# Long-term human recovery to better prepare for the future

**By Amélie Zarir**

## Executive Summary

My work outlines potential directions for the government to focus on post-fire strategies for long-term human recovery to enhance preparedness for future events, including potential forest fires that may lead to further evacuations in the future. These strategies should encompass not only physical rebuilding but also comprehensive mental health support.

The 2023 wildfire season in the Northwest Territories, particularly near Yellowknife, has had severe environmental and mental health impacts, prompting the evacuation of nearly 20,000 residents. This crisis exposed deeper, unresolved traumas and highlighted systemic barriers to mental health services, complicating the capacity of work that service providers can accomplish. This research emphasizes the need for a comprehensive human recovery strategy focusing on enhancing NGO's resources to better address mental health responses and improving collaboration between all parties involved during a crisis, notably NGOs and local organizations. The municipality's role would be to facilitate communication and collaboration between organizations, provide support, and advocate for local needs to higher levels of government.

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**Quotes from plural interviews:**

- **Emily King (GNWT): "What is a successful evacuation? No loss of life and structure"**

- **Dan Ritchie (Municipality): "Yellowknife relies on relationship", "Lot of gaps get filled by the community"**

- **Tammy Roberts: "You have to be creative and think outside the box", "We have to do things outside the box"**

- **Renee Sanderson: "Try to be creative and stop waiting for the government"**

# Background

In 2023, the Northwest Territories, including Yellowknife, faced their highest wildfire season (CBCa 2023), leading to the loss of 1,670 square kilometers of forest, just 15 kilometers away from the city (CBCb 2023). This severe situation prompted the government to declare a state of emergency (La Presse Canadienne 2023). As a result, approximately 20,000 residents, or 95% of Yellowknife's population, were evacuated, including members of the Dene communities in Ndilo and Dettah (Radio-Canada 2023; CBCb 2023; McGee, 2021). While fire naturally acts as a renewal agent in ecosystems (Flannigan et al, 2009), the rapid increase in its occurrence has created significant challenges for forest fire management agencies and local organizations. This increase exacerbates the difficulty of managing fires, even though such crises are not new to the NWT (CBCc). However, the unexpected nature of the events, and the evacuation, took experts and the population by surprise. This vulnerability relates to the limited prior knowledge of forest fires, compounded by challenges in emergency response efforts, leading to a significant lack of communication between all parties. Therefore, this important event highlights the severity of the wildfire's impact on the region's environment and the proximity of the threat to the urban area. It is important to note that the 2023 wildfire season in the Northwest Territories has not only caused significant environmental damage but also posed severe mental health challenges for its residents and evacuees (interview with Renee Sanderson, observations during the roundtable on homelessness).

In fact, researchers (such as Egyed et al. cited in Public Health Agency of Canada, 2024, p. 6) indicate an increase in mental health issues such as anxiety, depression, and post-traumatic stress disorder (PTSD) in communities affected by wildfires, associated with both the fires and the smoke. This link between mental health issues and wildfires is particularly strong among individuals with existing mental health conditions and those who are directly affected by the disaster (Public Health Agency of Canada 2024. This includes people who witness homes burning, lose their own homes, or experience displacement (Public Health Agency of Canada 2024: 6-7).

Thus, according to these observations, this policy brief emphasizes the urgent need for better consideration and cooperation with service providers in governmental decision-making regarding future crises. It highlights the importance of a mental health response to support the affected population and outlines strategic recommendations for government, service providers, and NGO actions. The aim of this paper is to call to attention the necessity of comprehensive

mental health support for communities affected by climate crises, addressing both immediate and long-term psychological consequences. Addressing mental health issues by collaborating with NGOs is a step forward towards creating a more receptive community to preparedness. The interviews conducted during our stay in Yellowknife enabled us to identify the most vulnerable communities affected, including homeless individuals, youth, and women, with whom future collaboration would be most valuable to enhance preparedness.

# Why should we care about this problem?

It's essential to prioritize service providers, particularly NGOs, in disaster management, as they are often the first to respond and build trust with affected individuals. Recent crises have revealed deeper, unresolved issues, highlighting the need for a trauma center to address long-standing traumas, such as those from residential schools. This approach aims to rebuild trust between the government and the community while addressing ongoing mental health challenges. Caring about mental health remains in building a resilient community. The fewer people with disabilities that need to evacuate, the more efficient the evacuation might be.

# Framework

According to Halvorson and Hamilton (2010), Lloyd-Jones (2006), and Sawyer et al. (2010), post-disaster recovery efforts continue to be globally inadequately managed and ineffective, despite the growing number of catastrophes we are facing nowadays (*in* Mannakkara & Wilkinson 2014: 327).

To face such events, it has been shown that NGOs play a crucial role in disaster management as they are actively engaged with those affected during all phases of a crisis, such as preparedness, the incident, response, immediate recovery and long-term recovery, which may be slowed down by other incidents (see *figure 1*). Indeed, NGOs and local organization work at a grassroots level by addressing immediate needs to folks (Chandra & Acosta 2009: 2-3).

**Figure 1: "Simultaneous Phases of a Disaster in a Community Dealing with Multiple Incidents"**



Figure 1
Simultaneous Phases of a Disaster in a Community Dealing with Multiple Incidents
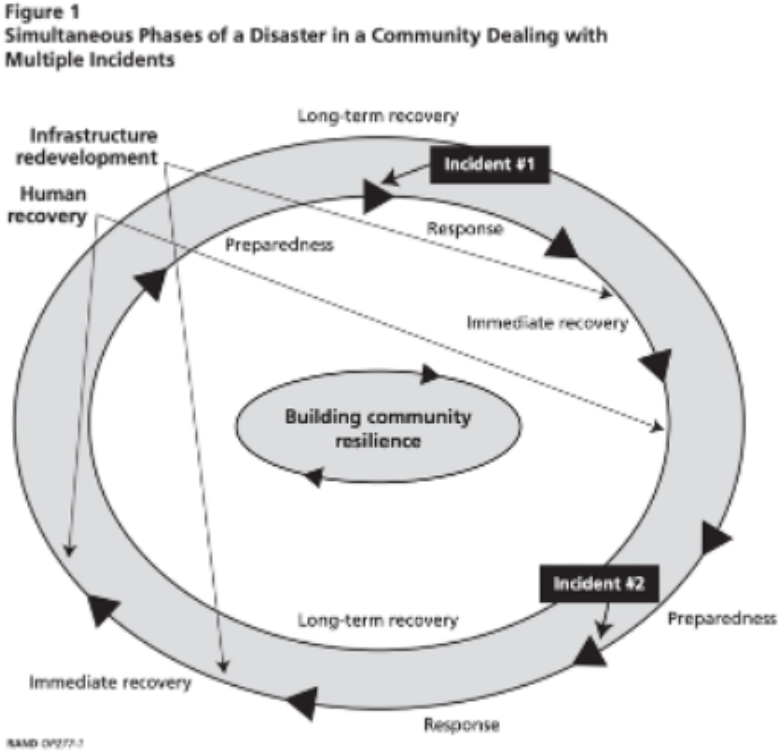
**Reference: (Chandra & Acosta 2009: 2).**

Human recovery can be described as the act of rebuilding social structures, daily routines, and support networks that promote physical and mental health and well-being (Chandra & Acosta 2009: 1). Human recovery is a long and circular process in which transitions into each phase is not well defined. Disaster studies show how all phases are interconnected and overlapping, leading us to rethink the linear conception of time (past, present, future) to adapt interventions to the future needs of the human being (Chandra & Acosta 2009: 2). Taking a glance at Yellowknife's emergency plan illustrate this linear time scale on which crisis response programs and evacuation plans are based on:

Recovery entails the measures taken to repair or restore conditions to an acceptable level after a disaster. It involves decisions and actions relative to assessing damage, restoring essential services, the return of evacuees, repairing and replacing property, resuming employment,

restoring businesses, and repairing and rebuilding infrastructure. The process may take years and requires balancing the more immediate need to return a community to normalcy with the longer-term goal of reducing future vulnerability (Government of Northwest Territories 2024: 14).

However, long-term strategies need to be developed with the possibility of future catastrophes in mind, without presuming there will be a distinct "post-disaster" period (Chandra & Acosta 2009). There are therefore several variables to consider. It is important to note the absence of mental health considerations in plural long-term recovery strategies. The strategies appear to focus mainly on observable and material aspects, overlooking the critical psychological and emotional components of recovery. Recovery encompasses both infrastructure and human elements. As communities recover, it is possible to develop greater resilience for future incidents. NGOs are key players in developing such strategies since they often work to fill gaps between what is truly needed and what can be done with the available resources. Therefore, the quote "mind the gap" (Salm and Khan 2020) underscores the need to bridge these disparities, ensuring comprehensive recovery strategies that incorporate what service providers truly need on the field.

## Overview of the challenge in Yellowknife:

As previously mentioned, the 2023 forest fire season in the Northwest Territories, particularly near Yellowknife, resulted not only in substantial environmental destruction but also in significant mental health issues for local residents. It is important to note that this situation is not unique to the 2023 wildfires that happened in Yellowknife last summer. Studies have shown that past evacuation in Canada conducted to a rupture of stability linked to mental health and emotional well-being (Dodd et al. 2017: 334). Also, a study conducted by the Public Health Agency of Canada showed that the 2016 Fort McMurray wildfire illustrate an increase of mental health issues. This study also shows that "Results from several studies conducted after the 2016 Fort McMurray wildfire found that women experience worse mental health impacts in comparison to men" (Public Health Agency of Canada 2024: 10). These studies underline the importance of mental health support organizations, which will become increasingly important. For instance, NGOs and service providers play a crucial role, addressing the mental health challenges and supporting the affected communities through all phases of human recovery (Chandra & Acosta 2009).

Health services in the Circumpolar North operate in an extremely vast region[1], which is characterized by one of the lowest population densities in the globe. In this vast territory, the homeland of various Indigenous communities, healthcare services, such as mental health services, are unequally distributed. Indeed, regional centers might often serve as the main points of access for those in need of medical care. The centralization of services is particularly evident in Yellowknife, where facilities need to accommodate individuals from more remote communities who require assistance. This centralization often means that residents of distant areas must travel to Yellowknife to access essential services[2], increasing the number of challenges that individuals have to face in their daily life, such a homelessness, solitude, etc. This is why a brief overview of the health services in the Northwest Territories is necessary. Currently, there are plural Mental Health and Community Wellness Supports in Yellowknife. It includes emergency shelters for different groups, such as women, men, and youth, along with sobering shelters. During our visit in Yellowknife, we had the chance to meet with the Yellowknife Women's Society, the Salvation Army and the Home Base. Additionally, there are crisis support lines available for immediate assistance (Health and Social Authority 2024).

My interest about how organization could improve their services about mental health in crisis situations by being integrated into governmental decisions emerged in particular from interviews and discussions with local speakers, where we noted a disconnected and different discourse according to different perspectives at various levels of government (municipal and territorial). The various perceptions of what constitutes a successful evacuation among stakeholders lead to different conclusions. For example, Emily King, representing the government of the Northwest Territories, defines a successful evacuation simply as "No loss of life and structure." But all service providers that we have met during our stay said that folks are still experiencing mental health issues from last year's evacuation, and that service providers and affected individuals have not fully recovered yet. Indeed, according to the interviews that we have had in Yellowknife, the significant lack of communication among all stakeholders, particularly between the government and service providers during the 2023 evacuation, lead service providers to act on their own. Four service providers said that they were the ones "filling the gaps" trough their organization activities (Tammy Roberts, Renee Sanderson, Tony Brushett and Dan Ritchie). This issue was most evident in the ambiguity surrounding the roles and responsibilities during the evacuation process, leading to confusion about who would perform specific tasks. In the end, the main consequence revealed through the data analysis is a lack of trust between the parties involved. However, Renee Sanderson argues that a focus on human recovery needs the trust of all, a trust that she even lost with her own folks due to the chaos of

the previous evacuation. This trust seems to be the key on which future actions should focus to enhance preparedness and recovery for future crises.

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[1] For example, 40% of Canada's total land area are occupied by the following regions: Nunavut, Yukon, and the Northwest Territories (Government of Canada 2017).

[2] Several of our speakers confirmed these comments during our interviews.

# Method

**Qualitative Analysis**

This observation remains on two main questions that will guide the following analysis:

1. What is the role of city government in human long-term recovery in time of crisis?

2. How can community organizations, non-profit, and NGOs be integrated into intervention plans to build a more resilient community, especially on mental health issues?

For this urban challenge analysis, I gathered data using three distinct methods, such as participant observation, interviews and documentary research (Combes et al, 2011: 12). The data included in this report were collected between June 11 and August second, 2024. During a short fieldwork in Yellowknife from June 23rd to June 28th, 2024, I conducted multi-sited ethnographic observation (Hume and Mulcock, 2004; Olivier de Sardan, 2008), and twelve semi-structured interviews with active community members (i.e. government members, service providers, and members from the Dene community). Of these interviews, I have selected five interviews that revealed significant gaps in the city's mental health support services and on the cooperation between all actors. Most of the relevant data gathered for this observation, according to the mental health thematic examined in this study, was primarily obtained from the Roundtable on Homelessness held on June 26, 2024. Documentary data were collected from various sources, including scientific literature and grey literature such as local press articles, documents from organizations and government.

# Recommendations to develop a Long-term human recovery:

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**1.Improve mental health infrastructure and resources for service providers**

Adequate resources and improved infrastructure might reduce burnout and stress among mental health professionals, issues that were highlighted by Tammy Roberts and Renee Sanderson. Strengthening mental health infrastructure is crucial for being prepared for emergencies and crises, ensuring sufficient facilities and resources to handle increased demand during times of crisis, such wildfire or other natural disaster that might happens with global warming. Furthermore, improving mental health infrastructure contributes to the overall health of the community, as mental health is a key component of overall health (Chandra & Acosta 2009). The following lines are some ideas that might be considered to improve mental health infrastructure and resources:

- Bring to a territorial level the need to allocate a space for the construction of a trauma center where service providers can offer healing and support using their own knowledge and expertise. This idea was also brought up during the roundtable on homelessness and our interview with Sanderson. It appears that a piece of land with a trauma center is being requested by civilians, notably Indigenous members.

- Establish a collaborative partnership to secure funding for mental health services, including crisis intervention teams and therapy. This initiative could be elevated to the federal level to explore how funds could be distributed through a coalition of organizations. Such an approach would prevent organizations from working in silos, as they would be united towards a common goal and could share their knowledge and resources effectively.

- Develop a program to ensure a more stable workforce in health services, such as a long-term training.

**2.Creating space for freedom, creativity and agency**

In her article "Agency: a Word, a Commitment" (2012), translator and historian Mackenzie describe the concept of agency as the "capacity to act according to one's own capacity" (Mackenzie 2012: 1). Anthropologist Sherry B. Ortner adds that this "capacity" to act is interconnected with the notion of power. She explains that agency "can be synonymous with the forms of power people have at their disposal, their ability to act on their own behalf, influence other people and events, and maintain some kind of control over their own lives" (Ortner 2006: 139). However, the various ways in which agency can manifests are always culturally constructed and maintained (Ortner 2006: 139). Service providers have expressed the need to feel empowered and to act toward their own goals. Beyond the infrastructure and resources provided by the government, they seek a certain freedom by making their own

decisions regarding the affected individuals. Integrating this autonomy into a long-term human recovery strategy could help building a more resilient community, where healed individuals could become active participants and could be better prepared for future crises. Here are some recommendations to increase the agency of individuals:

- Develop and implement mental health programs that integrate Indigenous knowledge and practices of healing (see the following case of study as an example).

- Establish a partnership among service providers to incorporate Indigenous knowledge into the healing process.

- Create opportunities for events where all service providers and government officials can meet to develop common projects for preparedness, discuss updates on the situation, and collaborate on solutions.


**3.Optimize crisis communication and coordination (Chandra and Acosta 2009: 12-13)**

The lack of communication between all levels of government and the population regarding roles and responsibilities led to siloed efforts. This approach was met with mixed reactions, appreciated by some and criticized by others, raising questions about its efficacy. While the Government of the Northwest Territories (GNWT) claims that recovery has been achieved, the affected population disagrees, indicating a disconnect in perceptions of recovery and highlighting the need for improved coordination and communication. Here are some recommendations to improve communication and cooperation:

- In constructing an emergency plan, it is crucial to include service providers and NGOs to ensure a comprehensive and effective response. Service providers can offer essential resources and expertise, while NGOs often bring specialized knowledge and community connections. Together, they can coordinate efforts, distribute aid efficiently, and address the diverse needs of affected populations.

- Conduct multiple follow-ups during the year to ensure that all needs and concerns are addressed toward any crisis. This could provide opportunities for continuous support, helping to build trust between all parties. It can ensure that no details are overlooked, providing a responsive and adaptive environment to meet everyone's requirements.


A case of study according to the second recommendation: giving space to creativity:

There are therefore systemic barriers for Indigenous in the Northwest Territories wishing to access mental health services. As a result, studies show few conclusive results regarding follow-

up treatments, part of the cause being inequities in care, especially in the NWT (Cooper et al 2021: 1). Moreover, Cooper et al. (2021: 1) highlight the insufficient integration of Indigenous values in mental health services, a sign of the lasting effects of colonization. This lack of cultural consideration, such as "health concepts, care methods, governance, and workforce diversity" (Cooper et al 2021: 1), demonstrates how colonial legacies continue to influence and shape healthcare practices, often marginalizing Indigenous perspectives and needs.

One notable example is the services given by the Yellowknife Women's Society (YKWS). The YKWS is a "grassroots community-based charitable organization" (2022). They work among women, by providing and creatin a safe space for them. The YKWS addresses various issues such as homelessness, addiction, and mental health (2022). The interview with Renee Sanderson, the executive Director of the Yellowknife Women's Society, was particularly insightful. As a service provider, she emphasized the urgent need for a degree of internal autonomy in the management of healing techniques for patients. She strongly desires a more resilient community and advocates for a piece of land equipped with the necessary infrastructure to employ Indigenous knowledge in healing practices. She emphasizes that the trauma from residential schools must be addressed first. She wonders how to prepare those who are already traumatized and believes that taking significant action in this area is crucial.

Her perspective aligns with the work from the psychologist and member of the Yellowknife Dene First Nation, Suzanne L. Stewart, who, in her article "One Indigenous Academic's Evolution" (2009), puts forward the need for articulation and reconciliation between indigenous knowledge and modern Western approaches to mental health healing. According to her, integrating these approaches is essential for meeting patients varied needs more effectively, respecting Indigenous knowledge and culture (Steward 2009). Traditional teachings in Native communities, based on the medicine wheel, provide a holistic foundation for understanding human behavior and mental health, addressing four aspects of the self: mental, physical, emotional, and spiritual. In Stewart's study, participants mentioned several Indigenous practices of healing and counseling that they found beneficial. Indigenous healing and counseling practices mentioned by participants include storytelling, advice from Elders, fostering interconnectedness with family and community, healing circles typically initiated by an Elder, various ceremonies such as vision quests, sweat lodges, and drumming, incorporating food into the therapeutic process, and working with clients in natural settings rather than traditional office environments. These practices typically involve community participation and support, encouraging a holistic approach to healing and counseling (Steward 2009: 64).

In the end, Steward mentions that the Western paradigm of mental health, characterized by logical positivism, linear thinking, and individualism, often promotes illness rather than Indigenous wellness by focusing on pathology. She says that counselor training programs could adopt a pedagogy that views mental health as wellness where trainees could have the opportunity to enhance their cultural sensitivity by understanding their own values and beliefs and those of different cultures (Steward 2009: 64). This is another consideration that could be considered.

Although mental health challenges in Yellowknife are a significant concern, it is important to acknowledge the resilience of the community and the support systems already in place. Local organizations and healthcare providers are actively working to address these issues by offering counseling services, support groups, and initiatives to promote mental well-being. The proposed solutions in the policy brief might overlook the effective efforts and resources already mobilized by local service providers like the Yellowknife Women's Society, the Salvation Army, and Home Base. The idea here is to suggest potential approaches to address their needs while preserving and enhancing the efforts already in place. Furthermore, integrating Indigenous knowledge and practices into mental health programs, while essential, should be done in collaboration with existing service providers who are familiar with the cultural and social dynamics of the community. The risk of duplicating efforts and creating parallel systems could lead to inefficiencies and fragmented services. A more collaborative approach that leverages the strengths of current providers might be more effective. In the end, by recognizing and building upon the strengths and successes of current support systems and service providers, the community can continue to build resilience and effectively support its members through ongoing and future crises. Enhancing collaboration between local organizations, service providers, and government agencies can create a cohesive support network.

# Conclusion

Addressing mental health challenges in Yellowknife, particularly in the results of the 2023 wildfires in Yellowknife, necessitates a comprehensive and collaborative approach from all parties. The severe mental health impacts on residents underscore the urgent need for improved infrastructure, better crisis communication, and culturally sensitive care by giving more space to service providers while including them into decision-making. As Chandra and Acosta say, the effectiveness of NGO' could be "enhanced if they were more formally engaged in recovery efforts and better integrated into planning at the local and state levels" (2009: 1). As this paper

illustrated, NGOs work at the grassroots level, directly addressing the immediate needs of affected communities during all phases of a crisis, from preparedness and response to immediate recovery and long-term recovery. However, their impact can be limited if they are not adequately included in formal planning and decision-making processes (Chandra & Acosta 2009). By formally engaging NGOs in huma recovery strategies, their strengths and capabilities can be maximized. Creating opportunities for service providers and government officials to collaborate on preparedness and recovery projects will further strengthen community resilience. Additionally, promoting partnerships among service providers and involving local and federal governments can enhance resource distribution and prevent siloed efforts. Ultimately, a multifaceted strategy that includes immediate crisis intervention and long-term recovery efforts, grounded in trust and community engagement, might better prepare Yellowknife for future crises. Finally, as shown, to build a resilient and empowered community in Yellowknife, it seemed to be essential to integrate Indigenous knowledge and practices into mental health programs. Focusing on healing previous traumas is essential for effectively facing future challenges.

# References

An intersectional analysis of the disproportionate health impacts of wildfires on diverse populations and communities, Public Helath Agency of Canada: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/rapid-review-intersectional-analysis-disproportionate-impacts-wildfires-diverse-populations-communities/rapid-review-intersectional-analysis-disproportionate-impacts-wildfires-diverse-populations-communities.pdf

Chandra, A., & Acosta, J. (2009). The role of nongovernmental organizations in long-term human recovery after disaster : reflections from Louisiana four years after Hurricane Katrina. RAND.

Combes, H. et *al*. (2011). Observer les mobilisations : Retour sur les ficelles du métier de sociologue des mouvements sociaux. *Politix*, 93, 7-27.

Cooper, R., Pollock, N. J., Affleck, Z., Bain, L., Hansen, N. L., Robertson, K., & Chatwood, S. (2021). Patient healthcare experiences in the Northwest Territories, Canada: an analysis of news media articles. International Journal of Circumpolar Health, 80(1).

Dodd, W., Scott, P., Howard, C., Scott, C., Rose, C., Cunsolo, A., & Orbinski, J. (2018). Lived experience of a record wildfire season in the Northwest Territories, Canada. Canadian Journal of Public Health : A Publication of the Canadian Public Health Association, 109(3), 327–337.

Effects of 2023 N.W.T. wildfire smoke will take years to study, *CBCa*: https://www.cbc.ca/news/canada/north/2023-record-wildfire-smoke-year-nwt-1.6983106

Flannigan, M., et al. (2009). Impacts of climate change on fire activity and fire management in the circumboreal forest. *Global Change Biology*, *15*(3), 549–560.

Les feux aux T.N.-O. progressent peu, mais demeurent menaçants, *Radio-Canada* : https://ici.radio-canada.ca/info/en-direct/1010507/yellowknife-doit-evacuer-a-cause-des-feux-de-foret

Mackenzie, C. (2012) « Agency: un mot, un engagement ». Rives méditerranéennes, 41: 2-4.

Mannakkara, S., & Wilkinson, S. (2014). Re-conceptualising "Building Back Better" to improve post-disaster recovery. International Journal of Managing Projects in Business, 7(3), 327–341.

NWT Emergency Management Organization and GNWT. (2024). Northwest Territories Emergency Plan. https://www.maca.gov.nt.ca/sites/maca/files/resources/nwt_emergency_plan_-_april_2024.pdf

N.W.T. fire crews eye direct attack on Yellowknife wildfire as warm, windy weather resumes, *CBCb*: https://www.cbc.ca/news/canada/north/nwt-yellowknife-fire-update-august-20-2023-1.6941967

Ortner, S. B. (2006). Anthropology and Social Theory: Culture, Power, and the Acting Subject. Durham, NC: Duke University Press, [Chapitre 6: "Power and Projects: Reflections on Agency" pp.129-154].

Salam, M. A., & Khan, S. A. (2020). Lessons from the humanitarian disaster logistics management. Benchmarking: An International Journal, 27(4), 1455–1473.

Stewart, S. L. (2009). One Indigenous Academic's Evolution: A Personal Narrative of Native Health Research and Competing Ways of Knowing. First Peoples Child & Family Review, 4(1), 57–65.

The North, Government of Canada : https://ressources-naturelles.canada.ca/sciences-terre/geographie/atlas-canada/explorez-nos-cartes/cartes-thematiques-selectionnees/le-nord/16887

Will the wildfires 'being held' near Yellowknife ever be 'under control'? Maybe by winter, officials say, *CBCc*: https://www.cbc.ca/news/canada/north/yellowknife-wildfire-being-held-under-control-1.6951456

Yellowknnife Mental Health and Community Wellness Supports, Health and Social Services Authority:
https://www.nthssa.ca/sites/nthssa/files/resources/yellowknife_mh_poster_apr2024.pdf

Yellowknife Women's Society: https://www.ykws.ca/