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**EVIDENCE**

## Thursday, April 29, 2010

## Chair

**Mr. Bruce Stanton**

# Standing Committee on Aboriginal Affairs and Northern Development

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● (1530)

[*English*]

**Ms. Aideen Nabigon (Director General, Settlement Agreement Policy and Partnerships, Department of Indian Affairs and Northern Development):** Good afternoon. Thank you for the invitation to come here today to discuss the government's commitment to mental health and emotional support under the Indian Residential Schools Settlement Agreement.

The government is committed to a fair and lasting resolution of the legacy of residential schools and recognizes that bringing closure to the legacy lies at the heart of reconciliation and a renewal of the relationships between aboriginal people who attended these schools, their families and communities, and all Canadians.

This commitment is embodied in the Indian Residential Schools Settlement Agreement. Implementation of the settlement agreement began on September 19, 2007, following the consensus reached between legal counsel for former students, legal counsel for the churches, the Assembly of First Nations, Inuit organizations, and the Government of Canada.

The Government of Canada is continuing to fulfill its responsibilities and obligations under the settlement agreement by providing mental health and emotional support services to former students and their family members participating in the common experience payment, the independent assessment process, and Truth and Reconciliation Commission activities. Canada will provide these support services throughout the life of the settlement agreement.

The government has provided the following health support services to former students participating in all phases of the settlement agreement: an endowment of $125 million to the Aboriginal Healing Foundation for community-based healing services; health and emotional support services to former students and their family members through Health Canada's resolution health support program; and additional initiatives designed to support survivors, including the national Indian residential school crisis line, at a cost of $5 million per year, and future care awards for treatment or counselling services through the independent assessment process.

[*Translation*]

**Mr. Yvon Lévesque (Abitibi—Baie-James—Nunavik—Eeyou, BQ):** Could you please speak a little more slowly, Ms. Nabigon, for the benefit of the interpreters?

[*English*]

**Ms. Aideen Nabigon:** *Oui, bien sûr.*

In addition to the $125 million provided under the settlement agreement, the Government of Canada endowed the Aboriginal Healing Foundation with $350 million in 1998 and a further $40 million in 2005, for a total of $515 million. The last endowment of $125 million was for a five-year period, to 2012, as described in the healing foundation's corporate plan, released in December 2009. The Aboriginal Healing Foundation is currently implementing the wind-down strategy described in that plan.

The Government of Canada commends the Aboriginal Healing Foundation for the work it has done over the last 12 years; however, the foundation's annual report and corporate plan make it clear that it was not intended to be a permanent organization.

It is also important to note that budget 2010 funds for Health Canada have not been reallocated from funds that were previously intended for the Aboriginal Healing Foundation. Budget 2010 committed $66 million in additional resources to the resolution health support program over fiscal years 2010-11 and 2011-12. The additional funding is to meet the demand for program services resulting from the increased volume of independent assessment process applications and hearings, and for upcoming Truth and Reconciliation Commission events.

Budget 2010 also committed additional resources of $133 million to INAC. So far, our original projections remain valid with respect to the number of CEP applications received and paid out. To date, $1.5 billion has been paid out.

However, when the agreement was reviewed by the courts in 2006, they added an intermediate step in the appeal process, called “reconsideration”. This is a review, performed by INAC, of the initial research, including any new information provided by the applicant. Approximately 24,500 requests for reconsideration have been received, of which over 95% have been processed.

The reconsideration process was not originally forecast and added to the cost of processing common experience payment applications, especially since more detailed research is required. Originally, the projection established in 2006 for the total number of claims to be submitted under the independent assessment process was 12,500; as of March 31, over 15,000 claims had been received, so the forecast for the remainder of the agreement until September 2012 has been revised upward to 21,000.

Another key component of the settlement agreement is the Truth and Reconciliation Commission. The commission will hold the first of its seven mandated national events this June at The Forks in Winnipeg. The Government of Canada is committed to accompanying former students and their families at this event. The federal government will participate fully in this and future events and will ensure that emotional and health support services are provided through Health Canada's resolution health support program.

In addition, we will continue to work with the commission on the $20-million commemoration program that is part of the settlement agreement.

At this point, I'll turn the microphone over to my colleague from Heath Canada, who will provide you with more details on the resolution health support program.

Thank you.

● (1535)

**The Chair:** Thank you, Ms. Nabigon.

Go ahead, Ms. Langlois.

**Ms. Kathy Langlois (Director General, Community Programs Directorate, First Nations and Inuit Health Branch, Department of Health):** Thank you very much, Mr. Chairman, for the invitation to appear before you and for the opportunity to respond to any questions the committee may have.

[*Translation*]

In follow-up to my colleague's presentation, I will describe Health Canada's Indian Residential Schools Resolution Health Support Program to you and the steps we have taken to support former Indian Residential School students and their families, including current action to reach out to clients of Aboriginal Healing Foundation projects.

[*English*]

Through the Indian Residential Schools Settlement Agreement, the Government of Canada is responsible for providing mental health and emotional support services to former students of Indian residential schools and their family members as they participate in the common experience payments, the independent assessment process, Truth and Reconciliation Commission events, and commemoration activities.

Health Canada provides mental health and emotional supports through the resolution health support program, which includes a range of culturally safe services for eligible former students and their families to address issues related to Indian residential schools, as well as the disclosure of abuse, throughout the settlement agreement process.

The resolution health support program comprises four elements: cultural supports, emotional supports, individual and family counselling, and transportation assistance.

Cultural support services are provided by local aboriginal organizations. Through them, elders or traditional healers are available to assist former students and their families. Specific services are determined by the needs of the individual and include dialogue, ceremonies, prayers, and traditional healing.

Emotional support services are also provided by local aboriginal organizations. Through them, an aboriginal community-based worker, who has training and experience working with former students of Indian residential schools, will listen, talk, and support former students and their family members throughout the settlement agreement process. These community-based workers are of aboriginal descent and many speak aboriginal languages.

Access to professional counsellors is available for those who need their services. Professional counsellors are psychologists and other mental health professionals, such as social workers, who are registered with Health Canada and who have experience working with aboriginal people. A professional counsellor will listen, talk, and assist former students to find ways of healing from residential school experiences.

In addition to these services, assistance with the cost of transportation is provided so that an individual can access professional counsellors or traditional healers if they are not available in the individual's home community.

Through this program, Health Canada provides access to over 1,600 service providers, including counsellors, community-based aboriginal workers, elders, and traditional healers, in every province and territory in communities throughout Canada.

As a result of a greater number of common experience payment applications and increased rates of independent assessment process hearings, demand for the resolution health support program has increased significantly in recent years. Program expenditures have steadily increased as we have provided service to more people: from $5.1 million in 2006-07 to approximately $37 million in 2009-10.

Budget 2010 announced an additional $66 million over two years for the resolution health support program. This new money, plus the existing program budget, will result in a total budget of $47.6 million in 2010-11 and $46.8 million in 2011-12, allowing us to meet the demand for services under the settlement agreement, including the commencement of Truth and Reconciliation Commission events.

The resolution health support program is one of several mental health and addictions programs funded by the federal government that provide important community-based services to first nations and Inuit families.

Health Canada provides over $200 million in funds annually for mental health and addictions services to first nations and Inuit communities through a variety of programs, including: the national native alcohol and drug abuse program and the national youth solvent abuse program, which provide both residential treatment services in over 60 facilities and community-based prevention programming in over 550 communities; the Brighter Futures and Building Healthy Communities programs, which address mental wellness issues and crisis intervention programming, with funding provided directly to communities to support action on their own mental health priorities in over 600 communities; and the national aboriginal youth suicide prevention strategy, which provides support for over 200 communities for youth mental health and suicide prevention strategies.

Also, there is the non-insured health benefits program, which supports a short-term mental health crisis counselling benefit to first nations and Inuit clients across Canada.

Health Canada recognizes the important work the Aboriginal Healing Foundation has funded over the past 12 years. Since the budget 2010 decision that no further funding would be provided for the Aboriginal Healing Foundation, Health Canada has focused on ensuring that all eligible former students and their families who have received services from the Aboriginal Healing Foundation have access to the health support services provided by Health Canada through the resolution health support program.

● (1540)

Health Canada is proactively responding to the needs of these former students and their families by increasing awareness of the resolution health support program and by ensuring access to this program. With regard to increasing awareness, prior to the end of Aboriginal Healing Foundation projects on March 31, 2010, Health Canada's regional directors wrote to or made direct contact with the managers of AHF projects to make them aware of the process to refer their clients to the services offered by the resolution health support program.

This effort to raise awareness is in addition to other ongoing activities. For instance, since 2007, over 420,000 brochures describing the program have been sent directly to former students, band offices, community health centres, native friendship centres, nursing stations, treatment centres, and many other meeting places across the country.

Health Canada is also working to increase access to underserved communities that were previously served by the Aboriginal Healing Foundation projects. We're doing this by identifying communities with high numbers of eligible former students and low rates of resolution health support program demand, and negotiating new service agreements to provide health supports in communities with former Aboriginal Healing Foundation projects, consistent with the resolution health support program criteria, to build on the staff and services previously funded by the foundation.

In Nunavut, for example, on March 26, 2010, Health Canada officials met with the Pulaarvik Kablu Friendship Centre, the Kivalliq Outreach Program, and Coral Harbour Men's Group in Rankin Inlet regarding the need to ensure continuity of services. As a result of this meeting, the groups are collaborating with Health Canada to develop a viable funding proposal to provide resolution health support program services. Initial contact has also been made with projects in the Kitikmeot region—Cambridge Bay and Kugluktuk—and Qikiqtaaluk—Iqaluit—as well as with the Government of Nunavut.

In British Columbia, two of the 17 former AHF projects operating in the province have contacted the department to explore ways to continue to provide services in their communities.

These are some examples of how Health Canada is responding. Our most recent update is that there are in play 60 new or amended contribution agreements to respond to the needs of former students in relation to Aboriginal Healing Foundation projects.

● (1545)

[*Translation*]

Health Canada's Regional Offices will continue to work with those former Aboriginal Healing Foundation Projects located in areas of high need that have low Resolution Health Support Program uptake, to explore how these local aboriginal organizations can provide services consistent with the Resolution Health Support Program criteria.

[*English*]

These steps demonstrate the Government of Canada's commitment to ensuring that former students are aware of and have access to mental health and emotional support services. The government remains dedicated to supporting communities, families, and individuals to recover from trauma to support their full participation in Canadian society.

[*Translation*]

**The Chair:** Thank you, Ms. Langlois.

We will now go to questions from members.

You have seven minutes, Mr. Bagnell.

[*English*]

**Hon. Larry Bagnell (Yukon, Lib.):** Thank you, Mr. Chair.

I'd like to thank the committee for agreeing to this important study I have asked for.

Thank you to the witnesses for coming here today. It's a great program, obviously, from the evaluation, and we have to keep that work going.

You gave us some figures from Health Canada on the resolution health support program for the three years of 2009-10, 2010-11, and 2011-12. Can you tell me how many clients you had for each of those three years?

**Ms. Kathy Langlois:** I don't have the exact client data with me. I have more financial data with me, so I could tell you how some of the money has been spent according to those—

**Hon. Larry Bagnell:** Could you get back to the committee?

**Ms. Kathy Langlois:** Yes, absolutely.

**Hon. Larry Bagnell:** You also outlined the great point that $33 million had been added for this year and next year and that $37 million was spent last year. The $33 million of new money added to the $37 million makes $70 million for this year, but you said there is only $47.6 million. Why does it not add up?

**Ms. Kathy Langlois:** There was $37 million spent in 2009-10. The $33 million is for 2010-11. When you add that to the $14 million or so that we already have, you get about $47 million that is available. If you take the difference between the $37 million and the $47 million, we have about $10 million additional to spend this year.

**Hon. Larry Bagnell:** Sorry—come again?

You said there was $37 million spent last year...?

**Ms. Kathy Langlois:** Yes.

**Hon. Larry Bagnell:** So if we just carried on with the regular money, there'd be $37 million this year. The budget added $33 million new, so $33 million and $37 million makes $70 million. You added it up to $47 million.

**Ms. Kathy Langlois:** Okay. The $37 million was spent last fiscal year, 2009-10. The $66 million we got over two years is for this fiscal year that we're in right now, split between two years. So $33 million and $33 million—

**Hon. Larry Bagnell:** Yes—new money to add to the $37 million every year.

**Ms. Kathy Langlois:** No, to $14 million that we already had in the base, so $14 million plus $33 million is $47 million, and that compares to the $37 million that we spent last year.

**Hon. Larry Bagnell:** So the Aboriginal Healing Foundation, with 134 organizations, some of them with over 1,000 clients, needed $25 million a year to deal with all those clients. You're increasing it by $10 million, from $37 million to $47 million, basically. How are you going to deal with all those clients with less than half the money?

● (1550)

**Ms. Aideen Nabigon:** What we are doing is looking at each individual project. We have reached out to all the Aboriginal Healing Foundation projects. We are going to be serving the clients based on the criteria of our program. We have different criteria. Our program provides counselling with elders, traditional healers, emotional support, and professional counselling.

The Aboriginal Healing Foundation provided things on top of that, which we aren't going to be in a position to fund, so we do not expect to fully replace the $134 million.

**Hon. Larry Bagnell:** That's very good. Thank you. Because we've been saying all along that there would be a lot of things that won't carry on if this Aboriginal Healing Foundation doesn't go ahead, so I thank you for clarifying that and agreeing with what we've been saying.

I have another question about your speech from INAC. I'm not sure if it says this exactly, but it kind of implies that for the foundation's corporate plan, the money went to 2012, and the corporate plan is leading to that wind-down to 2012, and that's what the Aboriginal Healing Foundation wants.

My colleague, Mr. Russell, has the corporate plan here. Instead of what you said—winding down, with all the money gone like it is right now, and profiled to be nothing after 2012—their corporate plan actually says, and I'll quote: “To this end, we have approached Government for a $125 million funding commitment to help us extend healing projects another three years, to March 31, 2013—closer to the anticipated end of the Truth and Reconciliation Commission’s mandate”.

That is what's in the corporate plan. Maybe that's what you should be referencing.

**Ms. Kathy Langlois:** The healing foundation did request an additional $125 million in budget 2010, but the corporate plan planned for the eventuality that they didn't get it.

They have made a decision—and I understand the healing foundation will be presenting after us—to continue to fund, as I understand it, 12 healing centres until 2012. They've shut down the 134 projects.

**Hon. Larry Bagnell:** You kind of pre-empted my next question by giving the very good answer that obviously you can't do all the things the healing foundation can do, but let's try it geographically.

Are there areas—for instance, I know I have one in Watson Lake in the Yukon—where Health Canada does not have an office but where some of these 134 projects across Canada may now exist and where people can come in the door? Just for the record, of course, as a lot of committee members have said, some of these healing foundation projects are so local and so comfortable that people go there who wouldn't go to other government programs.

But just geographically...?

**Ms. Kathy Langlois:** Well, first, let me start by saying that the resolution health support program is available to all eligible former students and their family members by contacting the 800 number in their region. Once that contact is made, the regional coordinator in the region will ensure that services are provided according to the criteria of the program: elder supports, emotional supports, or para-professional supports. If travel is necessary, that will also be arranged—

**Hon. Larry Bagnell:** So you'll go to any community in Canada.

**Ms. Kathy Langlois:** Anybody in any community who's eligible under the settlement agreement has access to this program. It—

**Hon. Larry Bagnell:** So in spite of the fact that we're being cut from $25 million a year to $10 million, you're going to add all this travel across Canada out of that limited amount of money. There will be even less services than 40%.

**Ms. Kathy Langlois:** Well, we are trying to find efficiencies by looking at where the healing foundation projects were offered and where we didn't have a presence—

**Hon. Larry Bagnell:** So do you think they didn't do their best to be efficient?

**Ms. Kathy Langlois:** Absolutely not. I think the efficiencies are in the way that you describe all these costs. What we're going to try to do is cut down on travel costs by looking at the Aboriginal Healing Foundation projects and saying, "This makes sense for us to actually enter into a contribution agreement with a local organization because there are enough former students and family members to justify a project, according to our criteria". Then we would enter into a contribution agreement. So we wouldn't be flying people all over the country.

It's efficiencies in our program that I was meaning—not in comparison to the Aboriginal Healing Foundation.

[*Translation*]

**The Chair:** All right then.

We will now hear from either Mr. Lévesque or Ms. Deschamps.

Go ahead then, Mr. Lévesque.

**Mr. Yvon Lévesque:** Good day, ladies. I say ladies, because all of our witnesses today happen to be women.

As you know, things work a little differently in Quebec. Your report does not contain any statistics on the Inuit of Nunavik, or on the James Bay Cree.

Have you entered into agreements of some kind with the provincial government, or do you deal directly with the communities in order to manage the program?

● (1555)

**Ms. Kathy Langlois:** In Quebec's case, we have a total of 19 contribution agreements with provincial organizations. I believe we are also in the process of concluding an agreement with Nunavik—and we'll monitor these developments—and one with the Cree as well. We are in discussion with officials from the Cree Board of Health and Social Services, which serves Mistissini, Waswanipi, Chisasibi and Eastmain. We are concluding contribution agreements with these organizations as part of our program.

**Mr. Yvon Lévesque:** So then at this point in time, there are no actual agreements in place. You note on page 5 of your report, Ms. Langlois, that the deadline for completing projects funded by the Aboriginal Healing Foundation is March 31. That deadline has already passed.

Will other initiatives be considered, or was that date merely the deadline for submitting projects that will be carried out at a later date?

**Ms. Kathy Langlois:** As a matter of fact, we are in discussion to secure contribution agreements. So then, it is possible that we might encounter some service delays at this time.

**Ms. Johanne Deschamps:** This is the first time I have attended a meeting of this committee, so my question might seem somewhat simplistic to you.

What conditions must be present in order for a claim to be reconsidered? Is the applicant in fact the one who requests a review of his claim? I see that a number of requests for reconsideration have been made.

**Ms. Kathy Langlois:** I don't understand your question about requests for reconsideration.

**Ms. Johanne Deschamps:** Can a person ask that his claim be reconsidered, for various reasons unbeknownst to me? I'm not sure if you were the one who mentioned it, but we heard that 24,500 requests for reconsideration had been received. That's quite an impressive number.

[*English*]

**Ms. Aideen Nabigon:** Yes. There has been.... In 2006, a year after we started implementing the common experience payments, the courts decided to add a step in the appeals process. Applicants who have had their applications denied for various reasons can go to the national administrative commission, or committee, for an appeal. The courts added a step before that called reconsideration, during which they apply to INAC. It's an internal INAC process.

They ask us to take another look at their claim. They provide us with two additional pieces of information, and that can be about the school they went to, their teachers, their classmates, just something to help us verify the claim that they did in fact go during the time period that they said they went. It's just an extra step in the appeal process before it goes to the national administrative committee.

[*Translation*]

**Ms. Johanne Deschamps:** The fact is that people have been receiving help from the Foundation for many years now, for at least 12 years, if not more. As of the end of March, the Foundation is no longer receiving any funding. This could create some confusion for the aboriginal population that is accustomed to working with the Foundation. Even though you work to get a lot of information out to them, there will probably be some confusion for a while, as people wonder who they can turn to for assistance. The Foundation was an independent body but now, people will have to turn to the government.

● (1600)

[*English*]

**Ms. Aideen Nabigon:** Mr. Chair, there's some confusion between the Aboriginal Healing Foundation, which was delivering healing supports to survivors, and the common experience payment process, which is a payment for individuals who went to residential schools. It pays them, based on a formula, for their experience—their loss of language and culture at the schools. That's what the reconsideration process is for. It has nothing to do with the Aboriginal Healing Foundation.

The Aboriginal Healing Foundation is a separate part of the settlement agreement. It was provided with $125 million. My colleague from Health Canada is speaking about the process they're going through to try to ensure that clients who have been receiving services under the healing foundation are now able to get services through Health Canada. That's a separate part of the settlement agreement.

**Ms. Kathy Langlois:** Mr. Chair, I would add that as individuals are going through the reconsideration process, because that does tend to cause some needs for mental health and emotional supports, our program is there to support them. Our program is available.

[*Translation*]

**The Chair:** Thank you.

Thank you, Ms. Deschamps.

[*English*]

Now let's go to Ms. Crowder.

Thank you for helping us with that little technical problem. I think we're okay now.

Go ahead, Ms. Crowder, for seven minutes.

**Ms. Jean Crowder (Nanaimo—Cowichan, NDP):** Thanks, Mr. Chair.

I want to thank the witnesses for coming today.

When I was reviewing things like the annual report from the Aboriginal Healing Foundation and other material, it seemed evident that the mandate of the Aboriginal Healing Foundation was to have community-based healing projects in place. When I look at the mandate of the Health Canada program, it appears very much individually driven. Based on that, it seems that they have two separate focuses.

I'm not clear on how you think the Health Canada program is going to replace that community-based initiative. It's not evident to me in the presentation you made, nor in the Health Canada information.

**Ms. Aideen Nabigon:** Do you want to explain your program and the differences?

**Ms. Kathy Langlois:** Sure. Our program is individual- and family-based for those who are eligible under the residential settlement agreement to receive our services. When we work in a contribution agreement setting, it's possible to do group counselling as well.

However, you should appreciate we are not going to be able to go as far as the community-based types of approaches that the healing foundations had. Nonetheless—

**Ms. Jean Crowder:** It's clearly going to be a different approach in terms of healing. I want to just come back to the Health Canada site for a second, because you've outlined that it would be a former student, regardless of status or place and all those kinds of things. Then I see that they have to call the health regional office, so already they don't have local community support. They're going to be calling a 1-800 number.

I don't know what your experience has been, but my experience has been that in many of these rural or remote communities telephone access is uncertain sometimes, and calling a 1-800 number is not the way people who may or may not be in crisis will reach out.

So they'll call a 1-800 number and they'll have their counsellor or therapist submit a treatment plan. Of course, that's presuming that they have a counsellor or therapist in their community. That will include the number of sessions and costs of treatment, developed based on an assessment of your needs, obtaining approval from Health Canada before treatment begins, and so on.

I guess what I'm seeing is that rather than it being community-based, where someone can go into their local centre and get immediate assistance, they're going to phone a number and get referred to a counsellor who may or may not live in the area. Then there's a transportation issue in terms of them having to leave the community.

And to determine whether there's a treatment plan that's going to be acceptable to Health Canada..... Again, with respect, in regard to other professionals who are dealing with Health Canada, some of those professionals are withdrawing their services because of the rigmarole they have to go through in order to be paid by Health Canada: dentists, pharmacists....

So explain to me how this is going to meet a community-based approach for people who may or may not be in crisis.

**Ms. Kathy Langlois:** What you've described represents about 13% of the spending in our program. Fully two-thirds of the spending in our program is for resolution health support workers and cultural service providers, that is, elders and traditional healers.

● (1605)

**Ms. Jean Crowder:** So you're saying those people will be on the ground and able to respond immediately.

**Ms. Kathy Langlois:** What I'm saying is that if an individual needs to connect to the program and has not already connected to it, they may find out about their program in their community from their nursing station, from the NNADAP worker, or from the other community workers in the community. To connect to the program, they do need to call the regional office, but the regional office will put them in contact if they say they want to see an elder. The regional office will assess whether there are elder services already in that community. If not, they'll try to connect them up.

Where there's a critical mass of a demand, such as we are seeing now with the loss of the Aboriginal Healing Foundation projects, we are prepared to enter into contribution agreements to provide those services locally.

**Ms. Jean Crowder:** We're not talking about the same kind of service that people currently have through the Aboriginal Healing Foundation. That's clear. There will be more steps involved. There will be more back and forth; it just isn't going to be the same kind of service.

With the evaluation that was done, it seemed that the program was highly regarded. I wonder why we would replace a service that was working with something that may not work. I don't understand that.

The Aboriginal Healing Foundation, in this report, indicated back in 2001 that there were 1,500 individual communities and approximately 60,000 individual participants, and by the time 2009 rolled around, there were 140 contribution agreements. Clearly there were large numbers of people who were being adequately provided service under this program. Why would we can it?

**Ms. Aideen Nabigon:** Mr. Chair, the healing foundation was never intended to be a permanent organization.

**Ms. Jean Crowder:** I understand that. I think most of us here understand that it was a sunsetted program. By the government's own putting forward of additional moneys to deal with some of the dispute resolution processes, it acknowledged that in terms of the residential school situation the participants and their families had not fully gone through healing processes—because there was more money.

So we all understand that the program was sunsetted, but the question is, why would we not have extended the funding for a program that was working in dealing with the residential school survivors, their families, and their communities? What's the rationale? I don't understand.

**Ms. Aideen Nabigon:** Mr. Chair, the parties to the settlement agreement negotiated funding for all parts of the settlement agreement, including the Aboriginal Healing Foundation. It was through that negotiation process by the legal counsel for the churches, for the students—

**Ms. Jean Crowder:** Again, I understand all of that. I understand the legal negotiations and the residential schools settlement, but I still am not clear why we would sunset a program that was working.

**Ms. Aideen Nabigon:** Well, the healing foundation continues to exist until 2012.

**Ms. Jean Crowder:** For 12 projects only.

**Ms. Aideen Nabigon:** For 12 healing centres.

**Ms. Jean Crowder:** That's right.

I'm just looking for an answer, because when we had the emergency debate in the House, everybody got up and said what a wonderful program it was, so I can't find a good reason to not extend it.

**Ms. Aideen Nabigon:** The obligation under the settlement agreement for the Government of Canada is to provide health and healing services, which it will continue to do. The Government of Canada will continue to fulfill its obligations under the settlement agreement through the resolution health support program.

**The Chair:** Thank you, Ms. Crowder.

Now we'll go to Mr. Rickford for seven minutes.

Mr. Rickford, go ahead.

**Mr. Greg Rickford (Kenora, CPC):** Thank you, Mr. Chair.

Thank you to the witnesses. I want to say that you do great work.

As somebody who was involved in this as a signatory for more than 900 survivors, from the outset of this process, what we have seen overall is a fully integrated process, from the largest class action settlement in the history of the western world, to say the very least, the common law.

And in the implementation, it's worth pointing out that this government has, in many instances, gone above and beyond what they actually agreed to as signatories to that agreement. Certainly we saw in the last budget an infusion of resources into a couple of key areas, and binding on that agreement, people were fully aware of some of the programs that were going to come to an end or sunset. I think it's important to point out that there are a number of healing centres that do important work through the AHF that will continue.

I know I don't share the views of some of my colleagues that the Aboriginal Healing Foundation necessarily got to all of the communities or constituents that it intended to. That may be somewhat overinflated, but I do know, with more than 25 isolated and remote first nations communities, that I have a tremendous respect for the work of the resolution health support program, because it's actually intended to deal more uniquely with survivors and their families, and it's delivered through elders, which is an underlying community concept or component to it.

Furthermore, with respect to the future care plan, I want to revisit an issue that you did very well at describing for one of my colleagues here. The four overarching components of the agreement were: the common experience payment; the individual assessment program, which has been called something different previously—ADR; the Aboriginal Healing Foundation; and truth and reconciliation.

As a component of the IAP, I think it's worth pointing out that the future care plan—and I've written hundreds of these—was actually intended to, again, deal with specific emotional and psychological needs of the survivor. That did in fact involve, at times, the participation of family members and the broader community, providing, within the criteria of the future care plan, that the emphasis was on the healing of the survivor.

Would that be a fair statement, Aideen?

● (1610)

**Ms. Aideen Nabigon:** Absolutely.

**Mr. Greg Rickford:** To that end, I think the health committee has looked at some important work around the resolution program. There was a 2006 mid-term evaluation of the Indian residential school national resolution framework. It found that 90% of claimants who responded to a survey utilized one or more of the health support services that were in fact funded by Health Canada.

Can you confirm that, Kathleen?

**Ms. Kathy Langlois:** Yes, I can.

**Mr. Greg Rickford:** It also found that "93% of the survey respondents indicated that their experience was safer and more supportive as a result of the health services provided" and that, furthermore, the participation of elders in those programs was key to its success.

**Ms. Kathy Langlois:** Absolutely.

**Mr. Greg Rickford:** I think it's more important, or as important, that 89% of the claimants who received counselling indicated that the resolution process was a positive experience.

So quantitatively and qualitatively, we have data here, driven by our own health committee, that support unequivocally, in fact, that many of the programs Health Canada was offering and were integrated into this agreement at one point or another are quite complementary to the work that the Aboriginal Healing Foundation has done.

In fact, I understand, Kathy, that you are doing a best practices approach in terms of how you're refining some of the programs that you're going to deliver in communities across Canada. Is that true?

**Ms. Kathy Langlois:** We are always looking to base our programs on evidence, so we continually do an evidence-based review and amend our programs as necessary. For example, with regard to the item you cited there, when we did the mid-term evaluation in 2006, we heard from former students that elder support services and traditional healing were key, so we ensured that in future funding we would build in significant amounts for that.

**Mr. Greg Rickford:** I think it is important here for everybody to understand that in addition to what the Aboriginal Healing Foundation was intended to accomplish during the time span that was indicated in the agreement and signed on to by all stakeholders—and most importantly, the survivors, as they may have been represented by legal counsel and of course the AFN—the work that Health Canada is doing is going a long way to address one of the things that I saw first-hand we were missing out on through the Aboriginal Healing Foundation, which was that our isolated communities, ones that were not accessible by road, had a mechanism.

You mentioned the nursing station. I spent a number of years working in more than 30 of them across Canada as a nurse, prior to my legal career.

We understand that this was an important link for survivors and their families. Many of them deal with the nursing station almost every day in some way, shape or form to get connected to a different kind of service that may be focused on their specific needs or the specific residual needs of their family with respect to the residential school survivor legacy. Is that a fair statement?

**Ms. Kathy Langlois:** Yes. In fact, that is why we ensured that the information on our program is available in many of the community sites, including the nursing stations.

● (1615)

**Mr. Greg Rickford:** Thank you.

How much time do I have?

**The Chair:** You still have about 40 seconds. I know you're not used to the seven-minute time spot.

**Mr. Greg Rickford:** Because we have 40 seconds, Aideen, could you just build on your perspective as director general on what the future care plan activities have historically intended to accomplish? Maybe you could give us a couple of examples for the benefit of the members here to show what an important part of the healing recovery legacy we're engaged in.

**Ms. Aideen Nabigon:** Sure. The future care award, which is paid out through the independent assessment process and negotiated as part of that process, includes $10,000 for counselling or treatment and up to $15,000 if it includes psychiatric care. The average payments to date have been about $8,200. The average IAP payment is $125,000.

**The Chair:** Okay.

Thanks to both of you.

I'm sorry. Did I cut in there? Were you finished?

**Ms. Aideen Nabigon:** No, you didn't. Thanks.

**The Chair:** Thank you very much.

Thank you, Mr. Rickford.

Now let's go to Mr. Russell. Then there will be one final question by Mr. Dreeshen.

Mr. Russell.

**Mr. Todd Russell (Labrador, Lib.):** Thank you, Mr. Chair.

Thank you for coming and meeting with us on this very important issue.

Very quickly, when does the mandate of the resolution health support program end? Is there an end to your mandate?

**Ms. Kathy Langlois:** Our mandate is to provide supports throughout all phases of the settlement agreement, so there are common experience payments, the independent assessment process, truth and reconciliation—

**Mr. Todd Russell:** Is there an end date?

**Ms. Kathy Langlois:** At this point in time, I think the end date for the Truth and Reconciliation Commission, if I'm not mistaken—

**Ms. Aideen Nabigon:** It's 2014.

**Ms. Kathy Langlois:** —is 2014. I think that's as far as we go.

**Mr. Todd Russell:** Okay. Have you undertaken an evaluation of your particular program, the resolution health support program?

**Ms. Kathy Langlois:** Yes.

**Mr. Todd Russell:** Can that evaluation be shared with the committee?

**Ms. Kathy Langlois:** Yes, absolutely. The evaluation we were talking about just now was conducted in 2006, and all evaluations are posted on the web. We definitely—

**Mr. Todd Russell:** Has there been no evaluation since 2006?

**Ms. Kathy Langlois:** At this point, there hasn't been. The last one was in 2006. We redesigned the program in 2007 to be consistent with the provisions of the settlement agreement, and we built the recommendations into the program at that time. We've seen a consistent growth in that program, year over year, of over 100%.

**Mr. Todd Russell:** But there's been no formal evaluation since 2006? The most recent evaluation for the Aboriginal Healing Foundation was done in 2009 by INAC. INAC said it was a great program. It was doing great work. It was efficient. It was all these types of things. Would you say that the programs that the AHF offered and what you offer are complementary programs in many regards?

**Ms. Kathy Langlois:** That, indeed, is how we have described them. The resolution health support program provides professional counselling, cultural supports, and elder supports.

**Mr. Todd Russell:** Would you agree that there is some validity in offering these complementary approaches to some very complex issues?

**Ms. Kathy Langlois:** What we are doing now is following through on the government's commitment under the settlement agreement to ensure that these services—

**Mr. Todd Russell:** Okay, but I'm just asking, would you agree that there is a need for these complementary types of services?

**Ms. Kathy Langlois:** There also are other programs, as I indicated in my remarks.

**Mr. Todd Russell:** No. I'd just like a yes or a no. I'm just asking a simple question: do you think there's a need for these complementary —

**Ms. Kathy Langlois:** There are many programs that are complementary to the resolution health support program, including the ones that are also offered by Health Canada, as I described earlier.

**Mr. Todd Russell:** You've all agreed that the Aboriginal Healing Foundation was doing great work.

Did I get it right that you said you are now dealing with 60 of the organizations that had contracts with the Aboriginal Healing Foundation?

**Ms. Kathy Langlois:** Yes. What I said is that about 60 contribution agreements are in play at this time in terms of whether we are increasing the value of the ones that we already funded or are having a look at where there might be gaps.

**Mr. Todd Russell:** Obviously this tells me that the Aboriginal Healing Foundation was providing a very valuable service that Health Canada was not providing, particularly when you say, “Look, we want to renew close to 50% of all the work that the Aboriginal Healing Foundation was doing”.

If Health Canada is taking up 50% or more of the work that the Aboriginal Healing Foundation was doing, and if you agree that the services were complementary, why would we not continue with the Aboriginal Healing Foundation and you continue with your good work? The work is complementary.

I don't understand what the rationale was for getting rid of the Aboriginal Healing Foundation. Nobody was saying it was going to be there forever. In fact, the Aboriginal Healing Foundation, as you said, had anticipated in its corporate plan a sunset of their program. Of course, they wanted to extend the sunset a little longer because they wanted to match it with what was happening with the TRC.

I just fail to understand, based even on the evidence you're giving, why we would want to get rid of the Aboriginal Healing Foundation. It was working, it was efficient, and it was complementing what you were doing. And now, even by your own admission, you are assuming 50% of all of the work that the Aboriginal Healing Foundation was undertaking.

● (1620)

**Ms. Aideen Nabigon:** Mr. Chair, I would just say again that the money provided to Health Canada under the settlement agreement was not reallocated from funds intended for the Aboriginal Healing Foundation. The healing foundation was not intended to be permanent. The government has an obligation and recognizes that obligation to provide healing services and health support services throughout the life of the settlement agreement, and it will do so through the resolution health support program.

**Mr. Todd Russell:** I know that my time is running out, Mr. Chair, but very quickly—

**The Chair:** It actually has run out, as a matter of fact, Mr. Russell, but thank you for reminding me.

Very good. I know the five minutes go very quickly.

**Mr. Todd Russell:** Can we submit written questions to the department through the committee as part of our study?

**The Chair:** You can, by all means. We can do that at the end.

Let's go to Mr. Dreeshen for five minutes.

**Mr. Earl Dreeshen (Red Deer, CPC):** Thank you very much, Mr. Chair.

Thank you, ladies, for being here to enlighten us about the things that are happening with the program.

Last November our committee was in the north, as part of its northern economic study, and we had opportunities to go to healing ceremonies taking place there. I could see their significance. In speaking to the elders who were there, you could tell how important these ceremonies were to each of the individuals. That's where I'm coming from here.

I just wondered if perhaps you could tie in the types of ceremonies that happened there with what you see as the role of the resolution health support programs taking place in the communities, because these are also elder-driven. Could you give us more details on that?

**Ms. Kathy Langlois:** Thank you very much for the question.

Indeed, the resolution health support program is mandated to offer elder supports and traditional healing supports. These would include ceremonies, prayers, and traditional healing methods. We will be able to continue those services under this program.

**Mr. Earl Dreeshen:** Thank you very much.

One of the comments presented earlier was that Health Canada wasn't particularly fulfilling its role, but I would think that there is a lot done by health care providers as well. I just wonder if you could expand on the types of opportunities these individuals have in the programs being supplied through Health Canada.

**Ms. Kathy Langlois:** As I said earlier, we offer three different kinds of services. First are the traditional professional services from psychologists and social workers—main-street types of services. Individuals can contact our regional office to receive those services. They constitute about 13% to 15% of our program.

The bulk of the program is comprised of the other two types of services. There are the services of a resolution health support worker, who is employed by a local aboriginal organization. This is an individual of aboriginal descent who speaks aboriginal languages, for the most part, and provides emotional support as the person is on their journey through the settlement agreement. Then, from contribution agreements with local aboriginal organizations, there are the services of elders around traditional healing ceremonies and prayers.

That's the array of services. When services aren't available in the local community, we provide assistance with transportation to the services.

**Mr. Earl Dreeshen:** Thank you. That was the other question I was going to ask—how you were able to deliver the services.

To expand on what Mr. Rickford mentioned before, you were about to describe some of the best practices approaches. I wonder if you could expand on the types of things you see going forward that might work with Health Canada, but also with those particular centres that will be continuing here for the next couple of years.

● (1625)

**Ms. Kathy Langlois:** Again, I think the reference to best practices clearly has to do with the information and learning we've had clearly from the people we serve. They've indicated that traditional types of services and services from aboriginal mental health workers are their priority and they are the kinds of services they seek out.

So we are always looking to improve our services to ensure that we are sensitive to the needs of the clients around cultural services and cultural service providers. Indeed, in our other programs, we are increasingly bringing those elements of services to the fore.

**The Chair:** Thanks to all of you for your questions. At this point, we will take a brief recess. Then we'll begin the next hour.

Thanks to all our witnesses for coming here this afternoon and helping to inform this study.

● (1625)

(Pause)

● (1630)

**The Chair:** Thank you. We're resuming consideration of the study on the Aboriginal Healing Foundation.

On behalf of all members, I welcome Michael DeGagné, the executive director of the foundation. Accompanying him is Terry Goodtrack, the chief operating officer for the foundation.

Your agenda shows that the president was supposed to be with us. He was unable to come and sends his regrets.

Gentlemen, we're glad to have you here. We'll begin with the customary 10-minute presentation and then go directly to questions from members.

Mr. DeGagné.

**Mr. Michael DeGagné (Executive Director, Aboriginal Healing Foundation):** Thank you very much.

Thank you for the time you've given us to make a few comments about the Aboriginal Healing Foundation and also for the opportunity to give my regrets from our chairman, Georges Erasmus, who lives in Yellowknife and was unable to attend.

Mr. Chair, vice-chairs, and members of the committee, I am pleased and honoured to have this opportunity, and I thank you for it.

As you well know, a great deal has been written and said about the government's decision to place resources for survivors from the Aboriginal Healing Foundation into Health Canada. There was a thorough debate in Parliament, which I believe represented well the arguments in favour of continued funding for community initiatives and, alternatively, for Health Canada's mental health support program.

As I am here to represent the Aboriginal Healing Foundation, I will do my best in the time allotted to speak from the perspective of community impacts.

In the short term, to be blunt, there is concern about increased suicide rates and alcohol and drug use in our community as a result of this decision. The end of funding for community-based healing programs has also resulted in higher unemployment, often in places where unemployment was high even before these recent losses.

I want to provide a quote from Annie Popert, the manager of an Inuit project in northern Quebec. She talked to us about the following, and she said:

> Another important development in the region is as we gain a greater understanding of the link between trauma and the challenges we are faced with today, including childhood sexual abuse, we have begun to look at the types of programs we are going to have to access or develop in order to combat these challenges. The project—

That's our project, through the Aboriginal Healing Foundation.

> —has provided tremendous insight and knowledge, which are the first things we must have in order to be able to empower ourselves to begin the process of taking responsibility for our lives.

Similar points have been made by other communities that write us letters as they dismantle their projects. Their shared fear is that all the learning, all the building, all the progress, and all the groundwork—the investments of money and time and labour that we have made and they have made—will quickly be lost. These are the short-term impacts we face.

Many of our funded projects have gone to government for funding. We are hearing from them that, yes, Health Canada is funding counsellors in the community, but there will be no support for the really innovative transformational work that communities have been developing through their community projects.

Here I'll quote George Dunkerly, of Rankin Inlet, in Nunavut. He said:

> Youth are a prime concern here in our area. Many youth, and lots of older people, have issues that they refuse to deal with openly. Our projects division gave them something to draw them in.

This is the division of their program that deals specifically with our projects.

> Once in an activity with other people, they were encouraged in an indirect way to participate in discussions regarding their issues. What made the Kivalliq Outreach Program work so well was the combination of counselling and projects. The projects division allowed people to come to the program and drew them into counselling services when needed or requested. Our staff team was also well known in our district, so we had projects that were fun to join, with people they knew and trusted that just happened to be professional counsellors. Under Health Canada, we will have "support workers", but counsellors will be brought in from the south when required. This is not an ideal situation, as our clients will not know or trust the counsellors brought in for short periods of time. But it's what we have to work with, as [we have found] the parameters of the Health Canada funding to be very rigid.

We have long known that these community-based projects are drawing in people who have never participated in healing before, and I find this, frankly, surprising. Many of the traumas people have experienced through residential schools happened decades and decades ago, and yet this is the first time in their lives they feel safe enough, and that the trust is high enough, to come forward to deal with some of their issues.

● (1635)

Perhaps most importantly, I'd like you to hear this point that I'm about to make: that this leads us to the longer-term impacts, the principal one being that we are now once again on a road that is leading in the direction of dependency for aboriginal people.

Instead of moving toward empowered communities that take control of their well-being, government has chosen to put its resources into a government service delivery model. This of course is their prerogative, but there are impacts to this decision that I hope we can impress upon you.

All of the research and anecdotal evidence from the communities was showing that the two together—government services working in partnership with community expertise—were getting the best results. Just last month we released a study on the common experience process, which I have with me and which makes this very point.

The loss of these community projects is a blow to the communities and to the government as well. They will have a harder time now delivering services on the ground. The model of transferring, cultivating, and enhancing community capacity is a model that has proven to be successful.

In the longer term, communities are expressing their concern that the legacy of residential schools will remain unresolved. There is a concern that this decision will disempower aboriginal people, leading to greater desperation. We at the Aboriginal Healing Foundation share this concern, and I can tell you, if we can't resolve the residential school experience, what will we do with the "sixties scoop" and those experiences that will soon be before us all as Canadians?

We believe the residential school system deprived us of the means to sustain our communities in a healthy manner. That's why our vision statement at the healing foundation speaks about addressing unresolved trauma in a comprehensive and meaningful way, putting to an end the intergenerational cycles of abuse, achieving reconciliation in the full range of relationships, and enhancing their capacity as individuals, families, communities, nations, and peoples, to sustain their well-being.

Our goal as an agency is to help create, reinforce, and sustain conditions conducive to healing, reconciliation, and, ultimately and perhaps most importantly, self-determination. We're committed to addressing the legacy of abuse in all its forms and manifestations, direct, indirect, and intergenerational, and we do this by building on the strengths and resilience of our own people. This vision, this goal, is built into every one of the projects and has been since the day we began.

There's a vast longer-term difference between this holistic model of community development and the government's model of service delivery. I want to emphasize this: this is not to say that the government's model is wrong or bad. I worked for Health Canada. I worked with these models. As an aboriginal person, I worked with a government service delivery model, but I never for a moment thought I was delivering a native program.

These are simply different things. That is why they're complementary to one another. There is a place for both of these service delivery models.

On the horizon, of course, we have the Truth and Reconciliation Commission of Canada. Over the next few years, many survivors will be telling their stories of abuse for the first time—and I emphasize again—after many, many decades of silence. These traumatized individuals will not be prepared in many instances for what happens when you open up publicly, often for the first time, and you tell strangers your innermost secrets of pain, shame, and suffering as a child. There's no way a person can know this.

Health Canada will have to step into this very difficult situation where there is, as a result of this funding decision, less trust than there was before. Health Canada simply does not have the capacity or expertise to do this. This is not criticism; it's a fact. They shouldn't be expected to have this kind of expertise. No one, except for the community itself, except for aboriginal people themselves, has been directly engaged in this work to this extent. This is new territory, but now this nationwide network will not be there.

Granted, we were not present in every community—far from it. We had 134 projects on the ground, with most recently dismantled, but we were providing valuable experience-based lessons across the country, some of which took the better part of a decade to learn and to perfect.

● (1640)

With this loss of service, community trust is going to be a serious long-term impact. There is no substitute for the difficult work of trust building. Without trust, no program or service can work.

But let's assume the best of all possible outcomes. Even if the mental health services prevent suicides and reduce rates of addiction, violence, and unemployment, at the end of this road, we will be no further ahead on the way to community building.

What we're hearing is that communities that had an Aboriginal Healing Foundation project were making progress with their young people as well. Now, particularly in the north and in remote areas, the projects have had to close their doors and youth have nowhere to go. Anyone who has travelled to the north knows that there are not alternative resources around every corner. This represents our future. This is the long term. These are the youth who got a taste of hope and who have now seen it disappear.

We were moving along a path where the active principle driving our journey was that aboriginal people can take control of their destinies, that they can create a better future for themselves if they have support. Today, that seems far less certain across this country, and the mood out there is very sombre, but our people are resilient, as they always have been, and they have not given up on us.

Let me conclude by saying that the Aboriginal Healing Foundation was never intended to last forever, absolutely not, and that was an understanding we all had, but it was our hope that it would last at least through this critical time in our history. We are grateful for what we've been able to do, we acknowledge Canadians who provided these funds, and we acknowledge especially aboriginal communities who worked so diligently to provide support to one another.

Thank you.

**The Chair:** Thank you, Mr. DeGagné.

We'll now go to questions from members.

We'll begin with Ms. Neville, for seven minutes.

**Hon. Anita Neville (Winnipeg South Centre, Lib.):** Thank you, Mr. Chair.

Thank you very much for being here.

You said the mood is very sombre. I would say it's very sombre in here as well. The mood is one of concern.

I have here a comment from the 2009 evaluation of the Aboriginal Healing Foundation, which concluded that “there is presently no equivalent alternative that could achieve the desired outcomes with the rate of success the [Aboriginal Healing Foundation] has achieved”.

When that evaluation came out, did you have discussions with the minister on the efficacy and the role of the Aboriginal Healing Foundation? If so, can you tell us a little bit about it?

● (1645)

**Mr. Michael DeGagné:** Is the evaluation you're quoting the one that was most recently released, done by the Government of Canada?

**Hon. Anita Neville:** It's from 2009.

**Mr. Michael DeGagné:** That's the one. We have not ever had a discussion with the minister specifically about that evaluation.

The evaluation was requested by the minister and conducted by the department, but it was finished in draft in November and released early in March. We never had a discussion on the specifics, but the specifics, I would believe, are well known to the department given that it had been there for three months.

**Hon. Anita Neville:** You acknowledged that the Aboriginal Healing Foundation was time defined. I've held public office long enough to know that time-defined projects and such are frequently put in place. But I also know that there is flexibility when a project is achieving or exceeding the objectives and expectations as originally set out.

I'm struck by the fact that you have produced an Aboriginal Healing Foundation corporate plan for five years hence. Did you have any indication that there might be some opportunity to continue with the Aboriginal Healing Foundation?

**Mr. Michael DeGagné:** What was clear to us was that there was no promise that we would continue as of March 31 of this year when we were looking for another infusion of cash, but what was clear was that we began in 1998 with $350 million. We were given an additional amount of money, $40 million, and then additional money that was court-ordered within the settlement agreement, $125 million.

We were under the impression, I think as most people would be, that the better you perform. the greater the likelihood of being refunded, and the evaluations we had were outstanding. Our corporate plans of course refer to a winding-down strategy, but corporate plans—that one is templated by the Auditor General—are required to show wind-down strategies. It's not something that we had actually anticipated.

So we had never received a promise, but at the end of the day, we were still surprised.

**Hon. Anita Neville:** There are two areas I quickly want to go to.

I sit on another committee that is currently looking into the whole issue of violence against aboriginal women. I've heard from a number of organizations that have been funded under the Aboriginal Healing Foundation to deal with violence against aboriginal women, either in total or in part. Is there any sense...and my other comment is that those I've spoken to—and I wish I had the opportunity to ask the previous presenters—have had no representation from government in terms of how they're going to survive, what they're going to do, and how they're going to deliver service.

Can you comment on that particular aspect of it? We're talking about missing and murdered aboriginal women, and we're talking about violence against women, and yet it's like one doesn't know what the other is doing.

**Mr. Michael DeGagné:** I guess the comment I would make is that you get a sense of the gravity of these things. This isn't the closing of a building. This is the closing of programs that serve human beings who are often in violent situations or have experienced severe traumas. I think it gives you some sense of the gravity here.

The real impact of this will be how quickly this happened and with little lead-up. We have been talking about renewing this fund for the better part of a year now. All we asked was that we be given proper notice so that our projects would have a responsible amount of time to deal with clients, and that wasn't provided.

**Hon. Anita Neville:** I have one quick question. I don't know how my time is. Is there much program or dollar slippage that you're aware of? If so, is it being reinvested or is it going back into general government coffers?

**Mr. Michael DeGagné:** That, I don't know. There's certainly no slippage on our end, but....

**Hon. Anita Neville:** Okay. That's fine.

Do I have more time?

**The Chair:** You have about a minute and a half, Ms. Neville, if you want a bit more time. Or to one of your colleagues—

**Hon. Anita Neville:** Larry wants to ask something.

**The Chair:** —whatever works.

Go ahead, Mr. Bagnell.

**Hon. Larry Bagnell:** I have just one question, Michael.

The minister, in a speech we just heard from Health Canada—you were here—seemed to imply that in your corporate plan, which you referred to, there's a wind-down strategy, as if we're just acceding to your wishes. I assume that most of your board is made up of aboriginal people. Is it the wish of the board that you wind down by 2012?

● (1650)

**Mr. Michael DeGagné:** No, sir, but it's the wish of the Auditor General that you have to deal with the dollars you have on that day and produce a plan five years out. The fact of the matter is that our last corporate plan is a five-year snapshot and we aren't even going to be around in five years. We didn't even anticipate that last year.

So the winding down in the corporate plan is putting the cart before the horse here. We were required to show a wind-down because no other moneys were guaranteed at that time.

**Hon. Larry Bagnell:** So the minister's officials shouldn't be using that as your will—

**Mr. Michael DeGagné:** Absolutely not.

**Hon. Larry Bagnell:** —as the will of the board or the people involved that it should be shutting down?

**Mr. Michael DeGagné:** That's right.

**Hon. Larry Bagnell:** Thank you.

[*Translation*]

**The Chair:** Mr. Lévesque, for seven minutes.

**Mr. Yvon Lévesque:** Thank you, Mr. Chair.

Can you hear me, Mr. DeGagné?

[*English*]

**Mr. Michael DeGagné:** *Oui.*

**Mr. Yvon Lévesque:** *Monsieur DeGagné—*

**Mr. Michael DeGagné:** *Oui.*

**An hon. member:** You speak French.

**Mr. Michael DeGagné:** That's as French as it gets, I think.

[*Translation*]

**Mr. Yvon Lévesque:** Among other things, the Royal Commission called for the creation of the Aboriginal Healing Foundation. The federal government acted on that recommendation in 1998 and provided a total of $350 million in funding over an 11-year period. After the budget was allocated, an emergency debate was held to discuss requirements which were not being met by this level of funding. An additional $125 million in funding was approved. However, if I understand what Ms. Langlois from Health Canada was saying, most of the 134 agencies that work in the communities will be forced to suspend their activities.

Regarding Nunavik in particular, in terms of health resources, I see that aside from some support measures for Inuit women, very few members of First Nations act at the community level. The Bloc Québécois believes that a program of this nature should involve securing resources from First Nations who then act at the community level.

I would like to hear what you think about the time that could have been spent on training the necessary resources and on delivering services by the 134 agencies set up under this program.

[*English*]

**Mr. Michael DeGagné:** I have a couple of comments.

How long should this program have been to deal with the problems you see in Nunavik, for example? What we were requesting was not how long we thought healing would take; we were requesting a much shorter period. We were requesting something that would coincide with the work of the Truth and Reconciliation Commission.

Especially in remote parts of the country, with the Truth and Reconciliation Commission under way in the next couple of years, we felt that there would be a lot more attention paid to problems of childhood abuse and institutional abuse. Our wish was not to continue indefinitely; it was to continue for three more years past March 31 and use our network of services as they were, scattered throughout the north and south, to deliver supports to people as they went through the truth and reconciliation process.

That's what we were requesting. We didn't have a 25-year window or anything like that. We were looking for three years. I hope that deals with at least part of your question.

● (1655)

[*Translation*]

**Mr. Yvon Lévesque:** You had the resource persons who were in a position to deliver services and carry out the projects until the objectives were met.

[*English*]

**Mr. Michael DeGagné:** Yes, sir. We had 134 projects that employed probably 900 people, including therapists, already in place and fully implemented across the country. Some of those people had been operating for 10 years in the same community. We were ready.

[*Translation*]

**Mr. Yvon Lévesque:** In your opinion, does the government want the Aboriginal Healing Foundation to carry on with its mandate? Does the government believe that it has lived up to its obligations and has thus been exonerated of any wrongdoing? By putting its faith entirely in Health Canada to help those who suffered abuse, is the government denying the wrongs that were inflicted upon communities and denying the effects of that abuse on children and grandchildren, as well as on various aboriginal cultures?

I would appreciate an answer to that question in writing.

Mr. Chair, I will now turn the floor over to my colleague.

**The Chair:** You have two minutes left.

**Ms. Johanne Deschamps:** Thank you very much for your generosity.

My question is along the same lines.

In this case, are we not simply putting a lid on the problem? If I understand correctly, the Foundation takes a group approach, whereas now, an individual approach is being proposed. Whether we like it or not, the entire community was affected by what individual victims endured. If we view the problem solely from an individual standpoint and disregard the impact on the community, I think our efforts will be wasted. Under the circumstances, what steps can the Foundation take?

[*English*]

**Mr. Michael DeGagné:** You're absolutely right. I mean, these are community problems. These are problems that are affecting all the members of the community. That is why there's a certain danger in approaching things one person at a time or one family at a time. We have programs that deal just with suicide, or just with addiction, or just with healing. But at the same time, these things have to be integrated: they're the same people, the same families, and the same communities.

We also find that if we deal with things as a community, as a collective, we're helping in other areas. You can put all the money you want into economic development in aboriginal communities, but if people are not well or not able to use the money effectively, it will be wasted. We need to deal at a community level and at an individual level.

We talked about complementary activities through Health Canada and through the healing foundation. I think the community wins and that, ultimately, the kinds of things the government does improve.

[*Translation*]

**The Chair:** Thank you, Ms. Deschamps and Mr. Lévesque.

[*English*]

We'll now go to Ms. Crowder for seven minutes.

**Ms. Jean Crowder:** Thank you, Mr. Chair.

I want to thank the witnesses for coming.

I also want to thank you for quite clearly explaining that this should not be an either/or situation. Health Canada has a role to play. It delivers some services to individuals. The Aboriginal Healing Foundation projects are community based and have a role to play.

As for why we're in the position of talking about an either/or situation, it really doesn't make any sense to many of us. Were you ever given any reasons for why the program was allowed to sunset, aside from the legal agreement that was in place?

**Mr. Michael DeGagné:** No. We haven't received a definitive answer. We've heard that we weren't present across the country in the way government services can be, which is quite correct. We also heard that it was never promised that the program would continue indefinitely, which is also quite correct. Aside from that, we haven't had a dialogue in which someone has said that this is the evaluation and this is what we found to be deficient.

I think the government has in fact been very respectful in terms of acknowledging the good work we've done. They haven't disparaged the work we've done as an excuse to end funding, but we haven't had a definitive answer yet.

● (1700)

**Ms. Jean Crowder:** I think it's a valid point. We haven't heard anybody say that the foundation and the projects that were funded were not good projects. We've fairly consistently heard that they were good projects.

I think there's a layered approach here. People have spoken to residential school survivors. I talked to one young man who told me that, first of all, he received treatment for drug and alcohol addictions. When that was finished, he went into trauma treatment. He was then going into another layer of treatment.

It was a healing fund project. There was a complexity in the treatment required, based on a community-based setting that seemed appropriate to the needs of the community and the individual. I'm not clear on whether or not he would have been able to access the same level of service on an individual basis. Is that your experience as well?

**Mr. Terry Goodtrack (Chief Financial Officer, Federation of Saskatchewan Indian Nations):** Yes. That's our experience as well.

I can think of a number of projects that complement each other with Health Canada, especially the NNADAP program. People are referred to the Aboriginal Healing Foundation project within the community. In the event they have some of these addictions, they're asked to first go through the NNADAP program.

When they come to our program, they are free from those types of issues and able to grasp the programming we undertake in our projects, whether it's anger management and so forth. They need to have a clean bill of health from NNADAP to be able to move to our program.

**Ms. Jean Crowder:** So it's a really good example of the kind of partnership that can exist between the Health Canada programs and the healing fund.

**Mr. Terry Goodtrack:** Yes, absolutely.

**Ms. Jean Crowder:** Are you aware if any analysis was done on the needs of individuals and their families and communities in this transition from closing down the healing fund projects to just being able to access Health Canada?

**Mr. Michael DeGagné:** No. I don't think there's been any analysis.

**Ms. Jean Crowder:** You're not aware of anything.

**Mr. Michael DeGagné:** No. There hasn't been a lot of research.

**Ms. Jean Crowder:** Do you know how many healing fund projects have actually closed their doors now?

**Mr. Michael DeGagné:** It's 134.

**Ms. Jean Crowder:** It's 134, and that means for some of them that the infrastructure that would have been in place to keep the doors open is gone.

**Mr. Michael DeGagné:** That's right.

**Ms. Jean Crowder:** That experience would be hard to regroup in short order if funding should become available.

**Mr. Michael DeGagné:** Yes, it would be.

**Ms. Jean Crowder:** In terms of not all communities being covered, we agree that not all communities were covered; it just wasn't possible with the funding that was available. Again, don't think that should be used as an argument to not keep funding the Aboriginal Healing Foundation. It just doesn't make sense.

I mean, if you have communities that were being serviced by AHF—recognizing that there are many other communities that are not—there wouldn't be a reason to use that as an argument for closing down, for sunsetting the program.

**Mr. Michael DeGagné:** No. In fact, it's the other side of the argument that I'm most concerned about.

The other side of it says that you can take the amount of money that we put in from the Aboriginal Healing Foundation, that if you take $7 million off the top of that, you can now extend the service to every aboriginal survivor in Canada and their families, and if you can't deliver it in the community, you can provide transportation services to the nearest therapist. It's not possible with that amount of money.

It's a claim that Health Canada would be under an enormous amount of stress to live up to.

**Ms. Jean Crowder:** Do I have time left?

**The Chair:** You have about a minute and a half.

**Ms. Jean Crowder:** I guess I'm troubled by the thought that you can transport people out of their community for healing. The ongoing support that's required in a healing journey is difficult to do on an individual basis. In a lot of communities, some psychologists and psychiatrists fly in. We know that; there are fly-in psychologists.

But to take people out of their community to do a comprehensive healing journey doesn't make sense to me. They were already removed from their communities, or their families were removed from their communities. I don't understand that argument.

● (1705)

**Mr. Michael DeGagné:** Yes, our experience has been that the closer you can get to the family and the community, the better off you are, first in terms of access. These are difficult processes to go through.

**Ms. Jean Crowder:** I know that with drugs and alcohol, they say that every person who is an addict touches at least seven other people in their lives. If you don't heal the whole group, it's difficult to heal just one individual.

**Mr. Michael DeGagné:** That's right.

**Mr. Terry Goodtrack:** That's why a number of our projects are not just dealing with the individual, but also with the family, with the spouses, and with everybody who is affected. I can think of the Hinton Friendship Centre in Alberta, where the core of their program deals with the community, the family, and so forth, and not necessarily just with the individual.

**The Chair:** Thank you very much, Ms. Crowder.

Now we'll go back to Mr. Rickford for seven minutes.

**Mr. Greg Rickford:** Thank you, Mr. Chair.

Thanks to the witnesses for coming today.

I must qualify any questions that I ask by first directly addressing my colleague who said that the mood in this room was “sombre”. She does not speak for me, especially, or for members of our caucus here.

I think we need to be proud of the record we have with respect to a number of key components, not just the Indian residential schools agreement at the time, because we were not in government, but subsequent to that, with the recognition and a further infusion of resources to a myriad of activities that occurred under that agreement. Most recently, as of 2010, in fact, we added a number of key resource allocations, with more than $285 million for a number of programs that may mostly indirectly, but directly as well, impact and deal with a number of health and mental health issues in first nations communities.

I take that seriously, sir, because, like you, I worked for Health Canada for a great deal of time. I'm not sure I share your view that in the final analysis Health Canada, as this legacy is dealt with under the agreement and as a matter of policy within Health Canada and INAC, isn't well served by an incorporation into its existing government services.

I know that in the great Kenora riding we have 25 isolated communities with nursing stations situated. I'm wondering then if you, as the executive director, can tell me, then, how many communities in the Kenora riding, for example, are you aware of that the Aboriginal Healing Foundation had direct contact with.

**Mr. Terry Goodtrack:** In your riding in particular, we have Eagle Lake. I did a site review there about a year and a half ago and it's just incredible, the work they are doing with the youth. The focus was primarily on the youth. The reason was the intergenerational effects. They integrated that program with their whole health component, which obviously is funded by Health Canada,so it really showed the complementary part of it.

**Mr. Greg Rickford:** So you're saying, Mr. Goodtrack, that an integrated concept or an incorporated concept is a good thing.

Eagle Lake, by the way, is a great community, and you're right to point out that they do a great job in their service delivery. They're about 25 kilometres outside the city of Dryden.

Let's move, then, if we might, to the 25 isolated communities that cover an area of more than 320,000 square kilometres in my riding alone. Are you aware of how many communities the Aboriginal Healing Foundation reached directly?

**Mr. Terry Goodtrack:** Yes. I'm going to share with you the projects that we have in your community, sir.

**Mr. Greg Rickford:** Five communities.

**Mr. Terry Goodtrack:** Windigo is one. It covers Bearskin Lake, Sachigo Lake, and Cat Lake. That's outreach, too, because for some of our projects, what we try to do as well is increase the catchment areas where we can and provide those outreach services to them. In Windigo, we were able to do that.

In Mishkeegogamang we have a project with the Ojibways of Onegaming and Wapekeka, providing one-on-one counselling, home visits, focus groups, healing centres, and information referrals to long-term support and counselling, including treatment centres and, certainly, the after care support.

So we have five projects covering a number of those first nations. Do they cover all of them? No. There is a coverage issue.

**Mr. Greg Rickford:** So you have reached five of the 42 first nations communities that are in my riding?

**Mr. Terry Goodtrack:** Yes.

**Mr. Greg Rickford:** And I do acknowledge, Mr. Goodtrack, that you did have some funding through NAN, which has catchment within my riding—

**Mr. Terry Goodtrack:** That's right.

**Mr. Greg Rickford:** —that delivered, finally and eventually, services to programs to participate in communities within NAN.

I guess the point that I want to make in this is to suggest that there were indeed and in fact good services provided by the Aboriginal Healing Foundation. Nobody disputes that, to a certain degree, although I have had serious residual concerns about how that resource got to a number of other communities.

It's worth pointing out that in the city of Kenora, which has a catchment of dozens of first nations communities, all of which were directly involved in two or three Indian residential schools that were located right in Kenora or not that far from it, the Aboriginal Healing Foundation has really not been present there, which kind of surprises me, to be honest with you, Mr. Goodtrack.

I appreciate that Lac Seul First Nation, which is a road-accessible community and in fact had an Indian residential school program there, did a good job.

But I want to move, as I often do, to talk about the isolated communities and the serious challenges that we face there—

● (1710)

**Mr. Terry Goodtrack:** Yes. I mean, the question is, have we actually been everywhere in the country? We haven't. When we started this program, it was proposal driven based on what we called "community readiness". The communities had to submit these proposals, based on what they felt, saying that they were ready to undertake a program like this.

Has every community across the country done that? No. Certainly it was subjected to the funding that we had, so there are certain—

**Mr. Greg Rickford:** Mr. Goodtrack, I was wondering—

**Mr. Terry Goodtrack:** I'll just finish. So certainly, some of those isolated communities, we did the future funding and those are the ones we would be targeting. That's over and above the amount we're currently doing. We're restricted by the amount, because that's what government would fund at. So if we were over and above that amount, we would go to those communities that you're talking about.

**Mr. Greg Rickford:** Yes. I think what's important is that moving forward there's a responsible decision to incorporate some of the broader funding and certainly departments to be able to administer some of the services where they may not be getting to. That's probably a fairer statement and a better characterization of that.

Just very quickly, yes or no, do you have quantitative and qualitative analysis, including surveys, that can tell us as definitively as we heard from the Health Canada resolution support program of the impact by survivors and their families from those communities—for example, the ones that you directly provided services for?

If you do, could I have those?

**Mr. Michael DeGagné:** Certainly. This is funded by Health Canada. We're the ones who did the research.

**Mr. Greg Rickford:** Thank you.

**Mr. Michael DeGagné:** I think it's probably important to realize, too, that it's a part of our mandate, and a very significant part of doing research will be lost as the foundation winds up. One of the important things, as you'll appreciate, is that we need to drag some truths out of what we're doing. If we put money into communities, we have to be able to tell people what it is that we learned—

**Mr. Greg Rickford:** I can appreciate that.

**Mr. Michael DeGagné:** —and we have a 27-piece research project that does that. I'd like to see the same level of detailed research coming out of Health Canada. It'd be an interesting comparison to make.

**The Chair:** Okay. We'll leave it at that.

Thank you, Mr. Rickford.

Now I'll go back to Mr. Bagnell for five minutes, followed by Mr. Duncan, and that will be our last question.

Mr. Bagnell.

**Hon. Larry Bagnell:** Thank you very much.

When people are in the toughest and saddest situations in Canada, it's very hard to find solutions sometimes, and we've actually found a solution, as shown by the evaluation, I think we can see what the problem is when that's being closed and at least one government member is not distressed.

Related to the health centres in the member's riding, of course they're not the same as healing centres. Because we don't have time during these questions, perhaps you could write to us, if you want to, about the fact that a vast number of the centres and health offices in Mr. Rickford's riding are not doing this professional healing. They have a nurse, etc.

I also think that Mr. Rickford, Madam Crowder and you made a good point that even with this extra work you did not have enough to cover everyone, so you should actually have more funds. If you have time, could you later provide the clerk of the committee a map showing the locations of your projects, the approximate number of staff and volunteers, and the approximate number of clients? It would be a good visual for the committee.

**A voice:** Certainly.

**Hon. Larry Bagnell:** The question I want to ask is related to when healing goes on, when it's needed. I was a bit distressed when you and the INAC officials talked about it being a contract and a deal that ends in 2012. But healing doesn't end then. I think you gave examples. You could perhaps write down some examples for us of where some of these things occurred 20 years ago and the healing's not finished yet. INAC has said that there are thousands of people coming in the next couple of years.

That healing for these very, very serious problems goes on for a long time. When we found out that H1N1 wasn't solved halfway through, we didn't cut off the money. We kept providing more vaccines. If a bunch of people are starving and CIDA's project has run out, we don't cut off the money. We put in more money. If a child is dying and he doesn't have enough medicine, you don't stop the medicine because the contract and the dose are done. It's a success, you keep going until the job's done, and you make the arrangements there.

Perhaps you could talk about the fact that the healing does not end in 2012 for tens of thousands of people from residential schools.

● (1715)

**Mr. Michael DeGagné:** Do you mean in writing or do you want me to comment a little bit about that?

**The Chair:** You have a couple of minutes.

**Hon. Larry Bagnell:** You can go ahead right now.

Sorry, but I'll give you one other question, and then can you put in writing for the committee what you don't get finished?

**Mr. Michael DeGagné:** Okay.

**Hon. Larry Bagnell:** As Health Canada has said, there are a number of services—everyone agrees they're complementary—they won't be able to provide. They're getting only 40% of the money you got. You did other stuff that they cannot provide in the future. Could you also send us in writing some of the things that your projects have done that they won't be able to do so that people understand more concretely their complementarity?

**Mr. Michael DeGagné:** Yes, I will do that.

In the minute or so that I have, I will say that the complementarity was in the statement. It's in the questions. At no time did we believe that integration of services works; there's a vast difference between a government service run by an aboriginal person and an aboriginally designed and operated program. They are night and day. We're not pretending that those two things are the same, nor are we pretending that one is any better than the other. We need both.

We have had $125 million over the last three years. That was a government obligation under the settlement agreement. We put that to use with the community side of this equation. We welcome the ramping up of individual counselling under the RHSW program, but one can't replace the other.

I'll be happy to also provide this type of research. We have a lot of it. I won't bury you with it, but it's a qualitative study exploring the impacts of this agreement on recipients. I'm sure that some of the members would find it very interesting.

**The Vice-Chair (Ms. Jean Crowder):** You still have 30 seconds.

**Hon. Larry Bagnell:** Could you go on about the fact that healing is not over in 2012 for tens of thousands of...?

**Mr. Michael DeGagné:** The healing is not over in 2012, absolutely not. One of the hardest and most difficult things we have to impress upon the Canadian public is that something that happened a long time ago could still affect you today. There are a lot of people who say, “Look, I didn't have anything to do with that, I don't remember that, and I wasn't part of the residential school system, so how can I be asked to be a part of that solution?”

The fact of the matter is that we all inherit things from previous generations that we have obligations for today. One of our obligations is to heal a part of our community that has been broken.

**The Vice-Chair (Ms. Jean Crowder):** Thank you.

We'll now go to Mr. Duncan.

**Mr. John Duncan (Vancouver Island North, CPC):** I heard a voice and thought it was the next questioner. You're sitting in a different chair now.

**The Vice-Chair (Ms. Jean Crowder):** It's me. You're in luck: no more questions from me.

**Mr. John Duncan:** Thank you.

I assume you have probably either read or followed the debate we had in the House on the AHF—

**Mr. Michael DeGagné:** Exhaustively, sir.

**Mr. John Duncan:** Yes, it was exhaustively.... In any case, I have some unanswered questions.

Mr. Goodtrack, you did say that originally 134 communities were chosen, and they were proposal-driven, if I understood that right, but the question really is how we got to 134 and why were those selected?

For example, I live on Vancouver Island, an island with a population exceeding that of New Brunswick, and we had one centre there, which I now see is one of the 12 that will continue. Yet it seemed that in the north there was pretty broad general coverage.

● (1720)

**Mr. Michael DeGagné:** The best way to categorize how these decisions were made was that we are operated by a 17-member aboriginal board of directors taken from aboriginal citizens from across Canada—all the provinces and territories. The process they went through at the very beginning was a very difficult one, because most aboriginal communities are used to formula funding; in other words, everybody gets their share and everyone is equally unhappy.

One of the things our board decided to do was to look at an application process whereby people could prove that they have the skills and abilities to deliver a project for their fellow citizens. They made very hard choices in saying, "You get one because you can deliver a service, but you don't get one". That didn't make them popular. It took several years to work through this strategy, but that's the way we approached it. Over the years we've funded about 1,600 different projects.

Terry will tell you a little more about the specifics around how that process works.

**Mr. Terry Goodtrack:** Thank you.

We have funded 1,662 projects in different waves, which initially started in B.C., then went into the Prairies, and then into the Inuit region. It was based on when the community was ready, as I talked about earlier. How did we get to the 134? There were 134 projects and 12 healing centres in addition to the 134. It has been a debate. There was some confusion around it, but nevertheless that's what it was.

In 2005 the reason we got the extra $40 million was to take as many of our projects as possible to March 31, 2007, to just before the settlement agreement. At that time, we even had to cut a number of very good projects. Our board didn't want to cut any, but based on the funding that was provided to us, we did, and we got down to that amount.

Then we had to make a decision in 2007 on what to do: whether to do an additional call or continue to fund the existing healing network we had. We know that it takes a year and a half to get up and running, and to build the trust between the therapists and the survivors would put us into two or two and a half years. Our board decided that if we started a new project we'd have to shut down.

The most responsible thing we could do at that time, in 2007, was to retain those 134 projects and run them to 2010. In addition, as I mentioned earlier, we had the 12 healing centres.

Again, to summarize, we had a number of projects in 2005. Because of funding limitations, we had to cut a number of them, and we based that on what we called the best projects. We retained those that were well-governed and those that provided direct therapy, one-on-one counselling, group counselling, and traditional healing. Those were the criteria we set for those 134 projects.

**Mr. John Duncan:** Also, I understand that for the funding that was supplied, the $125 million—the last big amount—there was a maximum five-year timeframe put on that, but it was up to AHF to determine the period in which that would be spent. Or am I labouring under a misconception?

**The Chair:** Again, just give a brief response, if you can.

**Mr. Michael DeGagné:** You're labouring under a common misconception.

**Mr. John Duncan:** Okay. Well, let's clarify it then, if you would, please.

**Mr. Michael DeGagné:** We were provided with a five-year mandate but were given three years of funding. During the negotiation process for the settlement agreement, it was very clear that we could not operate on anything less than $25 million a year.

For some strange reason, we were provided with three years of funding, which was to sunset on March 31, 2010, but were given two additional years to do our wind-down strategy, which would help us to complete things like our research agenda and so on. So three years of funding was provided, with zero flexibility to extend, unless we wanted to cut a third to a half of all the projects.

**Mr. John Duncan:** Thank you.

**The Chair:** Thank you, Mr. Duncan.

Thank you to our witnesses for taking the time this afternoon to join us.

Thank you, members, for all your interventions and questions.

I'd also like to thank our two vice-chairs, who helped out this afternoon by presiding over the meeting.

Mr. Bagnell, do you have a question?

**Hon. Larry Bagnell:** I was just wondering if it would be possible to ask the researcher to do a map for us of where the Health Canada offices are that are delivering this program. It would be helpful for us visually.

● (1725)

**The Chair:** We'll ask the department. They may have it. We'll check into that.

**Hon. Larry Bagnell:** If the health department does it, that would be fine too.

**The Chair:** Sure. We'll see if we can source that for you.

[*Translation*]

One moment, Mr. Lévesque.

[*English*]

We'll have time to take your question.

Just before you go, members, next week we will be having the second meeting on this study. That will be on Tuesday. We have a very full slate on Tuesday.

On Thursday, we'll take some time to wrap up this study in terms of getting instructions to our analysts so that we can get a short report ready, as was compelled by the motion.

We'll also start resuming consideration of the northern economic development study. That's what's in store for next week.

*Monsieur Lévesque, vous avez une question.*

[*Translation*]

**Mr. Yvon Lévesque:** Thank you, Mr. Chair.

Earlier, I asked Mr. DeGagné to respond in writing to the clerk. I merely want to clarify that his response should be addressed to all members of the committee.

[*English*]

**The Chair:** To our witnesses, you have that, and you've understood that commitment. Can you refer those back to the clerk? If they're not in both official languages, we'll have those responses translated and then sent out to all members, of course.

Go ahead, Mr. Russell.

**Mr. Todd Russell:** Mr. Chair, I just have a quick question. If I want to submit a written question to a witness, what is the procedure?

**The Chair:** Aside from posing the question while you have the floor—

**Mr. Todd Russell:** Yes.

**The Chair:** —you're welcome to send questions directly to the witnesses. I'm sure they would have no problem responding. Or if you wish, you can send them to the clerk, and we can send them under the signature of the committee. It doesn't matter either way. What happens, though, if it goes out under the signature of the committee, is that when the response comes back, it is sent out to all committee members.

It's your choice.

**Mr. Todd Russell:** Thank you very much.

**The Chair:** Thank you very much.

Have a safe and wonderful evening, all of you. Take care.

The meeting is adjourned.

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