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Chair

Mr. Bruce Stanton

Standing Committee on Aboriginal Affairs and Northern Development

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● (1530)

[*Translation*]

The Chair (Mr. Bruce Stanton (Simcoe North, CPC)): Good afternoon everyone. Welcome to the 14th meeting of the Standing Committee on Aboriginal Affairs and Northern Development.

Pursuant to the order of the day, we are studying the matter of the Aboriginal Healing Foundation.

[*English*]

This afternoon we welcome four witnesses, four organizations in fact, in our continuing study pertaining to the Aboriginal Healing Foundation. I see that one of our witnesses is yet to arrive. That doesn't stop us from proceeding.

I'm sure some of you have done this before. If you haven't, essentially we'll allow ten minutes for each presentation, and as you'll see, questions from members are timed. After each of the four ten-minute presentations we will go to a round of questions from members of Parliament in a prescribed order. That is seven minutes for the questions and responses, and we'll give you more on that as we go through.

We'd like to welcome, from Inuit Tapiriit Kanatami, the director, Elizabeth Ford. She is the director for the Department of Health and Environment. She's joined by Jim Cincotta. Jim is the senior policy adviser, Department of Health and the Environment.

Let's begin with your presentation, Ms. Ford, and then we'll proceed down the row.

Ms. Elizabeth Ford (Director, Department of Health and Environment, Inuit Tapiriit Kanatami): Thank you.

Thank you for allowing me to come and speak to you today.

When the Aboriginal Healing Foundation began in 1998, its primary objectives were to break the cycle of physical and sexual abuse that was a consequence of the residential schools experience in Canada and—

The Chair: Ms. Ford, particularly if you're reading from text, if you read a bit more slowly than normal then the simultaneous interpretation will be good for everyone.

Ms. Elizabeth Ford: Okay.

When the Aboriginal Healing Foundation began in 1998, its primary objectives were to break the cycle of physical and sexual abuse that was a consequence of the residential schools experience in Canada and to improve the well-being of Canada's aboriginal peoples. It is Inuit I will be talking about today.

Programs were designed to support a holistic and community-based healing process for survivors and their families and to address the specific needs of the Inuit. The work was community-driven. Projects funded by the foundation were designed in and by Inuit communities. Funding was based on community readiness, and because such readiness takes time, some programs were just getting started and getting off the ground on March 31 when the foundation's funding came to an end.

Across the four Inuit land claim regions, including the Inuvialuit settlement region of the Northwest Territories, Nunavut, the Nunavik region of northern Quebec, and the Nunatsiavut region of northern Labrador, the foundation funded almost three dozen community-based programs.

I would like to tell you about one such program called "healing together using our traditional values and ceremonies". This program provides resources to 14 Nunavut communities and was administered by the Nunavut Regional Board of Health and Social Services. The results of this program were enormous. As cited in the 2009 AHF evaluation report, the program helped parents and children understand one another better. Many survivors, the report said, were looking for answers and solutions to trauma, helplessness, and dysfunction. The workshops have provided them with the tools necessary to address these issues.

These workshops provided a safe place for youth and elders to connect and share experiences, often for the first time. Workshops drew in elders who had never before recounted their experiences to youth or anyone else. AHF-funded programs provided a safe environment, an opportunity to speak about their experiences and to heal.

Inuit who have attended such workshops say they are living healthier, happier lives, but many are concerned that the discontinuation of AHF funding will mean the potential for increased drug use and suicide rates. If you have travelled in the Arctic, then you know that there are really no alternative mental wellness resources. The 2010 federal budget allocated an estimated $199 million for residential school survivors, with a portion going to Health Canada to further support the Indian residential schools resolution health support program, RHSP for short.

RHSP provides emotional health and wellness support to residential school survivors and their families regardless of status or place of residence, but only if they're eligible for the common experience payment and are in the process of resolving a claim. Not all survivors are eligible for the common experience payment, notably Inuit living in Nunatsiavut. This means that Nunatsiavut will not have RHSP infrastructure in place to assist survivors working through the Truth and Reconciliation Commission process.

The RHSP complements programs provided by the AHF and has provided services to many Inuit seeking support. However, the AHF was different in a few key ways. It was community-based, while RHSP service serves individuals. AHF funding helped to develop healing capacity within communities, while RHSP brings in counsellors from the south. When seeking RHSP services, Inuit must dial a 1-800 number answered only in French and English, significantly limiting access for survivors whose first language is the Inuit language.

As the executive director of Iqaluit's Tukisigiarvik points out, under the RHSP Inuits seeking services must call their regional coordinator, who for Nunavut is inconveniently located in Whitehorse, three time zones away. Comparing both models, AHF delivered an aboriginal program that complemented Health Canada's RHSP.

I believe there is a place for both service delivery models for Inuit. Research from AHF evaluations shows that the two programs together were getting excellent results.

In Nunavut, AHF funded programs in Pangnirtung, Clyde River, and Iqaluit. All three communities used AHF funding to strengthen and integrate healing programs within mental wellness centres. This interwoven system of healing brought Inuit together to address issues of addictions and trauma in an environment in which they could learn healthy coping skills.

● (1535)

Elders dropped in for coffee and would often chat with Inuit who were waiting for services. During these informal conversations, elders contributed greatly to the healing journey. These places, managed by Inuit, and where staff spoke the Inuit language, created a sense of ownership, pride, autonomy, and self-determination. They helped to develop trust between the AHF and the community groups running AHF programs.

The foundation was progressive, allowing Inuit to take control of the healing and their lives. Its funding was vital to Inuit health and well-being. But some programs that have only recently started have now closed their doors, and for many the healing journey that had only just begun has come to an abrupt end. This is truly a shame.

The message that I hope you will take with you today is that if we are to seriously address the mental wellness needs of Inuit, sustainable community wellness funding is absolutely essential.

Thank you.

The Chair: Thank you, Ms. Ford. We will come back to you for questions once we are finished the presentations.

Now we will go to Ms. Yvonne Rigsby-Jones, who joins us from the Tsow-Tun Le Lum Society. Yvonne is the executive director of that organization.

Go ahead, Ms. Rigsby-Jones, for ten minutes.

Ms. Yvonne Rigsby-Jones (Executive Director, Tsow-Tun Le Lum Society): Thank you.

Honourable members, I thank you, and I am privileged to present to you today in support of the Aboriginal Healing Foundation.

I acknowledge the Algonquin people of this land for having me here today to work.

As you heard, I am Yvonne Rigsby-Jones. In the Snuneymuxw First Nation my calling has been to assist the healing process of many of our people, with the guidance of elders and tradition balanced with western therapies.

I am the executive director of Tsow-Tun Le Lum treatment centre on Vancouver Island, British Columbia. We have led the way over the past twenty years in the area of assisting residential school survivors heal from their experiences.

However, today I speak not only as an administrator, but also as the wife of a survivor, the mother of children who have suffered the intergenerational impacts, and a grandmother. I am totally committed to creating a life free of abuse for our children, who so richly deserve that.

My husband John is a survivor of the Port Alberni Indian Residential School. In the early 1990s he was involved in one of the first court cases against a dormitory supervisor at Port Alberni.

Really, no one understands. The current government is meeting the obligations that were set out in the settlement agreement, and I acknowledge that, but I also know and understand the ongoing need for community-driven and culturally based programs. Many of our past and current residents are absolute miracles. They demonstrate resiliency and strength in order to get up and face each new day.

We know the positive impacts of having the Aboriginal Healing Foundation programs, as recorded in the recent evaluation by the Department of Indian Affairs. We know from past experience that not having the projects in place recycles the harm back to communities, creating a domino effect of harm statistics, and money spent on crisis intervention such as hospitalization and child welfare, and the likelihood of increased spousal assaults.

With the Truth and Reconciliation Commission work beginning, and the number of hearings that are still to be held, former student memory banks will be opened. They will be living flashbacks and having anxiety and, along with their families, will be experiencing many triggers.

Internationally known psychologist Bessel van der Kolk's research has found that flashbacks are not just bad dreams, but are a reliving of the whole traumatic experience and are felt again in the survivor's body. Physical and sexual abuse account for a large part of the legacy of the Indian residential school impact and were an integral part of the work that has been done by the Aboriginal Healing Foundation.

Since discussing the lack of funding for the Aboriginal Healing Foundation is the purpose of my presence here today, I have gathered information from a few research projects to support the monetary value of continuing to fund community-based aboriginal projects. I would also like to note that for many survivors of the Indian residential schools, developing trust with non-aboriginal people is a barrier, given their many negative experiences, and it is something they have also passed on to their children. So the presence of community-based programs, the services offered by Health Canada, and therapists help build bridges for more successful relationships with non-aboriginal people.

There are Health Canada services available. They are fee-for-service and not always aboriginal-sensitive or easily accessible. Resolution health support workers can offer initial support and referral but are not intended to address long-term trauma counselling needs.

I was taught early in my training that recovery from childhood sexual abuse takes at least three years of committed therapy. That, along with residential school trauma and loss of identity, makes the issues that survivors and their families face extremely complex.

Addressing the allocation of scarce resources and continuing to fund foster children, incarceration, and homeless initiatives are not the best outcomes for Canadians' tax dollars.

● (1540)

The Cedar Project in British Columbia has been doing research, they say, with purpose. They're published in the academic world and are recognized as credible researchers. One of their recent papers states that sexual trauma will continue to impact individuals, families, and communities until unresolved trauma is meaningfully addressed in client-driven, culturally safe programs.

Sexual abuse has been linked to many health issues, including mental, sexual, and drug-related vulnerabilities. I also worked with the Corrections Canada contract, which had many meetings based on that work.

The recent statistic for youth in juvenile detention is that over 50% in British Columbia today are aboriginal. There's a recent Correctional Services Canada evaluation, and that report documents the over-representation of aboriginal people in the federal institutions.

Quoting Dr. Stephen Duckett, CEO of Alberta's health services, in 2009:

> The science of economics is cast in all sorts of ways. Sometimes it is portrayed as being about naive cost cutting, but that is not what I think people in this room would understand about economics. As you all know, economics is about how to allocate scarce resources...

Continuing to fund the Aboriginal Healing Foundation addresses many of the cost issues in the health care system in many other ways. There are many success stories of people, approximately 1,700 to date, who have completed treatment at our project. We are just one of many projects that have contributed to community healing funded by the foundation.

At Tsow-Tun Le Lum, we have done this work for enough years to have witnessed three generations of the same family attend healing programs. I have personally worked with incarcerated individuals. One of our former residents has never looked back. He is now grown up and works inside of a federal institution, after moving from the juvenile system to provincial system to the federal system; he's been out of incarceration since the early nineties. And he's just one of our stories.

As the schools ran for over 100 years, funding the healing process for such a short time seems desperately inadequate. Breaking the cycles of abuse is generational. I have a six-year-old granddaughter, and I'm her only grandparent who did not attend residential school. We have a 40-year-old staff member who attended residential school. These intergenerational effects are not history; they are still very present today.

The Aboriginal Healing Foundation projects are not a one-size-fits-all design. They demonstrate clearly the empowerment of individual communities to stand together and work together to create change that increases overall well-being and peace. For many survivors and their family members the ability to stay clean and sober is challenged until the trauma recovery work is addressed.

For many of the people who are faced with allocating funds, statistics are numbers; for our community members they represent sisters, brothers, parents, or children.

The Aboriginal Healing Foundation has a wealth of research documenting what works. To be able to continue healing our communities in a culturally safe environment is really important. If there are fewer children in care, fewer people incarcerated, fewer children growing up in family violence, that creates significant cost savings to the government in other areas.

In my preparation I lost a couple of paragraphs of statistics. They must be lost in cyberspace in my computer somewhere. But I know from our own project we did a...

● (1545)

Is it time to wind up?

The Chair: We have our translation switched over on a different channel. Please just stand by for a moment.

[*Translation*]

Good? Thank you very much.

[*English*]

Okay. Please go ahead and finish up, Ms. Rigsby-Jones.

Ms. Yvonne Rigsby-Jones: I reviewed the small research project we did at Tsow-Tun Le Lum a few years ago. We found people who had been through treatment over many years and were at all different levels of recovery. We found that with an increased level of post-secondary education completed, there was a significant drop in hospitalization. Incarceration dropped from 56% to 13% in the sample we studied. I believe you're all aware of what it costs to keep people incarcerated and in foster care. We also have stats on the number of people who now have their children back. All of those issues really support the need for this ongoing work in our communities.

Thank you very much for listening.

The Chair: Thank you very much, Ms. Rigsby-Jones.

We now welcome Nakuset, the executive director of the Native Women's Shelter of Montreal. She is joined by Carrie Martin, the evaluation coordinator. I see we are also welcoming a third representative of the organization here today. It's great to have your baby with us. We're delighted.

Please proceed, Nakuset. We are allowing ten minutes for your presentation. We'll have one more ten-minute presentation after that. Then we'll go to questions from members. We'll let you know when you get close to your ten minutes.

● (1550)

Nakuset (Executive Director, Native Women's Shelter of Montreal): I'd like to begin by thanking the standing committee for inviting the Native Women's Shelter here to the table. We are very happy to be here.

My name is Nakuset, and I'm the executive director of the Native Women's Shelter of Montreal. Our mission is to provide a safe and supportive environment that strengthens cultural identity, self-esteem, and independence for aboriginal women and their children.

According to *Shingwauk's Vision*, the Jesuit experiment in boarding school education got under way after 1636. The Native Women's Shelter created the "Moving Towards the Seventh Generation" project and was granted funding by the Aboriginal Healing Foundation in October 1999. As the shelter was aware of the horrendous abuses that took place in the residential schools, our project was designed to offer healing to those impacted by the crippling effects of the intergenerational trauma from these schools.

Some of the abuses suffered included sexual abuse, spiritual abuse, physical abuse, emotional abuse, and psychological abuse. The impacts of these abuses are far-reaching and include, but are not limited to, broken family systems, loss of culture, loss of language, loss of traditions and ceremonies, internalized shame, anger, chronic addiction, dependency thinking, spiritual and cultural shame, mistrust of leadership and authority, and physical abuse of children and other vulnerable people.

The knowledge of this dark piece of history that continues to plague our people to this day led us to develop a comprehensive healing program that addresses the majority of issues I just mentioned.

Our programs were strongly grounded in the teachings of—

The Chair: Nakuset, please don't take any offence by this, but you can keep a bit of distance from the microphone. It's pretty sensitive and picks it up. We're doing simultaneous translation, so going at a normal speed is quite fine. We will get through the ten minutes and you'll be fine.

Nakuset: Okay.

Our programs were strongly grounded in the teachings of the medicine wheel, which focused on the physical, mental, spiritual, and emotional healing. The "Moving Towards the Seventh Generation" program included positions that were created with the needs of survivors in mind, to counter the effects of residential schools and the severing of ties to culture, teachings, and healing.

Survivors of residential schools were not taught interpersonal and familial skills, and in the absence of emotional support and nurturing that had a devastating effect on their own parenting. To quote J.R. Miller, "The lack of parenting skills has frequently been cited as a major problem affecting Native families and communities down to the present day. The breakdown of families that resulted in spousal and child abuse, desertion, alcoholism, and substance abuse has been a plague in Native communities."

Therefore, at the shelter we had many different positions. One of our positions was the family care worker. Her primary mandate was to work with mothers in all aspects of parenting, including hygiene, nutrition, child supervision, healthy supervision, bonding, and so on, and this was accomplished through weekly workshops, individual and family therapy support, and referrals. She also did such things as planning children's activities and family activities, providing counselling and educational workshops, organizing outings, and planning meals.

What were the impacts of the program? It taught the clients basic parenting skills that were lost as a result of the residential school system. It strengthened the family. It empowered the mothers to be independent. It allowed for informed decisions on nutrition and hygiene and a sense of identity and belonging within a family.

We also had a program coordinator who planned monthly calendars of events, distributed, collected, and analyzed evaluation forms for all these events, planned wellness activities, organized ceremonies, organized sweat lodge retreats, arranged for traditional healing and therapy, organized talking circles and healing circles, and arranged for traditional teaching workshops, arts and crafts workshops, pow wow dancing, instructional workshops, traditional feasts, and drumming. She also had a newsletter that went out monthly, and she had bimonthly resident meetings. In that way, she got feedback from the clients to make sure they were happy with the programming.

The impacts were that clients could use traditional healing methods to cope with the effects of residential schools and to reconnect to culture and tradition. They were introduced to cultural teachings about rites of passage and traditional roles for men and women, and could work on issues of chronic addiction, healing from shame, and dysfunction.

We also had a healing lodge coordinator. She worked only in the summer, and she planned retreats, away from the shelter, up in Saint-Adolphe-d'Howard. She planned sweat lodge retreats. Those included ceremonies, traditional arts and crafts workshops, self-defence training, hiking, and special activities for children and families. The impacts were reconnection with nature, social supports, spiritual connection, internal balance, and harmony.

We also had a sexual assault counsellor. The activities she took on included crisis counselling, supportive listening, referrals, information and educational workshops. Clients could heal from the effects of intergenerational sexual abuse, work on breaking the cycle of sexual abuse, advocate for justice and healing, and heal from shame and dysfunction.

We had a clinical supervisor. She ran workshops for all the staff at the shelter, supervised the client cases, and gave guidance to all the counsellors. The impact was a holistic healing model implemented for the healing plans of all clients.

We also had a conference coordinator. The activities included organizing an annual conference addressing all aspects of healing from the effects of residential schools, and reporting back to the urban aboriginal community on the shelter's activities in reference to healing. The impact was raised awareness of residential school issues, which assisted the community to be better equipped to help survivors, and heal from shame and dysfunction.

● (1555)

These are usually three-day workshops. They're very well attended. We had elders from all over.

The last position is the evaluation coordinator, which is the position that Ms. Carrie Martin now holds. She's been asked to evaluate the “Moving towards the Seventh Generation” project and the closure of all reports and files.

The impact is a deeper understanding of the long-term need for traditional healing and techniques. In the absence of these crucial programs, clients no longer have access to traditional and cultural healing. The impact of this loss has been felt throughout the province of Quebec. Remote communities used to refer clients to our services. We can no longer offer our healing programs to them.

Residential schools were introduced close to 350 years ago. We strongly believe that ten years of healing do not even begin to address the myriad issues stemming from the residential schools. We therefore appeal to you to reinstate the funding of the Aboriginal Healing Foundation.

In the spirit of healing, we thank you.

The Chair: Thank you, Nakuset.

I would also note the attentiveness of our young witness here today. It's a good model for all members of Parliament to follow.

We'll now proceed to Madam Madeleine Dion Stout. Madeleine is a board member for *la Commission de la santé mentale du Canada*.

● (1600)

[*Translation*]

Ms. Dion Stout, you have 10 minutes for your presentation.

[*English*]

Mrs. Madeleine Dion Stout (Board Member, Mental Health Commission of Canada): Thank you, Mr. Chair.

[*Translation*]

Good afternoon to everyone.

[*English*]

especially to the esteemed leaders of the standing committee and to my co-presenters.

I'm very pleased to be here today to tell you a little bit about the work the Mental Health Commission of Canada is carrying out and how aboriginal organizations, including the Aboriginal Healing Foundation, are contributing to the commission's efforts.

First, a little background. The Mental Health Commission of Canada is a fairly new player on the national scene. It was created in 2007 by the federal government, following the largest study ever conducted in this country into the status of mental health, mental illness, and addiction in Canada.

The commission's mandate is to focus national attention on mental health issues and to work to improve the health and social outcomes of people living with mental problems and mental illness. Of note, the Mental Health Commission of Canada does not deliver services and programs like the Aboriginal Healing Foundation has done, but rather acts as a catalyst for change.

One of the Mental Health Commission's mandates is to develop a mental health strategy for Canada. You might ask why we even need one. The answer is that although thousands of people are working to make a difference in the area of mental health care in Canada, the harsh reality is that many of the pressing needs of those living with mental health problems are not being adequately addressed.

Another reality that affects the development of a mental health strategy for Canada is the fact that we are a very diverse country. It's important that this work doesn't just result in a pretty document that sits on a shelf. It has to be something real, which means it also has to work for Canadians from every stage and every walk of life, from coast to coast to coast, for children and youth, for seniors, for English-speaking Canadians, for francophones, for immigrants, and of course for Canada's first nations, Inuit, and Métis. A one-sized strategy would not make sense, as I'm sure you would all agree.

In 2009, after extensive public consultation, we released a document, “Toward Recovery and Well-Being”. This document creates the framework for what will become Canada's first-ever mental health strategy.

It should be noted that the document was created with input from the Mental Health Commission and the First Nations, Inuit, and Métis Advisory Committee, one of the aid advisory committees working to direct the efforts of the commission. Input also came from other national aboriginal organizations and from consultations held across the country, including in the north, where individual and aboriginal stakeholders provided direction through online consultation processes. It wasn't just people from the north who did that, obviously; it was everybody else to whom the process was open. It was to all Canadians. Knowledge shared by the Aboriginal Healing Foundation and their various stakeholders contributed.

As a result of all our consultation work, the framework sets out a vision for recovery and well-being for all people in Canada that is holistic, has a focus on environment, self-determination, cultural safety, healing, hope, well-being, and community development, and that places a value on traditional and customary knowledge. What I like to say on the Mental Health Commission is that tradition is more modern than modern is today, and it has to be that way in our recessionary economies.

By telling you about all of this, I'm hoping to convey just how important input from Canada's first nations, Inuit, and Métis peoples has been to the efforts of the Mental Health Commission.

I have already mentioned the work of the First Nations, Inuit, and Métis Advisory Committee. This committee is working to ensure cultural safety becomes an important part of mental health care in Canada. They are also working to create ethical guidelines to address how front-line health care services are delivered, especially in mental health and addictions, where some of the most vulnerable indigenous people seek support.

● (1605)

In addition, the Mental Health Commission of Canada is working on a homelessness research project in five cities across Canada: Moncton, Montreal, Toronto, Winnipeg, and Vancouver. It is estimated there are between 150,000 and 300,000 homeless Canadians and about half also have a mental illness.

Each city is targeting a specific group in order to understand how best to help those who are homeless who also have mental illness and mental health problems. The Winnipeg project is taking a holistic approach to addressing homelessness and mental health issues in urban aboriginal people. This made-in-Winnipeg model includes services based on traditional aboriginal teachings.

At this point I would like to add a few comments specifically about the work of the Aboriginal Healing Foundation based on personal experience and knowledge. In many respects I am the human face and voice from the margins that the Mental Health Commission is working valiantly to place at the centre of its work, for I too have ridden waves of vulnerability as a survivor of a residential school.

When our Prime Minister, Stephen Harper, made his historical apology about the wrongs that were committed against first nations, Inuit, and Métis individuals, families, and communities because of residential schools, Canada as we knew it stood still in tribute while we first nations, Inuit, and Métis stood tall, affirmed, and forward-looking in the very places and spaces we play in, work in, and pray in right across the country.

The old ones tell us to utter into the universe only those things we want to be beholden to and only those that will take hold. The Prime Minister's apology was one of those finer moments in Canadian history. But his holy—if I can use that word—words and actions may not have fallen on such fertile ground had the Aboriginal Healing Foundation not encouraged, cultivated, and disciplined consciousness-raising about the legacy and spillover effects of the residential schools beforehand through its research and funding efforts.

The high level of engagement of first nations, Inuit, and Métis people in Aboriginal Healing Foundation projects has also shown just how committed aboriginal people have been in creating change in order to build a stronger sense of self, family, country, and nation.

Sustaining this momentum for change will happen if funding for the Aboriginal Healing Foundation is renewed.

First, the Aboriginal Healing Foundation needs to be given an opportunity to examine and develop healing indicators such as the rates of physical and sexual abuse, children in care, incarceration, and suicide. It has not been able to track these because it had to operate in such a short funding period.

The Aboriginal Healing Foundation and the Mental Health Commission can work together on engendering new conversations on mental health and well-being because we share sentiments like “We are healed because we have known hope and recovery, belonging, usefulness, and trust.”

Secondly, we experience heartbeats, reminding us that we are all related. We are one self as other.

Third, we both show splashes of colour because we believe life is worth living and that life is worth contributing to, and that we all have the potential to do this.

Fourth, we seize the moment. We are aware that as moments die, our future is still ahead of us. It is not behind us.

● (1610)

The Aboriginal Healing Foundation has done the work the Mental Health Commission will be building on, that is, securing our cultural ethnic identities, building social cohesion, not just among ourselves, meaning first nations, Inuit, and Métis, but I think we've gone some distance in forging better relationships with other Canadians and promoting mental health and preventing mental illness among first nations, Inuit, and Métis.

As the Aboriginal Healing Foundation gave voice to survivors like me, valorized our optimism, pragmatism, human agency, and resilience, it went a long way in encouraging us to be forward-looking and to be part of go-forward strategies, not the least of which are the ones the Mental Health Commission is carrying out right now.

Because the Aboriginal Health Foundation has been there, we're not such strangers on our land. We're reclaiming lost childhoods and confronting our mental health problems. We're looking at our world through aboriginal lenses, partly because the Aboriginal Healing Foundation facilitated this.

Thank you very much.

I'll stop there. It was just going to be general comments after this.

[*Translation*]

Thank you all very much.

The Chair: Thank you, Ms. Dion Stout.

We will now proceed with members' questions.

Mr. Russell, you have seven minutes.

[*English*]

Mr. Todd Russell (Labrador, Lib.): Good afternoon, Mr. Chair, and thank you.

A couple of my colleagues are commenting that if I get into my really rapid pace you'll probably want to find another channel on the translation dial in order to really get an understanding of what I'm saying.

I just want to welcome each of you and thank you for your words and your powerful case in defence of the work of the Aboriginal Healing Foundation and the testimony you gave that underscores how fundamental it is to many of our people in our communities, and certainly to the communities themselves.

I certainly want to welcome that young witness, who—it sounds like to me, anyway—is certainly objecting to the Conservative government's decision to cut the Aboriginal Healing Foundation as well. At least that's my translation.

I want to ask a couple of questions and I want to focus on the Inuit, in particular.

There are a lot of these are isolated communities. Of course, I'm from Labrador. We have Nunatsiavut, which means “our beautiful land”. The interesting comment you made is that for the last couple of years we had an Aboriginal Healing Foundation program in Nunatsiavut, but there have been no common experience payments because there's still ongoing litigation, there are ongoing negotiations and talks about whether they will actually be brought under the Indian residential schools settlement agreement. So we will have some healing that has taken place because the communities have been ready and picked up that part, their responsibility. And now you're saying if we do away with the Aboriginal Healing Foundation, and even if we move to the residential health support program, they won't be able to get it at all, so there will be an absolute gap there, because it's only applicable to those who will have common experience payments or who fall under the Indian residential schools settlement agreement. So that's one impact.

The other impact I hear you saying is that there are very few resources, if any, outside of what has been developed over the last number of years, in a lot of Inuit hamlets and communities in Nunavut, and the Nunavut legislature unanimously passed a resolution saying we should keep the Aboriginal Health Foundation.

So I just want you to give us some concrete examples of what happens in some of these Inuit communities. And what will happen if it's not there? Will a person just have to pick up a phone and call a 1-800 number, be redirected to somebody, in some other part of Canada who can't speak their language, doesn't know who they are? Then someone on the other line says “Go and see a counsellor”. If you're in Gjoa Haven or if you're Pangnirtung, that might be hard to come by.

So just give us a concrete example of what the differences might be with the Aboriginal Healing Foundation programs, and then if they're not there.

● (1615)

Ms. Elizabeth Ford: First of all, generally there are not a lot of services in communities. What the Aboriginal Healing Foundation has provided, as other people have said, are services to Inuit in their own language, by their own people. There are programs that are developed for the communities based on the needs of those communities. Those communities were, and are, at different stages. They provide what's necessary for the community.

Without those services people would have to travel. In terms of the RHSP program, that's what you do. You call a 1-800 number. Coming from a small community and trying to access a service—I would have never even called a 1-800 number, I don't think, never mind that I could speak the English language—they don't have access to culturally relevant counsellors who understand the issues and the environment they live in.

If they go south, they have to leave their community and their family and their support to see counsellors. They may not speak the language. They would have to leave and go to cities, which is not an easy task; there is discomfort in having to do that.

Do you want to talk about the specific....

Mr. Jim Cincotta (Senior Policy Advisor, Department of Health and Environment, Inuit Tapiriit Kanatami): It also retraumatizes. With residential schools people were taken from their communities and placed in other locations. The Aboriginal Healing Foundation offered healing in their community. With the Health Canada programs, if you have to leave it reinforces that you're being taken out of your community again. It's not contributing to your health; it could possibly retraumatize, and that's what we are trying to avoid.

In Nunavut, at least in the Baffin Island region, the money from the Aboriginal Healing Foundation was used very wisely at some smaller healing centres to build a one-stop shop where community members can come in. For example, in Iqaluit they have over 4,000 people dropping in. That's a lot of people for Iqaluit. They would provide counselling to around 500 individuals in an Inuit language, by a traditional elder, or in a traditional way that was very familiar and healing.

It built a centre where community can come together. That's how they used the money very wisely.

But if you look at the Health Canada program, which was complementing these types of services, it's more of a southern-based program that is one-size-fits-all. It's rigid and it's based outside of the community. If you have to call a 1-800 number, a lot of people won't do that. Your phone lines may not be working. There are a lot of technical limitations in a rural, remote, isolated Arctic community. Then if you have to bring people up north to do counselling, flying into communities delays the healing when healing is better served in the community.

The Chair: Thank you, Ms. Ford and Mr. Cincotta and Mr. Russell.

[*Translation*]

Mr. Lemay, the floor is now yours.

Mr. Marc Lemay (Abitibi—Témiscamingue, BQ): The Aboriginal Healing Foundation program cost a total of $350 million over a period of 11 years. It was launched in 1998. So everyone should have known that it would come to an end in 2009.

Has either one of your organizations been notified that the funding will no longer be available as of 2010?

● (1620)

[*English*]

Ms. Elizabeth Ford: People knew that the Aboriginal Healing Foundation was for a set time, but there isn't other funding that can address that for regions. For example, in the centre that Jim talked about, they were looking for other funding, but the funding for the Aboriginal Healing Foundation was multi-year. Coming from a small community and trying to spend your time looking for funding, when you have to look for applications, write proposals, and then do the work, takes away from trying to help people heal. It's not that easy to find alternative funding.

I think the centre in Iqaluit lost 80% of their regular funding. They have been trying to keep it going and they are looking for other dollars. They think they can probably operate until October this year. They will try to find funding for next year, but they don't think they have a chance of surviving because it's not that easy to find those funds.

[*Translation*]

Mr. Marc Lemay: Okay.

What about the others?

[*English*]

Ms. Yvonne Rigsby-Jones: I work at a project that's funded until 2012. We've known all along that this was intended to be a sunsetted program; however, with the Truth and Reconciliation Commission issues coming up, the impacts of the common experience, and the settlement agreements in the communities, it's becoming even more apparent how much work we still have to do.

[*Translation*]

Mr. Marc Lemay: There is much work still to be done.

How many people come to the Native Women's Shelter of Montreal every year?

[*English*]

Nakuset: We have up to 200 women who come through our shelter. We also have our outreach program with maybe another 60 to 100 women, and 60 children.

[*Translation*]

Mr. Marc Lemay: Do they come from all over Quebec or just the Montreal area?

Nakuset They come from all over. As I said earlier, people are referred to us from communities such as Povungnituk. We offer many programs that are not available in their community. When we received funds from the Aboriginal Healing Foundation—

[*English*]

I'm going to have to hold the baby.

[*Translation*]

Mr. Marc Lemay: In the meantime, Ms. Dion Stout—

[*English*]

Mrs. Madeleine Dion Stout: I knew, as a member of the aboriginal member of the community, but a formal presentation to the Mental Health Commission was not made.

[*Translation*]

Mr. Marc Lemay: Ms. Martin, are you able to finish the statement that Nakuset unfortunately could not? Do you know whether it is possible to provide services other than through this program?

[*English*]

Ms. Carrie Martin (Evaluation Coordinator, Native Women's Shelter of Montreal): You are asking whether it's possible to provide the services without the funding. Right now we're trying to continue the services. We're relying on a lot of the traditional healers and elders to come in on a volunteer basis. But accessing funding that is equivalent to the AHF is nearly impossible. When we try to access funds, they all require that the mandate of the shelter be specifically for what we're applying for. We can't change our mandate, so we're having difficulty accessing funds to pick up where the Aboriginal Healing Foundation cuts were.

● (1625)

[*Translation*]

Mr. Marc Lemay: If the baby will let you, could you finish your answer?

[*English*]

Nakuset: We've had funding since 1999, so there was always an expiry date. But the expiry dates were maybe every two or three years and we always got renewed. I'm on maternity leave, but I spoke to someone at AHF and asked how it looked for future funding. He gave me the impression that once the government came back after being prorogued it would be decided—there was the possibility that we would be renewed, or AHF would be renewed. He also said he was so impressed with our programming that he was going to use our shelter as a template for all the other programs.

That's all I want to say about that.

[*Translation*]

Mr. Marc Lemay: If I understand correctly, your shelter in Montreal was set up, in large part, to deliver the services of the Aboriginal Healing Foundation.

[*English*]

Nakuset: How did he say that? Were you listening?

[*Translation*]

Could you repeat the question?

Mr. Marc Lemay: Very well.

The Native Women's Shelter of Montreal was in large part set up to deliver the services of the Aboriginal Healing Foundation, if I understand correctly. Was it indeed to help women in this situation or for something else?

[*English*]

Nakuset: It was set up for other things. We opened our doors in 1987, but when we knew of the funding it completely changed the programming of the shelter. We're very well known because of our programming, and that's why we have so many people referred to us. Now it's sort of a shock, because we have to tell clients they can't come down to see our psychotherapist and our art therapist, because these are the people we are able to hire through the Aboriginal Healing Foundation. And we no longer have a sexual assault worker. We have the bare minimums.

[*Translation*]

The Chair: Thank you, Mr. Lemay.

[*English*]

Now we'll go to Ms. Crowder for seven minutes. Go ahead, Ms. Crowder.

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Thank you, Mr. Chair, and I want to thank the witnesses for coming today.

There are a couple of points I wanted to touch on.

First of all, I want to acknowledge that I think most of you, in one way or another, have talked about the success of your programs. In fact, Indian and Northern Affairs Canada had an evaluation done that talked about the success of your programs. I just wanted to put that on the record.

The second piece of it is, and referring to Ms. Dion Stout... “Out of the Shadows At Last” actually had a couple of very good sections on access to programming. It was identified that there were problems with equity of access to federal government programming, yet what had been proposed is that the Aboriginal Healing Foundation programming will be replaced by something from Health Canada, which we already know is patchwork and often inaccessible.

The second piece from the “Out of the Shadows at Last” report that I wanted to touch on was that they strongly talked about the renewal of the Aboriginal Healing Foundation. Ms. Rigsby-Jones touched on the economics of what we measure. In this report—now this is 2004—they specifically said that for every $2 spent on the community holistic healing circle program at Hollow Water—one place they were citing—the federal and provincial governments save $6 to $16 on incarceration fees. So every $2 of investments they have on community healing, they save $6 to $16 in 2004 dollars.

I'll start with Ms. Rigsby-Jones, and then the rest of you can jump in. You've clearly outlined the fact that the benefits of the Aboriginal Healing Foundation programs are about the fact that it's community-driven. Everything that we've looked at from Health Canada is individually driven. There are complicated processes. There are treatment plans. There are all these kinds of things that an individual may have to submit. So I wonder if you could comment on what you think will happen to individuals who are currently accessing community-driven programs when they can only deal with Health Canada programs.

● (1630)

Ms. Yvonne Rigsby-Jones: I believe that some of the people I've worked with in the past won't be able to bring themselves to access psychological services by non-aboriginal providers. I base that on the historical trauma of how still triggered and afraid many people are to walk into offices.

Before I came yesterday morning from my office, I phoned the 1-877 number for Health Canada, and it was much improved from the last time I phoned before Christmas. I was on hold for 20 minutes, and I got a person this time. When I phoned before Christmas, I didn't; I just kept getting looped around and around. So that's been an improvement.

Following what Elizabeth was saying earlier, to make that kind of phone call and then just be put on hold and sit there waiting, not even always knowing what it is you need to ask for... When I spoke earlier in my presentation about the Aboriginal Healing Foundation providing a bridge, what I witnessed happening over the years is that people will come to us and feel comfortable, then they'll start doing some of their therapy work, because it's long-term healing. They come to us for five weeks and they make significant changes. We have a lot of testimonials to address that. But what they also realize, and you often identify, is the further work that they have to do to be able to help them bridge that and find a place to go, and the same with the resolution health support workers...to provide that bridge. With the lack of the community-driven programs, that's disappearing.

As Elizabeth also acknowledged, it's not just in her area, but on Vancouver Island we have many remote reserves that are available only by float plane or water taxi. Both of those are very expensive for coming in and out, so there are many barriers in that respect to coming to a western therapist.

Ms. Jean Crowder: Ms. Ford, did you have a comment?

Ms. Elizabeth Ford: I was going to say, first of all, that we actually don't deliver the programming. We're a national organization, but we've had lots of concerns raised and lots of telephone calls from our communities and regions about the loss of the Aboriginal Healing Foundation program. I think one of the things is that, as we had said earlier in the presentation, the two can complement one another.

I think the benefit of the Aboriginal Healing Foundation is, as we said, that communities are at different places and people are at different places. I think the fact that they have community programs and people they can go to and talk to in their language... They may not go thinking they need counselling. They may go for something else.

As the example that we mentioned, when elders just happen to go in and talk to the youth and maybe talk about their experiences for the first time, they probably would never think to pick up a phone and call a 1-800 number or to call even a counselor, or a psychologist, or whoever in a community. But if they're going to go in and talk in a community centre, talk to youth, and then start talking about the issues, then that's another benefit to them coming to the realization that there are issues.

Ms. Jean Crowder: I think that's a really good point. I think everybody has been fairly clear, the witnesses that we've heard from, that it's not that the programs can't be complementary, but what people are being forced into is just the Health Canada, and the removal of the other programs.

Nakuset.

Nakuset: The kind of programming that we have is really traditional holistic as well as western, but I don't think we can get that through Health Canada. I don't think you can ask them for a prescription for a sweat lodge. These are the kinds of things that we lost through the residential schools, and we're trying to show them that these kinds of healing work for grief or for whatever it is.

It's the same thing with our traditional healers. You know it's very nice that Mike Standup still comes, but he doesn't get a paycheque and eventually he won't be able to come to us any more.

The other day I called Health Canada because I needed a new pair of contact lenses. I had to call them, then call the optometrist, then call them back, and nobody wanted to speak to each other. I'm an executive director and I was able to do it. However, someone who doesn't have the self-esteem would hang up the phone and not bother, and there's a language barrier as well.

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

Now we'll go to Mr. Duncan. This will be the final question on the first round, and then it looks like we'll get through almost a full round on the next five-minute round as well.

Go ahead, Mr. Duncan.

● (1635)

Mr. John Duncan (Vancouver Island North, CPC): Thank you very much, everyone, for coming.

I just want to say that I know you all have difficult jobs to do and terms of reference that you probably would like to change from time to time, and it would be nice to be well funded in every way.

I am aware of an article from very recently, April 26, on Charlottetown's Aboriginal Survivors for Healing group. They had lost their AHF funding, and they've applied through Health Canada and have been approved. From what I can read, they're basically continuing with healing circles and the other historical ways they were operating under the aboriginal healing strategy.

So when I read the sort of context of the resolution health support program, I don't read the same things that I was hearing from you, in that much of it appears to be community-based. It's to provide cultural and emotional support as well as professional counselling by local aboriginal organizations, elders, and traditional healers are available. Specific services are determined by the needs of the individual, including dialogue ceremonies, prayers, or traditional healing. Emotional support services are also provided by local aboriginal organizations.

So I'm a little bit confused. For example, Ms. Rigsby-Jones, you're talking about providing treatments for people from all over—basically from Vancouver Island—which is where I'm from as well. Does that not indicate that they're individually based? I mean, you're dealing with individuals, not with communities, in the sense of that's who is arriving at your doorstep for treatment. Is that not correct?

Ms. Yvonne Rigsby-Jones: In a broad sense, yes. We at Tsow-Tun Le Lum are an aboriginal community, so that's where the community-driven piece comes from.

Where I work we have multi-funding contracts, including a resolution health support contract as well. We have a cultural support team that does provide services. However, my understanding of our contract is that the services are provided for people while they're in the compensation process. Then once the truth and reconciliation process begins, which will be starting very shortly, we're there to provide services for that.

To date, we haven't had the budget to be able to offer ongoing therapeutic support, although the staff have the skills to do that. They most certainly work beyond what our parameters are, and assist with referral. Truthfully, we get creative about how we can connect people who need a ceremony to an elder, and we work with them. We've so far been able to meet most requests.

It's a challenge, because it eats into our travel budget really quickly when we're sending people on planes and water taxis. So we're needing to balance that.

Mr. John Duncan: I'm going to ask you a question that is a little uncomfortable for me, from hearing you talk about breaking the cycle. I'm aware of an individual who received treatment. She was a victim of sexual abuse and the name of the perpetrator was very well known to the people at the facility. That person was an important person in the community. The professional or the aboriginal person responsible for the treatment centre was from the same community, and rather than breaking the cycle, that person protected the perpetrator.

I was very compromised at the time, and I'm just wondering what the rules are surrounding something like that, because I didn't know exactly what to do at the time.

● (1640)

Ms. Yvonne Rigsby-Jones: Thank you. I appreciate your candour.

In my remarks I talked about the intergenerational effects, and in that regard I do know that projects are only as healthy as their staff are. Where I work there's an intensive screening process before people are hired, and if issues from people's past come up, they're encouraged strongly to get into therapy and deal with them, because they can be solid and grounded when they come and when they don't...

What you're just bringing forward is a really... I'm trying to be tactful here. I know that what you're describing happens, and one of the concerns and fears I have regarding the upcoming Truth and Reconciliation Commission is with the story-telling and the need for support in the communities and adequate therapy, assistance, and training. Otherwise what you just described can happen over again. It's really a sad statement.

The Chair: Okay.

Ms. Yvonne Rigsby-Jones: Am I done?

The Chair: Unfortunately, we do have to leave it there.

Thank you, Mr. Duncan and Ms. Rigsby-Jones.

Now we'll go to our second round, beginning with Mr. Bagnell. It's five minutes for both questions and responses.

Go ahead, Mr. Bagnell.

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

Thank you all for coming.

Ms. Rigsby-Jones, you mentioned that you lost a couple of paragraphs from your brief. If you find them and send them to the clerk as soon as you get back, he'll distribute them to all of us.

Mr. Cincotta, thank you for the point about the telephone. It's true. Who in this room would want to call a 1-800 number and talk about your sexual life and problems with it? As you know, in a lot of aboriginal communities there are either several families or they don't have a phone, as you said, so they'd have to go to someone else's house to talk about their problems.

I have a question for Ms. Ford. As my colleague mentioned, the Nunavut legislature passed a unanimous resolution to reinstate funding for the Aboriginal Healing Foundation. The person who could most likely do something about that is the health minister from that riding. Did you approach the health minister and ask to have this dealt with? She sits at the cabinet table.

Ms. Elizabeth Ford: ITK didn't. Which health minister should we approach?

● (1645)

Hon. Larry Bagnell: Leona.

Ms. Elizabeth Ford: We met with Minister Strahl and Minister Aglukkaq about the loss of the Aboriginal Healing Foundation. The ITK board of directors passed a resolution last June because there was concern about the date coming up and the loss of the Aboriginal Healing Foundation. We talked to both ministers and expressed the fact that the communities would have a great loss with the loss of the Aboriginal Healing Foundation.

ITK works with Health Canada and will continue to work with Health Canada to try to ensure that the residential health support program, the RHSP, does what it can in Inuit communities. But I want to go back to the last question, because it's related.

They may be able to offer some of those services—not in Nunatsiavut, but in the other regions—but we don't offer the programming. We've heard from communities that the difference is that the RHSP is a program that they now have to try to fit into, and they may or may not.

The Aboriginal Healing Foundation is community-driven, so it has a different feel. It is an aboriginal program, delivered by the community, that recognizes the needs of that community. Now they have to try to fit that into the Health Canada process, which is a different process. To my understanding, it is a yearly process rather than a three-year process for the Aboriginal Healing Foundation.

Hon. Larry Bagnell: Pretty well all the witnesses have said that what Health Canada is doing is complementary to the different services that the Aboriginal Healing Foundation projects are doing, which is good. Health Canada is only getting 40% of the funding that the Healing Foundation gets, so they can only do 40% of the stuff anyway. But they are doing different things.

This is my last question to all the witnesses. Health Canada's been doing this all along, but can you outline what your projects are providing—or projects that you're aware of, because you represent other projects—that Health Canada is not providing?

The Chair: Please be brief.

Nakuset.

Nakuset: Health Canada excludes those who don't have status. That's a big issue, because a lot of native people who come are Métis. There's also an Innu community that isn't even recognized as being native. None of them have status, so they can't access these services.

There's also the traditional healing, the ceremonies, the elders, and the whole cultural part.

The Chair: Okay.

Ms. Ford or Ms. Rigsby-Jones.

Ms. Yvonne Rigsby-Jones: We recently participated in a research project called “Making the Intangible Manifest”. I think some of what was addressed in that report addresses the issues of the feelings Elizabeth was talking about—the comfort of coming to an aboriginal organization. If anything over the years comes through in any evaluations we've participated in, it is the comfort of being with mostly aboriginal people. Some of our staff are not.

The Chair: All right, we'll have to leave it at that because we're out of time.

If you have a response to Mr. Bagnell's question, perhaps in one of the other comments you can find an opportunity to get it in.

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

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

And thank you, ladies and gentlemen, for attending here today.

I actually had the opportunity last weekend to participate in the Esquao Awards in Edmonton. There were 21 tremendous female leaders—mothers and grandmothers and daughters—who were there. They showed great commitment and leadership to their communities, and I appreciate the work you are doing as well for your own communities. I just wanted to say that first of all.

There were a couple questions that came up in our discussion. For instance, the 1-800 numbers are in French and English only and not in a native language. Do you have any thoughts on how that particular process could be improved? Has anyone thought of opportunities to include people from your own communities who have that skill?

Ms. Elizabeth Ford: Are there ways to improve that? I would say it would be by having the programs in the communities.

But in terms of the telephone line, from my understanding, I know Nunavut has to call Whitehorse. I believe Nunatsiavut would have to call the Atlantic region. I'm not sure if it's still by telephone. That's not, in my opinion, appropriate either.

If they are getting services through that program, if it's professional counselling, there is still an issue there, especially if they have to travel south to get that counselling. Or if somebody is coming up to provide the service then that's still somebody coming in to your community. It's not a community person, and it's not somebody who knows the area or the lifestyle, and that would be the same for a telephone line, a 1-800 number. I don't know how that would work if it were in a community.

● (1650)

Mr. Earl Dreeshen: I don't know how to say this, but the concept of being left on hold for 20 minutes and so on is also unacceptable.

And actually, Nakuset, you had indicated that making a call for something like contacts and so on—I'm not sure if that would be the number. That wasn't the number you were speaking of, was it, when you mentioned that?

Nakuset: Yes.

Mr. Earl Dreeshen: It was?

I don't mean to minimize the need for contacts and that sort of thing, but how does one ensure, then, that these types of requests are for the types of things that Ms. Ford was speaking of?

Nakuset: You know, it's almost like sensitivity training, because I don't think that... For the particular phone call that I had to make, when they heard, “Oh, I have my Indian status, and I'm covered”, they said, “Oh, your Indian status”. They almost equated it to someone on welfare, as if... This is a treaty right. This is not welfare. They look down on us right away. And then they don't want to take the effort to speak to Health Canada. And then Health Canada says, “Well, no. We have our rights and...”. So there needs to be some kind of sensitivity training for Health Canada. And Health Canada needs to make a bigger effort. I'm patient, and I know what I need, and I'll do it, but I don't know about a lot of other people.

Mr. Earl Dreeshen: Okay, great. Thank you.

The Indian Residential School Survivor Committee serves as an advisory board to the Truth and Reconciliation Commission. I was just wondering whether the TRC commissioner or anyone from the commission or the survivor committee provided any direction to your organizations on how to manage the sunset of the healing program.

Has anyone from the Aboriginal Healing Foundation actually sat down and said “We recognize that there's a sunset provision, and this is how you should go about managing it”?

Mr. Jim Cincotta: Yes, the Aboriginal Healing Foundation has done that. We knew all along that it was a sunsetting program, and they've always had to build in a wind-down process every time they got renewed funding.

Mr. Earl Dreeshen: Ms. Ford, go ahead.

Ms. Elizabeth Ford: I was going to say they have provided input.

But also going back to the question of whether people were prepared, people were still hopeful, because we advocated for Inuit-specific programming meant to be delivered in our language, to be delivered by Inuit. And of course this is something that has been working, so there was always hope that it would continue and that it would be recognized as being a beneficial program that was helping communities in many different ways. And as Yvonne had mentioned earlier, we looked at the cost-effectiveness of healing for communities and families.

The Chair: I have a final comment from Ms. Rigsby-Jones. Go ahead.

Ms. Yvonne Rigsby-Jones: Thank you.

Part of our reporting process has been to speak to the issue of how are we going to carry on. We're still funded for a couple more years, so it's not a big surprise. But how do we find the money? I agree with what Elizabeth said about the hope being there. It would be good if it could at least be continued until the end of the TRC process.

The Chair: Very well.

Thank you, Mr. Dreeshen.

[*Translation*]

It is now Mr. Lévesque's turn. You have five minutes.

Mr. Yvon Lévesque (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Thank you, Mr. Chair.

Thank you for coming here to tell us about the problems you are currently facing.

As you know, I represent the riding of Abitibi—Baie-James—Nunavik—Eeyou, and I would really like to know how you managed to find resource people in Nunavik. That is a part of Quebec where appropriate resources are in short supply.

I left from the Matapedia Valley, where Micmacs lived. We used to watch cowboy and Indian movies where the mean Indians would scalp the hair off the white people—I have managed to keep what is left of mine. When I arrived in Abitibi in the fall, children were being taken to a residential school in Saint-Marc-de-Figuery, near Amos, where my colleague was born. When it was time to pick up the children in the spring, they no longer understood their parents or their grandparents, who spoke to them in Anishinabe. Very often, the grandparents spoke neither French nor English. I saw this first-hand in the residential schools because I studied there. I later realized that a child does not feel the effects right away. He is not aware of them. He goes back to live with his parents, and he is happy. It is later in life when he suffers the consequences, around the age of 18 or 20. That is when he realizes just how much he missed his family, his culture and his language.

In the course of my work, I learned of another problem in the communities: they are given a little bit of money and told to be quiet. There is no economic development. I think healing would be easier if first nations and Inuit could integrate.

I was also wondering—and I put these questions to all of you—whether you could tell us today where we could save money in terms of incarceration costs, which are massive. In addition, that depends on what happened before. How much could we save if we could integrate these individuals and monitor them in the community?

I will let you answer.

● (1655)

[*English*]

Mr. Jim Cincotta: Could I just make two comments on that?

As Elizabeth mentioned, Inuit communities and regions are in different stages of development, and so forth. So in Nunavik, rather than putting the onus on the 14 communities, the Nunavik Regional Board of Health and Social Services took on the onus by applying to the Aboriginal Healing Foundation to get the funding administered through them, because they have the support and infrastructure to do that. They worked with the communities on how they wanted to develop the program. So that's how it worked in Nunavik.

When it comes to sharing resources in the Inuvialuit settlement region in the Northwest Territories and Inuvik, the Inuit and Inuvik work with the Gwich'in community right there and share some of the programming. One of the people I was talking to today from Inuvialuit Regional Corporation works with both the Gwich'in and Inuit. So they do share resources.

Ms. Yvonne Rigsby-Jones: Thank you.

One of the pieces that disappeared from our report was a statistic from the Law Commission of Canada 2001 report on the cost of child sexual abuse. I had in my report what the judiciary costs were. But their total, taken from 1998-99 Statistics Canada information, was more than $544 million spent as a result of child sexual abuse, and a large part of that was on incarceration, court costs, and policing. That would be much higher now, 12 years later.

I know from personal experience how many people have come through our centre who have never returned to incarceration.

Also, when we were doing sexual offending work in the past, we didn't work with one person who wasn't also a victim. Thank all gods that all victims don't become offenders.

The Chair: Okay.

● (1700)

[*Translation*]

Thank you, Mr. Lévesque. Unfortunately, your time is up.

[*English*]

I have a question now. I'm going to take one of the government spots.

I just want to go back to this idea that Mr. Duncan actually broached with his example of the Charlottetown organization, I believe it was, which had actually been successful in obtaining continuing funding for community-based programs.

I guess this would be a more appropriate question for either Ms. Rigsby-Jones or Nakuset or Ms. Martin. Are you aware or have you done any research to consider what kind of Health Canada programs might be there to continue to support community-based programs?

Ms. Yvonne Rigsby-Jones: I've been away from work for the best part of the last two months, but before I was off, I couldn't get the parameters for that money from Health Canada and what they would and would not fund. I don't know, since I've returned, if that's been made available. I know that the amount of money was announced, which I'm not totally remembering at this moment, but what it was actually going to be used for and what we could apply for was not available.

The Chair: Ms. Martin.

Ms. Carrie Martin: When the Aboriginal Healing Foundation money was cut, we lost three positions, as well. Another project finished at the same time. So four staff positions were cut. We haven't had a lot of time to look into what is available through Health Canada.

One of our staff, who couldn't make it here today, said that she did start looking into some of the programs. As I was mentioning before, because our mandate is not specific to what Health Canada was offering, there were some programs we weren't eligible for. I don't know what other research was done on Health Canada.

The Chair: Okay, and thank you for that.

Now I have a question for Ms. Stout. The commission actually connects and is connected to both federal and provincial mental health issues. And you work with different agencies to improve the degree to which mental health care can be managed and improved at the community level. Would you care to comment a little further, given this change involving the Aboriginal Healing Foundation, on any discussions you have had on what future steps could be taken to continue to make progress on mental health under these new circumstances facing health care providers at the community level?

Mrs. Madeleine Dion Stout: It's a very complex question, as these kinds of things become very complex and fluid.

Let me begin by maybe addressing some of the comments that were made earlier. Ms. Crowder mentioned the "Out of the Shadows" report. We haven't predicated our work at the Mental Health Commission on it, except in using it as a guide. That isn't to say that we've left aboriginal or first nations people and Inuit and Métis behind in our work.

Our mandate is to end stigmatization of mental illness and stigmatization of individuals who are living with mental health problems and mental illness. The other mandate we have, of course, is to generate a knowledge exchange centre. It won't necessarily be mainstream knowledge as we know it, or academic knowledge, that will be funnelled through there, but homegrown knowledge in fact. There are everyday forums of health and healing happening in our communities that are not well explored or defined or captured. For instance, a lot of people in our communities are walking for their mental health. That's a low-cost, low-tech way of managing our mental health problems.

Of course, the third initiative we're working on valiantly is the mental health strategy for Canadians, which I've already referred to. What we've done so far is to try to scope out what has to change in the system. We don't have a mental health system per se, but I'm going to use that language for the sake of expediency here. Of course —

● (1705)

The Chair: We are out of time, unfortunately.

Mrs. Madeleine Dion Stout: Okay, but can I make reference to our last two major initiatives?

The first is the homelessness demonstration project, which tries to get at the heart of why so many of us are homeless and why there is comorbidity with mental health and addiction problems, for instance.

Of course, the last one is that we are trying to generate a partnership among Canadians so that we all take ownership of enhancing mental health in Canada.

I don't know if that answers your question, but I'm trying to get in a word here edgewise.

The Chair: Thank you very much, Ms. Stout.

Now we'll go to Ms. Crowder.

Members, I don't have any other questioners on the list. If you still want to ask a question, please signify that to the clerk.

Go ahead, Ms. Crowder.

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

This will probably be for Ms. Rigsby-Jones or Ms. Martin.

In the document the parliamentary library prepared for us, it was indicated that there are eligibility criteria for service under the Indian residential schools resolution health support program of Health Canada, but that individuals can be denied service and have a right to appeal that decision. There are three levels of appeal, each of which must be initiated by the individual denied the service.

Have you had any experience in working with individuals who have been denied service from Health Canada?

Ms. Yvonne Rigsby-Jones: Yes, and I'm recalling here some of the circumstances. One of the difficulties in the B.C. region—though I don't know how it has worked across the country—was that there was consistently confusion between the non-insured benefits and the residential school health supports. That created a lot of difficulty.

Then what I personally experienced in dealing with this program is that it often really depends on the interpretation of the person you get on the line at Health Canada who you are asking. I've run into this problem in the past, and then when I've asked for the policies, I don't receive them. It feels as if the person is interpreting or adding something to the criteria that I've never seen documented. So there have been difficulties.

Then, as was mentioned earlier, there is the issue of whether the applicant has status or not. I'm not sure if they are offering the program to Métis people, because the Métis also did attend residential schools. So I can't answer that part of the question.

Ms. Jean Crowder: The criteria are fairly clear. It says:

> Eligible to receive or who are currently receiving the Common Experience Payment; Resolving a claim through the Independent Assessment Process, Alternative Dispute Resolution or court process; or Participating in Truth and Reconciliation or Commemoration events.

That's what they've outlined as the criteria.

Ms. Yvonne Rigsby-Jones: But I've run into Health Canada staff that want to narrow it.

Ms. Jean Crowder: I know, Ms. Ford, you want to say something about that.

The reason I'm asking that is because it appears there is another layer of complexity for people whose first language may not be English or French, who may or may not have a level of education that allows them to be comfortable with completing forms and all of that stuff.

Ms. Ford, did you have a comment?

Ms. Elizabeth Ford: It was just a general comment. I think that's one of the other concerns for communities and projects—that it is not always clear. The Aboriginal Healing Foundation provided funds to Inuit communities to be able to do that stuff. It's not always clear who can, and what the services are, and who you call, that kind of thing. The Aboriginal Healing Foundation programs were Inuit programs. It wasn't that you had to try to figure out where you fit and how you get the services and how you apply to provide services and that kind of thing.

Ms. Jean Crowder: Nakuset, did you have something?

Nakuset: Like I said, there was a client at the shelter, and she is Innu from the Labrador area. I'm not exactly sure the name of her community, but she doesn't have an Indian status card because for whatever reason her community is not recognized by the government. So there's a lot of that. At the shelter, if we want to encourage the clients to use the services by Health Canada, we have to make sure they're status.

So what we're trying to do is have psychologists come down to the shelter and use the non-insured health benefits to get services. But if you don't have a status card or if your status card has expired or if you are not recognized, we can't help you. That's really rough, because when we had the Aboriginal Healing Foundation everyone had access to services. They didn't have to call the numbers, they didn't have to have their status cards ready and this whole deal with the status cards being expired and being renewed. If you're in a crisis you need help now, not when your card gets renewed.

We definitely see problems with that, yes.

● (1710)

Ms. Jean Crowder: Do I have time?

The Chair: You have about 45 seconds left.

Ms. Jean Crowder: Just quickly to Mrs. Dion Stout, you mentioned the five projects centering on homelessness. Do you know if any of those projects are looking at residential school impacts on homelessness?

Mrs. Madeleine Dion Stout: No, they aren't specifically, because the residential schools are not a part of our mandate.

Ms. Jean Crowder: You're not aware of anybody who is looking at that aspect of the number of people who could be homeless as a result of either intergenerational trauma or being a survivor?

Mrs. Madeleine Dion Stout: Not directly; not that I know of. I know that I have received representations about survivors who are now living on the streets and are struggling with addictions, but we don't have the numbers. It's anecdotal.

The Chair: Thank you very much.

[*Translation*]

Mr. Lemay, you have five minutes.

Mr. Marc Lemay: I was a bit stunned when Nakuset said that people had to wait until their card was renewed before they could access services. That really worries me.

I want to know whether you share the opinion expressed in the following paragraph:

> At one time I used to believe the myth that if our people sobered up, our problems would be solved. Now I know that all that does is take one layer off the onion. We are dealing with a number of different issues...related to our people's experience over the last 80 or 90 years...I believe that the whole issue of residential school and its effects is an issue that's going to take at least a minimum of 20 years to work through.

That statement was made in 1993 and included in the Aboriginal Healing Foundation's final report.

My question is quite simple: do you share that opinion, which was put forward by Maggie Hodgson, a residential school survivor?

[*English*]

Ms. Yvonne Rigsby-Jones: I do absolutely share that belief. I can share from my personal experience as well, and it links totally to the work that we've done.

We're a blended family, and my husband had children before we were together, and our daughter has been severely impacted by his early years before he was in recovery. Her oldest child has also been impacted. But her younger daughter has grown up in a totally different world. So we're doing our best to assist our oldest grandchild to break those cycles.

The healing for my husband John started about 25 years ago. He's been a very strong leader in finding help for himself, but because we both worked, we also could access service before AHF.

So just in our one little family, you know, from when John started to Lillian's healing journey, now to our oldest granddaughter's journey—Tori's 17—there is still an intergenerational impact being felt by our very own family.

Does that help answer that?

● (1715)

[*Translation*]

Mr. Marc Lemay: Thank you.

[*English*]

The Chair: Anything else?

Ms. Martin, followed by Mrs. Stout.

Go ahead, Ms. Martin.

Ms. Carrie Martin: I just wanted to add to that.

We're starting to see children of survivors coming into the shelter for the first time, or grandchildren of the survivors. Even if an individual's healing takes up to 20 years or longer, as in the statement, you now have new generations of people who are coming forward for the first time seeking services. That could mean another 20 years for that generation.

As she was saying—these intergenerational effects—you can't put a timeline on how long it's going to take a family or a community to heal from the residential schools.

Mrs. Madeleine Dion Stout: Thank you, Mr. Chair.

As a survivor I would like to just underscore what has been said by my co-presenters, but I also think that peeling this onion, at some point you get to the core, and the core means dealing with our psycho-social problems. But it also suggests very strongly to me that not only am I dealing with the problem of the legacy of the residential schools, but my communities are. So then we have to think seriously about structural changes.

Structural changes have to involve the top, the people who in this room are parliamentarians. But it also has to involve catalysts like the Mental Health Commission and it has to involve the on-the-ground grassroots people. Seeing grassroots community-based on-the-ground approaches suggests to me always that there are other levels involved.

I just want to address a question you asked me previously, Mr. Chair, about what is going on between all the different levels of government to make sure that change is sustainable. That, to me, is structural change.

For those of you who know anything about the British Columbia initiative called the tripartite agreement, first nations, provincial governments, and the federal government are working together on health. They're really reframing health so that ultimately first nations will own and administer their own health programs. I think that's very promising. It's never been done anywhere before, and I think it's worth monitoring.

The Chair: Very good. Thank you, Ms. Stout.

[*Translation*]

Mr. Bagnell will have the floor last, for seven minutes.

[*English*]

Hon. Larry Bagnell: Thank you.

I just have one question. It's about if there's still an ongoing need in volume, and the volume of that need. You know, if a house is on fire, you don't stop putting water on it until the fire's out. So I want to know if the healing's finished.

Second of all, in the recent years, is your volume going up? I know the government agrees that there are still survivors coming out. In fact they've set over $100 million in this budget just for payouts, so there are a lot more survivors coming out who will need treatment. But I just want to know, from your experience with the projects available, does it appear like it's all over, or are the volumes increasing? Is there more healing that needs to be done?

Ms. Yvonne Rigsby-Jones: Thank you for the question.

With the project I work for, the common experience payments, our wait-lists used to be three to four months and they are now in excess of six months. That says there are more people looking for service. Our client intake person has been in tears in my office because people have died before they got to the top of our wait-list. That's happened a few times in the last year, and that's a really, really hard place to be.

Hon. Larry Bagnell: That pretty well says it all.

Nakuset: To your question, I think there is a lot more healing that needs to be done. It's generation after generation. There's also a lot of denial amongst our people about whether or not they're affected by it, and the types of effects are so vast.

I don't speak my language because my mother went to residential school; I don't think Health Canada is going to help me very much with that. I was adopted because my mother went to residential school. I can speak Hebrew, but I don't know very much about my own culture.

That's just me. But all the women who come through our shelter have been affected by residential school, whether their parents went or their grandparents went. There is just so much to cover. That's why it's devastating for the shelter to no longer offer these services, because they come to us.

For eleven years we've had this programming. We could have had 400 people a year—do the math—and all of a sudden it's finished. Now people are walking around with open wounds again and trying to find out whether they're eligible for Health Canada services or not. It's a real shame.

● (1720)

The Chair: Okay.

Ms. Ford.

Ms. Elizabeth Ford: I agree there is still a need. And there will still be new people coming. One of the things the centre in Iqaluit had mentioned was that in 2008-09 the centre was welcoming over 4,000 drop-in clients and in 2009-10 there was a significant increase in the number of females and those seeking counselling. Again, for Inuit communities, it did start later. I think this is reflective of the fact that people have built up trust in the programs. Even if they couldn't go in to say they needed counselling, because of the type of programming provided they are seeking healing and they are getting healing in ways that are appropriate for them.

I think that as the programs have grown and the trust was built, it increased the numbers and also the different types of people, the populations like the elders, youth, and men.

The Chair: Thank you, Mr. Bagnell.

Ms. Crowder, you had a short question?

Ms. Jean Crowder: Yes, it's a very short question.

When we asked Health Canada when they were before the committee about how long the health support services for the residential school program would last, the answer was unclear. Have you heard anything from Health Canada about how long that program will be in place?

Ms. Yvonne Rigsby-Jones: I was told that all the services to Indian residential school survivors will sunset in 2012; that's the resolution health support workers and the counselling. That's what I was told recently.

Ms. Jean Crowder: By Health Canada?

Ms. Yvonne Rigsby-Jones: By someone at Health Canada.

Ms. Jean Crowder: Has anybody else heard anything about it?

Mr. Jim Cincotta: At least for the truth and reconciliation national events, they will need to provide support services until all seven are completed. So when that process ends, which is 2014, at least that level of service...but I don't know about at the community level.

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

Members, before we adjourn, I want to draw your attention to two things. First of all, on Thursday we will be finishing up the study, in terms of witnesses at least. We have one final witness at the first part of Thursday's meeting, for about 45 minutes, from the AFN. That will be followed by the Auditor General who will be here, and that goes back to our study on northern economic development. We have also reserved 30 minutes at the end of Thursday's meeting to provide instructions to our analyst in respect to the report for the Aboriginal Healing Foundation study. That's what's on tap for Thursday.

Secondly, I would draw your attention to the schedule we have circulated this afternoon, which completes our schedule through until the end of the spring session. I'd ask you to have a look at it.

[*Translation*]

But the schedule has changed.

[*English*]

Consideration of the draft report on the Aboriginal Healing Foundation will follow the main estimates scheduled for the 27th. That's the only change I would point out.

[*Translation*]

Mr. Lévesque, do you have a question?

Mr. Yvon Lévesque: Yes, Mr. Chair. I missed something. We have another meeting this week, right?

● (1725)

The Chair: Yes, of course.

Mr. Yvon Lévesque: Other committees that meet at the same time as us, from 3:30 p.m. to 5:30 p.m., are served a light meal. I think that is a very good idea. I am not necessarily asking for one on Tuesdays, but on Thursdays at least. After Thursday's meeting, almost all of us go back home, and we do not have enough time to eat before we leave. So we end up eating around 11 p.m. This kind of arrangement would be very helpful. Since the clerk is friends with the kitchen staff—

[*English*]

The Chair: Is that agreeable? The last thing we would want to do is send you out on the road without something to eat.

Mr. Bagnell.

Hon. Larry Bagnell: Just to make sure the report is on track, I want to confirm that the researcher is still waiting for a map from Health Canada with all the locations and the number of constituents, and a map from the Healing Foundation showing all the projects and a rough number of customers.

The Chair: As I understand it—and I'll defer to Tonina if there's any change—we weren't able to get that from the Healing Foundation. We have gone to the department to see if we can identify that in the form of a map.

Is that correct, as far as you know?

Ms. Tonina Simeone (Committee Researcher): On the Health Canada website there's a list of regional offices that would provide the program, but there's no map. I've asked Graeme to contact Health Canada to provide a map and confirm whether or not there are more regional offices than are listed on their website as delivering the IRSH program.

Hon. Larry Bagnell: The Aborignal Healing Foundation said they were going to do a map for you of the 134 projects and 12 institutions across Canada, and the rough number of people who went into each one. They haven't done that yet, I assume.

Ms. Tonina Simeone: I'll let Graeme answer that.

The Clerk of the Committee (Mr. Graeme Truelove): We haven't received it.

The Chair: We still have some time here. We'll have instructions to the analyst on Thursday, then resume consideration for sure.

Mr. Russell.

Mr. Todd Russell: I would ask our analysts if can we get a few scenarios from Health Canada. When a person requires help from Pangnirtung, what happens—or if they call from other communities? If we had a list of three or four communities, so if you're in a certain community.... Can you provide that?

The Chair: Do you mean a scenario, in other words?

Mr. Todd Russell: Say a person has a problem, so they dial 1-800. What happens? We can use some real-life communities, of course; they don't have to be fictional. Give us a sense of what Health Canada is presenting to people.

The Chair: Mr. Rickford.

Mr. Greg Rickford (Kenora, CPC): That's a great question. We'd like to find out what happens in the more than 450 communities that don't have aboriginal healing foundations.

Mr. Todd Russell: We can probably ask Health Canada what happens to the 450 not covered by AHF.

The Chair: Before we go, thank you very much to our presenters this afternoon for their responses and presentations. They will certainly help inform our study.

Thank you, members, and have a safe drive home.

[*Translation*]

Meeting adjourned.

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