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Chair

The Honourable MaryAnn Mihychuk

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•(0845)

[English]

The Chair (Hon. MaryAnn Mihychuk (Kildonan—St. Paul, Lib.)): I call the meeting to order. Welcome, everybody.

First of all, it's my first full day of chairing the committee, and I take that as a great honour. Thank you for participating and coming out. Welcome to the House of Commons Standing Committee on Indigenous and Northern Affairs.

I'd like to acknowledge that we're meeting on unceded Algonquin territory.

Today we continue our study on suicide in indigenous communities, for which there are three presenters, two here in person and one by teleconference.

It is my pleasure to welcome Grand Chief Wilton Littlechild, who is on the phone. No, I'm sorry, he can't make it. He's stuck at the airport.

I welcome Bobbi Herrera, CEO of the Confederacy of Treaty 6 First Nations in Alberta. I hear you have some pretty wicked weather. From the Federation of Sovereign Indigenous Nations in Saskatchewan, we are joined by the fourth vice-chief, Heather Bear. It's good to see you again.

We are also joined by Sylvia Johnson, co-minister of health, children and youth from the Métis Nation of Alberta, who is on the phone.

I'm happy to give each of you the floor for 10 minutes, after which committee members will ask you questions.

I'm going to begin with Sylvia Johnson. You may begin your presentation.

Ms. Sylvia Johnson (Co-Minister of Health, Children and Youth, Métis Nation of Alberta): I would just like to apologize for not being able to get there. I could not get out of Grande Prairie with flights, and then after Grande Prairie, I couldn't get out of Calgary, so I just thought, well, I might as well give up and come back home. It's minus 40 here today.

I would just like to start by saying good morning. I would like to thank the committee and the organizers for having me present today. My name is Sylvia Johnson, and I represent the Métis Nation of Alberta, as the president of region 6 and as co-minister of health, children and youth.

The Métis Nation of Alberta is a recognized representative voice for the Métis people of Alberta. Alberta has the largest Métis

population in Canada with approximately 96,000 self-identifying Métis and 32,000 who are registered with the MNA. In Alberta, there are also eight protected Métis land bases, and these are known as Métis settlements.

In my presentation, I will focus on two areas in which the Métis Nation of Alberta would like to concentrate its efforts to support our youth. The work of suicide prevention is not just about preventing death by suicide; rather it is about empowering our people to create and sustain healthy, lively, and culturally connected communities, and to have adequate supports and programs to properly serve our people who are experiencing mental unwellness.

The first focus of my presentation will be on the need to strengthen the resiliency and self-worth of our youth through culturally specific youth programming. The second is the need for equitable and proper mental health supports and services tailored to the specific needs of Métis Albertans.

A major aspect affecting the mental well-being of our youth is a confused identity and cultural disconnection. Métis people have a unique history in Canada, and this is often misunderstood by mainstream society. The importance of Métis people to the development of Canada is not appreciated as it should be, and much of what has been written historically does not accurately represent Métis nationalism and culture.

It's very damaging to our young people to have mixed messages that devalue their cultural history and contradict what they believe about themselves.

I would ask the committee to invest and support the MNA in developing materials and programs so that we can educate people about our culture and our history, preventing further traumatization of our youth.

It also must be recognized that our organization needs to play a vital part in the development and review process of all Métis material being produced and distributed. Additionally, Métis youth in Alberta are living removed from their culture due to a variety of historical circumstances, and are consequently suffering. The future of the Métis Nation will undoubtedly fall on the shoulders of our youth, and hence there is a dire need to rectify this reality.

There is a desperate need for youth programs that allow the youth to connect with their rich culture and gain the confidence needed to be the Métis leaders of tomorrow in order to pull our people towards a self-determining future filled with healthy, lively and culturally connected communities.

The Métis population is a very young population. Forty-three per cent of the Métis in Canada are under the age of 25, and specifically, the Alberta Métis population reaches its population peak between the ages of 20 and 24. Therefore, any data representing the experience of Métis Albertans largely affects our young people.

Currently, Métis people in Alberta experience great levels of substance abuse and certain mental illnesses. From our health status of the Métis population of Alberta, we know that Métis people in Alberta experience a higher prevalence of drug and alcohol abuse, mood disorders, and neurotic disorders. However, even though our people experience a disproportionate burden of mental health issues and addictions, we do not have the capacity to provide support and resources to our community.

● (0850)

Métis people in Alberta are at a disadvantage in accessing supports and services for mental health issues and substance abuse compared with first nations and Inuit because they are not able to access the same non-insured health benefits. In addition to members not having access to these non-insured health benefits, we are unable to provide any substantial and consistent support for those suffering from mental health issues and addictions. With the recent Daniels decision and the Truth and Reconciliation Commission's call for action, the era of reconciliation is upon us. It is time for Métis people to move towards a self-determining future to enable our people to surpass these inequities.

Due to a lack of funding and partnerships, the Métis nation of Alberta does not currently have the capacity to develop mental health supports and programs for our people that understand the distinct experiences of the Métis people. Core health funding would allow the Métis nation of Alberta to develop mental health strategies designed by our people, for our people, such as in-house mental health counselling, and support the specific needs of our members.

Thank you.

The Chair: Thank you very much.

I'm now moving to the Federation of Sovereign Indigenous Nations, and fourth vice-chief, Heather Bear.

Heather.

Vice-Chief Heather Bear (Fourth Vice-Chief, Federation of Sovereign Indigenous Nations): Good morning.

First of all, I'd like to acknowledge our Creator on behalf of all of us.

Honourable members of the standing committee, I want to thank you for this opportunity and, of course, thank you to the witnesses.

I am here to emphasize the devastation that suicide has caused among our indigenous youth population. This should not happen, not in Canada.

As fourth vice-chief of the Federation of Sovereign Indigenous Nations, I present on behalf of the Saskatchewan First Nations Women's Commission and the 74 first nations in Saskatchewan on behalf of our children and our youth.

The federation is committed to honouring the spirit and intent of the treaties as well as promotion, protection, and implementation of the treaty promises that were made between the nations and the crown. The treaties in our territories have yet to be honoured to their true spirit and intent. Our communities are continuing to experience tragedy at levels far greater than the remaining population.

I am here to raise awareness and to advocate for our indigenous children and youth. I am here to inform you that our 1-800 suicide crisis line is not the only solution, that sending in help after a suicide is not the solution, and that the crisis is much larger than we think. Currently, Saskatchewan has the third highest rate of suicide in the country. In northern Saskatchewan, indigenous people make up 85% of the population, and the suicide rate there is three to six times the national rate.

These statistics are not as true as we are led to believe. In fact, we believe the rates are even worse in Saskatchewan. The hospitals and health authorities are not all reporting ethnicity, and there are also many times that deaths are considered accidents rather than suicides.

What we are certain of, though, is that we need more in-depth studies on the actual suicide rates in Saskatchewan with a strategy to address them. Those studies should be indigenous-led with indigenous researchers to ensure that communities are being well received.

Again, even though the statistics are alarming, they do not tell the full story. In reality, our indigenous people, especially our children and youth, are facing a multitude of issues and trauma and do not know where to look or who to contact for help.

Just in December we were dealing with six suicides, four in northern first nations communities. We are mourning the deaths of six young girls between the ages of 10 and 14. It is absolutely heartbreaking that this happened. Imagine a 10-year-old taking her own life. There were more than three dozen recorded suicide attempts within this period in Saskatchewan.

The harsh reality is that indigenous youth of Saskatchewan are underprivileged and often overlooked. Their everyday struggles are unheard of for most youth. The youth are struggling with their sense of identity and belonging on top of worrying about school and their everyday problems. We are losing our youth to gangs, child welfare, jails, violence, and now suicide. Our youth are impacted by the negative legacy of colonization, residential schools, legislation and policies, loss of language and culture, racism, and trans-generational grief. We must stop these damaging cycles and provide our youth with a brighter future. Breaking the cycle not only entails coming up with wide-encompassing solutions, but it also means deconstructing systems that tend to discriminate against our indigenous children and youth. Indigenous children and youth are not provided with the same supports and services that non-indigenous children and youth are provided with. This is fact. This must change.

●(0855)

Our youth need an opportunity. Our youth are not lagging behind because they are not smart or they are not capable of achievement. Our youth are simply not given the same opportunities or being equally invested in. Our youth are experiencing barriers and are further marginalized due to poverty and location. The benefits of properly investing time and resources into indigenous youth and children will pay off in the long run.

Consider this. There was a suicide prevention conference last week. The conference was packed wall to wall with youth. From my understanding, the youth were thrilled to learn about suicide prevention, to have a voice, knowing they matter, knowing that supports exist for those in need. Awareness of suicide and prevention projects are uncommon and often unheard of in our community. We recommend that there be education and awareness in the schools and in the communities. The youth must be empowered by learning about healthy relationships, healthy foods, or simply how to communicate, how to develop their coping skills, or a class taught in their own indigenous language.

They should also have accessibility to quality education, recreation, sports, youth workers, or even a guidance counsellor. These sorts of opportunities are at every corner in the urban schools, and they should equally be available for indigenous youth in their home communities.

We need to offer our youth holistic approaches that can attend to their diverse needs. The solutions must be culturally relevant, appropriate, and safe. The communities must be involved in providing workable solutions to addressing the root causes of the high incidences of suicide. Often the families in the communities are left with no supports or resources to deal with the tragic loss of their youth. The communities are often not aware of the signs and symptoms that lead to suicide so they need to be engaged throughout the design of any approach.

The communities must also have access to technology so that certain resources or services are easily reached. The service agencies must be provided with the budgets and resources to assist our youth and children. Mental health needs in first nations communities are almost non-existent or are not working well. The current health service delivery options are found to be insensitive, short-term, hard to access, and not timely. Two communities in the northern area are moving forward with their own solutions, and they need to be supported.

The Lac La Ronge Indian Band is looking to build a first of its kind mental wellness centre. Research projects are looking at mental health, such as Sturgeon Lake First Nation. These communities are great examples of not just focusing on the suicide issues but also looking at the entire picture.

We recommend that the solutions keep in line with the Truth and Reconciliation Commission's call to action. We cannot risk losing any more children or youth. We need to move away from the reactive and short-term solutions and think about really working to provide an improved quality of life for our children and youth in the long-term and in future generations.

We as leaders, mothers, and nations want the very best for our children and our youth. As indigenous nations our survival relies heavily on the progress of our future generations. We want our children and youth to learn and grow confident in knowing that their human rights are honoured. So we remind you of the seriousness and urgency of the issues and solutions raised today.

I want to say as a mother who has lost a child to suicide, I know and understand the pain and agony. I know that it was our elders and our ceremonies and the good ways and the teachings of our people that helped me go through and not around.

So with that, in closing, thank you for your time.

●(0900)

The Chair: Thank you very much. We appreciate hearing your voice.

Now we're moving to Susan Bobbi Herrera, chief executive officer of the Confederacy of Treaty 6 First Nations.

Ms. Susan Bobbi Herrera (Chief Executive Officer, Confederacy of Treaty 6 First Nations): Good morning, Madam Chair and the hon. members of this standing committee.

I extend greetings on behalf of the 17 first nation chiefs of Treaty No. 6 West. It is my honour to be invited to address the topic of suicide among indigenous peoples and communities.

This has been a primary concern of our first nation leaders for many years. Many of our communities have been devastated by the loss of members who have chosen suicide over life. Our cultural teachings inform us that life is the greatest gift of our Creator and that there will be consequences when someone terminates his or her own life.

Having had the opportunity to work on indigenous issues internationally for several decades, we are grateful that this critical issue that impacts the very future of our indigenous peoples is being highlighted internationally, but most importantly, by Canada.

We must work together in bringing hope to our peoples that not only do each of their lives matter, but that they do have a future worth living for.

When another life is lost to suicide, in desperation my leaders ask, "What more can we do or what could we have done?" We ask ourselves, "What is contributing to our people choosing to take their own lives?" Is it the loss of identity, or a sense of a loss of belonging, or losses resulting from intergenerational or historical trauma and dispossession? Is it mental health issues contributing to and compounded by the poverty that is prevalent in many of our first nation communities? Is it addiction to drugs and alcohol? Is it the stress and deep desperation of loss of hope? What has become very troubling is this new phenomenon of cyberbullying.

We do have hope, as there have been advances made in preventing youth suicide and self-harm. There is evidence available that cultural, spiritual, and linguistic revitalization and the provision of healthy, positive lifestyle choices, whether in the arts, sports, recreation, or leisure, all contribute to prevention. They provide youth an opportunity to choose life.

We are also seeing a growing trend in our first nations of Treaty No. 6 of suicide by our aging members. Further research and statistical data are required to aid us in addressing this cause. There is no clear reliable data from our first nations, and while we can understand the reluctance of reporting by our nations, we do need reliable data so we can work towards finding the solutions.

As mentioned, utilizing our indigenous culture as treatment is a good practice. Teaching relevant cultural practices and associated spiritual teachings in kindergartens and in homes is critical. Exposure to culture at a service level is not sufficient. Our teachings and beliefs have been and must continue to be the foundation that lifts up our first nation peoples in a good way and that will promote healthy, happy lives.

Our peoples must be reminded that asking for help must be viewed as a sign of strength, not weakness. Canada must reach out as our treaty partners. Take note of the treaty display that we see on our medallions, where there is a representative of the crown and the indigenous sovereign nation representatives are extending their hands in partnership and friendship. We must work together too. We owe that to those we represent, not only politically, but morally.

The United Nations Permanent Forum on Indigenous Issues included the issue of self-harm and suicide at the 14th session and issued in its final report the following:

Indigenous peoples worldwide continue to suffer from intergenerational trauma and colonization, assimilation, loss of language, culture and traditional knowledge and the disintegration of families. Collectively, these problems are linked to the lack of recognition of and respect for the right of self-determination of indigenous peoples. Such trauma can lead to desperation and hopelessness, with indigenous communities frequently seeing suicide rates that are significantly higher than among the general population. This challenge affects indigenous peoples in all regions of the world.

The Permanent Forum urges States to recognize that suicidal behaviour, suicide and self-harm are directly related to the social and economic situation of indigenous peoples in specific countries and primarily linked to loss of self-identification and departure from the roots of traditional cultures and ways of life. This, in turn, is linked to the loss by indigenous people of their rights to their lands and territories, natural resources, traditional ways of life and traditional uses of natural resources.

● (0905)

The Permanent Forum welcomes information received from States and indigenous peoples on current initiatives and strategies to tackle self-harm and suicide among indigenous children and young people at the national level, as well as international efforts in the Arctic and Latin America. In particular, at the regional level, the Forum welcomes the information from the Pan American Health Organization on initiatives that are being conducted in Latin America. The Forum is, however, concerned by the lack of coordination at the global level.

The Permanent Forum therefore urges the World Health Organization to develop a strategy and programme to tackle self-harm and suicide among indigenous children and young people at the global level. The Forum recommends taking into account the indicatives that are being conducted at the regional level, in particular by the Pan American Health Organization, and using them as a basis for further expansion. As a first step, the Forum suggests that the World Health Organization gather evidence and initiate research on the prevalence of self-harm and suicide among indigenous peoples and prepare a compilation of good practices on the prevention of self-harm and suicide among indigenous young people, publishing the findings by 1 January 2017.

The Expert Mechanism on the Rights of Indigenous Peoples' report on the right to health of indigenous people, with a focus on children and youth, also reported that:

Indigenous peoples continue to experience intergenerational trauma secondary to removal of children from families, and residential schooling. The health impacts of these practices are profound, including mental illness, physical and sexual abuse, self-harm and suicide, and drug or alcohol addiction. A correlation has been demonstrated between intergenerational effects of these events and suicide, and sexual abuse during childhood.

Indigenous children and youth are particularly vulnerable to human rights violations, due to their age and the intersectional nature of discrimination experienced by indigenous peoples. Children and youth have not historically been recognized as holders of rights; this is especially the case for indigenous children, who are frequently deprived of fundamental rights concerning their families, communities and identity. The combined effect of intergenerational trauma and lack of progress towards realization of indigenous human rights has resulted in many indigenous children experiencing a multitude of early and traumatic life experiences, placing them at risk of ill health, mental illness, suicide and contact with the criminal justice system.

I'm going to skip forward to the *Truth and Reconciliation Commission of Canada: Calls to Action*:

We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

The Special Rapporteur on the Rights of Indigenous People noted the disproportionate representation of indigenous people in poor health statistics globally; discrimination against indigenous cultures within the health system; a vital need for culturally appropriate health care services; and direct and effective participation of indigenous people in health policy-making and decision-making.

Further, and most importantly, our position as treaty first nations gives our citizens the right to full health benefits as promised through the medicine chest clause of Treaty No. 6. It has been the teaching of our elders since the time our ancestors entered into the treaty with Her Majesty The Queen of Great Britain and Northern Ireland.

●(0910)

We hold Canada responsible to uphold the true spirit and intent of our treaties as a successor state obligated to implement those treaties made in good faith and through sacred ceremonies. We therefore make the following recommendations to Canada: substantially increase resources for all indigenous communities dedicated to prevention and holistic treatment and comply with general comment number 11 of the UN Convention on the Rights of the Child, the UN Declaration and the Rights of Indigenous Peoples, and other relevant international laws, standards, and norms; ensure direct, meaningful, and equal participation of indigenous peoples at all relevant processes and mechanisms to focus on prevention and treatment of self-harm and suicide; and provide support to indigenous peoples, especially the youth, by ensuring direct engagement and participation in decision-making on matters that directly affect us.

Thank you for providing the opportunity to our organization to make this presentation on behalf of my chiefs and grand chief, who sends his regrets. He is currently in the air. We look forward to continue working together for the benefit of our first nation citizens. We will forward a full written submission for your review.

Thank you very much.

●(0915)

The Chair: Thank you.

We are now going to proceed into rounds of questions.

The first question is coming from the Liberals with Michael McLeod.

Mr. Michael McLeod (Northwest Territories, Lib.): Thank you, Madam Chair.

Thank you for the presentations.

We've been on the suicide study for some time now and we've heard many of the issues that you've raised. There are a lot of similar issues that we've heard from witnesses on such as housing, lack of jobs, the cultural disconnect in our communities, the residential school fallout, and violence. These are all issues that we seem to share.

Although we've heard from many witnesses, it's still shocking to hear the number of people who are taking their lives. It's something that, prior to my getting elected to this position, I thought was really focused in the area of the north. I'm from the Northwest Territories and I heard it in Nunavut, the Northwest Territories, Yukon, and other places. It's something that's happening right across the country, and a lot of it is in our small aboriginal communities. We've never really brought out the totals of how many people are taking their lives. When you brought out the numbers from this summer, it reminded me that this is not an issue that's going away. In fact, it's escalating. I think in Nunavut we had maybe 80 people take—

Hon. Hunter Tootoo (Nunavut, Ind.): It was 29.

Mr. Michael McLeod: Yes, 28 or 29. In the Northwest Territories we had close to 10 this summer.

There are a lot of issues out there that are causing despair in our communities, and we have to focus on all of them and start trying to

deal with the deep-rooted problems that we have. We can't deal with them in isolation.

There are a couple of areas I want to ask about. The first one is the sexual abuse that is happening in the communities. You raised it from the Treaty 6 perspective. I would like to ask all of you. How big of an issue is it in our communities? I know in some of the communities, it's still a big issue as a result of the residential school and lack of housing.

Could you elaborate on that issue in your communities?

Vice-Chief Heather Bear: Thank you for the question.

Sexual abuse among our people and youth is a reality. It's a shame-based issue and a very difficult issue to work and deal with because of the need to build trust within, I guess you would call, our essential services within our communities. It's about families. There are examples out there where these issues are disclosed, such as in circles. There again, it's the elders. Many of the elders, right now, have been directly impacted. I'm a residential school survivor, but my grandmother and my mother were day schooled. I'm a survivor, but that's a life-long journey of healing. The statistics and the reality are that some people who have been abused will abuse again. Of course, that's the intergenerational impact. There are others who don't. We need to look at what works. I just have to validate the elders and the good ways of our people to get us strong again so we can speak out.

I'll leave some time for Treaty 6.

The Chair: Thank you.

Ms. Herrera, and then we must get an answer as well from Ms. Johnson who's on the phone, so try to keep your comments to about a minute. Thank you.

Ms. Susan Bobbi Herrera: Thank you.

It's a very serious question that you are posing. I really look back at the loss of our culture and our identity as indigenous people. Where I grew up, there was a very strong cultural influence as a way of life, not that "today you will learn your culture" or "today you're going to learn your language," but to be the person that I became.

I see that doesn't happen in our youth today in many of our first nation communities. They are made to feel less than. They are made to feel that it's normal to have sex at a very young age, 11 or 12. It is shocking.

We took a group to the University of Oklahoma, and one girl in the group, when she interacted with others, found out it wasn't normal to have sex with a father or brother. We didn't know this was happening to her. So it's a loss of our identity, our cultural connection that puts values on women. We have our roles as females. Men have their roles. I think that's what really is missing.

We have predators out there. As Ms. Bear said, once you have had something committed against you, you're more likely to commit that against someone else, so it is a very growing concern.

• (0920)

The Chair: Thank you very much.

Sylvia Johnson.

Ms. Sylvia Johnson: Thank you very much.

Regarding sexual abuse, of course, with Métis youth and Métis people, we live here in the bush in northern Alberta, and health services are not very prevalent here. The specialized services that we would like to utilize are a six-hour drive north. This means that we don't have the resources to provide to our children and youth. We have very limited means and ways to help them.

Sexual abuse is a fine line for our youth. What exactly is abuse and what exactly is their acceptance and love? We also have pregnant young girls; they're homeless and they couch surf. They have nowhere to live and they go from couch to couch, whoever will let them in. Of course, they have to accommodate whoever is letting them into their place.

It's 40-below here today, and I'm very worried about some of these young girls out on the street. They are going to give birth and they are not dressed properly and have nowhere to go.

The Chair: Thank you.

Ms. Sylvia Johnson: We also have young men who suffer the same thing. There's a fear of the police and who to trust, who to trust with this and be safe with it. We believe we need resources to identify this very serious issue, which leads to suicide and other things.

The Chair: Thank you, Sylvia.

Now we're moving over to the Conservative Party and MP Viersen.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Thank you, Madam Chair, and thank you to our guests for being here today. It's a great privilege to be able to listen to your testimony.

I guess my questioning can be broken into three areas. I'll ask all three of my questions, and then I'll let you all answer.

The first question is about technology. What effect do you think our interconnected world has on it? In every one of the communities that I go to visit, I notice that everyone seems to have a smart phone; everybody seems to be on Facebook. I know that's how I keep in contact with a number of the communities, through Facebook. I wonder if my estimation is correct. Does it play any part in this current crisis that we face in some communities, with perhaps online bullying, but perhaps also it provides a tool? I know that Facebook has an algorithm and they'll send you a message saying, "Hey, your recent posts look as though you're having trouble. Are you in fact having trouble? Do we have to find you some help?" There may be a solution there as well.

The other thing I'd like your comments on is I think an Ontario government program, called "I Am a Kind Man". There's a different term for it, but I can't pronounce it.

Lastly, I wonder if you could name some role models whom we could hold up. I think that's a big thing, that the indigenous communities don't have necessarily a good role model. In some

cases, some of these really good role models end up succumbing to suicide as well, and then we can't really hold them up as, "Hey, this is what you want to be," because it has often ended in tragedy. Could you think about it for a few minutes maybe as well, whether there's a good role model or two that we can showcase to your communities in particular as we go forward from here?

Those are my three questions: the technology/Facebook kind of thing, I Am a Kind Man, and role models.

• (0925)

The Chair: Why don't we start with Sylvia on the phone, and then go the other way.

Mr. Arnold Viersen: Sure.

The Chair: Sylvia.

Ms. Sylvia Johnson: Pretty much all youth have a cellphone with access to Facebook and things like that. As you said, there's a lot of bullying on Facebook. There's a lot of peer pressure. There are also a lot of inappropriate things that are said and put up on Facebook. It reaches everybody in our little communities immediately.

We've had people who have been deceased, and the family have found out about it on Facebook. That's also how people have found out about what their children are doing or are involved with. That has become sort of the norm now. I'm not at all familiar with I Am a Kind Man. So I can't speak to that.

As for role models, it's not hopeless here. We do have role models. We have young people who have gone on to university and who go on.... The problem is that we want them to come back to our community as role models to show other youth that, yes, if they can get through, if they can come out of our community and go on with their lives, and become quite self-sustaining and enjoy life, and even find to quite a bit of success, so can our youth.

We have people here who have gone on to become TV celebrities. We also have some who are in university. I believe that through those models we can show our youth that it is not hopeless.

The Chair: Thank you, Ms. Johnson.

We have about three minutes. We shall go on to Chief Bear.

Vice-Chief Heather Bear: Thank you. That's a very good question.

Speaking of role models in Saskatchewan, the FSIN has Andre Bear and Cheyenne Fineday as our youth representatives. They were voted in by the youth of our communities.

ASIST is an example of a program with peer counselling. I know that Andre Bear, our representative, is also our AFN youth representative, so he would be a wonderful role model, speaker, and advocate to empower our young people and give them hope.

Cyber-bullying is a problem. When children are living in poverty but have phones at eight or nine years of age with fighting and video on them, we need stronger laws, especially in our communities, to deal with any kind of cyber-bullying. We need to do things from a legal perspective.

The Chair: Thank you.

Ms. Herrera.

Ms. Susan Bobbi Herrera: Thank you.

Regarding role models, I'll jump right to that. We too have a number of role models we're very proud of.

One that jumps out is Chief Billy Morin of the Enoch Cree Nation. He's a very young chief. When he was elected he didn't speak his indigenous language, and he promised his people, especially his elders, that in one year he would address them in Cree, and he has done that. He's one role model to bring back the language.

My personal mentor, and I think an excellent role model, is our current grand chief, Willie Littlechild. If there is anybody who has done anything for indigenous peoples worldwide, it's Dr. Wilton Littlechild.

Social media is a good tool to stay connected, but people can be so mean and angry, because they're anonymous. They can get into a person's home like no other predator out there can.

• (0930)

Mr. Arnold Viersen: Is my estimation correct that most everybody in your communities is on Facebook?

Ms. Susan Bobbi Herrera: Yes. I am a great-grandmother now, and my grandchildren are being limited on their phones, but I had to limit my children because they are the role models. If you don't want your children on social media, then get off the phone yourself.

Luckily, I'm starting to see that, because I didn't know I had a granddaughter harming herself and contemplating suicide until they reached out to me in the middle of the night crying. It really hurt me, so I had to talk to my daughter about becoming a role model for my granddaughter. Luckily, things are starting to turn around.

The Chair: Thank you.

We're now moving to the NDP, and Ms. Ashton will be leading the questions.

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Thank you, Chair, and thank you to our witnesses who are here today. Thank you for your powerful testimony, and to Ms. Johnson as well, who's joining us on the phone.

Obviously, our committee is looking for some very concrete recommendations that we can put forward to the government with respect to suicides on first nations and in Métis communities. One of the recommendations we've heard far and wide, not just with respect to tackling suicides but also more broadly in terms of wellness and moving forward with a new relationship with first nations and indigenous communities, is the need to adopt and implement the UN Declaration on the Rights of Indigenous Peoples. That's the legislation put forward by my colleague and our indigenous affairs critic, Romeo Saganash. It's actually Bill C-262, and it also reflects the calls to action of the Truth and Reconciliation Commission.

I understand that Grand Chief Littlechild has also communicated with my colleague's team with respect to this important piece of legislation.

My question for you, Ms. Herrera, and for you, Chief Bear, is how important is it to move forward with adopting and implementing the UN Declaration on the Rights of Indigenous Peoples? Do you see this as a way of establishing a solid relationship with first nations and indigenous communities, decolonizing the relationship that exists? Do you see this as having positive impacts for the next generation of indigenous youth?

The Chair: Ms. Ashton, we have somebody on the phone as well whom we could start with.

Ms. Niki Ashton: Perhaps we could start with either Ms. Herrera or Chief Bear, and then to the phone.

The Chair: Ms. Herrera.

Ms. Susan Bobbi Herrera: Thank you. It's very good to see you, Ms. Ashton.

The UN declaration is important to set the foundation of a framework of reconciliation, of working together, with the indigenous peoples and the state of Canada. Grand Chief Littlechild is one of the authors of the declaration, and I truly wish he could have been here to answer directly, but I'd like to tell a short story about the UN declaration.

I was working with Grand Chief Littlechild for many years. When he started working on the UN declaration, I asked why, because there was the UN declaration on human rights. When National Chief Atleo and I were meeting with Hillary Clinton and her aide and trying to promote the UN declaration, to have it adopted by those states that had initially rejected it, I reminded them of the story that Willie told me. When the UN declaration on human rights was passed, indigenous people were not even considered human beings, so we had no rights whatsoever. That is why the UN Declaration on the Rights of Indigenous People is so important. It will set the norm, the very standards for our rights as indigenous peoples, something that we were prevented from having for generations.

Thank you.

The Chair: Very good.

Chief Bear.

Vice-Chief Heather Bear: Yes, just quickly—and thank you for that—I'll just step back to when the United Nations initiated the treaty study. I was a part of that work and, of course, out of that came the declaration.

I have always believed that all the issues today result from the lack of implementation of our treaty promises right across the board. When it comes to governance, in terms of the United Nations, things happen very slowly. They evolve, and I think they've evolved now to a point of implementation and the calls to action. The timing now is to put our heads together. In terms of working inclusively with our elders, if I can impress anything on this committee, it is this. Please, why do we have to fight to validate that our elders are the answers? We bring scientists and doctors, and I know they're important, but our elders.... We should be at a time now that we don't have to fight to validate that those good ways and those teachings are just as important. Our elders should be recognized properly in terms of the good work they do, even financially.

● (0935)

The Chair: Thank you.

Ms. Johnson.

Ms. Sylvia Johnson: The Métis have always been left out and virtually ignored. We have no resources and a lack recognition as indigenous people, other than saying under section 35 that we are part of the three indigenous groups.

But things are improving for us. The Métis Nation of Alberta signed an MOU with the Minister of Indigenous Affairs, Carolyn Bennett, last week. With those kinds of positive things going forward, we are very pleased to be involved, hopefully, with Bill C-262. Of course, we want to be involved. We have recommendations that we want to bring forward. We're also going to put forward our paper. This was a small introduction to us, but with the lack of resources and the lack of recognition we are hoping that our people in the future will have a lot more validation and a lot more things coming their way.

Thank you for that question. It's very important.

The Chair: We still have 30 seconds.

Ms. Sylvia Johnson: In the north many children have used suicide to solve their problems. It's not a problem-solver. We need healthy people contributing to our society. I know that if there were resources some of these people would be alive today.

We've done surveys. For some reason there are many youth called Dustin. We're trying to implement a help line called Operation Dustin. Do not use suicide; it improves nothing. This is not the answer for our children.

If we had the resources, we could have a help line or somebody at the end of the line, somebody who could talk to them, somewhere we could have a youth centre, somewhere they could go to realize they do have self worth and they are valid. What's happening now with suicide is genocide.

The Chair: Thank you, Ms. Johnson.

We're going to move on to MP Rusnak.

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): Thank you for your presentations today.

One of the things I'm not that familiar with is the health delivery models in Alberta and Saskatchewan. Could you elaborate on the delivery models and the positives that you've seen?

I don't know who wants to start first.

The Chair: Why don't we start with Chief Bear?

Vice-Chief Heather Bear: Thank you for the question.

When we look at our health delivery models, of course in Saskatchewan we have 74 autonomous nations, and also our health commissions, which are encompassed by representatives from the tribal councils. Our health commission, our women's commission, comes from the grassroots to the leaders.

When we look at what's working in our communities, Peter Ballantyne, for example, has a model that is mostly holistic, utilizing the medicine wheel concept: mental, physical, emotional, and spiritual programming. Those models are pretty consistent across the board.

When we talk about our essential services, there's one thing. The family violence programming funds we used to have, the prevention dollars that were cut, went into the shelters a few years back. In order to access family violence prevention, you have to get a lickin', I guess, and go to a shelter. There's really something wrong with the system when we start to implement these programs of prevention and the funding gets cut. What do you do?

● (0940)

Mr. Don Rusnak: That's one of the things I want to delve into. Obviously, you see problems with the way the system is being delivered right now. Do you have any recommendations for improvement?

Vice-Chief Heather Bear: I just want to supplement that. Unilateral decisions are always forced on us from the top down. We need inclusion and engagement of the community and elders. That should never have happened. It really hurt our communities.

Mr. Don Rusnak: I'm just going to stick to this line. In Alberta, is the coordination between the first nation organizations and first nation leadership healthy, so to speak? Are there challenges with inter-jurisdictional problems among first nation organizations in Alberta?

Ms. Susan Bobbi Herrera: In Alberta, we have a unique situation. We have a co-management table in place, where Canada and representatives from Treaty 6, 7, and 8 First Nations sit and review programs and services for first nations peoples. Not all of the first nations belong to co-management. Some have pulled out. Others have joined. It's still a work in progress and under review. A number of our larger first nations do have their own health centres and stuff that our people can go to for basic dental, eye care, and basic health needs.

We don't have our own hospitals. Often the communities adjacent to our first nations use our numbers to increase their hospital size or get new hospitals. Our people are often faced with discrimination in trying to get access to services. When you think it would be improving, it's gotten worse.

Mr. Don Rusnak: With respect to the Métis in Alberta, are there jurisdictional issues in delivering health care to your communities?

Ms. Sylvia Johnson: There certainly are because we Métis are one of the three indigenous groups that have no health care at all. We have absolutely nothing, nothing for dental and nothing for mental health. We can't go to mental health, unless it's free. We have to find free programs, otherwise we have to pay. It's the same thing with everything.

There are long waiting lists and if we can get on them, we have to go through social services, which means we have to give our children up to the system for them to get help. The government programs are not specific and don't fit with us, so we are in a situation whereby, without any dollars, we have no insured health benefits. Therefore, we are subjected to whatever the government will give us and provide us, which is very little. Either it's free or our children have to be taken and we have to sign them over to care so they can receive health benefits. It's very sad to have to do that in this day and age.

Mr. Don Rusnak: In Saskatchewan, regarding health delivery, with the coordination between the first nation organizations, the provincial system, and the federal system, are there recommendations for improvement? Are there glaring problems that we can recommend to government immediately?

Vice-Chief Heather Bear: I know in Saskatchewan—collectively, because the 74 first nations are a collective—there is one example, the Fort Qu'Appelle Indian Hospital in the Regina Qu'Appelle Valley, which is a model. They have been leading the charge with a sweat lodge incorporated....

The FSIN has a strong network, but we do lack capacity within our funding and our regional office. A lot of work can and should be done. Again, of course, the capacity to do that....

Have I answered your question properly?

● (0945)

Mr. Don Rusnak: However you want to answer it....

Vice-Chief Heather Bear: Okay.

The Chair: We're moving on to the second round of questions, so we're going to start with the Conservative party and MP Yurdiga.

Mr. David Yurdiga (Fort McMurray—Cold Lake, CPC): Good morning and thank you for joining our committee today.

It's a very important topic and we have to move forward quickly because one life is too many and your testimony will be important in moving forward.

We heard that in many isolated and northern communities there's a difficulty in attracting and retaining mental health professionals, which is a challenge. You see different workers coming all the time and no relationship is developed with people requiring mental health services. A connection is made and then, all of a sudden, they leave. It's a really big challenge.

What are the challenges in attracting professional health workers in communities outside large urban centres?

Vice-Chief Heather Bear: I think one of the biggest challenges, especially in the north, is the conditions. For example, I am occupied in the north a lot, the Far North, with the Dene, and the housing conditions are deplorable. We are looking at, for example, one family of 19 people living in one house. When I was a counsellor, I spent two days talking to the community and the leaders. Just picture the reality of the children lining up to go to the washroom in the morning. I go to the community and at their facility there's not even a doorknob on the washroom. The blood and the bones of their ancestors are in the wealth of that land. Industry has come in and taken and left, and they've been ignored far too long.

There is a lack of employment. There's also the underground. It's so entrenched. People really don't know and understand and realize the problems that exist in the Far North. When you look at the price of a jug of milk, at \$18 to \$22, imagine if you had eight boys and how much milk you'd go through in a week, and you get \$250 every two weeks. So there's poverty, and when you look at health services....

My sister works in Black Lake. She has been there for two years. Boy, I would love for the standing committee go and stay there for a week or two and see it through the lens of the reality, and working in the salt mines of finance and trying to make ends meet.

The Chair: We have two more minutes.

Mr. David Yurdiga: Okay.

I represent Fort McMurray-Cold Lake, and a lot of communities do not have access to mental health service workers. To obtain a mental health professional, they have to travel long distances. A lot of times, a lot of people cannot afford to drive three or four hours to the community providing that service. What are the implications for individuals who do not receive mental health services in a timely fashion, and in many cases, not at all?

Ms. Sylvia Johnson: I'd like to answer.

The Chair: We'll give you a minute, but first we'll go to Ms. Herrera.

Ms. Susan Bobbi Herrera: Thank you.

Cold Lake is part of Treaty 6. In Treaty 6, there's a medicine chest clause, especially for Chief Martial. She is very adamant that we have the right to health, yet the people not only need the services and may have travelled a great distance, but often now they have to pay for it themselves and ask for reimbursement. When there is such poverty in many of our first nations, they can't afford it, so they go without. Instead of addressing mental illnesses, they'll suffer in silence and that's leading to suicides.

● (0950)

The Chair: Thank you.

Ms. Johnson, you have 15 seconds.

Ms. Sylvia Johnson: We have to pay for health services and there's no reimbursement. Think how helpless you must feel as a young person to have no hope, that you have no choice but to kill yourself. You're helplessly pushed into a corner where you have nothing and you know nothing will ever get better. You feel that you have no way out, that you feel you will help your family by killing yourself, that they'll all be better off without you. Instead of looking at a bright, exciting future, there's nothing but despair and hopelessness with suicide as the only way out.

The Chair: Thank you for those comments.

We are now going to the Liberal Party and MP Mike Bossio.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): Thank you, Chair, and thank you very much, guests, for being here. I'm going to share some of my time with Hunter Tootoo, so I'm just going to ask a couple of quick questions.

I'm really curious about co-management in Alberta, because a lot of the changes that we think need to happen and what we're hearing from a lot of witnesses is that they need to be community-driven priorities and solutions, rather than a top-down approach that's happening, the paternalistic approach occurring today.

Under co-management, what successes are you seeing? Is it leading to more indigenous people being employed, and can we take the successes from that and transfer those to other socio-economic areas such as housing, education, and so on?

I'd like Ms. Herrera to answer that, because I think she has the most experience on that side of things, from what I've been able to gather anyway from some of her presentation, and then I'd like to pass the remainder of my time over to Hunter Tootoo.

Thank you.

Ms. Susan Bobbi Herrera: Thank you for your question.

That was the initial intent of entering co-management, and it was a hard sell when it was first introduced to the chiefs of Alberta of Treaty 6, 7 and 8.

Like I said, not all have signed on and some of those who did have withdrawn. There has been a continual review of the process, because even though the chiefs and technicians sit at the co-management tables and, in fact, were meeting all last week, we haven't seen that many changes, other than their saying they have consulted with us. It hasn't been true consultation. It's just saying come to a meeting, this is what it's going to be, this is what we're taking off the benefits and pretty much live with it.

That's why you see first nations pulling out and standing by the treaty right to help, because in Treaty No. 6 there's the medicine chest clause and we have to keep pushing that. It's something that was promised our ancestors. Thank you.

The Chair: Okay.

MP Tootoo, you have about three minutes.

Hon. Hunter Tootoo: Thank you, Madam Chair.

Thank you, Mike, for sharing your time.

Welcome to the panellists. I know this is a huge topic that affects us in Nunavut and I'm pleased to have an opportunity to be able to listen and participate. I appreciate that.

One of the things that was mentioned during the talks was the calls to action. Number 18 was mentioned, basically saying we're in the state that we're in because of how we were treated in the past. It doesn't matter, I believe, if you're Inuit. It doesn't matter if you're Métis. It doesn't matter if you're first nations. We all suffered the same and we need to heal. I think that is the most important first step that we need to go through.

Call to action number 21, calling upon the federal government to provide sustainable funding for existing and new aboriginal healing centres to address physical, mental, and emotional spiritual harms caused by residential schools and ensure funding of healing centres in Nunavut and the Northwest Territories, is a priority.

I know, and Michael and most of you from the northern rural and remote areas can attest to this, that there is nothing. In Nunavut and the NWT we have zero, and that's the same in most northern and remote areas of the provinces.

Do you feel it should be a priority for this government to fund healing centres in rural and remote areas where we're seeing the highest suicide rates from the statistics to be able to help people heal and move forward in a healthy way? Thank you.

• (0955)

The Chair: There's only one minute.

Who would you like to direct the question to?

Hon. Hunter Tootoo: To whoever wants to answer, please.

Vice-Chief Heather Bear: I'll take a run at it.

Ms. Sylvia Johnson: This is Sylvia.

The Chair: Chief Bear has started to answer the question. We'll see if there's any time.

Vice-Chief Heather Bear: I'll be short. When we talk about truth and reconciliation it has to do with our language, our culture, our values, our traditions. The federal government can't give us that; it's something that we have. We need the valuable resources. They need to be properly funded.

I don't think we should just limit ourselves to healing centres. We need funding for the schools. We have a philosophy that education is lifelong learning. Our world is our curriculum and we are all teachers. So our elders coming into the schools and bringing that in and helping to reconcile, and working with the parents as well, is very important. So community-based, holistic programming would certainly be of benefit, but we need the resources. There are not enough.

The Chair: I hear you.

We'll move on to MP Cathy McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you.

Chair, could you let me know when I have about two minutes left. Thanks.

Again, we've been hearing very heavy testimony for a lot of months. I think it's really important that we have some very strong recommendations for the government in going forward to tackle this awful issue of suicide.

I come from a nursing background. In nursing we always called it primary, secondary, and tertiary kinds of prevention, so in the very upstream of what you've talked about as communities healing, what is the most important thing that we should be doing right now in terms of a recommendation? If you had to say one thing and make sure that that recommendation was there because we think it's going to make the biggest difference, what would it be? I'll just throw that out.

The Chair: Would you like Ms. Johnson to tackle that? All right.

Mrs. Cathy McLeod: I'd like to hear if you said one thing should be on this—

The Chair: Ms. Johnson.

Ms. Sylvia Johnson: I'd like to answer.

The Chair: Go ahead.

Ms. Sylvia Johnson: Thank you. It's difficult for me to know if I can answer or not. Thank you for prompting me when I can.

Actually, I'd like to thank you for that question. My recommendation is that we will take anything we can get. We need mental health counselling by our own people, so our peers are counselling our own people. Our own culture and our own history need to be part of that. We need to save our children. We will take anything we can get, because right now the Métis have absolutely no resources. We would be very pleased to get anything we can as a start.

Thank you.

Ms. Susan Bobbi Herrera: For Treaty 6, engage with us. Bring our people in to work with you; don't do the work without us. Don't think that you can know what's best for our people without including our people. That's been our recommendation at every level: engage with us, and let us be involved in the work.

Vice-Chief Heather Bear: Yes, we need to determine our own priorities. And do not forget about the youth, the youth voice that's there. Many times in our communities, children will talk to children more than they will talk to adults or a teacher.

The Chair: You have about two minutes and eight seconds.

• (1000)

Mrs. Cathy McLeod: Thank you.

I've always thought that when the federal government tries to do things that communities should be doing, sometimes the one-size-fits-all approach is never successful. So it's about creating that ability for communities to choose their path forward.... Way too often we see that a program doesn't meet the needs. It gets rolled out and it's really a square peg in a round hole. I really appreciate those comments.

Chair, I know that at different times we will be talking committee business, but there is one motion that is very timely. It is time sensitive. We do have a commitment, as a committee, based on Bill C-428 in the last Parliament. I did table this motion on December 8, 2016, where within 10 sitting days of the start of the session—so,

really, it would be by February 10—we need to look at what the minister has done in terms of work towards replacing the Indian Act and how she's consulted with first nations communities.

That's on the table. It's in the law. It's one meeting, and I think it's important that we meet the commitments we've made to deal with specific issues.

I would like to table that particular motion at this time.

The Chair: All right. You're tabling the motion, and I understand due notice has been given. The clerk will be distributing the motion. Please read it into the record.

Mrs. Cathy McLeod: Is it not? Okay.

The motion is:

That, considering that Bill C-428, An Act to amend the Indian Act (publication of by-laws) and to provide for its replacement, received Royal Assent in the 2nd Session of the 41st Parliament, the Minister of Indigenous and Northern Affairs appear before the Committee no later than February 10, 2017, for a briefing on the work undertaken by the Department in collaboration with First Nations and other interested parties to develop new legislation to replace the Indian Act; and that the Committee report to the House a summary of the Minister's testimony.

The Chair: Thank you.

Just for your information, to the folks here to present, we're going to suspend the hearing right now to deal with the motion, which then takes precedence. Once that's over we'll come back to you.

Is there anyone to speak on the motion?

Mr. Viersen.

Mr. Arnold Viersen: Thank you, Madam Chair.

I think it's incumbent on us to take on this task. It's just one meeting that we have to do on it, but I think it would be good to hear from the ministry as to what they are doing on it and to put forward some recommendations, so I'm in full support of this motion.

Thank you.

The Chair: Is there any further debate? Hearing none, I'm going to call the vote.

(Motion negated)

The Chair: MP McLeod, you have about 30 seconds left for questions and answers.

Mrs. Cathy McLeod: My question would be for Vice-Chief Heather Bear.

You probably didn't have enough time to get into it, and you won't have enough time to respond, but if you have anything written that you could present to the committee in terms of deconstructing the systems, that would be appreciated.

My other quick comment, which is related to the committee business, is that there was a coroner's report that came out of Quebec, and I think it had some pretty profound recommendations regarding the suicide study.

I would ask for—and I think it should be straightforward to have—unanimous consent to have that coroner's report become part of this suicide study. I would ask if I do have unanimous support to include the Quebec coroner's report on the suicide study to be part of the documents that are considered.

• (1005)

The Chair: The question is how you would like that to be included.

Mrs. Cathy McLeod: I would like it to be with all of the documents that are tabled and considered part of the record for the study.

The Chair: Is there unanimous consent to do that?

Mr. Mike Bossio: No.

The Chair: We will move now to MP Anandasangaree of the Liberal Party.

Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.): Thank you, Madam Chair.

This question is for Chief Bear.

You mentioned two communities with programs that appear to be in development, Lac la Ronge and Sturgeon Lake, I think. Are you able to elaborate on what specific programs are available there and whether those models can be transferred to different communities across the country?

Vice-Chief Heather Bear: Just recently with the crisis at Peter Ballantyne, Chief Peter Beatty talked about what they were doing in dealing with trauma. At Sturgeon Lake, of course, they've been leading the charge for one of our communities in terms of children and Indian child and family services, and prevention, and elders. Lac la Ronge, being more remote, has the connection to the land, and the land-based programming is there for us, but they are also looking again at the Fort Qu'Appelle Indian Hospital. They have that Eagle Moon Health Office. There is a group of elders who have worked with the health region, and those models and approaches have been very valid solutions. Then again there is the inclusion of our youth. I know the leadership community is working hard. There are parenting programs as well.

Mr. Gary Anandasangaree: What about the models that you've come across in your communities that can be applicable to different parts of the country?

Ms. Susan Bobbi Herrera: What was the last part?

Mr. Gary Anandasangaree: It was about models of treatment or healing that are available in different communities that you serve and that can be translated into different areas of the country or different communities.

Ms. Susan Bobbi Herrera: Most of what I've been observing has been mainly in mainstream health. What is really missing is the cultural and spiritual component to wellness that I don't see in many of our communities, or in mainstream. In the Navajo Nation, which I'm a descendant of, in the hospitals, the medical doctor works hand in hand with the spiritual medicine man in healing the person.

If we start looking at including that in our hospitals, in our health centres, and especially right in our first nation communities, I think it will address many of the issues. I know within Maskwacis Cree there

are side programs that the community members work with themselves, which I haven't seen in the mainstream yet.

The Chair: There's one minute left.

Vice-Chief Heather Bear: Sorry, I just wanted to supplement that.

There was also a conference last week with Fox Valley and Yorkton Tribal Council, ICFS. That's another successful program that's helping families, healing the family as a whole rather than just the individual.

Also, there's another program that's very exciting. Chief Margaret Bear and the Ochapowace have a hub, a wraparound, integrated approach. Once again, if you can fix housing, you can fix a lot of things.

• (1010)

Mr. Gary Anandasangaree: Ms. Johnson, do you want to add anything to that?

Ms. Sylvia Johnson: Yes, I just want to add that I'm very happy to hear about the programs first nations people have in place. They sound wonderful. I would love to be part of those models. We would love to have some of those implemented ourselves, as our programs are only ones that government runs.

I've said before that we don't have any dollars at all or any recognition given to us. If I could be privy to some of those models, maybe we could look at, with our paper, implementing things that we know are best practices and have worked.

There's a fine line between our first nations people and Métis. Many of our families are both Métis and first nation. Many of our children are brother and sister. One was first nation and one is Métis, and that caused a lag in dollars.

The Chair: Thank you.

We hear you. Thank you.

We have the last round of three minutes. It's for Alistair MacGregor.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Thank you, Madam Chair.

I'm going to direct all of my questions to Chief Heather Bear.

I want to ask some questions on behalf of one of my colleagues, Georgina Jolibois, the member of Parliament for Desnethé—Missinippi—Churchill River, the entire northern half of the province of Saskatchewan. She also served, I think it was for 12 years, as the mayor of La Loche. In the interests of getting onto the public record and providing evidence in this report for the federal government, I want to get your view with respect to the municipalities in northern Saskatchewan.

Do you think that they are well equipped to serve indigenous individuals who live in their jurisdictions? If not, what do you suggest the federal government do to help municipalities to accommodate indigenous individuals who are entitled to the same services as members of their reserve?

Vice-Chief Heather Bear: Once again, of course, it's always the mighty dollar. It's a shame that we have to keep reiterating that.

What happened in La Loche was a tragedy. Of course, at that time we didn't know whether to call the young man who killed himself and others a perpetrator or a victim. I know the communities have come together—first nations, Métis, and non-first nations—but I think there are still underlying issues there. Yes, you can put facilities there, but you need the resources, the ongoing sustainable resources. I believe there's a school coming.

I was there in La Loche right after it happened. It was just about money for a school. Yes, infrastructure is important, but we have people, a community, in trauma. We need to think about people more. Infrastructure is important. It's so complex. I know there is a model. I know that in Cumberland House, Chief Lorne Stewart has signed the first MOU with the municipality there. There are some communities that are doing some good work right now.

Like I say, our people are realizing that we need to work together if we're going to make real change. It's always the funding that's getting in the way of putting a lot of these issues to bed. It's a long and a hard process, but I think we're getting there.

Mr. Alistair MacGregor: Thank you for your testimony.

The Chair: Thank you so much. That concludes the questions.

Vice-Chief Heather Bear: I just want to say that doesn't mean there aren't other examples, like in Biggar when the two children were....

• (1015)

The Chair: I want to thank the presenters. I know that you came a long way to be here. We are very grateful that you did, and your open and honest responses are very important. I'm sure all members appreciate that. Thank you very much.

Thank you, Sylvia. I know it's difficult not being here, and being on the phone, so Ms. Johnson, we want to thank you for participating.

I remind all of you that you can leave your briefs or submit a brief with the clerk or online. Thank you very much for your participation.

Ms. Sylvia Johnson: Thank you very much.

The Chair: That concludes the round of questions. I'm wondering if we are good with adjourning at this time, because we don't have other presenters for the next round.

Some hon. members: Agreed.

The Chair: Thank you very much, everyone. I look forward to seeing you on Thursday.

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