowances to children who do not strictly qualify. In the Director's

view, guidelines on what can be paid for do not pose a major obstacle, because "there's usually a way around them."

Actions by KSS.

Besides this "slippage" between what the laws and regulations say and what is actually tolerated in practice by both DIAND and Richelieu, KSS has managed to set up some initiatives of its own, by accessing funding that is not "tied" to any particular activity. In doing so, it has benefitted from a situation created by government financial guidelines, which give officials an incentive to "contract out" projects in some instances. Essentially, the situation is as follows: in any Contribution Agreement, ten percent of the total is allocated to cover the costs of "administration" of the agreement, and is therefore not tied to any particular program or activity. In most cases, Contribution Agreements are negotiated for ongoing programs, as is the case with the annual Agreement by which DIAND funds KSS's activities. However, government departments may also enter into Contribution Agreements for other purposes, as for instance if they want a community to administer certain programs for them, to organize and coordinate a conference, or to perform a particular study. Because of the nature of government accounting procedures, a government department may not have enough money in its "operations" budget to do these things itself, while it still has plenty

of money remaining in its "contributions to bands" budget; this creates an incentive to have some community do the work the department wanted done in any case.

KSS seems to have been very successful in obtaining such contracts, for reasons that will be discussed in more detail later; recent examples include a contract to provide an advanced training session for Community Health Representatives and alcohol workers;⁴² arranging transportation, accommodation, and so forth for a province-wide conference on alcohol and drug use initiated by Medical Services Branch, at a cost of \$50,000;⁴³ and organizing a training program for Home Care Workers.⁴⁴ Altogether, an informant from the Medical Services Branch of Health and Welfare estimated that in 1987 the Branch reached agreements with KSS for amounts totalling over \$350,000, thus giving KSS some \$35,000 for its "slush fund". In addition, KSS has obtained similar contracts from other ministries such as Employment and Immigration.

The total amount that such arrangements contribute to the KSS budget varies from one year to another, but it has been sufficient in the past to cover deficits incurred in various programs, to buy a number of personal computers for the KSS offices, and to fund an employee health plan. As of 1988, these funds were to pay the salary of a new office manager not funded by DIAND.⁴⁵ Thus, although such contracts are not always major contributors to the KSS

budget, they do allow a certain amount of flexibility, and provide funding for certain locally-initiated projects.

However, arrangements of this type are not sufficient to fund new programs. In the past year or two, KSS has presented proposals to DIAND aimed at establishing a Group Home for the Elderly, and day care facilities in the community.⁴ In both cases, they have been confronted with the problem that DIAND has no funds for the actual construction of public buildings, although it could contribute to the costs of operating such centres.⁴ The Quebec Ministry of Social Affairs, meanwhile, turned down the proposal for an old people's home because it felt that an increase in home support services would better meet the existing needs.⁴

The existing situation, then, is one that involves a fairly complex interplay of interests between KSS, DIAND, and the province. Since its inception, KSS has managed to gain a considerable degree of autonomy from the CSS, and has found ways in practice to operate in a fairly independent fashion, both by using the latitude of government tolerance to the fullest, and by accessing sources of funding that are not "tied". The main limits now appear to be in areas where an expansion of programs would be desirable, and in areas where the community would prefer to develop alternatives to the existing system. For instance, the Director of KSS would like to see an alternate system to the Youth Tribunal:

at present, if a crisis occurs and KSS removes a child without the parents' consent, this must be justified before the Youth Tribunal in Longueuil. This process is cumbersome, geographically far, and in French. As a result, KSS would prefer to see a Child Welfare Committee established at Kahnawake to act as mediator between KSS and the family.⁴⁹

Current negotiations regarding the statutory services: 1988.

Although KSS has made it abundantly clear that it would like to control even the statutory services, it does not seem to have directed actions to that end in the past few years, instead taking the attitude that the next move rests with Quebec. Despite the fact that KSS has not been exerting pressures towards further autonomy, the Quebec government appears to be keenly interested in seeing KSS take over the administration of the statutory services. In fact, the Ministry of Social Affairs has recently initiated discussion on this topic, sending a representative to Kahnawake to discuss possible arrangements, and the negotiations seem to be well underway. To understand why there are moves to give KSS control over more services even when it itself is not actively pursuing such control requires an elaboration of the positions of the three parties concerned, and an understanding of why it might be

in their interests to see KSS expand its jurisdiction.

Quebec's position.

The Ministry of Social Affairs' position seems to have two fundamental tenets: that the Minister of Social Affairs has ultimate responsibility for social services, and that DIAND has financial responsibility. Basically, Quebec seems to envisage recognizing KSS as a sort of "Indian Social Service Centre"; this would allow KSS's director to be mandated as a Director of Youth Protection, which in turn would make it legal for KSS to administer the statutory services.

Why is Quebec trying to change the current arrangement? The director of KSS⁵⁰ suggested two likely explanations. First, having passed the "Fifteen Principles"⁵¹ recognizing the rights of native communities to autonomy in 1983, Quebec had to act on them at some point. Second, the actions of native communities in unilaterally taking over certain services are creating pressures on the Quebec government. This is at least partly a result of a shift in DIAND's funding policy over the past few years. Previously, many of the agreements reached with Social Service Centres were either "bilateral" (concluded between DIAND and the Centre with no band involvement at all) or "trilateral" (three-way

⁵¹ A copy of these Principles is included in Appendix 1.

agreements between the band, DIAND, and the Social Service Centre). In recent years, agreements have tended to be of the "double bilateral" type first concluded by Kahnawake, meaning that DIAND finances the Indian group directly, and it in turn concludes agreements with the relevant Social Service Centre without DIAND involvement. In turn, this funding arrangement has led to an increasing number of situations like Kahnawake, in which Indian groups have taken over services without having the formal authority to do so. The Quebec government has so far closed its eyes to this phenomenon, but faced with the increase in the number of such situations, it has probably begun to realize that it cannot do so forever, as it will be held responsible if a crisis ever occurs.

Beyond the likelihood of being held responsible in the event of a crisis, it appears that the Ministry of Social Affairs is under pressure from its own Social Service Centres across the province to "normalize" the situation. Thus a document produced in 1986 by the Association of Social Service Centres of Quebec notes that the Centres are caught in a "dilemma" between their legal obligations to provide statutory services, and demands for aboriginal autonomy. In addition, the document notes a number of ambiguous situations where financial problems are added to the legal "dilemma": briefly, this seems to mean that if a band refuses to sign an agreement with a Social Service

Centre, the Centre still feels compelled by law to provide services; however, in the absence of a signed agreement, DIAND refuses to pay for the services provided. The authors conclude that the Social Service Centres are operating in a vacuum:

In our opinion, the Department of Indian Affairs and Northern Development or at least certain of its mandataries are playing on the ambiguities and promise that which in reality cannot be carried out without the aid of real concertation.

Thus, pressures are being created not just by the legal ambiguities created by bands unilaterally "taking over" services, but also by the financial difficulties this creates for some of the Social Service Centres. It is therefore not surprising that the Association of Social Service Centres reacted favorably when the Ministry of Social Affairs suggested that the law should perhaps be changed in order to allow aboriginal communities more autonomy.⁵²

These factors help to explain why Quebec is taking the initiative to change the current arrangements. In considering the specific case of Kahnawake, it is also worthwhile taking into account the position of the CSS Richelieu, which is the one directly concerned. The reaction at Richelieu seems to be basically noncommittal, the attitude being that Kahnawake and the Ministry of Social Affairs headquarters will decide between them; Richelieu is not involved in the negotiations. Richelieu is apparently

perfectly happy with the way KSS administers its services. It recognizes KSS's capacity to take over the statutory services, and sees the present legal situation as something of an obstacle." Nor is its director concerned about the possible loss of budget, as the current agreement provides only \$8,000 per year to the Centre, an insignificant proportion of a total budget of \$20 million."

KSS's position.

KSS's position is that it has no desire to become simply an "Indian Social Service Centre"; its Director feels that this type of arrangement has created major problems in the James Bay area. In addition, he feels that notwithstanding the recent "self-government" discourse, governments make no real concession unless they are forced to: they allow communities to administer and provide services, but not to control them." Thus, Kahnawake is entering into the negotiations with the position that it wants to negotiate on a nation-to-nation basis as it did in the case of the Kateri Hospital, and reach an arrangement similar in type to the Hospital Agreement. KSS wants complete autonomy from Quebec's administrative framework, and exemption from the provincial laws governing social services. Ideally, it would also like the possibility of creating its own resources such as group homes for youth, within the limits of practicality. Exemption from the usual

laws would allow Kahnawake to make certain changes in the programs that it cannot presently implement, such as the use of the Kahnawake justice system rather than the Youth Tribunal. In the absence of such an arrangement, Kahnawake in general, and KSS in particular, are wary of initiatives proposed by governments such as "transfer", "self-government", or "block funding", due to the possibility that such initiatives would allow governments to set a ceiling on social expenditures, then wash their hands of the matter. Thus, KSS is responding to Quebec's initiatives with a certain amount of caution, and is trying to negotiate an agreement that would give it as much real control as possible.

DIAND's position

DIAND, meanwhile, seems to have adopted a "hands off" attitude on the question of Kahnawake assuming control of statutory services. Its attitude is that it will continue to insist that communities sign agreements with Social Service Centres, so long as the existing situation prevails; if a community wants increased powers, it must reach an understanding with the Quebec government." Although there are federal-provincial "tables de concertation" at which various ministries meet to discuss programs for Indian peoples, so far, there is no such forum to discuss the transfer of social services: this is left to each individual

community, and DIAND is not involved."

Although DIAND may take this attitude where statutory services are concerned, it has a more clearly expressed interest in questions of program expansion, or the offering of new programs. DIAND is sometimes interested in seeing services established within a community, because this is a cheaper alternative:

if a band tells us: 'we have lots of children placed in reception centres, we'd like to have a facility located on the reserve because it would meet their needs better', that suits us on two levels. First, very often the services will be better adapted to the Indians' needs; because the facility is actually there, the population will be able to participate more in the centre's activities. And further, as far as costs are concerned, they can be lower.

In DIAND's view, services provided within the community are not only culturally adapted, but are frequently cheaper because they provide a different type of service: for example, the type of supervision offered by a group home might be all that is required, and such a home would be far cheaper than the \$300 per day paid for a reception centre. For these kinds of reasons, DIAND is unlikely to oppose many transfer initiatives.

Thus, at present, forces within both DIAND and the Quebec government, rather than community actions, seem to be the main catalyst for the increasing "transfer" of social services to community control. At most, it can be said the Indian communities created this situation indirectly, by placing the Ministry of Social Affairs and the various

Social Service Centres in ambiguous and uncomfortable positions. As has been seen, Quebec's plans would involve incorporation into the overall network of Social Service Centres; while KSS is attempting to gain more independence from this network. As of the time that fieldwork for this study concluded (March 1988), no agreement had yet been reached on these issues. At this point, therefore, it is most relevant to assess KSS's level of autonomy under the existing arrangements.

KSS AND THE LEVEL OF AUTONOMY

As an overall conclusion, KSS appears to have less autonomy than services such as the Kateri Hospital, because it is still constrained both by Quebec laws and by DIAND's administrative policies. Within these limits, it seems to have developed a good deal of *de facto* control over the range of programs to be provided, and a great deal of control over the actual administration and operation of these programs. KSS's control over the actual content of some of the programs appears to be less extensive, particularly where the statutory services are concerned.

In terms of the range of services provided, it has been seen that KSS assumes entire responsibility for social services within the community: neither DIAND nor the CSS

Richelieu have had any direct involvement in the provision of services for years." Although Richelieu is still involved in cases involving statutory services, its role is limited to acting at KSS's request (as for instance to transport a child), and rubber-stamping actions taken by KSS personnel (as when the liaison worker issues authorizations after the fact). In addition, it has been seen that KSS has been able to expand its jurisdiction into areas that are technically the responsibility of the Social Service Centre, such as finding foster families. Besides this, KSS has had the freedom to initiate and maintain new (non-statutory) services for which it saw a need, such as Manitou Park, and some of the counselling services. Its ability to develop new programs has, however, been limited by the availability of funding: projects such as the Group Home for the Elderly, Meals on Wheels, or a Group Home for Youth are examples of cases where KSS has been unable to obtain enough funding to establish the program.

In terms of the ability to administer and operate social service programs in an autonomous fashion, KSS has built up a good deal of independence and leeway within the existing framework. Although once again it is compelled to follow Quebec policies to a large extent as far as statutory

" While Kahnawake is not alone in administering all of its own social services, it is among a limited number of Indian communities in Quebec to do so. Many other communities still operate on "tripartite" agreements, and a few still have no involvement at all in the area of social services.

services are concerned, it was able to negotiate formal independence from the CSS Richelieu, and hence is no longer bound by its ways of operating. Thus, KSS now concludes its own contract with the CSS Richelieu, and with other Social Service Centres if it sees fit to do so. Further, operating independently of Richelieu has allowed KSS to establish its own administrative procedures and personnel policies, and to use institutional resources outside the standard Quebec network. Finally, KSS has managed to use the "untied" funding from various Contribution Agreements to improve its services in ways not possible using only the usual DIAND funding, as with the office computers, or the hiring of an office manager.

KSS's ability to determine the actual content of the different programs varies somewhat according to the specific program being offered. Thus, it seems to have been able to set the content of some programs, such as Manitou Park (which is self-supporting) entirely on its own. In other cases, such as the Home Care program, DIAND regulations exist, but are only loosely followed. In such cases, KSS's autonomy stems basically from a tacit recognition of its competence within various government ministries, rather than from formal jurisdiction. Finally, in certain cases Quebec laws clearly limit KSS's ability to establish the content of certain services as it would like to do: the clearest example is in the area of Youth Protection, where KSS would

prefer to use the Kahnawake justice system, but is compelled to go to the Youth Tribunal in Longueuil.

Before considering the factors that helped to produce KSS's current degree of autonomy, it will be useful to consider the development of the other three programs within Community Services. These programs are discussed in the next chapter.

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CHAPTER 6: OTHER PROGRAMS WITHIN COMMUNITY SERVICES AT KAHNAWAKE

INTRODUCTION

This chapter considers the remaining three programs that make up Community Services at Kahnawake, namely the Kahnawake Alcohol and Drug Abuse Prevention program, the Community Health Representative program, and the Kahnawake Resource Centre. For each of these programs, a basic description of the activities is followed by a discussion of the program's origins, and an identification of any significant changes in the level of local control. An attempt is then made to evaluate the level of community control of the program, focussing on the same dimensions of "control" as in the preceding chapter. The chapter concludes with an attempt to identify the common factors that affected the development of local control over Community Services as a whole.

THE KAHNAWAKE ALCOHOL AND DRUG ABUSE PREVENTION PROGRAM

Basic Description of KADAP at Present

The Kahnawake Alcohol and Drug Abuse Program (KADAP) comes under the umbrella of "Community Services", but is

somewhat distinct from KSS or the other community services, and has its own Coordinator. Indeed, KADAP constituted a completely separate program until a few years ago, when the Director of KSS began to direct the other community service programs as well. At present, KADAP employs five workers, and focusses on primary prevention activities, meaning those that attempt to prevent the development of abuse rather than those aimed at helping abusers. It offers services in three main areas: education, 'alternatives', and control. The education component includes a quarterly newsletter, workshops, and school classes designed to improve children's self-esteem, coping skills, and decision-making abilities.¹ "Alternatives" refers to the organization of social activities that do not involve alcohol: examples are 'dry' dances; a group for teenagers that teaches decision-making and organizes excursions, camping trips, and so forth; and a similar group for the younger ages.² The 'control' element refers to KADAP's role in coordinating the activities of a group of concerned community members, who lobby Council to enact and enforce alcohol regulations. As an example, this group successfully convinced Council to ban the sale of alcohol in the community's new sports complex.

Like KSS, KADAP has sole responsibility for providing such services to the community: no provincial or federal employees are involved, and the KADAP staff are all community residents. The KADAP program is funded under

Health and Welfare's National Native Alcohol and Drug Abuse Program (NADAP), which funds alcohol-prevention programs in almost all Indian communities in Canada, and provides training programs for the workers. Funds are provided through a yearly Contribution Agreement, according to which the community provides a basic description of the activities to be performed, quarterly reports, and financial statements; currently, the contribution amounts to about \$120,000 per year.¹

Origins and Development of KADAP

Activities directed at the prevention of alcohol abuse began fairly recently at Kahnawake: the first initiatives took place about 1977, and the current program came into being around 1982. Unlike the Kateri Hospital and Social Services, KADAP does not seem to have increased its degree of autonomy over time, although it has certainly increased in size, and in the number of programs offered. Rather, it has from its inception operated in a moderately autonomous fashion, and there has been little change in this since 1982. It is worthwhile to highlight the main events in its development, in order to set the current program in context, and to provide insight into the amount of latitude that KADAP currently has, and how this latitude is obtained and maintained.

The first attempt to counteract alcohol abuse at Kahnawake took place around 1977, with the introduction of the "New Day" program, which seems to have been initiated by the Director of the Kateri Hospital, June Delisle. Ms Delisle was a member of the regional advisory board that had been established for Health and Welfare's newly created Native Alcohol Program, and consequently she was aware that money was available for such projects.⁴ New Day seems to have been introduced without any formal needs assessment or tailoring of the program to the community: instead, consultants from the Toronto-based Addictions Research Council were hired. Although at certain points it employed up to four people, the program foundered by 1979. It seems to have failed due to a combination of overambitious objectives, lack of the appropriate training, and the fact that the Addictions Council was using Kahnawake as a test of the (apparently erroneous) theory that abusers could be taught to simply limit their consumption, rather than avoiding alcohol altogether.⁵ As one interviewee succinctly explained, "they were seen drinking with their clients, and that's probably the kiss of death, in an alcohol and drug program."⁶ In addition to problems with the content of the program itself, the finances appear to have been poorly managed, resulting in money misspent and not accounted for.⁷

With the demise of New Day, there was a hiatus of about

two years during which the financial statements were cleared up. Around 1980, two community volunteers involved with Alcoholics Anonymous became interested in setting up a program, and approached the priest, Council, and KSS to find out how they could obtain training.⁹ KSS and Council raised the money to send them to a program at St Francis Xavier university, and began to look into the possibility of obtaining money from the Native Alcohol Program once again.

Eventually, they were able to obtain funding on a one-year trial basis. This allowed a limited program of one-on-one counselling, and a referral service (meaning referrals to the appropriate treatment centres if necessary) to be established, with one part-time and one full-time employee.⁹ Thereafter, the community was able to obtain a little more funding each year, until it reached its present number of alcohol workers.¹⁰

In part, the Referral Centre was able to expand because the federal government was placing increasing emphasis on alcohol prevention activities. In 1982, the Native Alcohol Program was re-baptized the National Native Alcohol and Drug Abuse Prevention Program, and given a major increase in budget: 154 million dollars over a five-year period. As a result of this, the budget allocated for prevention programs in Quebec tripled, from \$500,000 per year to \$1,500,000.¹¹ The extra money was used both to initiate programs in communities that previously had none. and to "enrich" some

of the existing programs."¹² It is at this point that Kahnawake's program seems to have gained workers, added more "prevention" activities, and changed from a referral centre into the Kahnawake Alcohol and Drug Abuse Program. NADAP contributions paid for three workers, while a fourth was funded through Employment and Immigration until 1987, when the NADAP contribution increased." KADAP continued to offer both treatment/referral and prevention services until 1987, when the new Onen'to:kon centre took over the treatment and counselling aspects.

Although the content of the KADAP program is apparently not particularly unique, it is apparently something of a "role model" for other programs, due to the high levels of community participation that it achieves. Partly as a result of the program's success, there are close links between the KADAP program and overall NADAP activities at the regional and national levels. KADAP's director tends to be called upon when national committees need a community worker from Quebec, and the regional office of Health and Welfare has frequently used Kahnawake as a sort of placement for new workers:

We've used them as a resource, more so in the past than now. Any time we've had new workers come into the program, anglophone workers, we send them to - we used to send them to Kahnawake. Because she [KADAP's director] has got a very good structure: very definite job descriptions, very definite activities. And they can have a good hands-on orientation by going into her community and working with her.

It appears that this sort of placement of new employees for training brings a little additional money into the KADAP program, since it is arranged through a Contribution Agreement.

The content of the programs offered by KADAP is determined at Kahnawake, but must be approved by the NADAP section of Health and Welfare: the community outlines what it plans to do in proposals to the government. As the NADAP coordinator at Health and Welfare describes it,

Really, NADAP and the CHR [Community Health Representative] programs have been transferred. Because they come up with their own objectives; they come up with their own activities; they come up with their own budget, and they have the flexibility of moving the money around to a certain degree, and they've had that since I can remember. We've never imposed a program on anyone, we've never had any say really in what a program wants to do. (....) They just send it to us, we can question it, or we'll tell them that it's not related to prevention, but we don't set it up for them.

Thus, it is up to each individual community to propose the content of its program, but NADAP exercises some influence in that it can require the community to rework its proposals, reject certain activities as not coming within the scope of NADAP's overall objectives, and so forth. In addition, the suggestion that each community 'comes up with its own budget' does not really imply complete freedom, as in practice communities tend to know how much is available to them, and simply budget within that amount.¹⁶ Further, some aspects of the Contribution Agreement are standard,

rather than community-determined: for instance, NADAP recommends the pay scales for employees.¹⁷

In addition to retaining the right to veto certain proposals, the fact that the financing can be terminated at any time gives NADAP substantial influence over the administration of programs, in certain cases. The contribution agreements through which funding is provided specify that NADAP may perform a program audit at any time. Such periodic audits are done by independent consultants, who examine the program's objectives and activities, the staffing levels, amount of training, and so forth. Medical Services personnel typically meet with the community's Council afterwards to discuss the consultants' recommendations. In most cases, such audits are non-controversial and are performed in cooperation with the band, but in certain instances NADAP has used its financial power to present bands with ultimata. An example was the case of a community in which the alcohol worker was suspected of dealing in drugs:

The community was stuck with him, because he was only charged, he wasn't convicted. So he hadn't even gone to trial yet. But the audit was completed by us [NADAP], and it proved that he wasn't doing any work. And the recommendation was that he be fired, because he wasn't doing any work. So we met with the Chief and Council, and our position was that either you get rid of him, because he's not working, or we close the program. And they got rid of him. (...) As soon as the [Regional Advisory] Board agrees, it's a fact. (...) So we close programs, we have people fired, we restructure programs, stuff like that.

Thus, NADAP's power to influence programs is extensive, although it is rarely used, and is tempered by the section's habit of having the Regional Advisory Board (which includes representatives from each Indian Nation in Quebec) make recommendations on all major decisions. Against this background, it is now possible to consider the extent to which Kahnawake's program is controlled by the community, and the limits to such control.

KADAP and the Level of Autonomy

As a general statement, it seems fair to suggest that the KADAP program has a good deal of control over the content of the services offered, slightly less control over some of the administrative procedures, and very little influence over the amount of service to be provided, since this is essentially determined by the availability of funding. As far as the content of the programs is concerned, this appears to be entirely determined by KADAP personnel, with initiatives such as the youth group, the school curriculum, and so forth being entirely originated within the community. In contrast to the situation within KSS, KADAP staff are not obliged to follow federal program guidelines, or to provide specific types of programs. The only limiting factor in this respect is the possibility that NADAP might not approve the proposed activities. In addition, it can be suggested that a program that is subject

to outside evaluation and audit, as all NADAP programs are, is not truly "community controlled". So far, neither of these possibilities has created real difficulties for KADAP.

In terms of control over the administration and operation of the program, it can be suggested that KADAP has a fair degree of latitude, but not total autonomy. On the one hand, reporting requirements, lines of responsibility, job descriptions and activities are all determined within the community. On the other hand, provisions of the Contribution Agreement still pose some limits to the community's ability to allocate funds precisely as it desires. Contribution Agreements as established by Health and Welfare divide funding into three main categories: salaries, operating budget, and administration. Like the other communities in Quebec, KADAP has the possibility of transferring funds as it sees fit within the "operating" category: for instance, it could transfer money from the youth group to the newsletter, or to office supplies. However, to transfer funds between the "salary" and "operating" categories requires special permission from Health and Welfare.

Finally, although the original decision to provide and expand alcohol prevention services clearly rested with the community, there is a "ceiling" to its ability to provide more services than are presently offered, should this be considered desirable, imposed by the fact that funding comes

from an external source.

THE COMMUNITY HEALTH REPRESENTATIVE (CHR) PROGRAM

Current Activities and Origin of the CHR Program at Kahnawake

The Community Health Representative (CHR) program at Kahnawake employs two people, and, like KADAP and the Resource Centre, it is funded through a contribution agreement with the Medical Services Branch of Health and Welfare. Although Health and Welfare first introduced the Community Health Representative program around 1961, the program at Kahnawake did not begin until 1981. Apparently, this is because Quebec was the last province to get Community Health Representatives, with the first French-language workers being hired around 1979; the English program began even later."

The Community Health Representatives at Kahnawake act in three main capacities: as coordinators for "environmental health" activities; in health promotion; and on various committees.²⁰ Environmental health seems to be the area to which the Community Health Representatives at Kahnawake devote the most time. Activities in this area include the monitoring of air quality in the vicinity of the Survival School, which is located on the edge of the Kahnawake

territory, across the road from a factory that emits lead; the monitoring of groundwater and landfill sites for toxic chemicals and PCBs, which have been detected in some cases; and the monitoring of water from private wells, along with weekly checks of the quality of the water from the community's filtration plant. Most of the actual sampling in these cases is done by Health and Welfare's Environmental Health Officer, who visits the community as necessary; however, it is up to the Community Health Representatives to organize and coordinate the testing process, and to disseminate the results to the community. In addition, the Community Health Representatives coordinate the training for the filtration plant operators, which is similarly provided by the Environmental Health Officer.

The second main aspect of the Community Health Representatives' activities at Kahnawake involves health promotion activities, meaning the organization of various workshops and programs on health-related issues. Recent examples include organizing a St John's Ambulance course in first aid techniques; providing information sessions on the prevention of AIDS to trainees in the Home Care program, and to the volunteer firemen; coordinating a training session for Community Health Representatives on suicide intervention techniques; and involvement in the Handicapped Self-Help program, which provides trips, activities, sports, and inexpensive lunches for the handicapped, financed by the

sale of crafts.

Besides these activities, the Community Health Representatives are usually involved in a number of committees, both within the community itself and within Health and Welfare. Within Kahnawake, the Community Health Representatives are active in groups such as the Water and Sewer committee, or the Safety Committee, which is trying to set up an alternative to the provincial Workmen's Compensation program. One sits on the Board of Directors of the Onen'to:kon Treatment Centre. In addition, one of the two Community Health Representatives is much involved in both regional and national Health and Welfare committees: as an example, she is currently on the regional Multidisciplinary Committee, which was established by Medical Services Branch to provide a forum for the exchange of information between Medical Services employees and representatives of the various Indian nations. Since Kahnawake feels that it is ahead of most other nations in terms of programs, the exchange of information is not perceived to be particularly useful; however, being on the committee does mean that Kahnawake learns about things such as changes in Medical Services' coverage of non-insured services. Besides being on regional committees, she has been on various committees at the national level, such as one looking at the upgrading of the training that Health and Welfare provides to Community Health Representatives, and a

committee responsible for developing a booklet on AIDS policy. This frequent involvement in regional and national committees is attributable to the fact that the regional consultant at Medical Services, who typically nominates people to such committees, always chooses among three Community Health Representatives in Quebec whom he considers to be particularly competent; of these three, one is from Kahnawake. The result seems to be that Kahnawake is very well informed about upcoming initiatives, policy changes, and current procedures at both the regional and national levels of Health and Welfare.

As with the KADAP program, the content of the Community Health Representative program is determined at Kahnawake, and "approved" via the contribution agreement. In addition, Medical Services exercises some influence in that it provides a recommended salary scale, the training programs, and a list of suggested activities for the Community Health Representative that communities can edit as they wish. The amount of money provided for the program each year is basically fixed: it is determined at the national level, and usually consists of the same amount provided during the preceding year, with a three percent increase.²¹

The Community Health Representative Program and the Level of Autonomy

The Community Health Representative program bears some resemblance to the KADAP one, in terms of its level of autonomy. As is the case for KADAP, the content of the Community Health Representative program is basically determined within the community: for example, Kahnawake's program places an unusually heavy emphasis on the "environmental health" aspects of the Community Health Representative's role. Again like KADAP, however, Health and Welfare's policies seem to structure the organization and administration of the Community Health Representative program in a variety of ways. For instance, Health and Welfare sets salary scales according to the amount of training taken by the Community Health Representative, provides many of the resource materials such as pamphlets used in the program, and organizes the training courses. The overall impression conveyed is that Health and Welfare does not intervene in the day-to-day activities of the Community Health Representative program, but certainly sets the general parameters within which it operates.

THE KAHNAWAKE RESOURCE CENTRE

Current Activities and Origin of the Resource Centre

The Kahnawake Resource Centre has been in existence since 1984,²² and includes two components: a Film Library,

and a "Role Models" project. Although both are related to the area of alcohol and drug abuse, the Resource Centre is administratively separate from the rest of KADAP. Indeed, from the point of view of NADAP at Health and Welfare, which funds both projects, the Film Library and the Role Models project themselves are distinct entities, since their funding originates from different sources within the NADAP program. In NADAP's view, both are in fact NADAP projects that are administered by Kahnawake, rather than being projects that "belong" to the community as such. Not surprisingly, the view within Kahnawake is somewhat different, with the perception being that both components make up the Resource Centre, and that the Centre is a community-run project.

The Film Library was originally founded within the regional office of NADAP, its role being to preview, buy, and catalogue films dealing with alcohol and drugs for circulation to all the Indian communities in Quebec. However, NADAP itself seems to have lacked the resources to administer the project effectively: a NADAP employee claimed that they had almost no films, and had no time to publicize the library's existence.²³ Informants at Kahnawake concurred, suggesting that when NADAP administered the library, not only was it difficult to borrow films, but it was hard even to obtain a list of the films available.²⁴

Accordingly, Kahnawake's Director of Social Services

presented a proposal to the NADAP Regional Advisory Board (of which he was a member), suggesting that the library be transferred to an Indian community. Not surprisingly, the community eventually chosen to house the project was Kahnawake. Two factors seem to have been instrumental in prompting NADAP to transfer the Library to a community. The first was the explicit emphasis on "program transfer" within Health and Welfare, as a result of the publication of the Penner Report; and the second was NADAP's general policy of approving any recommendation made by the Regional Advisory Board. As the NADAP consultant at the regional office explained it,

What they [the Advisory Board] did was, they recommended that it be taken out of our office, and put elsewhere. And I agreed, because that's program transfer. And so, it was not something that Richard [the Director of the Community Health Services unit] would have done, I don't think, without having the Board involved. And certainly not something Claude [the Director of the regional office as a whole] would have done, except that the Board recommended it. And it was a good thing to do. I think they both use it as a feather in their cap, it's one of their achievements and accomplishments.

The second component of the Resource Centre, the Role Models program, was added in 1986. Unlike the Film Library, this program originated within Kahnawake, specifically within KADAP: when community member Alwyn Morris won a gold medal for kayaking in the 1984 Olympics, KADAP's director decided that the community should capitalize on this.¹⁶ She

wished to use Alwyn Morris as a role model for Kahnawake's youth, by developing a poster to commemorate his achievements. This original idea was then expanded to cover other successful Indian people in Canada, and was also expanded to be national in scope. The Quebec regional office of NADAP lacked money for such initiatives," which may explain why Kahnawake went to NADAP headquarters in Ottawa to obtain funding for the project:

Donnie [the director of KSS, Donald Horne] got involved, and he went to Ottawa and talked to them, and they drew up this national role model program. And because Donnie came up with the idea, to Ottawa, he gets the contribution agreement for the coordination of sending the role models out to the communities. He sits on the committee that selects the role models, and does the orientation of the role models. So he's the driving force behind it...

At present, the Role Models project produces a series of posters of successful Indian people, and coordinates their distribution to communities throughout Canada. It also seems to occasionally arrange for the "role models" to visit specific communities, as part of scheduled events or health-promotion projects.

The Resource Centre and the Level of Autonomy

It is difficult to speak of any significant level of community control in the case of the Resource Centre, since technically Community Services simply administers these two programs for Health and Welfare. The "content" of the Film

Library's activities was largely determined in advance, and while the content of the Role Models project was determined primarily by Kahnawake, it is safe to assume that the community could not make any major changes to this content without jeopardizing the Contribution Agreement for the project. That is, the money is provided for the specific purpose of allowing Kahnawake to produce and distribute posters of role models. Similarly, decisions about how much service should be offered do not really rest with the community, since the amount of service provided is essentially a function of the amount of funding obtained through the Contribution Agreements, and the level of demand for films and posters from other communities. The day-to-day administration and operation of the Resource Centre can, however, be said to be controlled within the community.

The main advantages of the Resource Centre to Kahnawake would appear to be that it generates some employment, and makes films and posters readily available to the Community Services programs. In addition, the administrative funding included as part of the Contribution Agreements for the two projects brings a little more "untied" funding into the community. This funding may indirectly contribute to developing or maintaining Kahnawake's freedom of action in other areas.

Having considered the existing level of autonomy in the various Community Services programs, it is now possible to

turn to a consideration of the factors that promoted or impeded the development of such autonomy. This involves considering not only Kahnawake's actions, but the varying positions and interests of the provincial government, DIAND, and Health and Welfare, all of whom are involved with one or more of the programs that make up Community Services at Kahnawake.

FACTORS AFFECTING THE DEVELOPMENT OF AUTONOMY IN COMMUNITY SERVICES

The factors that have affected the development of autonomy in the area of Kahnawake's community services seem to be rather different from those that operated in the case of health services, although there are some areas of overlap. In part, this may be because the level of autonomy is not as high in Community Services, in that none are exempt from the usual laws and regulations as the Kateri Hospital is. It may also be due to the different actors involved: in the case of health services, negotiations took place primarily with the Quebec government, while in the case of Community Services, the federal ministries of Indian Affairs and Health and Welfare are far more involved.

In understanding what factors were involved in the

development of autonomy in Community Services, it will be useful to distinguish between three different levels of autonomy that seem to exist within the Community Services programs. The first level might be termed "operating autonomy", and refers to the ability to shift the emphasis of programs, determine their day-to-day operating procedures, and decide on staffing policies, within the established legal framework. In this category, we can also include the ability to introduce a limited number of unique features (such as office computers) by accessing funds that are exempt from the usual guidelines. Essentially, then, "operating autonomy" means that the community has a certain amount of freedom to operate programs as it sees fit, within parameters that are largely determined by outside parties. All of the programs within Community Services appear to have this type of operating autonomy. Besides this operating autonomy, KSS also has some capacity to operate outside the usual guidelines and laws relating to social services. In this case, it is the community, rather than outside parties, that determines the general parameters within which the activity will take place. Because this ability is not explicitly recognized or sanctioned, it might be termed "informal autonomy". Finally, the negotiations presently underway with Quebec suggest the possibility of a third level of autonomy, of the type obtained for the Kateri Hospital. This refers to a formal recognition of the band's

authority over the program or institution, and exemption from the existing laws and regulations governing social services.

Operating autonomy.

It seems fair to conclude that most of the Community Services programs at Kahnawake have a good deal of operating autonomy, although even this is not without its limits. For instance, all of the Community Services workers are employed by the Mohawk Council, and subject to its policies, although there may also be federal guidelines regarding salary scales. Similarly, each program has some ability to influence or determine the content and format of the services offered. Thus, the Community Health Representative program is heavily oriented to "environmental health" issues, and largely determines what activities are appropriate. Similarly, the KADAP program has extensive freedom to devise its own activities, although these activities may occasionally be subject to program audits. Finally, KSS has the ability to decide on the content of its activities in non-statutory areas, such as hiring psychologists, providing support to community groups, and operating Manitou Park.

The development of operating autonomy at Kahnawake can be explained in terms of a combination of larger trends within the Canadian state, and factors relating specifically

to the community's "networking" activities. The federal government's position regarding the transfer of activities to Indian communities was briefly reviewed in chapter 2, in which it was suggested that a large part of the motivation lay in the possibility that "self-government" would diminish federal expenditures. Current federal promotion of "self-government" must be interpreted in the context of the state's role in the process of production, and current trends towards limiting that role.

Arnaud Sales²⁹ has offered a concise analysis of recent trends, based on Offe's conception of the state as an apparatus that is obliged to sustain and promote private capital accumulation in order to survive. Sales suggests that from 1945 until quite recently, the state used primarily Keynesian measures to regulate the economy and promote investment. However, the current recession, and the inability of Keynesian measures applied by individual nation-states to resolve problems in the context of an increasingly transnational economy, have stimulated a resurgence of the classical liberal ideology. This ideology emphasizes that the state should intervene as little as possible, and has accordingly prompted various initiatives to limit the role of the state and minimize public expenditures. Sales suggests that

The high technocracy responsible for the transnational regulation of the occidental economies, worried by the rate at which public expenditures are increasing as a proportion of the

gross domestic product, has also joined the attack. Numerous governments, in particular Canada's, under the influence of British and American policies and of course of the recession, have established monetarist policies and mechanisms to slow the growth in public expenditures,^x focussing primarily on social expenditures.

Although this orientation was already present under the Liberal regime, it is most dramatically apparent in the Conservative Party's current emphasis on reducing the role of government. This implies a reduction of direct government involvement in the provision of programs, and an emphasis on reducing the size of government (number of public servants) and on minimizing costs by eliminating duplications and some governing machinery." As applied to Indian policy, the desire to limit expenditures and reduce the role of government has created renewed pressures to transfer the administration of programs for Indian people to either the provinces or the communities concerned. An example was the Neilsen report's recommendation that there be increased use of federal-provincial agreements for provinces to deliver services to status Indians." Similarly, federal officials have realized that "devolution" projects that transfer the administration of programs to individual communities may simultaneously meet two objectives. Such transfer may be sufficient to meet community demands for increased control, and it will also reduce the number of public servants. In addition, there may be cost savings in some cases, if administration by the

community eliminates duplication or inefficient practices. Hence, the federal government's position on Indian self-government has been described by Graham" as a "balancing act" designed to contain costs while meeting Indian aspirations.

These incentives for the federal government to transfer programs to provincial governments and/or to individual communities help to elucidate DIAND's insistence that programs at Kahnawake be compatible with provincial guidelines, and its readiness to enter into the original tripartite agreement between Kahnawake, DIAND, and the Diocese St-Jean. It also helps to explain why, although the federal government has typically been reluctant to transfer real control over programs and finances, (in the sense of controlling decisions about what types of programs should be provided, or how much service should be offered), it is frequently prepared to transfer administrative authority over day-to-day activities.

This raises the opposite question: if federal ministries have recently had incentives to transfer administrative authority to Indian communities, backed by an explicit policy of "program transfer" arising from the publication of the Penner Report, why are Indian communities not easily able to obtain full administrative autonomy simply by indicating a desire for it? The answer appears to be that the attempts to limit the role of the state have

generated their own contradictions. On the one hand, the desire to minimize costs and reduce government intervention has created an incentive to transfer programs to community administration, and has ensured that a large proportion of the existing funds are allocated for that purpose. On the other hand, the desire to control costs has also led to a heavy emphasis on accounting for any funds expended. In response to this imperative, the central agencies have imposed stringent financial guidelines throughout the federal government that impede "devolution" initiatives by placing strict limits on the possibility of transferring funds between budgetary categories, or spending money on needs other than the specific ones for which it was allocated. This situation is reflected in Kahnawake's Community Service programs, where funds cannot be transferred from one program to another, and where KSS is obliged to follow DIAND's guidelines regarding what activities will be reimbursed.

The result is that if a community wants operating autonomy, it will not face opposition from federal ministries, but it must find a way to make as much room as possible within the financial guidelines. Alternatively, it must access funds that are exempt from such guidelines. Kahnawake appears to have used both of these options to some extent. As regards the first point, it can be suggested that Kahnawake's good relations with the various government

agencies involved, and its extensive representation on various committees and advisory boards within the federal apparatus, have helped it to obtain as much administrative autonomy as possible. Not only has it ensured that Kahnawake personnel have information regarding sources of funding and funding procedures, but the resulting climate of trust means that federal officials are more likely to approve requests for budgetary transfers, and to tolerate "bending" of the rules.

The prominence of Kahnawake members within the Health and Welfare apparatus is somewhat striking (although the same comment does not apply to their presence within DIAND): the coordinator of the NADAP program is a former community member, who has retained close ties of family and friendship within Kahnawake; Kahnawake has consistently been represented on NADAP's Advisory Board; the director of Kahnawake's alcohol program is frequently nominated to national committees organized by Health and Welfare; and one of the Community Health Representatives is consistently chosen to be a member of Health and Welfare committees at both the national and regional levels.

At the very least, this extensive representation seems to ensure that Community Services has constant access to information on government operating procedures, on the types and amount of funding available for various projects, and on upcoming initiatives. Such information is presumably useful

in accessing funding, and in preparing proposals for new projects. It may also help in learning about possible contracts, so that proposals can be prepared. Thus for example; the presence of the Kateri Hospital's Director on the board of the Native Alcohol Program in 1977-78 ensured that Kahnawake knew that funding was available for alcohol prevention projects, and that someone know how to obtain this funding. A similar situation prevailed in 1980, when the Kahnawake Referral Centre began. It can also be suggested that Donald Horne's presence on the NADAP Regional Advisory Board may have helped Kahnawake to obtain the transfer of the Film Library.

Aside from their role in providing information, the extensive contacts between Kahnawake officials and government personnel may be instrumental in maintaining a climate of trust. This trust appears to have been an important factor during the 1983 transfer of social services from the CSS Richelieu to Kahnawake. It is also evident in more routine situations, as for instance when KSS pays for services that do not strictly fall within DIAND's program guidelines. Thus, what might be called "networking" procedures seem to facilitate the exercise of administrative autonomy, by ensuring that personnel from Kahnawake know what is going on within government; that they have some opportunity to provide input; and that a climate of trust is

maintained.

A second aspect of Community Services' ability to conduct its day-to-day activities in an autonomous fashion relates to its ability to obtain funds that are exempt from the usual financial guidelines. Specifically, initiatives such as the purchase of office computers, or the hiring of an office manager, depend on Community Services being able to accumulate a "slush fund" by negotiating Contribution Agreements for projects such as training courses or conferences. Again, this ability seems to result from an interaction between pressures internal to the federal apparatus to "devolve" activities, and factors specific to Kahnawake, such as its location and its networking activities. Two aspects of these arrangements require explanation: first, why government ministries enter into such contracts, and second, why Kahnawake seems to receive a disproportionate share of them.

With respect to the first point, the readiness of government ministries to enter into such arrangements can be traced to the same motivations as those discussed above,

A very similar situation prevails with respect to the recently established Onen'to:kon Treatment Centre for Chemical Dependencies. "Contacts" within government departments allowed Kahnawake to obtain detailed information about budgets and procedures, and to convince NADAP that the Montreal-Kahnawake area should be the first in the province to get a treatment centre. "Networking" activities have subsequently been helpful in facilitating day-to-day operation of the Centre; in temporarily accessing unusual amounts of funding; and in resisting cutbacks in the number of alcohol workers.

that is, to the emphasis on reducing the role of government. As part of this overall trend towards getting out of the direct provision of programs, ministries such as DIAND and Health and Welfare have seen major reallocations of their budgets, with funds being shifted from "operating expenditures" to the "grants and contributions to bands" categories. This trend has been particularly pronounced under the Conservatives, with the allocation for contributions increasing by 111% between 1983-84 and 1986-87." This fact combines with the standardized accounting procedures mentioned earlier to create a situation from which Indian communities can benefit. An informant within Medical Services explained the branch's motivation to reach Contribution Agreements with bands in terms of the constraints posed by these accounting procedures, which require managers to go through an elaborate set of formalities if they wish to transfer money from one budgetary category to another. In particular, the NADAP program has almost no money in the "operating and maintenance" category, but it has plenty of money allocated for contribution agreements and "program transfer" projects. When the "operating" budget runs low, rather than transfer money from another category, it is simpler to contract with a community to provide the required services. The community, in turn, benefits from the 10% allocated for the administration of the agreement, and presumably from the

chance to create employment. Thus, NADAP has reached this type of agreement for Kahnawake to provide training and orientation to new NADAP employees, and to organize conferences and seminars. An example was a province-wide NADAP conference in the fall of 1987: Medical Services was the organizer of the conference, but Kahnawake arranged and paid for all the transportation, hotel accommodation, etc for delegates, through a contribution agreement. On occasion, Medical Services has even entered into such agreements in order to fund routine activities such as the quarterly meetings of NADAP's Regional Advisory Board. In this way, some of the day-to-day costs of administering a government department are being contracted out to communities.

In addition to the incentive provided by the financing system, the explicit policy of "program transfer" within the government has provided an ideological justification for contracting out to communities. The ideology of transfer seems to have operated in the case of the Film Library, in conjunction with other considerations: the NADAP consultant agreed to Kahnawake's proposals to administer the library "because that's program transfer", and the directors at Medical Services apparently use the transfer of the Film Library as "a feather in their caps". The events surrounding the transfer of the Film Library suggest that the policy of "transfer" was not in itself sufficient to

incite Medical Services to turn the administration of the Library over to a community, but may have been a contributing factor, and certainly helped in justifying the decision after the fact.

Kahnawake's ability to reach such Contribution Agreements with government departments also requires some discussion, to explain why it seems to be able to reach so many of these agreements where other communities are less successful. The Director of Community Health Systems and Program Transfer at Medical Services (which appears to be the major source of such contributions) explained why Kahnawake was so frequently chosen in terms of a number of considerations. First, Kahnawake is close to Montreal, where the Medical Services office is located." Second, he considers the personnel at Kahnawake to be very competent and well-organized. Finally, because one of the NADAP coordinators is from Kahnawake, it is always easy to find out what is going on in the community." To this, one should probably add that Kahnawake makes active efforts to learn about the availability of such contracts, and to submit proposals for them. This in turn is perhaps facilitated by the number of Kahnawake residents who have worked in government ministries or native organizations, and

" The importance of this factor is debatable. On the one hand, the absence of such occasional contracts with DIAND, which is located in Quebec City, suggests that proximity is important; on the other hand, Community Services has been able to reach agreements with the Medical Services headquarters in Ottawa.

who are therefore experienced in preparing project proposals. It may also be facilitated by the presence of Kahnawake representatives on a number of committees or boards.

In essence, then, Community Services' ability to obtain some "string-free" funding is a result of government policy that has put money into "transfer" and contribution budgets; accounting procedures that provide an incentive to contract out, along with an ideological justification for having done so ("that's program transfer"); and factors specific to Kahnawake, such as its location and its networking activities.

Informal control

Apart from its capacity to operate its day-to-day activities in a fairly autonomous fashion, Community Services has an unusual amount of control over some of the "statutory" services, such as adoptions and foster homes. It is noticeable that this control has been achieved in the only one of the four programs to have substantial involvement with the province, namely KSS. In this case, Kahnawake's ability to gain an unusual degree of autonomy appears to be related to the interests of the federal government in transferring programs to the provinces or to individual communities; to Quebec's interest in asserting jurisdiction over the area of social services to Indian

peoples; and to the manner in which the existing laws and policies structure both the relationship between the two levels of government, and their relationship to Kahnawake.

The federal government's motivations to transfer programs for Indian peoples to either the provinces or the communities themselves have already been discussed in the preceding section. In the specific case of social services, two other considerations may be added to the usual incentives to have the province administer programs. First, arranging for provincial agencies to provide services would avoid the issue of federal infringement on the province's jurisdiction over social service matters. Further, it would ensure that Indian peoples received services comparable to those provided to other residents of the province, thus alleviating federal embarrassment over the poor conditions on reserves. In this context, it is not surprising that DIAND had a policy of extending provincial services to Indian communities, and was pleased to reach agreements whereby Quebec's Social Service Centres would serve them. Similarly, DIAND was prepared to see social services come under band control in 1983, so long as the province's regulations were respected.

At the same time, it is clear that the Quebec government was actively interested in taking over the administration of social services to Indian communities. This interest can best be understood in the context of the

centrality of state intervention in Quebec politics, and of the nationalism of the 1960s and 70s. The importance of the nationalist question apparently produced a situation in which Quebec was likely to strongly resist federal incursion into "its" areas of jurisdiction, such as social services. Further, during the era when the Social Service Centres were becoming involved, it had become important for the Quebec state to demonstrate that it represented all residents of the province, and not merely those of French-Canadian origin." Hence, the province saw itself as having the legal responsibility to provide social services to all the Indian communities of Quebec, despite the provisions of the Constitution that assign responsibility for "Indians and lands reserved for Indians" to the federal government. The Quebec government was therefore likely to welcome the opportunity to play an active role in social services to Indians, especially since to do so involved few additional costs. In fact, comments from the CSS Richelieu indicate that this was the case: Quebec favoured the tripartite agreements with bands, because they "valorized" its institutions.

Although the tripartite agreements met the objectives of both the federal and provincial governments, the federal objectives could also be met in another way: by funding the band directly. This had the additional advantage that it met band demands for increased control. On the surface, the

new arrangement appeared to protect Quebec's prerogatives, in that the terms of the Contribution Agreement compelled Kahnawake to negotiate a contract with a Social Service Centre. However, it is at this point that the existing legal framework produced a situation from which Kahnawake could benefit, by separating legal authority from financial responsibility. Specifically, the constitutional allocation of responsibilities, combined with Quebec's insistence on managing social services, meant that the federal government paid for social services, while the province determined the legal framework in which they would be provided. In this situation, Quebec had little recourse when Kahnawake decided to unilaterally assert responsibility for certain "statutory" services. It could not enforce its laws through the financial provisions of the Contribution Agreement, since the funding was DIAND's responsibility. Nor were repressive measures such as using force to enforce Quebec's regulations a feasible option, given the militancy of the community and its ability to create major inconvenience by blocking the Seaway or traffic arteries such as the Mercier bridge. This appears to have left Quebec with the options of negotiating a new arrangement, or simply closing its eyes to the situation. So long as Kahnawake was the only Indian community in Quebec to administer statutory services, Quebec chose the latter course. In this way, the provisions of the Constitution regarding the allocation of responsibility, and

the interests of the federal and Quebec governments combined to produce a situation in which social services to Indian communities were perceived to be a provincial responsibility, but the funding for them remained a federal responsibility. The disjunction has apparently allowed KSS to operate in a more autonomous fashion than would otherwise have been the case.

Formal control

Finally, there is currently some possibility that Kahnawake may be able to obtain formal exemption from Quebec laws, and recognized control over all aspects of social services, in an agreement similar to the one concluded for the Kateri Hospital. In the case of the hospital, three factors seem to have acted: first, the possibility of political embarrassment for the Quebec government; second, the "dilemma" created by the province's commitment to provide service to all its residents, faced with Kahnawake's resistance to provincial involvement; and third, the role of the Hospital Agreement in legitimating Quebec's claim to jurisdiction over health matters at Kahnawake, and in promoting the PQ's political option. The situation under the current Liberal government in Quebec is somewhat different, in that recognizing Indian sovereignty does not advance the Liberals' own political cause. Further, the Liberals do not believe that social and economic development

requires continued expansion of government activities;" instead, they have attempted to contain the role of the state, and have tended to cut back on social programs." This raises the question of why the Liberals are now proposing revised arrangements for the delivery of social services in Indian communities such as Kahnawake.

The explanation appears to be that although the Liberals differ from the Parti québécois in their political option and ideology, they operate within many of the same constraints as the PQ did. Accordingly, they face some of the same incentives to reach agreements with native communities. First, because of the importance of the nationalist movement in Quebec politics, and the resulting prominence of issues of language and ethnicity, it is still essential for any Quebec government to demonstrate that it represents all inhabitants of the province. The Bourassa government is therefore caught in a dilemma between its perceived obligation to provide equitable services to all residents, and Kahnawake's determination to provide services according to its own model. This dilemma is somewhat similar to the one faced by the PQ regarding the Kateri Hospital.

Further, despite the Liberals' attempts to reduce the scope of government intervention, there are structural reasons why the Quebec state plays a central role in development, and these give Quebec a continuing stake in

asserting its jurisdiction in numerous areas, including the area of social programs. These structural factors relate to the presence of a strong nationalist movement that believes the Quebec state should have full powers; the fact that the (largely anglophone) national bourgeoisie is reacting to Quebec's political climate by slowing investments and displacing them towards the west; and to the fact that Quebec's regional bourgeoisie is itself too weak to direct development.¹ In this situation, the Quebec state necessarily plays a lead role in economic development, and any provincial government is likely to remain somewhat committed to "province building". As a result, these governments are likely to resist any situations that implicitly challenge their jurisdiction, like Kahnawake, and will similarly resist any federal intervention in their areas of jurisdiction. In the particular case of social services for Indians, there is an added incentive, in that it costs the province nothing to assert jurisdiction, since the federal government retains financial responsibility. Interpreted in this framework, it is understandable that the two "tenets" of the Ministry of Social Affairs' position in the current negotiations are that any agreement must give the Minister ultimate legal responsibility for social services at Kahnawake, and that the federal government must retain financial responsibility.

Aside from Quebec's wish to have its ultimate

jurisdiction over social services recognized, the risk of political embarrassment also creates an incentive for the government to negotiate. This is due to the possibility that a crisis will occur in a situation in which a band is exceeding its formal jurisdiction. That Quebec officials are motivated by this danger is suggested by the fact that Quebec is becoming uneasy with the situation only now that a number of bands are administering statutory services, thus increasing the probability of a crisis. Consequently, as was the case with the Kateri Hospital, there is once again a situation in which Quebec has an active interest in reaching a new type of arrangement. Not only would a new agreement provide some support for Quebec's claim to have ultimate jurisdiction over all social service matters, it would also eliminate the risk of political embarrassment to the government.

Besides the reasons noted above, certain dynamics internal to the state apparatus itself seem to be giving Quebec an active interest in promoting the formal transfer of administration to communities. This is attributable to the pressures created by bands unilaterally deciding to administer certain services, and to the consequent pressures from the various Social Service Centres, which are placed in a precarious legal and financial situation. This does not necessarily mean that Quebec would like to see Indian communities assume total control of their own programs; the

provincial government would prefer to see them become part of the overall Social Service Centre network, subject to the same laws and constraints as the rest of Quebec's agencies. The instability of the current situation does, however, give Quebec an incentive to negotiate. As a result, it is clearly the government, rather than Kahnawake, that is initiating the current round of negotiations regarding the administration of social services."

In sum, many of the factors that seem to be promoting increased autonomy in Community Services relate to the nature of the relationship between the federal and Quebec governments, which has created a situation in which Indian communities can pose some challenge to Quebec's jurisdiction. This challenge has not only created the danger of political embarrassment for the Quebec government as a whole, but has also created pressures within the state apparatus itself, as the Social Service Centres encourage the Ministry of Social Affairs to resolve their dilemma.

Having considered the factors that have helped to promote the development of local control over Community Services programs, it is also appropriate to consider the factors that have impeded such control. Perhaps the most

"It should be emphasized that Quebec's initiatives in this area are not limited to Kahnawake: the first such negotiations were in fact begun with the Conseil Attikamek-Montagnais, and Ministry of Social Affairs representatives intend to promote the idea of alternative arrangements with almost all the Indian communities of Quebec, outside of James Bay.

obvious such factor is the lack of a self-sustaining economic base, which compels Kahnawake to rely on external sources for funding. This reliance has allowed the federal government to impose a series of guidelines about how programs should be administered, and to influence their content, by stipulating what activities will be reimbursed. It also gives the federal government the power to approve or disapprove of proposed activities, through the vehicle of the Contribution Agreement. These constraints are most obvious in the KADAP and Community Health Representative programs, where contribution agreements set out what general types of activities will be performed, impose certain limits on the ability to transfer funds from one budgetary category to another, and, in the case of the KADAP agreement, dictate that the federal government may perform program audits at any time. In addition, Health and Welfare is highly involved in the training for these two programs, and has influence over administrative matters such as hiring procedures and recommended salary scales.

Kahnawake has circumvented these limitations to some extent, through its "networking" activities, and by maintaining good relations with government departments. Such activities have led government personnel to close their eyes to certain infringements on laws or regulations, and have been instrumental in allowing Kahnawake to develop a "slush fund". However, this appears to be a tenuous basis

for continuing control: not only must 'contacts' be constantly renewed and maintained, and new Contribution Agreements sought after to maintain the slush fund, but in addition the reliance on informal bureaucratic tolerance is vulnerable to events in other areas, which could dramatically alter the level of tolerance.

Besides their inherent instability, arrangements based on informal tolerance are not sufficient to overcome another limit of reliance on external sources for funding, namely the compartmentalization of the funds for different programs. Thus, the funds provided for the Community Health Representative program cannot be transferred to any other program such as KADAF or KSS; the same statement applies to the funding for the Film Library, the Role Models project, KADAP, and KSS. This situation places definite limits on the community's ability to determine which services are of greatest importance, and to allocate funds accordingly.

Finally, dependence on federal ministries for funding means that the internal procedures of these ministries may impede local control in some instances. For example, the absence of a budget for construction projects within DIAND compels the ministry to involve the Quebec government in any project requiring a new building, whether or not "statutory" services are involved. This fact gives Quebec some influence over even non-statutory areas, further limiting Kahnawake's control over its social service programs. This

was the case when KSS proposed to establish a group home for the elderly: because DIAND had no capital funds, the Ministry of Social Affairs had to be involved. The Ministry, as has been seen, did not believe that a group home was the best solution to Kahnawake's needs, and refused to fund it. That is, the fact that it controlled some of the funding gave the Ministry of Social Affairs the ability to influence or veto the content of the program proposed by Kahnawake.

Besides the constraints resulting from the need to depend upon external sources for funding, the particular legal framework of Indian affairs in Canada has operated in some instances to hinder the development of community autonomy, in particular through the limitations of the Indian Act. Specifically, the provisions of the Indian Act make provincial laws applicable to the area of social services, and these laws impede community control in a variety of ways: they specify that some types of services must be provided according to specific procedures, they restrict certain actions to persons employed by a Social Service Centre, and so forth. Although KSS has been able to circumvent some of the obstacles created by Quebec regulations, its degree of real control seems to be somewhat unstable, since it essentially depends on bureaucratic tolerance and/or reluctance to create a "crisis" by intervening.

Finally, it can be suggested that there are some practical limits to the development of complete autonomy within social service programs of the type provided at Kahnawake. In particular, the population of Kahnawake is not sufficient to justify the provision of specialized resources, such as some types of treatment centres, the hiring of lawyers with expertise in social service issues, and so forth. This suggests that even in the absence of legal constraints, KSS would have to continue to rely on outside resources, such as those provided by the CSS Richelieu, or on joint initiatives with other communities such as Akwesasne.

CONCLUSION

The programs comprising Community Services appear to have a good deal of *de facto* autonomy, but are at best only partly community-controlled. The community's ability to determine the amount and type of service to be provided, the content of the various programs, and the relative priority of each program is extensive in some cases, but is never absolute. In particular, its ability to shift funding to programs of high priority is limited by the compartmentalization of funds resulting from government accounting procedures and from the fact that the various

programs are funded by different ministries or units. Despite this, Community Services has been able to gain and maintain some freedom of action, through a judicious exploitation of the margin of bureaucratic tolerance for irregular practices, and by taking advantage of certain features of the state apparatus and of the relationship between the federal and provincial governments.

The factors that allowed Community Services to obtain its existing degree of autonomy fall into several somewhat overlapping categories, relating to the development of operating autonomy, informal control, and formally recognized control. The development of "operating" autonomy was facilitated by a recent trend to reducing the role of the state, and a resulting emphasis within federal ministries on transferring administrative activities to communities. Despite an explicit ideology of "program transfer", the process of transfer is not without its contradictions, as evidenced by the constraints of the financial accounting system. However, Kahnawake has been able to minimize these constraints through "networking" activities and good program management practices. In addition, Kahnawake has benefitted from a side effect of the accounting system: it provides ministries with incentives to contract out even mundane activities, and produces a situation in which some communities are able to accumulate "untied" funds, by managing projects and activities for

government departments. It has been suggested that Kahnawake is particularly able to benefit from this situation, because of its urban location, its pool of experienced personnel, and its extensive contacts within various bureaucracies.

As for the development of informal autonomy, it has been suggested that while the federal government is interested in "devolving" responsibility for services to Indian peoples, the Quebec government wishes to see its jurisdiction over social service matters acknowledged. It is argued that the existing legal framework of the Constitution and the Indian Act has shaped this situation, because it simultaneously assigns responsibility for Indian peoples to the federal government and specifies that provincial laws will apply unless superceded by federal legislation. Combined with Kahnawake's demands for increased control, this has led to a form of accommodation in which fiscal responsibility is separated from legal jurisdiction. In turn, this separation has allowed Community Services to gradually acquire more autonomy in practice than is permitted by the strict letter of the law.

Finally, it is argued that the assumption of informal control has brought into play a series of dynamics relating to the nature of the Quebec government and the Quebec political situation, similar to those that operated in the case of the Kateri Hospital. These include the fear of

political embarrassment; a perceived dilemma for officials caught between Quebec's legal responsibility to provide services and the community's refusal to accept them; and an implicit challenge to Quebec's authority to control the framework in which social services are offered. This has placed pressure on the Quebec government, both directly and through the medium of the local Social Service Centres, giving Quebec officials some motivation to negotiate revised arrangements.

The factors limiting the development of autonomy in Community Services seem to relate primarily to the necessity of relying on external sources for financing, and the resulting capacity of the funding agency to impose regulations and guidelines. Further, it has been suggested that Kahnawake's small size limits the development of completely autonomous services, as its population is insufficient to justify the provision of specialized resources.

ENDNOTES

1. Rheena Diabo, interview by author, Kahnawake, June 16, 1987; Roddie Meloche, interview by author, Kahnawake, March 30, 1988.

2. Roddie Meloche, op cit.

3. Robyn Scott, interview by author, Montreal, 17 December 1987.

4. Donald Horne, interview by author, Kahnawake, August 5, 1987.

5. Donald Horne, August 5, 1987; Alice Phillips, interview by author, Kahnawake, March 30, 1988.
6. Robyn Scott.
7. Ibid; Donald Horne, August 5, 1987.
8. Alice Phillips; Donald Horne, August 5, 1987.
9. Alice Phillips; Donald Horne, August 5, 1987; Robyn Scott.
10. Donald Horne; Robyn Scott.
11. Robyn Scott.
12. Ibid.
13. Alice Phillips.
14. Robyn Scott.
15. Ibid.
16. Alice Phillips.
17. Roddie Meloche.
18. Robyn Scott.
19. Carole Walker, interview by author, Kahnawake, 29 March 1988.
20. Carole Walker, interview by author, June 5, 1987. Most of the following description of CHR activities is drawn from this interview.
21. Richard Legault.
22. Donald Horne, June 24, 1987.
23. Robyn Scott.
24. Donald Horne, June 24, 1987.
25. Robyn Scott.
26. Alice Phillips.
27. Robyn Scott. interview by author, Montreal, October 20 1987.
28. Robyn Scott, December 17, 1987.

29. Arnaud Sales, "Intervention de l'Etat et positions idéologiques des dirigeants des bureaucraties publiques et privées" (Sociologie et sociétés, 15 no. 1, April 1983): 13-42.
30. Ibid., p. 22. Free translation.
31. Frances Abele, "Conservative Northern Development Policy: A New Broom in an Old Bottleneck?" in M. Prince (ed), How Ottawa Spends 1986-87 (Toronto: Methuen, 1986): 149-178.
32. Katherine Graham, "Indian Policy and the Tories: Cleaning Up After the Buffalo Jump" in M. Prince (ed), How Ottawa Spends 1987-88 (Toronto: Methuen, 1987): 237-267.
33. Ibid.
34. Ibid., p. 250.
35. Richard Legault.
36. Michel Laferrière, "L'éducation des enfants des groupes minoritaires au Québec: de la définition des problèmes par les groupes eux-mêmes à l'intervention de l'Etat", Sociologie et sociétés vol. 15 no. 1 (October 1983): 117-132.
37. Kenneth McRoberts and Dale Posgate, Quebec: Social Change and Political Crisis. (Toronto: McClelland and Stewart, 1980).
38. Sales.
39. Ibid.

CHAPTER 7: CONCLUSION

This thesis has attempted to answer two questions. First, what degree of autonomy currently exists within Kahnawake's health and social service institutions? Second, what factors allowed the community to develop this degree of control? Consideration of these questions was intended to contribute to an understanding of the relationship between Indian groups and the state, by elucidating the impact of state policies on the existing situation, and the ways in which Indian groups are able to exploit possibilities and contradictions within the state. One contribution of this thesis is that it directly addresses the question of provincial involvement in questions of Indian "self-government", and clarifies some of the dynamics of this involvement. On a more practical level, the study has helped to highlight both the possibilities and limits of Indian self-government in the current situation. By identifying some of the factors that contributed to increases in local control at Kahnawake, it allows a somewhat more informed assessment of the possibilities for "self-government" in other communities.

Assessment of Kahnawake's current degree of control over its health and social service programs has led to the conclusion that the amount of autonomy varies considerably among the different programs. At one end of the continuum

are those programs that have only operating autonomy. That is, they have extensive freedom to determine their everyday activities, but little or no control over the broader framework in which these activities are offered. Such operating autonomy is not negligible, in the sense that in some other communities, services are provided by outside agencies without any community control at all; but it remains limited. All of the health and social service programs at Kahnawake have been seen to have this type of operating autonomy. In addition to this, Kahnawake Social Services has an informally tolerated ability to circumvent certain laws and guidelines, thus allowing it some control over the context in which services will be provided. For instance, it can set its own criteria for foster homes, rather than simply applying criteria established by outside agencies. This type of control is more extensive than simple operating autonomy. It rests, however, on a somewhat tenuous base, since it depends on outside agencies continuing to close their eyes to the community's actions. At the far end of the continuum is the type of autonomy gained for the Kateri Hospital, where Quebec law formally recognizes full community control, within the limits of ultimate responsibility of the Minister of Social Affairs. Thus, community control of the health and social service programs is very extensive in some cases, although it never involves complete sovereignty.

It has also been seen that in some cases, the amount of community control is limited not by considerations of jurisdiction and power, but simply by considerations of size. That is, Kahnawake's population is not sufficient to warrant the provision of certain types of medical care, or specialized social services.

With respect to the factors affecting the community's ability to gain such control, it has been argued throughout this thesis that a central element in understanding the ability (or inability) of Indian groups to gain such autonomy must be the specific interests of the state apparatuses involved. Building upon some of the work in the neo-institutionalist perspective, it was suggested that attention should focus not so much on debate regarding the extent to which the state can accommodate the interests of non-dominant groups, but rather on the circumstances in which it can accommodate such objectives. The findings from this case study suggest that the state may accommodate some band objectives primarily because such accommodation advances its interests in other areas. They also suggest that it is important to recognize the variations in position and interest of the two levels of government in Canada.

Besides underlining the central role of the state in questions of Indian self-government, this thesis has also asserted that the element of community resistance to the existing situation must be an integral part of the analysis,

as must the existing policies and institutions that structure the context in which resistance takes place. That is, it has been argued that the development of community control depends on an interaction between the actions of the community concerned, and the positions of the other principal actors, (in this case the federal and provincial governments), an interaction that takes place in an environment already structured by previous policies and existing institutions. This approach made it essential to examine the positions of the federal and provincial governments with respect to control by Indian groups, and to consider how the policies of the two levels of government structure the situation in which Kahnawake acts.

It has been shown here that the federal government's position on Indian "self-government" is essentially somewhat contradictory, being motivated chiefly by a desire to reduce expenditures and the size of government. Although the wish to reduce the role of government was already present during the 1960s and 70s, it has received renewed impetus in recent years, under the influence of larger economic trends and the ideology of the current Conservative government. This has given the federal government an incentive to transfer programs to communities or provincial governments, while on the other hand it retains tight control over the financing. The result is a situation in which the federal government is typically interested in seeing communities administer

programs, but not control the decisions about what programs should be offered, or the level of service to be provided. In this situation, it is not surprising that the main impediments to increased community control so frequently relate to the financing arrangements and to the necessity of obtaining funding from external sources. Examples of such impediments can be cited for any of the programs at Kahnawake relying on federal funding. For instance, in the Community Health Representative or alcohol prevention programs, the fact that external sources provide the funding means that objectives and activities must be "approved" via the Contribution Agreement, and that Health and Welfare retains the right to perform program audits. Similarly, within Kahnawake Social Services, DIAND's financial power allows it to impose its Manual of Procedures, which sets out the types of activities that will be reimbursed.

Besides the restrictions that are imposed on the various programs as a condition of receiving federal monies, the funding arrangements impede community control in a more basic way. Each program is funded through a separate Contribution Agreement, and the funds may in fact originate in different government ministries, or different branches of the same department. These separate funding arrangements compartmentalize the funds for the various activities, thus limiting the community's ability to decide which programs are of highest priority and allocate funds accordingly.

Thus, because the federal government wishes to retain ultimate control over expenditures on programs for Indians, it habitually imposes restrictions on the number and types of activities that it will fund; and since communities such as Kahnawake must rely heavily on federal funding, the obstacles to extensive local control in this situation are clear. Seen in this light, it is understandable that the programs that come under exclusive federal jurisdiction (the Community Health Representative Program, Resource Centre, alcohol program, and the Onen'to:kon Centre) typically have a good deal of operating autonomy, but nothing more.

Indeed, it has been suggested that for federal ministries, even the delegation of day-to-day operating autonomy has its contradictions, due to the inconsistency of advocating "transfer" to communities while imposing an accounting system that limits the possibilities for local administration. However, within the Community Services programs such obstacles have been minimized, both because of Kahnawake's good relations with government departments, and because of its extensive knowledge of government procedures and its representation on advisory boards and committees. An example is KSS's ability to ignore or "stretch" some of DIAND's guidelines (e.g. by allocating clothing allowances to children who do not strictly qualify), and have DIAND officials close their eyes to such practices. A further example is provided by the federally-funded Public Health

clinic that forms part of the the Kateri Hospital: in practice, the clinic has been able to entirely restructure "standard" programs such as tuberculosis control, and direct the activities of the Public Health nurses with no federal input.

The provincial interest in questions of Indian "self-government" is somewhat different from the federal one. It has been shown that the Quebec government has played a central role in the province's development since at least 1960, and has a strong interest in resisting federal incursions into "its" areas of jurisdiction. This provides an incentive to extend provincial jurisdiction into the areas of health and social services to Indians, a tendency that was particularly marked under the Parti québécois, but persists under the current Liberal regime. Further, it has been argued that the political climate of the province makes it important for any government to demonstrate that it represents all residents regardless of their language or ethnic background, and that it can maintain good relations with "minority" groups. The result is that Quebec officials believe that the province has a responsibility to provide equitable health and social services to all residents, and are placed in a dilemma when Indian groups are able to refuse such services or provide them according to a different model.

This sort of dilemma first arose in the case of the

Kateri Hospital, as the community refused to either close the hospital or allow it to be incorporated into Quebec's overall system of health services. A similar "dilemma" currently faces Quebec officials with respect to Kahnawake Social Services' actions in "statutory" areas: they cannot easily compel the community to respect the letter of the law, but neither are they comfortable with the existing situation. In these situations, Quebec has some incentive to negotiate a different form of accommodation, that might include recognition of increased control for Kahnawake.

In short, the existing situation is structured to a large extent by the interests of the two levels of government, and the ways in which these interests intersect. Federal officials wish to transfer the administration of programs to provinces or communities, while holding a hard line on finances. Quebec, meanwhile, wants its jurisdiction over health and social services recognized, and is anxious to avoid the political embarrassment that would attend the exposure of situations in which Indian peoples were not receiving "equal" services. It would prefer to resolve this situation by incorporating Indian communities into its existing framework of institutions: for example, Quebec originally wanted the Kateri Hospital to be an incorporated institution, and fit into the overall network of health care in Quebec. Similarly, the current Liberal government would like the see Kahnawake Social Services become an "Indian

Social Service Centre". However, in circumstances in which Indian communities are able to resist such incorporation, it may consider alternative arrangements.

This analysis highlights both the limits and the possibilities for community "self-government" in the current context. It is clear that neither level of government has any incentive to transfer full financial control and ultimate authority over programs to Indian communities. Therefore, to the extent that a community is obliged to rely on either federal or provincial funding in order to provide programs, ultimate jurisdiction is likely to rest with sources outside the community. However, it also clear that within these general parameters, the extent to which governments will accommodate demands for community control can be influenced by other factors, such as the actions of the communities themselves, relations with other groups, or government objectives in other areas.

The example of Kahnawake demonstrates that although total sovereignty may not be feasible, substantial gains in community autonomy are possible within the existing context. Recent trends to limiting the role of government and "devolving" responsibility for program delivery, although they have their constraints, do create possibilities for increased community control. The ideology of "program transfer" and the desire to minimize costs and person-year allocations within government have produced a situation in

which it is comparatively easy for communities to assert control over the day-to-day administration of their programs. The increased availability of money for "contribution" and "transfer" projects also works to the advantage of certain types of communities - those able (because of their location, contacts, education levels, etc) to learn about possible projects, prepare proposals, and administer the resulting contracts.

Beyond the possibilities for acquiring control over the everyday operation of programs, the Kahnawake case demonstrates that some "free space" may exist in areas where both federal and provincial governments are involved, such as those in which the province technically has jurisdiction, while the legal framework assigns financial responsibility to the federal level. In such situations, the fiscal arrangements cannot easily be used to make bands conform to outside expectations. Consequently, communities may find it feasible to unilaterally assume increased control over some aspects of their programs.

Finally, Kahnawake's experience demonstrates that there are situations in which provincial governments will tolerate or even promote increases in community control, as a means of furthering objectives in other areas. Since provincial governments frequently wish to limit federal intervention in "their" areas of jurisdiction, it may be worth their while to implement special arrangements for Indian peoples, if

such arrangements affirm provincial jurisdiction. Further, special agreements with Indian groups may provide support for other claims, such as the claim to provide "good government" or to maintain harmonious relations with minority groups. The Kateri Hospital agreement, and the current negotiations regarding social services at Kahnawake, demonstrate that in certain situations, provincial governments are prepared to "trade" special treatment and recognized autonomy for tacit acknowledgement of their ultimate authority over an area. /

In the cases mentioned above, it is clear that a number of factors acted concurrently to increase Quebec's motivation to negotiate. Such factors included the risk of political embarrassment for the government (such as the possibility that the hospital would burn down, or a crisis arise in child placement); an inability to resolve the situation through means such as fiscal coercion or repression; the existence of more generalized problems in relations with "minority" groups (as happened in Quebec's relations with native groups after the Restigouche crisis); and the possibility of using the agreement reached to promote other political objectives (as happened with the PQ's option of increased independence for Quebec).

The variety of factors implicated in the specific cases of the Kateri Hospital and Kahnawake Social Services make it clear that although there are some common factors that will

"set the parameters" and affect the ability of any Indian group to gain autonomy, each situation must also be examined in its own right. This raises the more general question of how much of Kahnawake's success in gaining autonomy depended on factors specific to the community itself, or to the Quebec political situation. That is, what is the probability that other southern Indian communities can make similar gains in autonomy?

Some of the elements of explanation invoked here - such as those relating to the interests of the federal government - would clearly apply to any community; others may be specific to Quebec. For example, much of Kahnawake's ability to gain increased control depended on the interests of the Quebec state, and related to the central place of this state in Quebec's development. It would be interesting to see if the province's influence on the development of community control differs in regions where the provincial government plays a less central role.

The relative importance of Kahnawake's particular characteristics in facilitating the development of autonomy would also have to be more clearly specified, in assessing the likelihood of other communities gaining similar autonomy. At various points throughout this analysis, it has been suggested that factors specific to Kahnawake such as its size, its location, its ability to cause major inconvenience by blocking traffic arteries, or its

relatively high income levels have contributed to the development of community control. For example, Kahnawake's size and income levels appeared to be important factors in explaining its capacity to keep the Kateri Hospital open using bingos, donations and so forth during the period when no other sources of funding were available. Similarly, Kahnawake's proximity to Montreal appeared to be one element in the explanation of why Community Services was able to negotiate so many Contribution Agreements with Health and Welfare. Although it can be stated that these factors specific to Kahnawake were present, it is much more difficult to quantify exactly how large a role they played in each situation. Studies in other communities that do not share these characteristics should help to clarify their relative contribution to the development of community control.

A final area which would be worthy of attention in future research concerns the dynamics internal to the community and how these affect its relations with outside actors. This thesis has focussed almost entirely on the nature of the relationships between Kahnawake and the surrounding environment, in particular the government agencies most involved with services for Indian people. It has explained the development of autonomy at Kahnawake in terms of larger trends within the Canadian and Quebec states, and in terms of the particular features of

Kahnawake's relationship with state departments. Relationships and divisions within the community itself were intentionally neglected, due to the sensitive nature of this information, and the low probability of obtaining an accurate picture without spending an extended period in the community. It should be recognized, however, that a complete picture of the factors affecting community control would have to include a consideration both of the dynamics internal to the community and of its relationship to the surrounding environment.

APPENDIX 1: 15 PRINCIPLES ADOPTED BY THE NATIONAL ASSEMBLY OF QUEBEC REGARDING RELATIONS WITH NATIVE PEOPLES, FEBRUARY 9, 1983 (AND FREE TRANSLATION THEREOF).

1. Le Québec reconnaît que les peuples aborigènes du Québec sont des nations distinctes qui ont droit à leur culture, à leur langue, à leurs coutumes et traditions ainsi que le droit d'orienter elles-mêmes le développement de cette identité propre.

(Quebec recognizes that the aboriginal peoples of Quebec are distinct nations, with the right to their own culture, language, customs and traditions, and the right to direct the development of their own identity.)

2. Le Québec reconnaît également aux nations autochtones, dans le cadre des lois du Québec, le droit de posséder et contrôler elles-mêmes les terres qui leur sont attribuées.

(Quebec likewise recognizes the right of aboriginal nations to possess and control the lands allocated to them, within the framework of its laws.)

3. Les droits mentionnés aux paragraphes 1 et 2 doivent s'exercer au sein de la société québécoise et ne sauraient par conséquent impliquer des droits de souveraineté qui puissent porter atteinte à l'intégrité du territoire du Québec.

(The rights mentioned in paragraphs 1 and 2 must be exercised within Quebec society, and therefore do not imply rights to any form of sovereignty that would threaten Quebec's territorial integrity.)

4. Les nations autochtones peuvent exercer, sur des territoires dont elles ont ou auront convenu avec le gouvernement, des droits de chasse, de pêche, de piégeage, de cueillette des fruits, de récolte faunique et de troc entre elles; dans la mesure du possible la désignation de ces territoires doit tenir compte de leur occupation traditionnelle et de leurs besoins; les modalités d'exercice de ces droits doivent être définies dans des ententes particulières avec chaque nation.

(The native nations may exercise rights to hunt, fish, trap, gather, and trade on lands agreed upon with the government; as far as possible, the designation of these lands must take account of their traditional occupations and their needs;

the ways in which these rights will be exercised must be defined in individual agreements with each nation.)

5. Les nations autochtones ont le droit de participer au développement économique de la société québécoise; le gouvernement est prêt à leur reconnaître également le droit d'exploiter, à leur bénéfice, dans le cadre des lois du Québec, les ressources renouvelables et non renouvelables des terres qui leur sont attribuées.

(The native nations have the right to participate in Quebec's economic development; the government is also prepared to recognize their right to exploit, for their own benefit, the renewable and non-renewable resources of the lands allocated to them, within the framework of Quebec law.)

6. Les nations autochtones ont le droit, dans le cadre des lois du Québec, de se gouverner sur les terres qui leur sont attribuées.

(The native nations have the right, within the limits of Quebec law, to govern themselves on the lands allocated to them.)

7. Les nations autochtones ont le droit d'avoir et de contrôler, dans le cadre d'ententes avec le gouvernement, des institutions qui correspondent à leurs besoins dans les domaines de la culture, de l'éducation, de la langue, de la santé, des services sociaux et du développement économique.

(Within the framework of agreements with the government, the native nations have the right to have and control institutions adapted to their needs in the areas of culture, education, language, health, social services and economic development.)

8. Les nations autochtones ont le droit de bénéficier, dans le cadre des lois d'application générale ou d'ententes conclues avec le gouvernement, de fonds publics favorisant la poursuite d'objectifs qu'elles jugent fondamentaux.

(The native nations have the right to benefit, within the framework of laws of general application or of agreements concluded with the government, from public funds to facilitate the achievement of objectives that they deem to be fundamental.)

9. Les droits reconnus aux Autochtones par le Québec sont reconnus également aux hommes et aux femmes.

(The rights that Quebec recognizes to natives apply equally to men and women.)

10. Du point de vue du Québec, la protection des droits existants des Autochtones s'étend également aux droits inscrits dans des ententes conclues avec lui dans le cadre de revendications territoriales; de plus la Convention de la Baie-James et du Nord québécois et celle du Nord-Est québécois doivent être considérées comme des traités et avoir plein effet.

(From Quebec's point of view, the protection of native peoples' existing rights also extends to the rights included in agreements concluded with Quebec regarding land claims; further, the James Bay and Northern Quebec agreements must be considered as treaties, and be fully implemented.)

11. Le Québec est prêt à considérer que les droits existants issus de la Proclamation royale du 7 octobre 1763 concernant les nations autochtones puissent être explicitement reconnus dans ses lois.

(Quebec is prepared to consider explicit recognition of the native rights arising from the Royal Proclamation of October 7, 1763, in its laws.)

12. Le Québec est prêt à considérer cas par cas la reconnaissance des traités signés à l'extérieur du Canada ou avant la Confédération, le titre aborigène, ainsi que les droits des peuples aborigènes qui en découleraient.

(Quebec is prepared to consider, on a case-by-case basis, the recognition of treaties signed outside Canada or before Confederation, aboriginal title, and the rights of aboriginal peoples that arise from this.)

13. Les Autochtones du Québec, en vertu de situations qui leur sont particulières, peuvent bénéficier d'exemptions de taxes selon les modalités convenues avec le gouvernement.

(The native peoples of Quebec, because of their particular situations, can benefit from tax exemptions. The mechanisms for such exemption are to be agreed upon with the government.)

14. Le Québec, s'il légifère sur des sujets qui concernent les droits fondamentaux reconnus par lui aux nations autochtones, s'engage à les consulter par le truchement de mécanismes à déterminer avec elles.

(If Quebec legislates on subjects that touch the fundamental rights it has recognized to native peoples, it will consult with them through the medium of mutually-acceptable mechanisms.)

15. Les mécanismes mentionnés au paragraphe 14, une fois déterminés, pourraient être institutionnalisés afin que soit assurée la participation des nations autochtones aux discussions relatives à leurs droits fondamentaux.

(The mechanisms mentioned in paragraph 14, once established, may be institutionalized so as to ensure native participation in discussions relating to their fundamental rights.)

Source: Secrétariat des activités gouvernementales en milieu amérindien et inuit (SAGMAI), Le gouvernement et les nations autochtones du Québec: harmonisation des relations (Quebec: SAGMAI, 1985).

APPENDIX 2**KATERI MEMORIAL HOSPITAL AGREEMENT**

Agreement concerning the building and operating of a hospital centre in the Kahnawake Territory.

BETWEEN

THE KAHNAWAKE MOHAWKS represented by their elected Council,

(hereinafter called "THE KAHNAWAKE MOHAWKS")

AND

LE GOUVERNEMENT DU QUÉBEC represented by Mr. René Lévesque, Prime Minister, and Mr. Camille Laurin, m.d., Minister of Social Affairs,

(hereinafter called "LE GOUVERNEMENT").

CONSIDERING THAT LE GOUVERNEMENT has recognized:

- a) THAT the Aboriginal Peoples of Québec constitute distinct nations, entitled to their own culture, language, traditional customs as well as having the right to determine, by themselves, the development of their own identity;
- b) THAT the Aboriginal Nations have the right to have and control such institutions as may correspond to their needs in matters of culture, education, language, health and social services as well as economic development;
- c) THAT the Aboriginal Nations are entitled, within the framework of agreements between them and LE GOUVERNEMENT, to benefit from public funds to encourage the pursuit of objectives they esteem to be fundamental.

CONSIDERING THAT THE KAHNAWAKE MOHAWKS have operated and continue to operate a hospital centre known as KATERI MEMORIAL HOSPITAL CENTRE in a building that is now beyond repair and that it is urgent to replace it by a modern building that is functional and provides security;

CONSIDERING THAT THE KAHNAWAKE MOHAWKS have shown their ability to maintain and operate a hospital centre and to offer quality health services, both short term and extended care, despite the inadequacies of the premises;

THE KAHNAWAKE MOHAWKS and LE GOUVERNEMENT hereby agree as follows:

- 1) THE KAHNAWAKE MOHAWKS agree:
 - a) to build on their Territory a hospital centre comprising 43 beds for long term care and nursing care including beds for multiple use or observation, in accordance with plans and specifications approved by both parties;
 - b) to entrust the operating of this hospital centre to the KATERI MEMORIAL HOSPITAL CENTRE, a non-profit organization

registered with Québec Superior Court in 1955 and mandated for this purpose by the Council, and to take all the necessary steps to have this body abide by the ethics pertaining to health care and hospital services;

- c) to allow the said organization to discuss, in its name, with the Minister of Social Affairs or his representatives, questions pertaining to annual budgets required to ensure the operating of the centre.

2) LE GOUVERNEMENT agrees:

- a) to provide THE KAHNAWAKE MOHAWKS with the funds required for building the above-mentioned hospital centre;
- b) to provide the annual budget required for operating the hospital centre, in accordance with the criteria and schedules agreed upon each year by the parties;
- c) to provide the technical assistance and administrative support required by THE KAHNAWAKE MOHAWKS for operating the hospital centre.

3) The hospital centre will offer such health services as:

- a) out-patient and minor emergency care
- b) long term care
- c) nursing care
- d) community health services.

- 4) THE KAHNAWAKE MOHAWKS will supply the Minister of Social Affairs, at the end of the fiscal year, with the annual financial reports of the hospital centre, prepared by auditors as well as the usual periodical reports and will enable him or his representatives to carry out any verification required.
- 5) THE KAHNAWAKE MOHAWKS agree to receive in their hospital centre, inasmuch as beds are available, patients from outside the Territory.
- 6) LE GOUVERNEMENT could terminate annual funding for operating the hospital centre if the said centre were no longer used for the purposes described in paragraph 3 above or if the services it offers were no longer adequate.
- 7) THE KAHNAWAKE MOHAWKS agree to call for public tenders for the building of the hospital centre as soon as possible after the effective date of this agreement, to award the contract to the lowest tendered and to see to it that construction operations are in progress as quickly as possible in such a way as to be terminated, at the most, two years from the effective date of this agreement. Kahnawake Mohawks Tender Policy will apply (Appendix 1).

Constructors must have their principal place of business in Québec.

- 8) To give effect to this agreement THE KAHNAWAKE MOHAWKS agree to have a resolution adopted by their Council and LE GOUVERNEMENT to introduce legislation in the Assemblée nationale as soon as possible.

The Act will also provide that the Act respecting Health services and social services (Q.R.S. 1977, c. S-5) will apply to this new establishment, to the extent that it is not incompatible with the provisions of this agreement.

- 9) This agreement will come into effect as soon as the resolution and the Act mentioned in the preceding article will come into effect in conformity with the usual procedures.

SIGNED AT KAHNAWAKE, on

**FOR THE KAHNAWAKE
MOHAWKS**

FOR LE GOUVERNEMENT

Joseph Norton 24th Feb 1984

Frederick Williams

Donald Hume

Private Book

When To Realize Two Killings

Luzerne, N.Y.

René Levesque
René Levesque

Camille Laurin, M.D.

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