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Chair

Mr. Andy Fillmore

Standing Committee on Aboriginal Affairs and Northern Development

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● (1530)

[*English*]

The Chair (Mr. Andy Fillmore (Halifax, Lib.)): We'll come to order.

I want to thank everyone for joining us today, and I'd like to welcome our guests, who have travelled to Ottawa to be with us for this meeting. On behalf of the committee, please accept my warm welcome and sincere thanks for making time for us today.

With us today are Alvin Fiddler, Grand Chief of the Nishnawbe Aski Nation; Jonathan Solomon, Grand Chief of the Mushkegowuk Council; Isadore Day, Ontario Regional Chief; and John Cutfeet, Board Chair of the Sioux Lookout First Nations Health Authority. Also joining us is Dr. Mike Kirlew. I am going to ask the committee's indulgence in adding Dr. Kirlew as a fifth speaker. The speakers have agreed to share the time equally among the five, so we won't add any additional speaking time, if that suits the committee.

Some hon. members: Agreed.

The Chair: Okay, wonderful.

We want to make sure that we make the most of your time, so I will ask you each to speak for no more than eight minutes, cumulatively 40 minutes for five speakers. I will indicate seven minutes and eight minutes, and please do your best to make your closing sentence. I will hold our committee members to the same standard when they ask their questions. That way we can ensure fairness and give everyone a chance to be heard and to ask questions.

Let's move speedily along. I would like to begin with Grand Chief Jonathan Solomon.

Grand Chief Jonathan Solomon (Grand Chief, Mushkegowuk Council): *Wachiya*, which means hello in my language.

Parliamentarians, it is a great honour and privilege to speak to you about the state of health in our region.

My name is Jonathan Solomon, Grand Chief of Mushkegowuk Council. As a grand chief, I am elected by the Mushkegowuk: the people. I speak on behalf of the Mushkegowuk people, who have bestowed upon me to be their grand chief.

The Mushkegowuk Council has seven first nations members and a total population of over 15,000. I am from Kashechewan First Nation, where I was raised and where I raised my family.

Foremost I am a father, and a grandfather to 13 adorable grandchildren, whom I adore and love so much. Back home, my people are out on the land with their families and friends for the spring hunt. I would be out there right now, but instead I am here, because the well-being of my people is of the utmost importance.

My ancestor, my great-grandfather, Andrew Wesley, signed a treaty known as James Bay Treaty No. 9, in 1905, with the government in Fort Albany, Ontario. In that treaty, in black and white, it promises happiness and prosperity.

In 1867, when Canada wanted to become a country, they made a pledge to protect the tribes of Indians in the former Rupert's Land. Now, 149 years later, look at what it has done to the tribes of this country. We have been sodomized, marginalized, and colonized within our own house.

In 1920 the commissioner, Duncan Campbell Scott, wanted to get rid of the Indian problem. Mr. Scott, who sat and spoke to my great-grandfather Andrew Wesley, now wanted to get rid of Mr. Wesley and his future generation. To put it mildly, it was a betrayal. He probably looked him straight in the eye and made mention of happiness and prosperity. Then he turned around and made a law where the kids would be taken from the arms of mom and dad and put into an institution known as residential schools. This is what we have been up against since 1867.

Sadly the legacy of Duncan Campbell Scott is still alive and well. We can break that cycle.

To begin with, the health system is broken. As provincial minister of health Dr. Hoskins puts it, “We have failed you. We have failed the North”. Minister Philpott admitted the system is failing.

We have known all this time, for far too long, that the problems may be too complex, but hopefully it will not be a hindrance. We cannot, with a sober mind, think it's working. People, my people, are falling through the cracks.

It's 2016, and we ought to start thinking it's 2016. It is obvious the present system is not working. It's failing my people. Furthermore we cannot put aside the mental aspect when we talk about health. We cannot put it aside until later on.

We all know the situation in Attawapiskat, my member first nation of Mushkegowuk Council here in Ontario, in Cross Lake, Manitoba, and many other first nations across this country. We have read research after research of the demographics. By putting aside real, tangible solutions, we are taking a high risk, if status quo is the only option. Now is the time to roll up our sleeves and put aside political stripes. We must begin to move the yardstick forward. We must begin a plan that is sustainable and viable.

The policies and legislation have only marginalized the first nations of this country, which includes Mushkegowuk: the people. Program after program has been studied, and progress after progress to study a particular program in Parliament has gone on for far too long. Government decisions on what's best for Mushkegowuk people are not working. Instead, the gap in services is getting wider and wider, and doing more harm than good.

● (1535)

For the last few days, I've been getting email after email from Canadians who care. Internationally they are saddened by the situation of my people and the people of Canada. They care. They want to help. They are expecting the government to step up to the plate and work with us.

There are a lot of Canadians who do care. They want my youth to have the same opportunity that their children have and have taken for granted. They want health care for my people. They want my people to live with hope and certainty, without despair and hopelessness. They want my people to have optimism and certainty. They want my people to thrive. Is that too much to ask for? All we ever wanted was to have the same opportunities as every other average Canadian citizen—nothing more, nothing less.

Before I close, Mushkegowuk Council had their own inquiry on the epidemic of suicides from 2006—sadly, to this date, we are still losing people to suicide—and Mushkegowuk chiefs and first nations communities had to do something. We reached out to the government of the day then, to no avail. This report was entitled "Nobody Wants to Die. They Want the Pain to Stop." It tells the real stories of my young people and the people of Mushkegowuk. In this report, there is hope through the stories, although the stories are tragic and real.

The question I put forward to you is this. Will you be our partners to raise the despair to hope? My hand is reaching out. My people are reaching out. Will you stand with us, shoulder to shoulder? Opportunity is knocking on our doors. Will it be opened or will it be left closed, as since time immemorial?

A leader said that sometimes they get the feeling that as a leader they have failed to provide a vision for the future of the people. They think sometimes they spend too much time talking about a past that is full of treachery, full of pain, and full of suffering. Investing in the Mushkegowuk young people is an investment in the future, an investment in the well-being of thriving communities in Mushkegowuk and across the country.

Thank you very much.

● (1540)

The Chair: Thank you very much for that.

In my haste to get the meeting started, I neglected to acknowledge that we're very grateful to be meeting today on the unceded territory of the Algonquin people.

Grand Chief Fiddler, would you like to proceed?

Grand Chief Alvin Fiddler (Grand Chief, Nishnawbe Aski Nation): *Meegwetch*.

I, too, want to acknowledge we are gathered here today in the traditional territory of the Algonquin Nation, so I thank them for allowing us to have this gathering in their territory today.

I also acknowledge my friends and colleagues who are with me. I also acknowledge all of you, members of the committee, and also the staff members and support people who are sitting around the room.

My name is Alvin Fiddler. I am from a small community in northern Ontario, the Nishnawbe Aski Nation called Muskrat Dam. I was elected as the grand chief in August of last year.

I want to begin by apologizing to our staff at NAN. They worked so hard to make speaking notes for me, and they also made a presentation, which I will submit to the committee later on. I just want to take this time to talk to you and to visit with you, since we don't have too many opportunities like this for us to engage in dialogue directly with parliamentarians and committees such as yours.

I want to begin by reading a letter that was written by one of our chiefs, Chief Wayne Moonias of Neskantaga First Nation. He wanted to be here to talk to you directly, but there was a death in the community. One of the elders passed away in Neskantaga. He's also preparing for Minister Bennett's visit this Saturday. It's a lengthy letter. I just want to read a portion of it.

Just so you know who Wayne Moonias is, he is the Chief of Neskantaga. Neskantaga is right in the heart of the Nishnawbe Aski Nation. It's in the Ring of Fire area. Neskantaga is probably the closest community to that Ring of Fire. Neskantaga is a small community of about 300 people.

Some of you are probably aware of the circumstances and the situation in that community. They've had numerous suicides over the last two years. They've been on a boil water advisory for 23 years straight. I believe, as Chief Moonias says, he holds that record. It's a record that none of our chiefs and none of our communities want to hold. This is what he says in his letter, when he's talking about the Ring of Fire:

> The so-called Ring of Fire, a mining development of historic proportions, is located with within our traditional territory. It is a shared territory with two other First Nations, but Neskantaga First Nation is the only community up-river of the development on the same Attawapiskat watershed.

He goes on to talk about his community.

> However, I need to tell you, that there are communities that live, eat, and use this territory since time-immemorial.
>
> 1. But let me tell you what it means to live in Neskantaga First Nation.
>
> Neskantaga holds the record for the longest boil water advisory of any First Nation in Canada, dating back to 1995: "one of the longest human rights violations in Canadian history."
>
> The failure of Canada to deliver safe drinking water to my community is what I call "program abuse". The Minister of Indigenous Affairs has promised us a new water treatment plant, but we still have no firm timeline for when the government will deliver on the promise. Unfortunately, the water crisis is only one of many emergencies in Neskantaga.

Then he talks about the number of suicides they've had over the last five years. There have been 10 completed suicides in his community and numerous attempts. And there are other deaths due to violence and other circumstances. There are heavy losses.

● (1545)

He's also reaching out to Canada as a treaty partner and that's why I'm here as well. We are not here as a stakeholder or part of an interest group. We signed Treaty No. 9 in 1905 and 1906, and then the adhesion of that treaty was made in 1929 and 1930. NAN also represents six Treaty No. 5 communities that fall within the Ontario border.

I want to take this opportunity to speak about my role as the Grand Chief of NAN. As I said, I was elected in August of last year. I cannot count how many funerals I've gone to in our communities, whether it's suicides or house fires.

I was in Pikangikum, on Sunday, with my friend and colleague, Regional Chief Day, to pay our respects to that community as they laid to rest nine of their community members that died in a house fire two weeks ago. Three of them were children, four and five years of age, and the youngest was four months old. That's the reality for many of our communities, the social conditions, the challenges that exist. Whether it's the suicide epidemic or water situation, or overcrowding, that is the daily life of our community members right across the NAN territory.

I've talked a lot over the last two weeks about Pikangikum. While the focus is on the tragic fire, I talk about the good things as well, the good things that are happening in our communities. That's what we need to invest in. That's where Canada needs to look. If they're serious about rebuilding that relationship with us, we're open to that as well. But it has to be respectful. It has to be done in a way that benefits us as well. I think for far too long we've been left out, whatever processes were developed.

The last thing I want to say is that numerous studies have been done on our communities. Far too many. This one was from last year, last April. The Auditor General of Canada released a report on health care in the North, in NAN territory, and also in northern Manitoba. I remember coming to Ottawa to receive this report. That evening I received a call from one of our chiefs in the Keewaywin First Nation telling me that a 10-year-old boy committed suicide. This report, for the most part, has been sitting on a shelf somewhere. There's been very little action on the part of this government to implement the recommendations and the actions this report calls for.

To me, when you know of a situation, when you're aware something bad is happening, and you do nothing, that is neglect. I don't know what else you would call it. That's just negligence.

I want to ask one of our colleagues, Dr. Mike Kirlew, to talk about what this means, the inaction or the neglect on the ground in our communities. I want Dr. Kirlew to take a few moments and talk about what we mean by that.

Meegwetch.

● (1550)

The Chair: Thank you, Grand Chief Fiddler.

Dr. Kirlew, you have eight minutes.

Dr. Michael Kirlew (Doctor, Sioux Lookout First Nations Health Authority): *Bonjour*, everyone. My name is Mike Kirlew. I'm a physician. I work in the Sioux Lookout region. I work in the small community of Wapekeka, about 550 kilometres northwest of Sioux Lookout. I've been there for about 10 years, and in my 10 years I can say that first nations individuals who live on reserve receive a standard of health care that's far inferior to what other people get—not just a little inferior, far inferior.

The grand chief had mentioned the Auditor General's report. The Auditor General's report made a statement. It said:

> ...Health Canada did not have reasonable assurance that eligible first nations individuals living in remote communities in Manitoba and Ontario had access to clinical and client care services and medical transportation benefits....

What does that look like on the ground? What is the real life on the ground? Let me paint you a couple of pictures.

Imagine a young person who breaks a leg. He or she comes in to the clinic and the leg is on a virtual right angle, and you do not have adequate supplies of the pain medication that is needed. It takes nine and a half hours for that medevac to come in, and the entire time, because that supply of morphine is not there in sufficient quantities, you hear that person screaming—the entire time. That is the reality.

What is another reality? Let's say you have an individual who needs to get a tube down his or her throat because of a very severe infection, a bad pneumonia. You will not have enough medication to treat that person appropriately, and there's a good chance that you will run out. You can see that person with that tube in his or her mouth, as you hold his or her hands down so he or she doesn't reach and grab for it. The person tears. The person remembers.

It means that you run out of oxygen or have to use techniques to ration the oxygen. You see children gasping for breath. We run out of a medication called Ventolin. That's an asthma medication that helps open up the airways for children and adults with severe asthma. If you run out of that, they gasp for hours until the plane arrives. Imagine those of us sitting here as parents, if we're watching our children and that's what's happening to them. They're gasping.

At Sioux Lookout, the biggest concern of women who are pregnant is whether they are going to have an escort. Are they going to have to go and deliver their baby by themselves, or will they have somebody to at least hold their hand? That's my patients' number one fear, that they're going to deliver alone. Or will they be denied an escort?

For my patients who are palliative, their biggest fear is that they will die alone, that there's no one from their community to hold their hand—no one. No one to hold your hand. From the moment that you are born to the moment you die, your life is dominated by non-insured—dominated. That is unacceptable.

I see parents who recognize their kids might have learning difficulties, might have developmental difficulties, and there's no way to get them any services—very little. Time goes on, and they're more and more delayed.

● (1555)

That is the reality. That is what that statement means. That is what that statement looks like on the ground.

Section 12 of the non-insured health benefits policy states that non-insured will not cover certain types of travel. It even mentions that it is impossible to appeal this. The very first thing that it excludes says that they will not cover travel for compassionate reasons, period. We will not cover for compassionate reasons.

In health care, compassion is not something we should innoculate our health care system against. When we start losing our compassion, we lose our humanity. People are suffering, and children are dying every single day. That's what that statement by the Auditor General means.

There needs to be drastic change quickly. The longer we wait, the more people will die. The more time we wait, the more children will die. I appeal to you today, not as politicians, not as members of political parties, but as mothers, fathers, brothers, sisters, aunts, and uncles. Let's return the humanity to this process. This process needs that humanity.

The Chair: Mr. Kirlew, much appreciated.

John Cutfeet, would you like to speak to the committee?

Mr. John Cutfeet (Board Chair, Sioux Lookout First Nations Health Authority): [*Witness speaks in Oji-Cree language*]

I greet you all from Kitchenuhmaykoosib Inninuwug, that's about 600 km northwest of Thunder Bay. My name is John Cutfeet and I chair the board of the Sioux Lookout First Nations Health Authority.

Thank you for this opportunity to speak to the committee members. *Meegwetch.*

A number of years ago, an elder who was part of the group that lobbied for the inclusion of section 35 of the Canadian Constitution told me that after many hours, days, and weeks of negotiating for the inclusion of the recognition of aboriginal treaty rights in the highest law of the land, with a lot of resistance from the political leaders of the day, he couldn't understand why he felt exhausted, and why he would break down and cry for seemingly no reason at all. This elder was a strong man, a strong person, who stood up for indigenous rights when the Constitution was being repatriated back to Canada. If he was so strong, why then would he be breaking down and shedding tears for reasons he did not understand?

He told me that he sought and received professional counselling and the advice of elders for his situation. This gentleman was also a survivor of the residential school system. Through professional counselling and elder support, he found out that he was suffering from post-traumatic stress disorder, consistent with what is seen with with people who have been in war zones.

He said an elder told him that, “From the day we are born to the time we die, we're born into a war zone. The system fights with us to take away or control our daily existence.”

From the day we are born to the time we die, our lives are impacted by the Indian Act, another unilaterally imposed piece of legislation. We are born into a war zone with third world living conditions and widespread mental health issues from an unending cycle of intergenerational trauma. We see levels of PTSD in our people that are consistent with what is seen in war zones, and the war continues against our people to this very day.

I would like to acknowledge all those who have needlessly died at the hands of this health care system. Their deaths and suffering directly resulted from denials of care. There are many tragic stories. Here are a few.

Two children of four and five years old died in 2014 from the easily treatable disease of strep throat. They were turned away despite the efforts of their loving parents, and did not receive a simple dose of antibiotics. As one leader said, “We're tired of the Tylenol nurses and doctors, as this egregious system is killing our people needlessly.”

The health care system for indigenous people is atrocious and dysfunctional.

The late Laura Shewaybick's last experience with our health care system involved a nursing a station running out of oxygen, followed by racism and insensitivity in a hospital.

Over 25 years ago, a woman gave birth in an outhouse after being repeatedly turned away at the nursing station.

Most recently, in my home community of Kitchenuhmaykoosib Inninuwug there was a young lady who called the nursing station saying that she needed a checkup and that something was happening to her; she was expecting a baby. She described her symptoms over the phone to the nurse and the nurse said, “You have a bladder infection.”

The young lady asked if she could come in and get a checkup. The nurse replied that there was “no need to. You have a bladder infection.” All this was over the phone.

She went in anyway and asked again if she could get a checkup. The answer was, “No need. You have a bladder infection.” She was sent home. Two hours later, she gave birth to the first of two babies in a toilet bowl. What's really sad about this is that, three weeks later, they found the remnants of a third baby they didn't even know about.

● (1600)

As Canadians, we should all feel the shame of not being able to tell her that anything has changed in health care in 25 years.

Every day we witness travesties in health care delivery, and every day lives are being adversely impacted by health care policy. The system fights us and denies us our basic human right to health care. Our treaty rights and aboriginal rights continue to be undermined by various government legislation and policies. Failure to change this legislative violence imposed upon our people will result in continued and regular denial of care. Unless something changes, these tragedies will continue. Why do I call it legislative violence? When you take away all opportunity for people to provide input into certain health care initiatives, that is violence because you take away the right of a person to be able to be meaningfully involved.

The discriminatory policies and practices are so deeply entrenched that they're often difficult for those who live this reality on a daily basis to recognize that this is not normal and is not acceptable. As for those in the general public who are outside the system, the reality is either unknown or unfathomable.

If these real-life stories are not enough for you, then listen to the multiple reports that have been issued over and over again. These include the Scott-McKay-Bain health panel report, the NAN youth forum on suicide, and the report Grand Chief Solomon just mentioned in which was stated, “nobody wants to die: they want the pain to stop”. Of course there were the Royal Commission on Aboriginal Peoples report, the Truth and Reconciliation Commission's report, the Auditor General's report, and the UN Special Rapporteur's report on the rights of indigenous people.

It is painfully clear the system has failed our people, yet we continue to do things the same way over and over again. Einstein defined this as “insanity”, doing the same thing over and over and expecting new results. We need to do things very differently, and we need to see results. We need to change the way health care is delivered to the indigenous peoples at the community level. This requires a substantial transformation of the health care system. Redesigning the system is a large task, but ending the discriminatory and inequitable practices that cause suffering to our people is something that can and must be done immediately.

One of the first places to start would be to take a good hard look at the non-insured health benefits program. Every day this policy is in place is another day that people are being discriminated against and another day that it lives on in this nation's conscience. The needless deaths of children was nothing short of a travesty that Canada as a country and as individuals should be ashamed of. We call on you to drive the legislative and policy changes that will immediately end these discriminatory practices and that will build the foundation for a reformed health care system and a new relationship.

I hear talk about a new relationship, but that new relationship that we can all be proud of must be free from the shackles of colonialism.

Meegwetch.

● (1605)

The Chair: Thank you very much, Mr. Cutfeet.

Our final speaker is Chief Isadore Day.

Chief Isadore Day (Ontario Regional Chief): *Meegwetch. Boozhoo, Wachiya, Sekoh*. Good afternoon.

First of all, I want to acknowledge the creator, creation, the prayers, and the protocols that were offered today for all of our people. I want to acknowledge the traditional territory of the indigenous people—the Algonquins and the Anishnawbe. I want to acknowledge these lands on which this important meeting is taking place.

I want to acknowledge and thank the Standing Committee on Aboriginal Affairs and Northern Development for listening to these important presentations on health. I want to also acknowledge and commend my peers, the first nations leadership from Nishnawbe Aski Nation and their health officials for their tireless efforts. I can speak volumes about the work and the efforts of my colleagues. I want to tell you their expertise is second to none.

The Mushkegowuk people in the Attawapiskat First Nation are experiencing a glaring social crisis that cannot be ignored. I want to make reference to something that John Cutfeet just indicated with respect to post-traumatic stress disorder. I want to possibly give you something to think about. This is a notion that I don't think most people look at—collective post-traumatic stress disorder. It is something that might be understood by the South Africans who experienced apartheid, or possibly the Jewish community who felt post-traumatic stress during the Holocaust and thereafter. I believe that's what we're dealing with in a lot of respects with the health issues faced by first nations in this country.

The first nations health crisis can no longer be out of sight, out of mind, nor should it be treated with band-aid solutions. I want to expand, to offer the committee a glimpse of a 10-year-old boy. Also, let me tell you that Alvin and I also attended a funeral for a 10-year-old girl. Both of them committed suicide. This is within the last year.

The 10-year-old boy, his suicide was a direct result of travel cuts. There was no money to take care of this boy. The mother was an opiate addict on a methadone program, a very aggressive program. The father was a diabetic who had amputations, who needed to go out of the community to get the health care he needed. So the family was in a state of chaos. There were no mental health services for this boy, no respite care. The parents try to do what they can, the older parents, but they couldn't do anything. The boy ended up getting bullied, developing mental health issues, and decided to take his own life. This is a travesty. This is happening here. These are the sorts of stories behind these numbers.

We are here not only to describe the crippling reality. We are also here to offer real solutions. As Ontario Regional Chief in the Assembly of First Nations' national portfolio on health, I am advocating for immediate and strategic investments that must be done in full partnership between first nations, the Province of Ontario, and Canada. I am submitting that full support of the Nishnawbe Aski Nation's five recommendations being presented here today be accepted as a way forward. The proposed solutions are not unreasonable. The proposals come from them and their citizens. The point is that the community knows what the solutions are. We need the partnerships. We need the investments.

Here are some of the supporting recommendations to further strengthen the Nishnawbe Aski Nation's proposals. The first one that I'd like to offer the committee is immediate funding flow to the areas most in need. This is a critical element that Ontario already has come to bat on. Canada, we must extend these efforts across all first nations in need. This means equitable health care access at the community level and where it's most needed.

The second recommendation is that a social determinants framework be the basis for a comprehensive health action plan that includes all relevant ministries and government mandates. This means that we are calling for an immediate adjustment to the federal 2016 budget under the social development of health federal framework.

● (1610)

Again, we know there are investments made in health, but it's very clear that there are going to be adjustments needed to the current budget.

Third is that the Truth and Reconciliation Commission's 94 calls for action related to health be the foundation for a successful and immediate implementation plan. This would require a formal mechanism, which wasn't part of the federal budget.

The fourth one is longer-term solutions can only be realized through full engagement, with a seat at the table in the current health accord negotiations with the provinces and territories. This participation must be based on the nation-to-nation relationship.

Finally, and most vital, this set of recommendations will come in the form of a memorandum to cabinet that will call for a binding partnership on dealing with the first nations health crisis that is currently responsible for the high mortality rates of first nations across this country. I want to underscore that last recommendation. I want to let you know that you will be receiving a memorandum to cabinet on the health crisis of first nations in Canada.

We clearly cannot be doing things that have been done before. This fashioned way of expecting that ministries are going to fully understand our situation...well, we have to come forward. We have not yet been engaged in a wholesome way to be able to describe what the solutions might be.

Allow me to expand some points. Since last fall the Chiefs of Ontario have presented five key areas that must be immediately addressed by the federal government. The first one is ending the first nations health crisis, which can only be addressed by fixing the water crisis, ensuring access to health services, and fixing health benefits for first nations, as my esteemed colleague just mentioned. Number two is eliminating abject poverty through investments in housing, healthy and affordable food, infrastructure, education, and training. Number three, immediately implementing mental health and addictions services to address the youth suicide crisis, prescription drug abuse, and mental wellness. Number four is recognizing first nations authority over land and resources, as recognized within our territories. And number five is access to new technologies such as broadband Internet and green energy in order to eliminate the reliance on diesel-powered electricity.

Last month's federal budget is a good start on two fronts: addressing the water crisis and beginning to inject necessary funding for our children's education. New water and waste water funding will be $2.24 billion over five years; new education funding will total $2.6 billion over five years as well.

First of all, let me point out that the new funding for first nations is $8.4 billion spread out over five years. That works out to just $1.68 billion per year. My point is this. We must look at this year's budget and concentrate on health. If we didn't see the investments there, we must move.

It is now 2016. Last year Prime Minister Trudeau said the most important relationship for him and his government is with indigenous peoples. Every single minister has a mandate letter that emphasizes the need to work with indigenous peoples as a top priority. I have great respect for Hon. Jane Philpott and Minister Carolyn Bennett. They are both deeply committed to ending the poor health, poverty, and despair that grips far too many of our communities. I want to further underscore that we also, in Ontario, have a very significant and strong relationship with the Liberal government. In this case, we have a political accord, and this minister, through this very structured relationship process, is coming to bat on health issues. That's what enabled him to come to the community in that very direct fashion and put the investments on the table.

Again, we must acknowledge that this is about framing the relationship, framing those investments and the plan going forward.

● (1615)

The Chair: Thanks, Chief Day. We really have to finish up there.

Chief Isadore Day: With my last couple of points, then, Mr. Chair, I'll conclude. As leaders, we all aspire to some of the main tenets in serving our constituents: to be fearless builders, to increase the quality of life of our people, and to set out the petitions that we've done today to this committee. We are asking you to help us save lives and to help build our nations right across this country.

Our thoughts and prayers continue to be with all of our families who still suffer under a broken first nations health care system. *Meegwetch*.

The Chair: Thank you very much, Chief Day.

We're going to move right into the round of questions. I know that committee members are anxious and have many thoughtful questions to ask you.

We have the first round of four questioners. Each questioner has a duration of seven minutes, and that includes the question and the answer. I'm going to use the same system of cards, so I would ask both the committee members and our guests to pay attention to the cards, as you have been doing. Thanks very much.

The first question is coming from Gary Anandasangaree.

Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.): I'd like to sincerely thank the panel for taking the time to come here. I know this is probably not the first time you've been here making submissions. I can understand the great level of anxiety and frustration that you've encountered over the years. I, too, share those frustrations.

I know there are a number of very important suggestions that are being made with respect to what I believe are mid-term and long-term options and solutions, or at least the framework where we can address issues in the mid term and long term. I'm not as clear in terms of what the immediate and the short-term solutions are and I'd really like to get a better sense of that.

I know you've alluded to it, but I really would like to get it pinned down in terms of the next few weeks, the next few months, maybe within the year. Any funding that's proposed or that's going to come through, for it to filter through, I suspect, won't happen in the next six months or even a year.

That's what I would like to get a sense of from all of you. I won't really go into a second round because it's a big question and you can all try to answer from your vantage point.

Grand Chief Alvin Fiddler: In terms of immediate needs or immediate steps we could take now, when we look at communities like Attawapiskat or Pikangikum, our immediate priority is always to ensure that they have the supports that they need at that moment, whether it's mental health supports, counselling, therapists, or child psychologists to go there and hopefully stabilize the situation on the ground. That's obviously our number one priority, to support our communities that are in crisis now.

In terms of other measures that we can take, I want to ask this committee to work with Minister Philpott and Health Canada on some of the policies we referenced in our presentation, for example, to lift the travel restrictions on non-insured, especially when it comes to children. I'm going to ask my friend, Dr. Kirlew, to expand on that. We need to look at access, especially with our children who are living in remote areas. If we cannot bring that service, that treatment, or whatever it is that they need to their community, we need to bring them out, so that they get it somewhere else.

This speaks to Jordan's principle. There was a private member's bill that Parliament adopted, which is great, but we need to make that into law. We need to move beyond the jurisdictional wrangling that many of our kids and our families find themselves in daily. We need to improve that access now.

I'm going to ask Dr. Kirlew to briefly expand on what I mean by access.

● (1620)

Dr. Michael Kirlew: We have Jordan's principle, but the problem is we don't have Jordan's practice. We need Jordan's practice.

Children are being left behind. I have no way of getting children that I see out for access to developmental services, essential services such as speech language pathology or occupational therapy. I am very limited in what I can do, because non-insured...does not pay for the travel out.

I would think a first step would be that we not put any barriers for children to access care. If that's children accessing mental health services, let's not put any barriers. If it's children accessing developmental services, such as speech language pathology or occupational therapy, let's not put any barriers to care.

There's another practice that happens routinely, and it's that children who are unregistered are denied their transportation out. That practice needs to stop immediately. Let's worry about the registration and the paperwork when we get the child, and get the child care first.

Those are just a couple of examples of policy changes that would at least help start pointing us in the right direction. Right now, children do not have access to their essential services. There is going to need to be significant health care transformation. My question is what I should do in the meantime. I have children who cannot speak now. I have children with autistic spectrum disorder who have zero access to service. What do I do now?

I think the practice of denying pregnant women escorts needs to stop immediately. There is no basis for that in medical science, in medical theory, or even basic human decency. Which one of us would want to deliver a child by ourselves, not having our partner or our support person there? I think that practice needs to stop.

The Chair: There's a minute left.

Chief.

Chief Isadore Day: Very quickly then, Mr. Chair, just as a short history bite, the NNADAP program back in the seventies was one of those moments in time where the federal government and first nations across this country said we need help. Cabinet actually went forward and they helped with the investment in an NNADAP program, which still exists.

However, with the evolution and the challenges over the years, with the changing face of addiction and mental health, this NNADAP program needed to be reviewed from time to time. We're dealing with pay equity. We need pay equity in the communities with respect to addictions workers.

As well, Mr. Chair, what has happened is that with the NNADAP program, there's a review called Honouring our Strengths. Basically there was no money under the former Conservative government for this review. It was get the review done, see what you can do at the community level. What was created was Honouring our Strengths.

One of the things that came out of that process was the first nation mental wellness continuum framework. What we're told, and we're hearing it right across our communities, is that this framework works.

Just as we've seen here days ago with the investment made by the provincial government, we need those immediate, on-the-ground investments. What we're asking for here is that the committee support 80 mental wellness teams, 80 community health teams on the ground today, at a cost of $500,000 per team. That's what can be done today.

The Chair: Thank you very much.

The next question is for Cathy McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Mr. Chair. Thank you all for some very powerful presentations about the very difficult challenges that you face every day.

I think across the country the way things are structured is a little different. I'm just trying to understand a little better. For example, in British Columbia, to a fairly large degree, for the decisions around policy the money is transferred in a pot, and then the communities actually have a lot more opportunity in terms of decision-making around policy.

My question is where, in that structural sense, your communities are at, and where do you need to be? To me that was always.... There's a pot of money and there's some best practice, and the communities make the decisions about how they support the programs and services they need.

● (1625)

Chief Isadore Day: I think it's important to note, and I know my colleague will expand on this, the situation we have right now is that various regions have access to current health care systems in urban centres and some in remote regions, but in the remote north they have very specific needs. You can no longer do business like this in terms of health. It cannot be based on budget limits. It has to look at the needs within the regions. We need regional models and frameworks that are going to address the regional needs.

Grand Chief Alvin Fiddler: I would like to add to my friend's response to your question about the challenge and the issue we're talking about on health care. I think the problem that we have is the health care system is based on the Indian health policy, which came out in 1979. That's close to 40 years now, and the various policies that flow from that are not based on the needs of our communities. That's something the Auditor General confirmed last year.

What we're saying is that we need to transform the health care system, and it has to be a collaborative effort where first nations sit with the appropriate federal officials, and also the appropriate provincial officials, for us to design the system that will finally work for our communities.

Mrs. Cathy McLeod: My next question is for Dr. Kirlew. First of all, how many of the communities have reasonable broadband?

Dr. Michael Kirlew: Reasonable broadband, for initiation of things like telehealth, for example? Recently there was some investment in broadband access. Maybe the Grand Chief will be able to comment a bit more, but we have seen improvements in the broadband infrastructure in the region.

Mrs. Cathy McLeod: To me, what was fascinating—and I've alluded to this in the past—is that Kamloops is an urban setting, but they have something they call the Patient Studio. I've never seen telehealth in such an amazing way, where the eardrum was visual and transferred. They have created a patient studio with a nurse, and the doctor was in Ontario. I guess my question is, first of all, is the broadband there? Second of all, I've worked in rural and remote communities, and there are challenges in terms of mental health care workers and doctors. This was quite an amazing patient studio, and I was impressed. In terms of short-term needs, is this part of a solution?

Dr. Michael Kirlew: I think that could be part of a solution for sure, with being able to implement high-quality telehealth. We have to understand that telehealth is meant as a plus. It can't be meant as a, "We are going to use telehealth, so we can reduce doctor days". I look at it in terms of telehealth being something that can help me as a clinician to provide A-plus care, and help give my patients more access to a physician, or more access to a health care provider.

Developing that infrastructure is going to be important. I'm always a bit cautious because I do not want it to start us going down the path where we say, "Well, you can now see your doctor over telehealth, and we're going to cut your physician days". It has to be used as something that can enhance care. It has to be a plus and not a, "This is something we can now do to take away your physical doctor visits".

● (1630)

Mrs. Cathy McLeod: You look at the issue perhaps with the children with the difficult skin infections, a high-resolution photograph—

Dr. Michael Kirlew: Exactly.

Mrs. Cathy McLeod: —assessed by a doctor if it wasn't a doctor day.

Mrs. Cathy McLeod: Your story of shortages in terms of medications is absolutely unacceptable. Why did that happen?

Dr. Michael Kirlew: I don't know what the shortage is. I don't know what the issue was at the nursing station, but they didn't have a necessary medication. These are not isolated incidents. I look at it, and I wonder, what is the system for procuring medications? When you go to any hospital, or health care facility, they invest a significant amount of funding to figure out how much particular medication and how many supplies they need. Do those systems exist, or are we just relying on pieces of paper getting faxed back and forth? I'm concerned that those advance systems, which are going to be able to ensure the right medication is there in the community at all times, do not exist currently at the nursing station. That's why we're seeing these drug shortages, including the formulary or the compendium of medications that you have at your disposal. What sort of input do health care providers have on that team to ensure we're getting our patients the best possible medications?

The Chair: The next questions are for Charlie Angus.

Mr. Charlie Angus (Timmins—James Bay, NDP): I want to thank you, gentlemen, for your powerful words.

I'm going to start with a technical question to the doctor and then go to Grand Chief Solomon because of his expertise in the region I come from.

Doctor, I get messages on Facebook from mothers in motels in Timmins asking me to get them an extra day of treatment before their child goes home. Then I see the kids in the community, and they're like a mess because that day wasn't enough. Then their pictures are on Facebook, and people are asking, "How did this happen?"

I remember talking to Chief Solomon and saying, "Am I remembering this correctly, Chief, or is this some kind of nightmare I had where the nurses were carrying water in buckets from the river to the nurses' station in Kashechewan?" He said, "No, that was true. That happened."

I hear you, and you're talking about telehealth. We don't have telephones. This is 2016.

Children are dying because they don't have pain medication, because they don't have Ventolin. I think we have to say that it's not good enough to say we're going to study this. We need change immediately, and I hear the call that this budget has to be augmented immediately because children are dying.

If you could give us one recommendation to give power to the doctors so they could not be overridden by the bureaucrats to deny children their services, what would that tool be that you need as a doctor when you say that child is going to get that extra time in a hospital, they're going to get the extra support here? What is it you need as authority so you can override those bureaucrats in Ottawa?

Dr. Michael Kirlew: That's a very good point.

I've surveyed a number of my colleagues, and they described oftentimes the relationship with non-insured health benefits as adversarial.

When I look at the provincial system, for example, the system has a ministry in Ontario and has a Ministry of Health transportation grant. For example, if you live in a small town in Ontario and you don't have access to that particular service or diagnostic test, you have a government program that operates provincially that essentially helps fund your travel there.

When I compare those two forms, the Ministry of Health travel grant versus the non-insured form, there are stark differences. First things first, the Ministry of Health travel grant does not ask for a diagnosis. Non-insured insists on a diagnosis, a reason for visits. Why? Why does non-insured health benefits need to know why a person is getting an MRI? Isn't that confidential between that patient and their physician? There's no mention of that in the provincial health travel grant. You simply sign as a physician and say that this person has an appointment with the specialist, and the same thing applies to escorts. Why? Why does non-insured have to know why a person requires an escort? Isn't that between patients and their clinician?

The problem is that non-insured is trying to insert itself in the doctor-patient relationship inappropriately, and that needs to stop. It needs to stop inserting itself in that doctor-patient relationship. Oftentimes my colleagues and I feel we're being “policed” by non-insured health benefits, but that is not their role.

The same thing applies when you look at the process by which they approve medication. It's archaic. It's time-consuming. It introduces unnecessary delays and it does not meet its goal of ensuring that patients get the right medication in the right time.

In the provincial system, you have a three-letter code that you write on the prescription. You go and you get your medication that day. For the non-insured system for the same medication, a piece of paper gets generated in Ottawa, and it's back-and-forth faxes between the physician and Ottawa to decide on whether or not that medication is.... Why are both systems so different?

I've spoken to people about this before, and they say, “Well, you know what, Dr. Kirlew? It's just different.” It's not different; it's inferior. There's one system that you have—

● (1635)

Mr. Charlie Angus: Doctor, it's not inferior, it's built into the system. The humans rights tribunal found that Canada is systemically discriminating against children.

Dr. Michael Kirlew: Yes, exactly.

Mr. Charlie Angus: It's the policy.

I'm sorry, I didn't want to interrupt you, but I need to ask Chief Solomon about this because of Jordan's principle. If we look at the human rights tribunal, this is systemic discrimination against children, denying them service. Chief Solomon and I have been to two funerals this year. I know that you have been to many more.

I was in a community where I was talking to one of the teachers, and we couldn't get counselling for a child because they had been turned down by the federal government because they couldn't prove it was necessary, and this was a child's life.

I want to ask you if there's one thing we can do today to say, “This discrimination has to stop. Jordan's principle becomes Jordan's practice.”

Chief Solomon, what do you think?

Grand Chief Jonathan Solomon: This is where we begin to think like humans. Legislation after legislation, policy after policy, has done more harm than good. We've heard stories from the doctor on the ground. We need to start checking our own policies and making them human.

I have nightmares about non-insured health benefits. It's a nightmare in my territory. Some people are missing their appointments because there is a rule now that you have to let them know seven days ahead of time before you make those arrangements. Whoever came up with that policy, I don't know, and these appointments have been on the calendar for months and months. Once you miss that appointment, that's it. You have to do it over again. It's just the way it is.

We're not making things up. That's the reality we live in. The NIHB system, as the doctor said, is so cumbersome with paperwork, with bureaucracy, and that has to change. There's no doubt about it.

Thank you.

The Chair: You're out of time, Charlie.

Mr. Charlie Angus: Thank you. Thank you, Chair. I know you indulged me.

The Chair: Good. Next questioner is Don Rusnak.

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): I'm going to thank you right off the bat for coming. I know we had a meeting not so long ago with the Prime Minister and Regional Chief Day; Grand Chief Fiddler was at that meeting. It was a meeting in my riding and Patty Hajdu's riding, also with Grand Chief Warren White and Chief Madahbee from the Anishinabek Nation.

I'll stop there. I'll get back to that, but the reports and recommendations they were talking about.... Mr. Chair, I'll ask you, do the analysts have those reports?

The Chair: They do and they'll be included in a future brief.

Mr. Don Rusnak: Okay, perfect.

Sadly, I'm not shocked by the crises in our communities, and I say our communities because the first nations people throughout Treaty 3 are not just constituents, they're family. I've worked in my past life with Grand Council Treaty No. 3 and I know the huge issues in terms of health and how they're wrapped up in all other kinds of issues. They're wrapped up in economic development. They're wrapped up in the justice system. You only have to look at the problems in our communities and it seems like an enormous task for anybody to start solving those problems.

I know Minister Hoskins from the Ontario government and Minister Philpott met with Grand Chief Fiddler and Regional Chief Day. Can you tell the committee what positive outcomes came from those meetings, and what you see as missing from their commitments?

● (1640)

Grand Chief Alvin Fiddler: On February 25, we issued a declaration, an emergency on health and public health in our territory, and the reason we did that was because of all the stories that you've heard here today. Then three weeks after, we made that declaration and we had that meeting with Minister Philpott and also Minister Hoskins in Toronto to talk about our declaration and what we can do to address the issues that were contained in that emergency declaration.

We have agreed on a number of points how we should work together to begin to address those issues. We have agreed on a framework. We've agreed on a process on how we can begin to address not only the immediate stuff, but also the long-standing issues that we have, a process that is now under way. We are in regular contact with federal and provincial officials for us to begin to address the issues as to why we issued that declaration in February.

I'm going to ask Regional Chief Day, who was also at that meeting, to maybe expand on some of the things that we discussed at that meeting.

Chief Isadore Day: Again, the meeting was very well attended. The responses from both the federal and provincial governments clearly were something we haven't seen in a long, long time. The former Conservative government did not respond in that way.

And why I say that, and what's most important to recognize here, is that as we've been under a 2% cap, and as we've seen funding cuts over the last decade you will see a culmination of issues that have backed up. We've not done a full health economic assessment in terms of what's needed. That's clearly an area that this committee can help with, and endorse and move forward, because you will find that it's not only the systemic pieces, but there are some glaring areas that need immediate funding, as my colleague suggests.

I'll leave it at this, that what is also missing.... Again, we talk about the social determinants of health. Health is one file, but we can no longer deal with first nations health in silos. We can no longer expect that the ministry of infrastructure or economic development or education cannot have a fulsome discussion and dialogue, which first nations would be part of, in order to determine a framework for the social determinants of health. That's why I'm bringing forward to the committee today a framework that looks at the social determinants of health, a health and social policy framework.

The last thing I'll say is that, again, I'm bringing this to the committee because it's essential to ensure that we are effective, that we're economical, and that we're efficient with the time that's needed because people are dying today. This is why you will see a memo to cabinet come forward that speaks to the emergency health crisis of first nations, not just in this region, not just in Ontario, but across Canada.

Mr. Don Rusnak: There's often not enough time to ask the questions that we need and want to ask.

I wanted to quickly just ask about something, and perhaps the doctor can answer the question. Is there collaboration between.... I know, because I worked in Manitoba Health in northern Manitoba, that there was difficulty between Health Canada and the provincial system in terms of the nursing stations actually co-operating and working together. And, ultimately like Regional Chief Day said, we can't work in silos. We need to work in partnership and the care has to be continuous, whether the patient moves from a first nations community to, say, Thunder Bay Regional. Has there been good co-operation with Health Canada or has that been a problem?

● (1645)

Dr. Michael Kirlew: I would say I've seen a lot of siloing of care. That is a huge issue in our region. There's the fact that, for example, looking at child development, you might have some aspects that are covered by the provincial system, but who is going to fund the travel? Ultimately, how are you going to get that child care? That's what care is about. It's getting the right care at the right time in the right way.

Sometimes it just seems to me that you have these two systems that are operating and they're not talking to one another as effectively as they could be, and they're not focused on putting the child at the centre and saying, how are we going to get the child care? That's where you get these huge jurisdictional challenges.

The Chair: I'm afraid I'm going to have to leave it there, Dr. Kirlew. Thanks.

We're moving into the next round of questions.

The first five-minute question goes to David Yurdiga.

Mr. David Yurdiga (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair, and I would also like to thank the witnesses for being here today. Obviously this is a concern for everyone. Your testimony is very heart wrenching because we all want people to do well. I have grandchildren and I couldn't imagine them being without services. We have to move forward and we have to ensure that what we do will be for the betterment of everyone.

Going back to the budget, budget 2016 has proposed additional investments in housing, community infrastructure, and water systems. In your opinion, are the proposed measures in the 2016 budget sufficient to address the current state of health emergency and prevent any future ones?

Grand Chief Jonathan Solomon: The system has been broken for far too long. It's going to take effort and dedication from the government to close the gap. In my region, we amalgamated two systems of health care in 2007. From day one that organization has been running a deficit to this day. It's over $20 million in the hole.

That paints a very clear picture to how under-resourced the health care system is in the North. It's trying to fit everything as it is in Ottawa or Toronto, but it doesn't work. That is why I agree with the regional chief. There's got to be a mechanism where there's a delivery system in the region because of the logistics or the remoteness factor. Is that going to change if we continue with the status quo? I don't think so. You're going to continue having declarations until we roll up our sleeves and say, “Let's do it”.

Mr. David Yurdiga: Since the declaration was issued, what actions have been taken, and what actions remain to be taken?

Grand Chief Jonathan Solomon: We're reaching out so we can start working together, start talking together, because decisions that are made in Ottawa or Toronto, for that matter, don't work in northern Ontario. They don't. It's been like that since time immemorial. Policies or decisions are made in Ottawa or Toronto.

We need to start thinking outside of this jurisdiction here or the boundary in the cities because there are northern communities that are confronted by challenges. It's no wonder our communities are in the condition they're in, even the condition the health care system is in, because we're trying to work within the premise of an urban community. It just doesn't work and it will never work. Never.

● (1650)

Chief Isadore Day: Thank you, Grand Chief Solomon.

I'm going to point out one thing with regard to your previous question. The cost of doing nothing is huge. We need to look at the impact of the last 10 years, set that aside, and begin to do some damage control there.

With respect to what's been done and what's working, again, turning to our communities and recognizing that we've got the best of the best on the ground. They're strong. They're resilient. They know the people.

Through the Honouring our Strengths framework, that looked at addictions and mental health, there's been some good work done with nothing, but now we need the investment. In AFN's budget submission on mental wellness, it included mental wellness teams to reach all communities; new funding for 80 new teams, at $500,000 each; crisis response teams via the expansion of a national aboriginal youth prevention strategy; capital to ensure safety and maintenance of national native drug and alcohol programs and treatment centres; capital for five new treatment centres, healing centres, as per the TRC calls for action; extension of the Indian residential schools resolution health support programs, also to be utilized during the missing and murdered indigenous women inquiry process.

One of the demographics that go unnoticed is people with disabilities. We need to recognize that in our communities, we have so many that are so underfunded, under-focused. These people are suffering in silence. We need to focus on people with disabilities as well.

The Chair: Thank you, Chief.

The next five minutes of questions are for Michael McLeod.

Mr. Michael McLeod (Northwest Territories, Lib.): Thank you to the panel for presenting.

I'm from the Northwest Territories, so I've heard a lot about the issues you're talking about. I have a lot of similarities in my area. The suicide rate in the Northwest Territories is double the national average.

It's the year 2016, and suicide and self-inflicted injuries are among the leading causes of death among our aboriginal people. It is amazing that this is still happening.

As we start to talk about the whole issue of suicide, we know that people who die from suicide or who attempt suicide are people who are usually overwhelmed. They're feeling hopeless and helpless. They're in the pit of despair. Look at aboriginal communities and the high unemployment. A lot of communities I represent have well over 60% unemployment.

Also, we have people who are addicted to drugs and alcohol because of trauma and post-traumatic stress disorder, and we don't have services to deal with that. On a daily basis in my community, I hear air medevacs coming and going. It's really scary to see that happening, because these are communities where I have relatives. These are my people.

I know why we don't have the services. We have people who come in, professionals who want to help, and they realize the health services are not there for their children. We have teachers who come for the short term and leave. The RCMP come and then leave. They're not going to stay in a community where there are no services and the education system is failing them.

The band councils in the communities right across Canada have been cut to the bone. NGOs have been cut to where they can't operate. Who is left to deal with the issues in our communities? The chiefs? All they're given is a title. They don't have a budget to work with, really. There's no pot of money you can dip into to help the communities. We share a lot of the problems.

One of the things that I was getting a little nervous about in your presentation was that were talking about the social side of things, but I think that in order to deal with some of the problems that have plagued the communities—and I heard this during my campaign—we have to face it and move forward with a multipronged approach. Economic development is one of the things that I would really like to see. We have good people in our communities. We have smart people in our communities. We have people who are wanting to work. We are lacking infrastructure, so why don't we try to approach it on that front? I'm really interested in hearing about how you would see the economic side of things helping communities to move forward and bringing pride back into the communities.

There are two ways to approach this. We can continue to subsidize communities and try to put in social programs, or we can build pride in our people by providing them work, developing skills, and creating opportunity for them so that they can build their own houses and can do a lot of things on their own. Right now, that opportunity is missing. I'm really keen to hear from you. You mentioned it a bit and it caught my ear.

● (1655)

Chief Isadore Day: Yes. Thank you. I want to leave some opportunity for the Grand Chief to respond to this, because this is something that he's focused on, and it's very pointed in terms of his territory.

Take Attawapiskat as an example. They have a diamond mine right there. Why on God's green earth does Attawapiskat not have access to more benefits coming out of their territory? It has a lot to do with the federal family not working with us with respect to a framework that looks at all the social determinants of health and how to create economies as part of the mix of the solutions going forward. Attawapiskat should not be getting this pittance out of its territory that they're getting now.

There is a need here to recognize that the responsible, ethical, and economical way forward is to clear up this jurisdictional firewall that exists, where first nations do not have first right of refusal to the development that's happening in their territories or access to the capital that will ensure nation building. If they had access to the wealth and resources from that mine, do you think they'd be in the condition they're in now? No. They would have schools. They would have roads. They would have everything they need to be happy and healthy.

The Chair: Grand Chief, you have about 45 seconds.

Grand Chief Alvin Fiddler: I just want to add to that. It is about relationships. It is about investing in our youth. It is about building capacity in our communities for them to be able to meaningfully engage in the economy.

I talked about Neskantaga. They are negotiating on the Ring of Fire development. How can a community like Neskantaga meaningfully negotiate with a big company, with government, if they are worried about access to water for their kids? If they are not getting proper health care and they don't have adequate housing, how can that community meaningfully engage in that process? That is what we need to address.

The Chair: Thank you.

The next question is from Todd Doherty, on behalf of committee member Cathy McLeod.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Thank you for your time. I'd like to say thank you to our guests today as well. All of your presentations are overwhelming.

Dr. Kirlew, I want to thank you for your dedication to these communities, despite challenging conditions. Your speech today was heard and felt.

A couple of days ago, we had an emergency debate—I'd like to say an emergency discussion—that all parties attended, which was called by our colleague from Timmins—James Bay. Throughout the evening you heard, not blame placed, but talking about action. I think we need to lead from our heart. If I am listening to Grand Chief Solomon and the words he is saying, we have to understand a little more. I am not sure that an hour, or an hour and a half, or eight minutes of presentation give us that understanding of what exactly is going on.

I want to say that $8.4 billion has been committed. If you heard my speech, I did challenge that this is spread out over five years, and we need money spent now; we need a plan formulated now. We need to deal with the immediate emergency. We need to look at the mental health issues, including all the issues that are affecting our communities across Canada.

In your opinion, what are some immediate steps that we can take today to provide action that provides hope and also ensures that the money that is pledged will get to those who need it the most?

● (1700)

Grand Chief Jonathan Solomon: Thank you very much.

I was at the House during the emergency debate.

Mr. Todd Doherty: I saw you there.

Grand Chief Jonathan Solomon: I was there until it was done. The words that were said had a lot of passion, a lot of compassion. You asked me a question: How do we do this? We need to start investing in infrastructure, because the home environment impacts the well-being of an individual, or even an institution like a school or a health centre. These are the centres of the communities. If you are sharing a room with 14 or 15 other people and you are going to school, and if you have homework and don't have time to do that homework, it is going to impact you mentally.

We need to start investing in infrastructure and also in the mental aspect of it. We need to start investing in mental health, not only for adults. We have to have a mental health program for the children, because right now there is nothing for them. The only thing available to them is the child protection agency that's in our region, and once you mention child protection agency, the first thing that comes into their minds is that they are going to lose their children. That is the first thing that enters their minds. We have to invest in the young people so they have a brighter future, so they have hope and certainty, and the family circle will grow to a better future.

Mr. Todd Doherty: The other comment that was made, and I'm going to use the same response that I used during the MMIW conversation we had, there have been a number of reports countless studies done. What can we do? What can we collectively do to make sure that we leave a legacy of action, not another report on a shelf?

Grand Chief Alvin Fiddler: I think that's one reason we're here today, to appeal to you, the committee, to work with us in implementing these reports, like the one I referenced. This came out last year, April 25—it's almost a year. There's so very little follow-up to that. I think we need to agree on certain things. One of them could be that we immediately agree on how we will implement these recommendations that are contained in this report. That's just one report. There are others.

The Chair: We'll have to leave it there. Thank you.

The next questioner is Mike Bossio, please.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): Thank you, all of you, for being here today. Thank you so much for sharing your concerns, for sharing your stories. They're very informative and very heartfelt.

To me, so many questions have been asked that have been very specific. I'd like to try to take it to a different level. I can't imagine what it's like being in your communities. The only way that I can relate is when you talk about the urban versus rural reality. I have a very rural riding. I know that so many times they try to overlay urban methods and processes onto the rural areas, and you're right, it doesn't work. Rural people know how best to serve rural people in the most effective way.

When the minister was here, I posed the question to her. We have this operational budget and we have this grant budget. The grant budget is massive, and the operational budget is a pittance. How do people serve their people when their hands are tied because they have to apply for these grants? I imagine that you would agree that if we could take that massive grant budget and put it into the operational side, and say, here is the budget you have to work with; you set the priorities as to how you feel that budget should be allocated.... In other words, it's self-determination.

I guess I'd like to ask you this. It's something I am certainly going to advocate for, and I hope the committee will come along on this at some point. If you had that ability, how would you prioritize that this money would be spent in your communities? I know it's a huge question, but I hope you can try to address that.

● (1705)

Chief Isadore Day: I think you raise a very good point. Again, proposal-based funding is not all of what we need right now. You're absolutely right.

I go back to the point that I made about the culmination of impact of non-funding and the funding cuts. We need to transition into a transformative health framework in this country. We need to recognize that first nations need to be part of the health accord process. The federal minister has brought us to the table. We fought for that and we're there.

We need to recognize that there's a very broken system we need to mitigate now. I think we need to get a commitment to augment the 2016 budget, and we need to put a price tag on those very big, damaged, broken areas that need mitigation funding. Let's begin to do the assessment in terms of what financial and fiscal resources are needed to do that over the next three years.

Grand Chief Alvin Fiddler: One of my colleagues, one of the chiefs I work with always uses this line when we meet with government officials, “Nothing about us without us.” When it comes to talking about issues that impact our communities, whether it's climate change, whether it's education, health care, we need to be there. We need to be involved. We need to be meaningfully engaged in the process because what you develop in Ottawa, whether it's policy, legislation, law, it impacts us in ways that sometimes put lives at risk, or sometimes we lose people. I think it's important that we have a dialogue like this, but we need to carry that forward in a meaningful way.

The Chair: Go ahead, please.

Grand Chief Jonathan Solomon: Yesterday, I brought my two boys to the Hill. I pointed to this building and said that this was where their future is decided. We have to change that. Like the grand chief said, we have to be at the table moving forward.

Mr. Mike Bossio: I should have asked whether you would want us to advocate for that type of funding arrangement, where it's operational and not grant-based, so that you have that self-determination over your budgets.

Grand Chief Jonathan Solomon: Overwhelmingly, yes. That's what we're saying.

The Chair: Thank you.

The next question goes to Charlie Angus.

Mr. Charlie Angus: I'm thinking of Nadine Tookate in Attawapiskat. I asked her what she wanted to be, and she said she wanted to be prime minister. She will be the prime minister, if she's given the support.

We have two options. We have these incredible young people who are such drivers in the communities, and we have the ones who have been left on their own and ground down. When I hear that such and such is not possible in this budget, I think of the Prime Minister's response to Syria. Nobody was responding to Syria. The whole world was wringing their hands. Suddenly it became an international urgency.

Well, this is an international urgency. I don't know, Chief Solomon, how many people are calling you from around the world, but people are asking what's going on in our country. How could this happen?

I heard Chief Day say to augment the budget. The Prime Minister put $1 billion on the table, which wasn't in any budget, to help Syria. I would like to see this, and I think it's our call. We have to rip up that first nations non-insured health benefits program. It has to stop, because it's not just bureaucratic—it's discriminatory. But it could happen. We could get the word that it's going to happen. Augment that budget, and not just mildly. This is an urgent case.

What will it take to deal with the crisis so that we have medicine in the nurses unit, so that we have proper telephones, and so that there's an x-ray machine in Kashechewan so they don't have to fly people out with a broken leg? What will it take to give us the mental health services? That is the question.

If we have the political will, we can transform this country, and it can be done right here in this building.

● (1710)

Grand Chief Alvin Fiddler: I strongly support and agree with what you're saying, Charlie.

I think all of us realize in this room that we have a window of opportunity to finally address the long-standing issues: the social determinants of health, and the underlying issues that have been plaguing our communities for a long time now.

I think that if we can agree on this, then that's a start. We need to go further and collaborate on a framework, a process, that we can use moving forward, which includes us. We need to be in whatever process it is. Whatever is developed, we need to be there.

The Chair: Thanks very much.

Grand Chief Jonathan Solomon: Like I said in my speech, we've been marginalized. We've been demoralized. We're loving people, we're caring people, and we're forgiving people. That's how I was raised: to respect, forgive, and to love.

If we have that mindset, we could transform the lives of aboriginal people, not only in Ontario but across this country. I think that's why we were saying that we can no longer live in the past.

I want hope for my 13 grandchildren. By the way, number 14 is this summer. My family tree is growing, and I want the best for them. That's all I want—nothing more, nothing less.

Thank you.

The Chair: We have exercised good discipline with the question time, so we can actually fit two more of the seven-minute questions in before we close.

The first of those two goes to Linda Lapointe, please.

[*Translation*]

Ms. Linda Lapointe (Rivière-des-Mille-Îles, Lib.): Thank you very much, Mr. Chair.

I'll speak in French.

I'm very happy that the witnesses are here with us today. I appreciate it very much.

If I understand correctly, the work is occurring in silos and action isn't being taken.

[*English*]

The Chair: Just one moment while we fix the translation.

Ms. Linda Lapointe: It's easier for me to speak to you in French, because it's more specific. It's my language. I'm sure you understand that.

Chief Isadore Day: Yes.

[*Translation*]

That's right.

Ms. Linda Lapointe: I'd like to thank you very much for being with us today. I'm grateful for the opportunity.

If I've understood what was said in previous discussions about health care in the field, a lot of policies aren't materializing and the administration can't effectively take care of your needs. I am a mother of four children. They are grown up now, but I can't imagine seeing them suffer. It's incomprehensible that, in a country like Canada, you don't have the medication you need and that people don't have access to basic care. Given everything we are doing, do you think we will be able to resolve these problems in the long term? I understand that there are things to resolve.

You spoke a little earlier about infrastructure, and you said that we have to fix this situation first. What is your priority in terms of infrastructure? There are problems with water and housing, but what do we need to do quickly? You shouldn't have to wait another year or two. How many young people have to suffer? I think efforts have been made in the area of mental health care following the emergency this week, but long-term efforts are also needed.

I'd like to hear your thoughts on this. From listening to all the discussions we've had since the beginning and the questions my colleagues have asked, I understand that you need to be there to make decisions and find solutions. It's an open question.

Thank you.

● (1715)

[*English*]

Mr. John Cutfeet: I would quickly add that one of the first things I think we need to look at, if we're going to make a change, is the system, the system that allows this to happen. I think that's where we need to first of all focus our attention. How can we change the system that allows these things to happen and that perpetuates them in communities?

Chief Isadore Day: It's a very good question. I'll be very quick, because I know there should be room for others to speak.

It's about basic needs. We need to take a child-centred approach. I think the question is so paramount, because we need to think about the next generation. All of us think about our children. I was elected on securing a future for our children. Basically what's happening in our first nations communities is that all the basic infrastructure needs, like water and children's playgrounds, need investment.

We must also recognize that we have a situation with respect to Cindy Blackstock and the child welfare issue that went to the tribunal. We need a response to that. We need a response that the government will actually become very forthright, that they will fund the levels that are needed with respect to Jordan's principle, and that there will be funding specific to children and raising them up in a wholesome, healthy way.

Ms. Linda Lapointe: Did you have something?

Grand Chief Jonathan Solomon: You know, my colleague here said that we need to fix the system first. That's what needs to happen. We need to fix the oppression, the policies and legislation that have been oppressing our people from the start. That's what needs to happen. Then we can sit around like this and start prioritizing what we do with infrastructure, what we do with health, what we do with the social aspect of it.

That's what I mean. We need to roll up our sleeves and get to work together. That's what I'm getting at.

Thank you very much.

[*Translation*]

Ms. Linda Lapointe: Thank you.

[*English*]

Grand Chief Alvin Fiddler: The issue on the ground in many of our communities is energy, and the fact that many of our communities still rely on diesel generators.

One quick example is Pikangikum. You heard about Pikangikum and what happened there two weeks ago. Their power right now is at full capacity. They cannot even build any houses. They cannot start other building projects because the power source that's there now is not able to provide the power for other new houses.

I think that's something that we're working on. John is also involved in a project to begin to allow our communities to hook up to the grid and to look at alternative ways of generating power in our communities.

If we're going to be talking about investing in our communities and infrastructure for our communities, we need that power. We need a power source that will be able to accommodate and support that expansion and investment.

Mr. John Cutfeet: I work on that transmission project where we're trying to connect remote communities to the provincial grid. One of the important things I want to point out here is that we need a funding framework from both levels of government to connect remote communities to the grid and get them off diesel. A funding framework with the support of both levels of government is very important.

Meegwetch.

● (1720)

The Chair: Thank you.

We're out of time.

The final question is Cathy McLeod's.

Mrs. Cathy McLeod: I reflected a little bit on Chief Day's comments. We had the inauspicious 140th anniversary of the Indian Act. I can remember tearing my hair out over the benefits program in the eighties in terms of how complicated it was. I think we have something a bit more complicated than just...10 years...

I look at some of the things that were in the communities I represent. I'm very proud of the First Nations Health Authority and some of the really good work that has been done. I just wanted to perhaps push back very gently. We have a huge, complex problem. Just from the far-ranging discussion today, including crisis response, primary care services, economic development, and the structure of systems, we see how many aspects there are. I think that framework the minister talks about creating is going to be incredibly important.

I want to quickly pick up on Mr. McLeod's comments. I was interested to hear about the De Beers diamond mine. I know that in British Columbia, and we represent all Canadians, but sometimes you know the communities you live in better than you know some of the other provinces. They do have royalty-sharing agreements. If a new mine goes in, and the provincial government has royalty sharing. I know that in communities where that has been part of their agreements, it's made a tremendous difference.

I think one question is whether that is happening in your communities. This is in addition to any agreements they would have made with the company.

I also know that there is a fairly large group that was very interested in the government strictly backstopping the opportunities to be a partner through equity investments. That was perhaps a disappointment for me in this budget, because they're actually backstopping a loan. But it would create enormous opportunities if there's new development in terms of that equity partnership. I guess we've gone from 100,000 to individual patients. I would appreciate some comment in terms of some of these concepts, and what those opportunities might bring for future, especially as it relates to economic.....

Chief Isadore Day: Very quickly, resource-revenue sharing is not just an endeavour that should be looked at by the provinces and territories. Those within the federal family through the division of powers, this notion of control and authority over our lands, is a big problem today. I think the De Beers mining issue is just one example. We see this right across the country.

But one that I think is going to be quite compelling for us to start off brand new is where we're going with the climate change policy in Canada. Perhaps there's an opportunity through cap and trade and other mechanisms within climate change policy where, say for example, the second-largest carbon sink in the world is in Nishnawbe Aski Nation territory. If there's going to be an effort to look at cap and trade and tax credits and building on the green space, that's where it should happen. Do not leave our communities out of climate change policy as it pertains to resource revenue sharing and building up the communities.

Mr. John Cutfeet: I was just going to add that the Attawapiskat situation is an impact benefit agreement, and I think it is very important that we move the legislation to allow that to happen.

● (1725)

The Chair: Yes, please.

Grand Chief Jonathan Solomon: This week they found a certified carat diamond at the diamond mine. For all the diamonds found in the region, how much money was invested in programs in the region? Billions of dollars' worth of diamonds go out of Attawapiskat or Mushkegowuk territory. How much money is coming back for reinvestment in training, education, and housing? None. Revenue sharing is the answer. Impact benefit agreements are just crumbs under the table. That's all they are: crumbs under the table, the leftovers. That's all you get. Thank you.

Mrs. Cathy McLeod: I'll use my last minute to thank you again for a very frank and fruitful discussion.

The Chair: Cathy, with your leftover time and this clock being a bit fast, we can squeeze in one more three-minute question.

Romeo Saganash is willing to ask a question. Mr. Saganash, I'd urge you to get quickly to the question.

Mr. Romeo Saganash (Abitibi—Baie-James—Nunavik—Eeyou, NDP): Thank you.

[*Member speaks in his native language*]

I think Chief Day has spoken about the political accord they have in Ontario and how that's brought immediate action on the ground.

I'm fortunate enough to come from a region where we have a comprehensive land claims agreement. That James Bay and Northern Quebec Agreement is a global approach, a comprehensive approach: housing, infrastructure, policing, justice, economic development.

We're talking short term, I recognize, but shouldn't the long term be one of the models we could consider? We don't have to necessarily take everything, but at least the principles around an agreement like the James Bay and Northern Quebec Agreement.

Chief Isadore Day: Thank you, Romeo.

Today I referenced the James Bay agreement as well as out west, knowing those two regions are more advanced; and there is an economy, things are happening. There's autonomy and there's recognition, “nothing about us without us”.

We need to recognize that where there are treaties—numbered treaties as well as pre-Confederation treaties—I think the government has to extend more effort to try to fix some of the systemic issues there because we're locked in conflict. We need to get the political will from government to say let's move beyond; as the grand chief said: Let's not live in the past, let's move forward.

Will we have an opportunity for one more comment, Mr. Chair?

The Chair: This is your opportunity.

Chief Isadore Day: Thank you. We're here to ask the committee to fully accept our recommendations and ensure that government implements them ASAP, which is why there will be follow-up from us at the Chiefs of Ontario. Again, I want to thank the committee and my colleagues for their work and their guidance. Thank you, Mr. Chair.

Mr. Charlie Angus: Just quickly, my colleague asked me to make sure that we get the reports that were referenced today to all our committee members so that we can study them.

The Chair: Thank you.

Do you have a final word, Grand Chief Fiddler?

Grand Chief Alvin Fiddler: I just want to thank the committee for allowing us to be here today to present to you our issues or solutions.

I also want to acknowledge my friend Charlie for all the work he has done, for calling on Parliament to have a debate. That was historic. I was watching it on TV, and I couldn't believe that I would live to see that. We need to build on that. We have a good start here. Let's build on it.

I always say this. I always talk about my kids, all our kids, and they deserve more; they deserve better.

Thank you for being here.

The Chair: Thank you.

We're not adjourned yet, but I want to thank you very much for your moving and meaningful presentations and your responses on this most human of issues. I want to assure you that what you've shared with us will get into a report and will go the House of Commons so that this Parliament can act.

May I have a motion to adjourn, please?

An hon. member: I so move.

The Chair: It is so moved.

We are adjourned. Thank you very much.