



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

# **Standing Committee on Indigenous and Northern Affairs**

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INAN • NUMBER 019 • 1st SESSION • 42nd PARLIAMENT

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**EVIDENCE**

**Thursday, June 9, 2016**

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**Chair**

**Mr. Andy Fillmore**



## Standing Committee on Indigenous and Northern Affairs

Thursday, June 9, 2016

• (1530)

[English]

**The Chair (Mr. Andy Fillmore (Halifax, Lib.)):** Good afternoon, everyone. It's 3:30, so we'll come to order. Thank you all for being here again.

I'd like to begin by acknowledging that we're meeting today on the unceded lands of the Algonquin people, for which we are very grateful.

Today we have two topics on the agenda. The first is to hear from Cindy Blackstock, the executive director of the First Nations Child and Family Caring Society of Canada, to discuss the supplementary estimates (A) 2016-17. Then in the second hour we'll be hearing from Regional Chief Isadore Day from Ontario regarding our study on suicide.

We'll jump right in by welcoming Cindy Blackstock. It's wonderful to have you with us today. I'm happy to give you 10 minutes to share your thoughts with the group, after which we'll have rounds of questions. When there's a minute left, I'm going to hold up a yellow card so you know that we're nearing the end, and then when I hold up the red card, please try to draw to a close.

Without further ado, Cindy, you've got the floor.

**Dr. Cindy Blackstock (Executive Director, First Nations Child and Family Caring Society of Canada):** Thank you very much, members, for having me here today.

I, too, would like to join in the recognition of the unceded Algonquin territory, and also to recognize Regional Chief Bill Erasmus, who is with me today.

We're here at a moment of Canada's history that many of our ancestors collectively prayed for, a time when we would reach out and embrace the reality that the federal government is racially discriminating against first nation children as a fiscal policy, and recognize that we have an opportunity to stop that practice and together raise a generation of first nations children who don't have to recover from their childhoods, and a generation of non-aboriginal children who never have to grow up to say they're sorry.

The undisputed facts are these.

In 2007 the Assembly of First Nations and the Caring Society filed a complaint against the federal government. There were two allegations.

The first one was that the federal government failed to implement equitable child welfare services for first nations children on reserve

and in Yukon Territory and that this inequality was known to the federal government, that they agreed with it, and they had solutions to remedy it but failed to do so. Thus it perpetuated racial discrimination in one of the worst ways. As the tribunal would later say, that incentivized, and in fact led to, the removal of children from their families in ways that were similar to what happened during the residential school era.

The second allegation is with regard to access to public services. First nations children are often denied, delayed, or disrupted in their access to public services available to all other children because of jurisdictional payments disputes within the federal government or between the federal government and other levels of government. This has been going on for many decades. Jordan's principle was intended to allow first nations children to access services on the same terms as other children. It was passed by the House of Commons in motion 296 in December, 2007. That should have been the end of these disruptions and denials of services, but unfortunately, it was never properly implemented.

There were two findings from the case and, as you all know, the federal government, unfortunately, fought this case on legal technicalities for nine years. I think it is important for us to realize that that period represents half of the childhood of a generation of children. However, on January 26 of this year, the Canadian Human Rights Tribunal made two significant findings.

Number one was that the federal government is racially discriminating against 163,000 children. I think we need to let that sink in for a moment, because there are lots of issues that will come before this table, but I would argue that there is none more important than ceasing the racial discrimination against 163,000 little kids on reserve.

The second is that, yes, Canada's failure to implement Jordan's principle was racially discriminatory and unlawful. The tribunal noted in its decision that Canada—yes, indeed—knew better, had the opportunity to do better, but failed to do so repeatedly throughout history, and that this failure was resulting in the unbelievable removals of first nations children. In fact, we have in evidence that between 1989 and 2012, first nations children spent over 66 million nights in foster care, or 167,000 years of childhood. Many of those nights could have been spent at home, had these children not been racially discriminated against.

Another finding was that this disadvantage was broadening the disadvantage of residential schools. The tribunal makes specific note that Canada's current and ongoing racial discrimination is deepening the harm, and not narrowing the harm.

It immediately issued two orders. One is that Canada cease its discriminatory funding for child and family services and immediately implement Jordan's principle across all government services and across all types of jurisdictional disputes, ensuring that first nations children have equitable access.

There is lots of talk at this table about the necessity of, for example, accessing mental health services for first nations children, but I first want to talk about the burden that the federal government's racial discrimination itself places on the safety and well-being of children. In evidence before the tribunal, we saw senior level federal government documents acknowledging that the government also funds inequitably education, social assistance, and basics like water and housing, on top of the known inequalities in child welfare. The federal government's own document stated that this creates dire circumstances. This woefully inadequate funding was putting children at high risk for death and that multiplier was affecting existing inequalities and getting in the way of children being able to live the lives they wish to have.

● (1535)

We know from a great study in the United States called the "Adverse Childhood Experiences Study" that the more multiple barriers that disadvantaged childhood experience, particularly in early childhood, the less they are going to be able to live a healthy and happy life. The ways you're treated as a child predict things like coronary disease in your sixties.

The other thing that's important for us to think about is the access by children themselves. We saw repeated denials of services. To give you an example, the Ontario Child and Family Services Act requires that mental health services be provided as part of the statutory requirements, but the funding agreement between Ontario and the federal government for child and family services has not been updated since 1978, meaning that those children on reserve were not getting reimbursed for these services that came in later versions of the statute. That meant that first nations children, according to the federal government's own witness, were denied these services, that Ontario was not picking up those services, and therefore the neediest children, the ones who were continuing to be disadvantaged by this ongoing racial discrimination, had no access to the very services that were intended to remediate it.

We all know that the tribunal's order is binding. I think that's important for us to keep in mind. This isn't another program where the government has discretion. The federal government welcomed the decision and chose not to judicially review it.

Since the decision, the federal government made a budget announcement, which it has profiled in later submissions as being its immediate relief measures. It has announced \$71 million for child welfare for this year, rising to \$99 million next year; but 50% of the full budget for child welfare is reserved for years four and five. I'll talk about that incremental approach, in that childhoods are not incremental and these discrimination orders are not to reduce the discrimination over five years, but to end it immediately. It's vital that this be done.

The other reason I feel that the \$71 million is inadequate is that our own calculations at the society suggest that \$216 million-plus is needed. However, even if we were to rely on the federal

government's own conservative estimates, which in evidence before the tribunal have been said to be inadequate, a federal government document said that as of 2012, at least \$108.1 million was needed. That number should have gone up, adjusted for inflation. There's no explanation as to why it went down.

Further submissions by the federal government to the tribunal suggest that not all of this \$71 million is going to children and families. Only \$60 million of it is going to children and families, and about \$10.5 million of it is going internally for the department's own costs.

To give you a case study of what that means, that same 2012 PowerPoint point document in which the \$108.1 million was cited suggests that a minimum of \$21 million is needed for the region of British Columbia, but the federal government's own estimates say they're only going to be providing \$5.3 million this year. That's about 25% of what was needed in 2012, and that number will only rise to \$14.3 million after four years. Think about this. This is a child who was a baby and who's now getting ready to go to preschool, and they are only getting 67% of what the federal government projected as being necessary in 2012.

Another issue is program transfers. We welcome the federal government's announcements on water, housing, and fire protection, but we're also concerned, because we have seen on the record that the federal government has been transferring \$98 million per annum out of infrastructure to offset its underfunding of education, social assistance, and child welfare. One PowerPoint slide we've seen from the senior federal level says that that amounted to half a billion dollars. So if those funds continue to be transferred, then we're going to see those deficits, those schools not being built, and the housing and the water not being allocated as they should be.

What are my recommendations? Number one is that the federal government must comply fully with the Canadian Human Rights Tribunal's order. We have issued a submission to the tribunal, dated yesterday, that spells out the significant shortfalls we have found in the federal government's compliance with that.

● (1540)

Number two is that we would reject, across all children's programs, any concept of incremental equality. No other child in this country has to be told "no" for five years and strive for equal treatment.

Number three is that we appoint an independent process to oversee and audit all first nations programs to identify areas of other inequality and to move swiftly, as part of a Marshall Plan, to redress those.

Another thing we need to do is ensure full implementation of Jordan's principle. That principle was passed and has never been fully implemented. Right up to today, children are being denied services.

Thank you, committee members. I welcome your questions.

**The Chair:** Thank you very much for your testimony, Ms. Blackstock.

We'll go into a round of seven-minute questions.

The first question comes from Mike Bossio, please.

**Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.):** Wow. Where do I start?

I'm going to start where I have many times before with witnesses, and that is with the funding model itself. The reason is that I look at these contribution agreements, the grants and the programs, and there's no long-term sustainable funding in any of them. There is no self-determination in that funding. Can you speak to that in and of itself?

What do we need to change from a funding model standpoint that will enable and ensure that indigenous peoples, first nations, and reserves, etc., are the ones setting the priorities for their communities, rather than the paternalism that exists today, with the federal government saying that it will give them money for this area, money for that area, and money for another area?

**Dr. Cindy Blackstock:** That's the unfortunate part of the federal government's arriving at the \$71-million figure. That figure was developed by the government without any consultation with first nations or with experts who know these funding formulas. We don't know where that number comes from, so that's an example of it. In my view, there need to be guarantees for adequate levels of funding that is flexible and needs-based to the actual community and the context of that community.

Thankfully, Member, in child welfare, we have a whole series of recommendations that have been jointly agreed to by the federal government over the years in these studies about how to improve child welfare. The caring society, being proactive in this area, revisited all those recommendations and sent them to the federal government in January—the ones that could be acted upon. Again, these were evidence-based, agreed to by the federal government, still had currency, and could address the needs of children, but were never acted upon. Unfortunately, we're still waiting.

**Mr. Mike Bossio:** I look at your recommendation to appoint an independent process over this. Just as we have an environment commissioner who looks at the environmental processes and policies that exist within government and audits those, your view—which kind of fits into this whole funding formula that I'm talking about as well—is that we have a commissioner of indigenous affairs to look at the funding mechanisms as they exist today and the shortfalls. Yes, our government is trying to make up for those shortfalls with a huge investment that has never happened before, recognizing that it's going to take a lot more for us to get to a level of adequacy.

Would you see this role as falling under the Auditor General? Once again, feeding into that whole funding formula, do you see that we need to.... What comes first, the chicken or the egg?

• (1545)

**Dr. Cindy Blackstock:** I would say that the the binding order comes first. We already have on the record the federal government's own document showing that shortfall and the current actions falling far short of that.

I hear the arguments in favour of an incremental approach. At some level, I'm sympathetic because we've arrived at this point via 148 years of racial discrimination against children, but we need to think about it from the children's perspective. Why would any child be asked to tolerate ongoing racial discrimination when the government knows it's doing it, has the figures to rectify it, and is choosing not to fully take those actions to remediate that? I think that's the question we have to come to terms with.

I've said to parliamentarians that I appreciate that you have to make hard choices when it comes to budget allocations. You can't do everything, but what are the hard choices that the Government of Canada, and Parliament as a whole, have made that leave the only choice being to give children an incremental shot at equality? Why isn't it that we can't move boldly and in a leap to address these known inequalities that are already on the books?

**Mr. Mike Bossio:** But at the same time, part of the problem we have to recognize is that, yes, we also have pending crisis levels of health care, and mental health. It goes across the strata beyond children, to housing and food security. Do you know what I'm saying? Yes, there are recreational facilities and educational facilities that need to be funded too. Yes, there is \$216 million that we should dedicate towards the children's services.

There's an \$8.4-billion investment that is being made by the government. Once again, it's a record investment. Do we increase that by \$216 million, or the difference between the \$71 million and the \$216 million, and take from another area? Do you know what I'm saying? I agree that we don't want to shortchange them, but if you shortchange clean water, and if you shortchange education, and if you shortchange housing, if you shortchange health care, somebody is going to suffer. Children are going to suffer.

**Dr. Cindy Blackstock:** I don't think those are the only choices on a governmental menu. I look at discretionary costs in the overall budget, for example. I know there are discussions about sponsoring expo. I personally don't want to go to an expo if it means that children are being denied an equal opportunity to grow up with their families.

We need to be mindful that although you're juggling priorities, the federal government is under a legally binding order to rectify racial discrimination against children in this case. It is not a question of balancing priorities; it's a question of legal compliance, and that's what we're asking for.

The federal government has said it accepts the decision. I welcome that. It's not going to be realized until things change for children on the ground.

**Mr. Mike Bossio:** Yes. I'm with you. It's hard to argue against that, especially when it comes to children and the historical nature of the issue that we're dealing with here.

I'm also looking for long-term answers, not incremental answers. I'm looking for long-term answers from a funding standpoint. I look to individuals like you who have taken one area completely apart and been able to look at it and say, okay, this is the level of funding we need for it. This is the same sort of exercise we need to go through in every aspect of indigenous life to bring equality to the rest of what Canadians receive today. I'm looking to individuals like you to help us to work through that process to determine, okay, what are those levels we need to achieve and how do we get there?

**Dr. Cindy Blackstock:** I would say that you need that Marshall Plan, that Marshall audit, with full participation of first nations in that. You need to look at the recommendations that are already on the books, including in regard to the shortfalls, and develop a public reporting mechanism for those types of costs.

The Auditor General has laid out a good road map. I think the previous Auditor General would also be a great support.

**The Chair:** Thank you both.

The next question is from Cathy McLeod, please.

**Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC):** You've clearly articulated your perspective on the financial gap and shortfall. It's a complicated world and one that you've lived in for a long time. It's a huge patchwork across the country in terms of models and structures and who's doing what. I know that in the riding I represent there are concerns that it's not working the way it should be.

First of all, do you have some examples not related to the funding issue? Have you put out recommendations around models, or is it very much a grassroots community process? Could you talk a little about that piece?

• (1550)

**Dr. Cindy Blackstock:** We work quite a bit at the caring society on what works. We know from the evidence that what works is community-developed programs around family safety. We have a program called the Touchstones of Hope. One of the biggest things taken from first nations communities through the residential schools, and arguably from the ongoing racial discrimination of removal of children today, is the collective vision of what a healthy child is. There are pieces of that. People have kept that, but that collectively held vision in many cases has been disrupted.

Touchstones of Hope allows people to reclaim that and develop community-based plans that are not just good for child welfare, but provide a benchmark for community and culturally based wellness

throughout the life cycle. That has been proven effective in northern B.C. It was evaluated independently by the University of Toronto, and we see examples all over the world where communities are the decision-makers around what's best for kids. That's when kids do better.

We suggested to the government that \$75,000 be made available to each first nations agency to begin reclaiming those cultural visions as part of the remediation resulting from the tribunal decision, but the federal government has chosen not to implement that this year. I find that concerning because I think that really is the baseline for ongoing success. It's that, together with flexible and sufficient funding levels over a long period of time.

**Mrs. Cathy McLeod:** Would that be part of the enhanced prevention focused approach or is that a separate initiative outside of that?

**Dr. Cindy Blackstock:** I think it definitely could be part of anything that you want call an "enhanced focused approach", but I think we need to be mindful, Member, that the Canadian Human Rights Tribunal found the enhanced focused approach to be racially discriminatory. We certainly don't want to be replicating that model or bonding to that model. The tribunal says in bold underlined letters that it's looking for reform of the program, and it sets out a three-phased way of doing that: one, immediate relief, which is what I was talking about, that \$216 million in the door to support what we know are the shortcomings across the four different funding models of the federal government; two, medium-term relief, which would be things around restoring these cultural visions; and, three, long-term reform, which will also require internal reform in the federal government itself so that it no longer replicates a pattern of knowing better and not doing better. It has to build capacity so that it is in a better relationship with first nations and first nations agencies and first nations children. That is the process the tribunal puts out. I support that process.

**Mrs. Cathy McLeod:** You mentioned northern British Columbia having a completely different set-up. How complicated is it, in terms of all the different provincial and territorial rules, and how those work from community to community and the adaptation and the agreements?

**Dr. Cindy Blackstock:** We do know there are experts on the ground level delivering those services in those complicated environments. They've been asking us to ensure that the federal government—which is what you have leverage over—supports their community-based solutions, and funds them adequately. The latter has consistently gotten in the way. Indeed, the other member noted just those one-year contribution agreements. Trying to plan the lives of children one year at a time doesn't make any sense for any governing body, and so longer-term solutions, multi-year agreements, and those types of things would go a long way to supporting progress on the ground.

**Mrs. Cathy McLeod:** With regard to multi-year agreements, it drives me crazy when people are having to give up leased space and don't have consistency in funding. I just look at the friendship centres, which are now three months into a fiscal year with no money. At times we don't have the nimbleness federally, and we need to allow that nimbleness, I guess, to be at a community level.

**Dr. Cindy Blackstock:** Right. We also, though, need to embrace the reality that the federal government has been oiled as a machine to racially discriminate against children for 148 years. How do we change that culture to support people to act in ways that are non-discriminatory? The Assembly of First Nations, in their submissions to the tribunal, offers a number of very helpful solutions, such as training all employees about the Truth and Reconciliation Commission, the history of child welfare funding, the Canadian Human Rights Tribunal decision, and Jordan's principle. The federal government has said that it will discuss training of its employees, but it refuses to commit to that training.

• (1555)

**Mrs. Cathy McLeod:** Where are we in terms of more appropriately implementing Jordan's principle?

**Dr. Cindy Blackstock:** On April 24, the Canadian Human Rights Tribunal issued an order to the federal government saying that its progress in implementing Jordan's principle was not meeting the order. It required it to do so by May 10, and to confirm that was done. It did issue a compliance report. We feel that's insufficient. We've issued a request for the tribunal to issue further orders. A mini-hearing will be held by the tribunal on June 23 and 24 to make that determination.

**Mrs. Cathy McLeod:** What do you feel needs to be done to fully implement Jordan's principle?

**Dr. Cindy Blackstock:** There needs to be funding allocated in the budget to realize it. The federal government needs to be able to embrace the full and proper definition of Jordan's principle. Also, the federal government's website has contact numbers that you're supposed to call to report a Jordan's principle case. My staff contacted all of those contact numbers and was not able to reach one person who could receive a Jordan's principle call. In fact, some of those numbers were out of order. We've advised the department that even at the front end, it needs to address those issues so that families and the public can present those matters.

**Mrs. Cathy McLeod:** Okay, thank you.

**The Chair:** Thank you for that.

The next question is from Charlie Angus.

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Thank you, Cindy Blackstock, for being here. This is a really important discussion.

What I find astounding is that Canada was found to be racially discriminating against children, and it ignored a compliance order. That's why you are here today: because the supplemental estimates show that the Government of Canada decided that it didn't have to bother putting any money into Jordan's principle. That's why you are here as a witness.

You talk about the repeated denials of service that were found and the systemic racial discrimination. I hear from officials, "Well, it's complicated. We have to consult. We're doing our best". This past week a little boy was denied an audiology test by a bureaucrat in Ottawa who told the doctor, "Let's wait till that child's four or six and see if a problem develops". As the father of a deaf child, I know that if they don't get that diagnosis immediately, that child is done for life.

I'd like you to comment on this attitude that we hear from officials, "Well, we will implement Jordan's Principle by consulting". Are they still racially discriminating? Are they still denying service to children in this day?

**Dr. Cindy Blackstock:** Yes, they are. In my view, they are continuing to racially discriminate, and children are continuing to be denied services.

That is the uncomfortable reality we need to deal with. It is not announcements, it's not nice statements by me, by the government, or by anyone else that change the reality for children on the ground. It is real change in federal government policy and funding levels that will ensure that children like that—and I hear many stories all over the country—are not being denied services and indeed set up for a life of disadvantage because we don't have the courage as a country to stop racially discriminating against children as a fiscal policy.

**Mr. Charlie Angus:** I just want to be clear. I am not targeting any individual bureaucrat. They are following the policy. The policy of Canada tells them that they have the right to interfere with a doctor's decision about what is medically safe for a child, and that is continuing. They are still not in compliance.

I notice, with these supplementary estimates, that no money for services has started to flow—that means that money for education will start after the school year has already started—and that there are zero dollars for Jordan's principle. How can we implement Jordan's principle to protect children like the child I mentioned, if there are zero dollars set aside? The Government of Canada had 12 years to prepare for the Jordan's principle settlement. What do you see when you see zero dollars for Jordan's principle?

**Dr. Cindy Blackstock:** I see children being racially discriminated against. I think it is important to recognize that this case did not sneak up on the federal government. Jordan's principle didn't sneak up on the federal government. Jordan's principle was first mentioned in a joint report that was agreed to by the federal government in 2005. It passed the House of Commons in 2007. There have been repeated reports by the Auditor General and others raising the alarm about the lack of implementation, and yet here we find ourselves, 11 years later, a whole childhood later, many tragic stories later, still talking about implementing it. That is not good enough.

**Mr. Charlie Angus:** When the government responded with their budget and put in \$71 million for the child welfare needs, when it has been estimated that it is over \$200 million right now.... What we were told by officials at this table, just over a week ago, was that they would love to help, that they would love to meet that, but, you know, it is an issue of capacity on the ground, and it is going to take a while before we can get capacity on the ground.

My read of this is that they are saying that all the child welfare agencies, which have been starved of funds over the years, are somehow not capable of meeting the needs of the children, and the government wants to work with them. What do you see when you hear them say that it is an issue of capacity, that even five years down the road they still will not be in compliance the Human Rights Tribunal?

•(1600)

**Dr. Cindy Blackstock:** There was no evidence tendered at the Canadian Human Rights Tribunal by the federal government that the reason children should be treated unequally is somehow a capacity issue of first nations. There is no finding in the Canadian Human Rights Tribunal that suggests that first nations are somehow incapable of addressing and providing equitable services. The capacity issues that are mentioned in the tribunal's decision all deal with the federal government's failure to act on previous solutions.

I think we need to really think about this. I talked about this in our submissions yesterday, that the federal government, in suggesting that this is a capacity issue and providing no evidence of how it knows that all 100-plus first nations agencies—many which have been operating for 20 or 30 years and have won international awards for their practice—are somehow incapable of addressing and implementing services that would comply with the order as of right now. I think this is akin to saying, “We can't treat you equally because you are not capable.” If this were a gender or pay equity issue, I don't think anyone would get away with saying that women aren't worthy of being treated equally today because they don't know how to spend the money. That is the type of argument that we are seeing there, with all due respect to those who are making it.

**Mr. Charlie Angus:** You were part of the pre-budget consultations. You laid out the issues that needed to be addressed. They were

ignored in the budget. The Human Rights Tribunal decision came down. We had the supplementary (A)s, which was the opportunity for the government to meet the compliance order. There were zero dollars for Jordan's principle, zero dollars to meet the child welfare shortfall.

I am not a lawyer, but we are dealing with a legal ruling about racial discrimination, and what we hear from the government is that it will take five years to get their act together. Do they risk being in contempt of court for refusing to meet their legal obligations?

**Dr. Cindy Blackstock:** Yes, they are at risk of that. In fact, we have seen the subsequent order from the tribunal of May 24, which said that progress was insufficient and ordered the government to immediately report back.

**Mr. Charlie Angus:** I want to close on the issue of the shell game that happens when Indigenous Affairs has to start playing catch-up and start hauling money out of projects.

We've had schools cancelled in our region. We had water plants cancelled. The numbers we're getting.... You suggest about \$98 million or \$100 million a year. Without a legislative framework, the government is saying they're not going to do any legislative framework on education, that they're just going to flow the money out the door.

We don't know if the money will ever actually go out the door, how much will go out, but if these shortfalls continue to exist, are we going to still see this shell game of money being pulled off very important needs to start meeting shortfalls because they didn't put the money into child welfare in the first place?

**Dr. Cindy Blackstock:** Yes, and the Auditor General actually recommended they cease that process in 2008. The federal government agreed and continued it.

If the \$98 million in transfers continues, for example, that would represent 52% of the planned education infrastructure funding that the federal government announced in budget 2016, and those facilities would not be built.

**The Chair:** The next question is from Gary Anandasangaree.

**Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.):** Thank you, Dr. Blackstock, for your continued and very frank advocacy on this issue.



There are a couple of things I want to probe. You wrote an article entitled "Reconciliation Means Not Saying Sorry Twice". In it you write that reconciliation is not just about saying sorry, but about understanding the harm in a way that not only acknowledges the past but also leads to new awareness and commitment to avoid repeating the same mistakes in the future. Reconciliation requires that one not just say the right thing, but also does the right thing.

Reflecting on that, can you highlight some of the current issues?

We recognize the issue regarding the child welfare system. That's quite clear from the decision. What are some of the other issues that will probably give light to some of the challenges we face today, and maybe two or three issues that the government needs to address immediately?.

•(1605)

**Dr. Cindy Blackstock:** The shortfall in education is certainly a key one. I know there are investments, but, again, they fall into the same peril as child welfare, in that they're rolled out over five years, with 50% of the investment not coming until year five. If you're a kid in grade 8, you won't see the full benefit that investment.

I like to collect old documents and I have a report in my office commissioned by the former Department of Indian Affairs for the education of children in Ontario. It was written by a man named R. Alex Sim. At the time, he recommended reforms in education, including first nations control over education, equity in education, and ensuring that there was appropriate curriculum on aboriginal peoples in the curriculum. He wrote, "Can anyone hazard a guess as to what year or what century real progress will be made toward the equality of Indian children?" That was written in 1967. I was three years old. I was one of those kids that recommendation could have helped. We're still at it. Those recommendations are still on the table and I'm 51 years old.

I talk to first nations students who are going to these underfunded schools, and it is so painful to talk to them. I remember meeting Chelsey Edwards from Attawapiskat First Nation, who took over as spokesperson for the Shannen's Dream for Safe and Comfy Schools and equitable education campaign. She was about 15 years old and said to me, "Cindy, it's too late for my childhood, it's too late for me to be treated equally, but it's not too late for a baby born today, maybe we can do something for that baby."

That's why we can't get addicted to this concept of incremental equality. It never comes. Children don't have incremental childhoods. Even though it may make sense at a government level to flow things over five years, it wouldn't make sense if you were a child in that school, or the parent of a child who's not being given the same opportunity to succeed. There would be no way that you would tolerate it. There's no way that you should tolerate it. Yet, we have become comfortable with this in Canadian society. That needs to be addressed immediately.

The other issues are the reality that many first nations live in third world country conditions. I have heard this rhetoric over the years that, well, we can't get clean water up to some of these communities. If we can get a Twitter feed to a guy in space, surely we can get clean water pumping into Tyendinaga First Nation, an hour and a half outside of Toronto. These are things that we can do if we're motivated to do them. I don't think there's any excuse for a country

that is among the 11 wealthiest nations in the world to not be providing clean drinking water to every citizen in the country.

The final thing is to remind ourselves that we aren't doing our best job for all of Canada's children. There's an international ranking called the KidsRights Index. It looks at how well the countries are doing in proportion to their wealth to their nation's children. Last year, Canada ranked 57th in the world.

That leaves a lot of room for improvement for one of the wealthiest countries. As parliamentarians I encourage you to put children on the agenda more often. The economy is doing better than children because you talk about it more and you pay a lot more attention to it. The real reason for an economy is to ensure that children are benefiting and that we're creating a sustainable society, and that means paying attention to kids.

**Mr. Gary Anandasangaree:** You discussed a Marshall Plan type of execution of these programs. With respect to child welfare, what would that Marshall Plan look like?

**Dr. Cindy Blackstock:** We have proposed that in our submission to the tribunal. We want to be solution-involvers. I'm not about winning. I want to make sure things change for kids.

Number one, we have said that you need to update that \$108 million to 2016 values and get that flowing out the door. There should be full compliance with Jordan's principle, ensuring that you're making investments that address remoteness and immediate factors.

The second piece is those investments in culturally based plans, so that we know what culturally based services are and how much they'll cost.

Then we also looked at some of those structural issues around the funding mechanisms, the things the Auditor General has identified for us year after year as long-term solutions.

We see it as a three-stage thing. We'd be happy to send you the submissions we've made with regard to these solutions, so that you can further consider them. I do have a written submission that I'll get translated into French so it's available to you as well.

**Mr. Gary Anandasangaree:** I want to probe on something that's a little bit out of the scope of your discussion, but it's very relevant to it, which is the racialized statistics that I know Ontario has now adopted with respect to child welfare. Is that now across the board in all the provinces? If not, what do we need to do to get those numbers available across the board?

•(1610)

**Dr. Cindy Blackstock:** There is, in the United States, a national child welfare data collection system. Canada doesn't have one. In fact, I can't sit here and tell you even how many children are in child welfare care today. That's something I would encourage the federal government to look at, a national data collection system, so we are able to get a better pulse on what's actually happening to children, not only in child welfare but in other areas of their experience, and to launch longitudinal studies so we can see what's actually happening to these kids across their life span.

**Mr. Gary Anandasangaree:** In fact, at our last session, we had Professor Hicks talk about suicides, and this is one of the challenges, to be able to have race-based statistics.

Why do you think that hesitation exists?

**The Chair:** Gary, I'm afraid we're out of time to launch into a third question there. Thanks.

We're moving into the five-minute questions, and the next question comes from David Yurdiga.

**Mr. David Yurdiga (Fort McMurray—Cold Lake, CPC):** It's very important that we're having this discussion because our children are our future. What we do now will determine how successful they will be in the future, so thank you for being here. It's really important.

What are the challenges in providing child and family services in northern communities? A lot of the northern communities are isolated. It's very difficult to get professionals up to those locations, so what is the solution to address the most northern communities?

**Dr. Cindy Blackstock:** We've seen good practices from various first nations agencies. In the research we've done and in our consultations, one of the concerns actually has been the underfunding. It's even difficult for first nations proximal to urban areas to recruit qualified staff, because just across the road is provincial work where they can make a lot more money. One of the solutions is actually ensuring that there are sufficient funds to recruit and retain people in northern communities.

The second is that we need to look at some of the technologies that are available to provide services. We have made advancements, for example, in telehealth, but there's no capacity on the child welfare side to replicate programs like that so those types of services could be available to children in remote communities.

The other thing is that we need to take full advantage to address some of the multiple inequities. We know from the research that if you have communities where there is no water, where there is no sanitation, where there are no roads, remediating those concerns will reduce the child welfare factors. That takes investment, and we can do it. If we can build a platform in the middle of the Atlantic Ocean to drill for oil, surely we can provide infrastructure in northern communities so that children can get clean water to drink.

All those things would help.

**Mr. David Yurdiga:** Are there any programs out there that promote people from the community undertaking to become a professional to address these issues? You know, instead of bringing

people in, we train people within the community. Is there any such program to encourage our youth to go into this field?

**Dr. Cindy Blackstock:** Just circling back to your last question, I will just make note that in the United States, which also has remote communities in Alaska, there are no boil-water advisories in any of their communities. If they can do it, we can do it, too.

To your question on first nations children reaching this profession, one of the things you need to be a social worker is to successfully transition from elementary and secondary school. What we know is that the underfunding of elementary and secondary school means that first nations children are less apt to graduate, less apt to be successful in post-secondary. We need to redress those issues.

Then, absolutely, we've seen innovations in the delivery of post-secondary. I work at the University of Alberta, and developing online programs for social workers has been found to be very successful. Also proven to be successful are post-baccalaureate programs combine online and in-session training, both at universities and in joint training programs that are aboriginal-based.

**Mr. David Yurdiga:** I come from a business background and I like to go in there and fix things. If it needs to be replaced, you replace it because, in the long term, it is actually more economical to do that. However, it seems that the bandage approach has always been taken. Investments are currently required in waste water and in housing. I know it's an immense undertaking for a government.

What would be your priorities? We can't address everything at once, but what are the two top things we should proceed with?

•(1615)

**Dr. Cindy Blackstock:** First, I would like to see this Parliament decide that we're no longer going to racially discriminate against children as a fiscal policy. You stop doing it. You stop deepening that whole disadvantage that affects all areas of our children's experience. Second, you start addressing and creating a Marshall Plan to address the shortfalls that have accumulated over these last 148 years.

If you stop the racial discrimination starting today, that would be the greatest gift for Canada's 150th birthday. As a nation, we're better than racial discrimination against kids. Making this change would bring us into alignment with those values that Canadian sing about when they say they stand on guard.

**Mr. David Yurdiga:** Okay, thank you.

How much time do I have left?

**The Chair:** That's it. Thank you.

**Mr. David Yurdiga:** Really?

**The Chair:** Well, four seconds.

Mr. Michael McLeod.

**Mr. Michael McLeod (Northwest Territories, Lib.):** Thank you for coming to present to us some very shocking statistics, and thank you to our grand chief from the Northwest Territories for joining us. We appreciate seeing him here.

I'm looking at the numbers you've put out on what's needed to address some of the issues for the children, as well as the \$260 million you said we should be looking at, and I'm wondering how broadly all this is spread. Does it cover all aboriginal indigenous populations, or are we just talking about the first nations? You're not including the Métis and the Inuit in this, are you?

**Dr. Cindy Blackstock:** No, I was speaking with regard to the immediate relief measures arising out of the Canadian Human Rights Tribunal, which only affects first nations children. Specifically, I was referring to the provision of child and family services, and Jordan's principle.. That doesn't even cover the child welfare needed for first nations children.

**Mr. Michael McLeod:** You carved out an area for B.C., but have you looked at what's happening in the Northwest Territories? You have first nations, and a lot of what's in the budget is identified for reserves. We don't have reserves in the Northwest Territories. We have aboriginal people who live in communities. Are you taking these differences into consideration?

**Dr. Cindy Blackstock:** The program for INAC's provision of child and family services does not apply to the territories. I had the honour of being on an advisory panel on legislative change and visiting many of the first nations communities in the Northwest Territories. I saw many of the same deficits for children being played out there.

Those solutions should not be confined to a borderline of a territory. Those communities have been asking for the same types of opportunities to safely raise their kids as everyone else. I would encourage the territories and the federal government to ensure that the needs of those children and families are provided for.

Of course, you have the regional chief right here who can give you more specifics on what those answers have been. They have been proposed to the government for many years.

**Mr. Michael McLeod:** That's exactly what I wanted you to say.

We've heard from many witnesses on the issue of suicide. There was a lot of shock and information coming forward. We heard from Mr. Jack Hicks, who has done a lot of studies on suicide and has identified several issues that need to be tackled. We had the leader of the ITK talk about the environment in which children grow up and how it affects them later in life. In the north, we have no specialists. Doctors don't visit our communities consistently. You are lucky if you see the same doctor twice in your lifetime. Most nurses are locums, so we're probably challenged even more than southern jurisdictions.

We also have housing issues. We have issues of addiction. We need counselling, and we need jobs. All these things are issues that need to be addressed. I was really glad when you mentioned that the government, whether it's territorial, provincial, or federal, needs to learn more about our people. In our case, they need to learn more about what it's like to live in the north and the challenges we face in terms of costs and isolation.

We also heard that the corrections system is our new residential school problem. We are locking up so many people who need assistance. When I campaigned, the elders were very concerned about child apprehension.

• (1620)

**The Chair:** You have one minute, Mike.

**Mr. Michael McLeod:** Has there been any work on what it's going to cost overall to solve some of these issues?

**Dr. Cindy Blackstock:** Not as a Marshall Plan, but what we do know is what it will cost you if you don't do anything or you continue with this drop-in-the-bucket approach. The World Health Organization says that for every dollar a government spends on a child, you will save \$20 U.S. down the line. Fail to spend that dollar, and you will be spending \$20 down the line on corrections, mental health, and addictions programs.

It goes back to what Frederick Douglass said back in the 1800s, that if you raise a healthy child, it's cheaper than fixing a broken man. It was true then, and it's still true now.

**The Chair:** The next questioner is Arnold Viersen, please.

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Ms. Blackstock, I really appreciate your being here and have just a couple of things to ask.

First of all, you said, "Marshall Plan". Could you clarify for me what that term means?

**Dr. Cindy Blackstock:** Too often the approach by Parliament in the past has been to look at issues one at a time, youth suicide, the deficits in child welfare, or maybe looking at housing or water. What we haven't done yet is look at the causal factors that tie all of these things together, which are, in my view, the inequities, the lack of recognition and support for community-based solutions, and the lack of capacity in the federal government. I think these are the types of things we need as a Marshall Plan to address all these inequalities across all areas of experience.

**Mr. Arnold Viersen:** You made the point that we can drill for oil offshore but we can't bring water to our first nation communities. One of the things, though, that's a complete difference is this. Drilling for oil offshore is a private enterprise deal; bringing water to first nations is entirely the federal government's responsibility.

There are other areas of life where, when it's entirely a federal government responsibility, we have complete failure as well, not only bringing water to first nations. In my own province of Alberta, we have caribou. The only two herds that have disappeared were in Jasper and Banff, which are both entirely in federal government jurisdiction.

Is there any private industry, or an alternative model, with the capability of bringing in some of these things that you have mentioned? For example, I think of one of the interesting things in Airdrie, Alberta. They have a significant hail issue. You might think there's nothing we can do about hail; however, the insurance industry, a private enterprise, seeds the clouds to make the hail smaller. I had no idea they did that. There may be a private recipe for success in some of these instances. Has that been on your radar at all?

**Dr. Cindy Blackstock:** Member, you raise an important point.

I used to work off reserve in one of the richest municipalities in Canada, West Vancouver in the British Properties, doing child protection. Never once was I asked to refer those people, as rich as they were, to seek private subsidies for their delivery of child welfare.

There are some services in this country that we have declared as being a public good. First nations should not be required to get private subsidies for services that are a public good for everybody else. That, in itself, would be discriminatory, and I'm sure not something you would support.

The other piece that's important to look at is that the Royal Commission on Aboriginal Peoples is reaching its 20th anniversary this year. It was the beginnings of that Marshall Plan we talked about. Its recommendations have never been implemented, including its call for support for first nations so that we can walk away from the Indian Act. We'd have sustainable economic, social, and spiritual infrastructure. I commend that report to you, because I feel that a lot of those same recommendations are available today. Had they been implemented, we might not be having this conversation today.

**Mr. Arnold Viersen:** For sure.

When it comes to education, in the province of Alberta, for example, we had one of the best education systems in the world. That was because we had a vast array of different types of education.

Clearly, what we are doing right now is not working. Asking the federal government to spend more money on all of these things is the easiest answer, but it hasn't worked in the past, and I'm not sure if spending more and more money is going to be the solution into the future.

• (1625)

**Dr. Cindy Blackstock:** Member, with all due respect, there's never been a time when first nations children have received an equitable education similar to what other Canadians have received. That's never been tried. I'd like to see it.

We know from the work of the Martin aboriginal educational initiative, which brought two schools up to par with equitable funding, that those kids went from very low rates of literacy to exceeding the rates of literacy for non-aboriginal kids within just a few years, so I think there are demonstrated projects that show this would work.

**Mr. Arnold Viersen:** For sure.

Where does the funding for the First Nations Child and Family Caring Society come from?

**Dr. Cindy Blackstock:** It's a good question because within 30 days of filing this case, the previous government cut all of our funding. We receive no government funding. It's funded completely by private donors.

**Mr. Arnold Viersen:** That's all for my questioning.

**The Chair:** I'm afraid we're out of time. We'll have to conclude this testimony.

I want to thank you very much, Ms. Blackstock and Mr. Erasmus, for joining us today. Your testimony will be most useful as we continue to deliberate on the supplementary estimates.

Thank you so much for your time.

We'll suspend for about two minutes.

• (1625)

(Pause)

• (1630)

**The Chair:** I'm going to invite committee members and those in the room to turn their minds from the supplementary estimates to the different but not unrelated issue of suicide among indigenous peoples and communities.

We're very happy today to welcome Isadore Day, the Ontario regional chief of AFN, to deliver testimony.

I think by now, regional chief, you know about the cards. The floor is yours.

**Chief Isadore Day (Ontario Regional Chief):** Yes, thank you, Mr. Chair.

I'd like to first of all acknowledge the Creator, the creation, the prayers, and the protocols. I also want to acknowledge the traditional territory of the Algonquin people.

I want to acknowledge Cindy Blackstock, the previous presenter, and thank her for all the work she's been undertaking with the Canadian Human Rights Tribunal on child welfare.

As well, I want to note that I have Ken Young sitting beside me, as a reminder and recognition of the era of reconciliation. Ken is a Indian residential school survivor. He's a leader in our first nations communities and somebody who well knows these issues. I have him beside me to help keep me focused on the fact that much of what we're doing is about the modern era of reconciliation and the important work that needs to be done through these committee presentations.

I also want to acknowledge the first nations leadership that is here, and the committee members.

I am presenting as the Ontario regional chief, and as a member of the AFN executive who holds the portfolio for health, and the chair of the Chiefs Committee on Health at the AFN.

I am also presenting as a proud member of the Serpent River First Nation, and as such, these are not just policy discussions for me, but literally life and death discussions and decisions that must be made here in Ottawa and that will profoundly impact the families in communities like mine.

We must always be on guard for the issue of suicide. As we've seen in recent days, the community of Woodstock in southern Ontario has fallen victim to a trend of suicide that's putting the question of suicide in front of all Canadians.

Before I proceed with my remarks, let me point out that the current suicide crisis will only end if we have addressed all the social determinants of health.

Our communities need clean water, safe and adequate housing, a decent education system, and economically sustainable communities. Once we move from the third world conditions in our communities to those of mainstream Canada, and once our children are no longer living in desperate situations, then this national crisis will end. Simply put, the people sitting around this table can finally recommend that we end Canada's greatest shames: first nation poverty and despair, and its manifestation in suicide.

When it comes to the roots of the crisis, as you have heard throughout your study, suicide in first nations communities is the result of the coming together of many historical, social, political, economic, and environmental factors that collectively make up the social determinants of health. I want to underscore one thing. I don't want to get into it in-depth, but I must also underscore the serious nature of climate change and what that must be doing to the minds of individuals, and the collective identity and feelings that people must have in the remote north. I believe that some of the suicidal ideation can be and probably is connected to the issue of climate change.

The most profound of these factors is settler colonialism. Colonialism displaced first nations people from our lands and waters, and thus our sources of identity, spirituality, and economic security. First nations governance systems were undermined and replaced by foreign systems based on profoundly different world views grounded in hierarchy and patriarchy. Our languages were literally beaten out of the children at the residential schools. Children were stolen from their homes to face physical, sexual, and psychological abuse in these schools.

The staggering rates of first nation children in the child welfare system demonstrate that this painful legacy continues, as eloquently outlined in great detail by Cindy Blackstock in the previous presentation.

First nations youth face the daily stress of having to face a Canadian society that claims to be built on the principles of fairness, justice, and respect for diversity, while they survive in communities without basic necessities like schools and clean water. At the same time, the comments sections of new stories about them are filled with comments that they are living the high life on the taxpayers' dime.

With all of this in mind, the suicide crisis facing our youth should come as no surprise. In fact, it is an entirely expected outcome given what our youth and our communities face every single day.

•(1635)

I must point out that the demographic profile of those who attempt or commit suicide is vastly changing. Children and elders in their twilight years committing suicide is not the norm, but that is becoming increasingly evident in the statistics on suicide in first nations. The suicide of a 10-year-old boy in the Nishnawbe Aski Nation territory and an elder in the Treaty 3 region are just two

examples that I would cite where the culminating issues had to do with the lack of primary health and mental health services—point blank, as a result of funding cuts to health services in first nations over the last decade.

The question then becomes: what can be done?

I will move forward to address suicide. It is imperative to address the social determinants of health in first nations and to support and advocate for community-based approaches to suicide prevention, which our youth refer to as “life promotion”, which simply means investing and paying it forward in developing programs for youth and their communities. Youth need the decision-makers to prioritize them and to generate hope among them through strategic investment.

We commend Minister Philpott for meeting with our youth just yesterday. I want to quote something that the minister said, as it pertains to the meeting:

I am grateful for this opportunity to speak directly with First Nations youth, and I want to thank the AFN National Youth Council members for bringing their concerns and ideas to the table. Their willingness to talk about their challenges, and how we can work together to address them, helps me better understand how the Government of Canada can support their well-being. Their support is a critical factor in generating positive, long-term change.

I must commend the youth, the AFN, and the minister for their efforts and the important work that will come from the round table.

At the same time I want to see three things resulting from Minister Philpott's words. The first is that we need action now—defined, budgeted, and collaborative efforts. The second thing is that we need the minister to ensure that medium- and long-term planning in health accord negotiations must formally include our youth as part of that process. Thirdly, we need the minister to work with the youth of the AFN to formalize life promotion as more than just ideology. We need to build strategic investments that work towards the diminishment of suicide through programs aimed at moving from the current national suicide crisis in our youth populations to a greater focus of strengthening a new generation of young people who are empowered to want life over death. Of course, their lives must be seen as worthy, worth living, and worth the effort of strategic investments by this government.

We need the full implementation of the first nations mental wellness continuum framework and the added element of youth in life-promotion strategies. The framework outlines opportunities to build on community strengths and control of resources in order to improve existing mental wellness programs for first nation communities. This includes community development, as indicated by the previous speaker; quality care systems and competent service delivery; collaboration with partners; enhanced flexible funding; and ensuring that culture is at the centre of the mental wellness continuum framework.

Full implementation means increasing the amount of flexibility of resources to increase capacity, and to ensure quality care systems and competent care delivery so that all first nations have access to the essential basket of services that make up the continuum of care.

On the social determinants of health, as mentioned previously, health outcomes cannot be addressed by health care system interventions alone. What is required is a real and substantial investment in the social determinants of health, including adequate and safe infrastructure, culturally relevant education, a reformed child welfare system, and economic opportunities, among other things.

In addition, research demonstrates that self-determination and cultural continuity act as an important hedge against youth suicide; therefore, community self-determination and support for cultural activities are also life-promotion activities that are needed.

With the commitment to nation-to-nation dealings, and the investments in budget 2016, the new government has made an important step in addressing the social determinants of health, but the reality is that first nation youth continue to sit in mouldy, overcrowded houses without clean water. Much work needs to be done. They have waited long enough.

• (1640)

**The Chair:** You have one minute, please, Mr. Day.

**Chief Isadore Day:** We need to support community-based approaches to suicide prevention and life-promotion. Given the role of self-determination as a hedge against suicide, it is vitally important to support community-based approaches to suicide-prevention activities and programming. These must be implemented. Community development programming, which reduces the risk of suicide, includes skills development and coping skills, job readiness, and recreational activities that decrease isolation and increase peer support for our youth.

I want to read a couple of quotes to end my submission, because these are things that people have said with respect to the issue of suicide, and these are the things that they want conveyed to this government.

This is a mother. She says:

As the mother of a trans-gender indigenous youth, who actively sought out immediate help for [my] son during a suicide crisis, I quickly found out that there is little to no culturally appropriate resources available to him or his family. Any resources were primarily largely city centred support systems, leaving us feeling left out of the suicide conversations and even more isolated and alone, which brought him to that place of crisis. We need immediate resources to help support our youth in crisis and help for the families that are at a loss to find that desperately needed outreach support that is lacking on remote and urban First Nation territories.

The second quote reads:

We are faced with major issues as First Nation people that are about dispossession from our lands, and being systematically torn from our families through the residential schools. Canada and the Province[s] must reconcile and deal with the impacts of the Indian Residential School System and the Indian Act System—until these issues are addressed directly, our people will continue to feel hopelessness—our people will continue to die of chronic health issues and suicide.

The last one is as follows:

Suicide trends in our First Nations are part of “collective post trauma” results. Community healing is needed now—we cannot wait any longer—our families need to be a focus in healing making our communities stronger.

Thank you for the time, Mr. Chair.

I'll take questions.

**The Chair:** Thanks very much, Regional Chief Day. If you'd be willing to leave your speaking notes behind, that would be most helpful indeed.

**Chief Isadore Day:** Absolutely.

**The Chair:** We'll move into the seven-minute questions, and the first question comes from Don Rusnak, please.

**Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.):** Regional Chief Day, it's good to see you again.

As you know, I hail from Treaty 3 territory in northwestern Ontario, where we've had suicide crises in the communities. I know of particularly acute problems in NAN communities. I do interact a lot with people from NAN communities and in the city of Thunder Bay.

I've been hearing over the last little while, indeed over my many varied careers including that with Grand Council Treaty 3, that there is one thing suicide is. It is a crisis that needs an immediate response and not just a band-aid response, but money is not the only answer to solving the problem in the communities. It is very important for government to listen to the people who know their communities and know the issues in their communities.

That being said, in your experience now with the Minister of Health and the Minister of Indigenous and Northern Affairs and her department officials, have you seen discussions regarding community-based solutions coming out of the communities and being communicated to both of the departments that are so intimately involved?

•(1645)

**Chief Isadore Day:** I just want to focus on the caveat that you mentioned about funding not being the only issue. I want to leave that out in front here, because it is an important observation. I liken it to the idea of getting into a vehicle and going somewhere. We obviously know that we can't stay where we are. We are in a crisis situation. We hear about these public health emergencies. We hear about attempted suicide and the commission of suicide, so we know we can't stay there. The vehicles that we have—and I leave this with the committee today—we have done all the planning. We have talked quite a bit about the framework necessary to get the work done. That's what I can tell you.

That part of the discussion doesn't need to happen anymore. We have the tools. We have the framework. We know what needs to be done. We know where we want to go. We have the vehicle. We have the plan. We need the fiscal fuel in the tank to get this done. That's the issue. We now need strategic investment. We can no longer talk about this issue. We have the plan. We need the fiscal fuel in the tank.

Make the investment. Let's get moving.

**Mr. Don Rusnak:** I couldn't agree more. I know that when I was with Grand Council Treaty 3, we had frameworks that weren't funded. I know it's very important for the work of this committee that we hear not only about the immediate problems, but also long-term solutions. We know that over the last many years, there have been funding problems for a lot of our first nations organizations that have been doing great work, but need increased funding. Certainly there's been a commitment by this government to increase that funding to historic levels.

I've heard over many years that first nations, ultimately, will drive these long-term solutions by creating an economy in which first nations make their own destiny. I've spoken to a lot of chiefs in my riding. Chief Leonard from Rainy River First Nations believes that getting involved in the economy and creating business opportunity and wealth for his community will eventually drive his community forward and that, hopefully, in the future you won't be seeing a lot of the problems we see now and won't have to be doing crisis management.

From what you've seen in Ontario, can you give us any long-term solutions so we don't end up in these crisis situations over and over again, where the government is essentially reacting to crisis over and over again?

**Chief Isadore Day:** When we look at long-term solutions through the insight and wisdom of our previous presenter, Cindy Blackstock, she did mention the Royal Commission on Aboriginal Peoples, which is 20 years old now. We're also seeing something more recent. A year ago we saw the executive summary of the Truth and Reconciliation Commission's 94 calls for action. If you take those two combined efforts of a commissioned approach to look at the problems and the solutions we've seen, some of the solutions around the Indian Act come out of the Royal Commission on Aboriginal Peoples, but then also the people part of it, what happened to our people through the residential schools....

Taking the 94 calls for action and the road map that's laid out in the truth and reconciliation report, in those two things combined,

there's a plethora of options and alternatives and models for a long-term solution. It's a really big question, but we have the action plans in front of us now, the road map, and I think we just need to get it done. I underscore the importance of this government making short- and long-term investments. The Ontario government recently did that. They made an apology in the Ontario legislature. In the last two weeks they have put out half a billion dollars for first nations in the province of Ontario. We need Canada to move on this.

•(1650)

**The Chair:** Thank you. That takes us right to seven minutes.

The next question is from David Yurdiga, please.

**Mr. David Yurdiga:** I'd like to thank regional chiefs Day and Young for participating in our very important study.

There are so many strategies out there to address suicide, whether it's youth, adult, or even the older generation. Has the Assembly of First Nations reviewed all these different strategies and looked at what's working and what's not? Obviously some communities are doing very well on programming. You see one community and another community that's just a two-hour drive away with a much different story. Do you have any input as far as the strategies go, and what's out there currently?

**Chief Isadore Day:** I think strategies and studies from an anthropological approach give us information to work with. I think we must underscore the fact that there are also emerging drivers to social issues and conditions.

Here I would have to refer to the culminating factor of inaction by governments to address real injustices. For example, Cindy Blackstock has been talking about the issue of child welfare, and we've been talking about the Indian and residential school issue, which has been brewing for a number of years. We seem to be dealing with multi-generational issues and impacts.

One thing I'm going to keep underscoring is the issue of and need for real strategic investment, but I take your point about looking at and possibly doing a meta-analysis of all the studies that are there. At the Chiefs Committee on Health, we certainly believe that, as we move into the endgame with respect to the health accord, we do want to take a health and social policy framework approach. We do want to be able to deliver some input to the youth's efforts on life promotion. If we're going to be able to do that responsibly, we do need to have a good take on what the combination of all these studies and all these reports is saying.

This work is in front of us right now, Mr. Chair, and I want to let you to know that it's something we will be discussing directly with our youth, but it's also part of the work that the Chiefs Committee on Health is working on as we put forward these types of proposals to the federal government.

**Mr. David Yurdiga:** The Quebec suicide program is claimed to be one of the best in the world. Have you looked at that program? I understand it decreased the suicide rate by almost 50%. Have you looked at that model?

**Chief Isadore Day:** Which one, sir?

**Mr. David Yurdiga:** It's the Quebec suicide prevention program.

**Chief Isadore Day:** No, I haven't. I apologize. I can't say I have.

**Mr. David Yurdiga:** It's so important. I think we have to look at everything. I was told before that every community is unique, so one program may not work for another community because one community may have more resources for economic opportunities. There are so many factors. I don't know if one strategy will fit all communities.

Can you comment on that?

**Chief Isadore Day:** Yes, I can. I'm going to take a little bit of a risk here. I haven't seen the study, but based on the fact that you're making reference to the Quebec region, I would feel safe to say that in my assumption perhaps it has to do with the self-government agreements in the northern part of Quebec and the James Bay Cree-Naskapi Commission and their ability to have more control in first nations' jurisdictions of health and social programs, but more importantly to have a direct connection and shared control of lands and resources in the province of Quebec.

I would wager to guess, Mr. Chair, that is one of the main reasons why suicide rates have been reduced by 50%.

**Mr. David Yurdiga:** Regarding these suicide strategies, how important is it to involve cultural elements within that strategy; for example, cultural healing practices? Should that be one of the biggest components in the strategy?

• (1655)

**Chief Isadore Day:** Yes. I think that's a closed-end question. If you allow me, I'll elaborate a little bit and give you my reasons why I think that is true.

Oftentimes there's this deception. Most people don't want to die, save and except the ones who want to have the right to choose to die. I want to make very clear that this is about preventable loss of life and that our people don't want to die. There's a deception about that. We definitely want to live; we want a better life.

What is the last part of your question?

**Mr. David Yurdiga:** I know in some communities, even some of my family members talk about identifying with the culture, and they want more of it.

Obviously, a lot of first nations indigenous people don't live on first nations anymore. They live in other communities. It seems there's a lack of programs for them. They may not necessarily be going to a school within their first nation. They are going outside of their community to get educated.

There seems to be not enough programming to address their culture.

**Chief Isadore Day:** Let me elaborate on that. That's probably one of the biggest factors in the success of the types of programs that are needed. I might just say that for that individual who wants life more

than anything, our first nation people will always defer and refer to the issue of their connection to the land, their home.

Often, our people are facing this question of suicide because of identity issues. We certainly see that a return back to the language, back to the culture, back to the land, and having that sense of self and connection to the land and community and home is critical. That's the biggest factor in success of suicide programs that we see across the board.

**The Chair:** Charlie Angus.

**Mr. Charlie Angus:** Thank you, Mr. Chair, and thank you Chief Day. It's good to see you again. Thank you, Mr. Young, for being here.

I want to look at it from two levels. One is that at our committee, we are dealing with government policy, so start there and then maybe go to ground and tell us, what does it look like on the ground?

You talked about not having any money in the fiscal tank to get what needs to be done. We visited Kashechewan and Attawapiskat last week with Minister Philpott where she saw the "Tylenol clinics". That's what they call them, where they have no doctors, they don't have the proper medical services, they don't have the mental health workers. There are zero dollars in the federal budget to add new money to either health or mental health services for indigenous communities.

What does that shortfall mean? What are you looking at in order to fill that fiscal tank?

**Chief Isadore Day:** Today, we're looking at the first nation health crisis and specifically mental health. We feel that mental health should be a shared plan. Our first nations are quite prepared to do this work, but as you indicated, one of the shortfalls in the 2016 budget was with respect to mental health and addictions.

We've got a very brief plan. We've spelled out the types of investments that are required. You will recall that in the standing committee that we had on NAN health emergency, the government was faced with the issue as it was seen in the north. However, across the board, what we need across the country right now is a \$136 million increase annually to deal with mental health and addictions. These are investments that should have been made in the 2016 budget but were not.

We've been very succinct and very clear about how to break up that investment. That is in our supplementary material.

**Mr. Charlie Angus:** Thank you. That's very helpful.

We've been hearing a lot about a first nations mental wellness continuum framework, but the government has told this committee that there's \$350,000 for that. What do we need to ensure that we can make full use of that?

**Chief Isadore Day:** Again, the overall ask is for \$136 million, breaking that down across 633 first nations across the country. It just shows that even at \$136 million, it's a pretty conservative estimate. We definitely need a lot more, but this is what we need immediately.



• (1700)

**Mr. Charlie Angus:** This is really helpful because I did get a Facebook message from a young woman in one of our northern communities. She said, “I hear there's an emergency response team going to Attawapiskat. Could you drop a couple of workers off in our community because we don't have any?”

I want to go to ground. In 2009, we had a horrific suicide crisis in the James Bay region and Chief Jonathan Solomon spoke eloquently of that. At that time, the provincial workers were laying off staff at Payukotayno because they had spent their budget, because they were working around the clock trying to keep children alive.

Then there was a big outcry, so the provincial government augmented its efforts, and said they would hire new workers. In 2012, when nobody was paying attention, they laid them all off.

In 2014, I was in the communities and we had children on suicide watch because there were no mental health workers and the only tool they had was to take the children into custody and put them into child welfare and foster care, as they had no other tools to help these children. The children were going to ground.

In 2016, we have another huge blow-up of a suicide crisis and everybody was wringing their hands and saying, “How did this happen?”

It seems to me that if we don't have the ongoing support on the ground to respond to young people when they need it, what we're seeing in northern Manitoba, Attawapiskat, Pikangikum is the result. You have the experience.

What do we need to make sure that we don't have to respond in the middle of a crisis, but are preventing a crisis?

**Chief Isadore Day:** That's a good question, Mr. Angus, and I want to refer back to what just took place in the Ontario region.

Premier Kathleen Wynne has been a champion of a number of issues as they pertain to the aboriginal community and has a very direct relationship with first nations in Ontario. As such, as seen with the issues in Attawapiskat and in the north, it was the provincial government that stepped up first in most cases.

Recently, with the announcement of a \$220-million health investment in Ontario, focused on the north where it's needed, one of the things we need to be clear on here at the committee in terms of sending this back to the federal government is that the Ontario government is saying that it will put in six new treatment centres in the province of Ontario for first nations, but it needs the federal government to finally come to bat. This is going to be required immediately. What we want to be able to do is make use of those investments in the Ontario region, for example, but we need the federal government to work with us on the capital side now.

I think it's safe to say that a lot of people are doing a lot of work, and I think the federal government has said a lot of good things. They've made some promises and created high expectations. The provincial government has come to bat now, and I think we need the federal government to move on some of the other issues, such as capital for treatment centres.

**Mr. Charlie Angus:** I want to close out on that, because the fact is that the provincial government stepped up in an area of federal jurisdiction with \$220 million on the table. We need to get a comprehensive plan for treatment centres. The fact is that we have no place to send young people out for treatment. We were told by Health Canada that it would be “utopian” to meet the need for mental health wellness teams. They have, what, 10 mental wellness teams now? We asked them if they didn't need 80, and they said, well, it would be “utopian” to get there. They didn't seem to have a plan.

What do you think we need to do to close that gap? If the province is stepping up in regions where we have serious mental health and health problems, what does the federal government have to do?

**Chief Isadore Day:** I think we need to make the determination that action is needed now. We can't fall into this cyclical phenomenon of proactive disengagement. We can't keep talking to see no results. We definitely need the federal government to move. We need commitments now. We need to be able to see what the government is prepared to put forward in terms of those investments in dollar values, and within this quarter, within the next fiscal year. We need action today.

**The Chair:** Thanks to both of you.

The next question is from Mike Bossio.

**Mr. Mike Bossio:** Thank you once again, Chief Day, for being here. I always appreciate the way you can articulate the needs of your community very well and very up front, and in a succinct way. You've done a great job here of outlining the needs from the mental health side and the \$136 million of annual funding.

What is the funding that is there today? Is this \$136 million above and beyond funding...? I know that I keep talking about the contribution agreements and all these things that happen, the one-offs, the one year here and the one year there, and the lack of long-term funding, but given the budget that was released and the investments that were made there, is there any funding in it that is specified for this area?

• (1705)

**Chief Isadore Day:** Right now, Mike, the national aboriginal youth suicide prevention strategy is a program that allows communities the flexibility to develop programming that is relevant to them and meets their unique needs, but the NAYSPS currently funds up to approximately 145 of these sorts of projects annually, at a price tag of \$13.5 million a year, keeping in mind that there are over 630 first nations in Canada.

In addition, this total is not reflective of the resources that make it to first nation communities. For example, the strategy also provided \$1.2 million last year to the Mental Health Commission to develop mental health first aid courses that many first nations will not be able to afford to send workers to. We simply need to rethink and reconfigure this investment. The increase is vital.

Mike, to your point, there are investments that are made right now, but they're not even making a dent. The \$136 million—

**Mr. Mike Bossio:** Yes, we have \$13 million versus \$136 million. It's not even a tenth of the funding that's required.

**Chief Isadore Day:** Yes, exactly.

**Mr. Mike Bossio:** This is a long-term plan that you've put forward, too, because it's annually.... Have you done projections out as far as the level of funding required? I know that we're in a crisis situation now, but is this above and beyond the crisis? We need to deal with this crisis funding. Also, like any crisis situation, you need to go at it with full force in order to mitigate, to relieve the crisis, and then have long-term funding in place in order to maintain levels that will hopefully make sure from a long-term standpoint that we don't run into another crisis and that we get out of this cycle.

**Chief Isadore Day:** Right, and let me speak to that because it's a good point. I don't think throwing good money after bad money is something that government wants to do. However, what this \$136 million represents is not just an effort to deal the crisis, or with medium- and long-term planning. This money is for all of the above. What this does is it gets boots on the ground. It puts those mental health workers back in the community, but it also brings the teams together in the community. That way, your investment is cultivating a response at all levels in the community. For example, in Ontario the investments are in land-based cultural programming. What we need is the federal government to come in to put these community teams together so that this money stays in the communities. It's actually the communities that are participating, developing, and implementing the plans, and ultimately evaluating their success.

**Mr. Mike Bossio:** Have you done projections in any other areas? I keep coming back to the whole funding model. We have to get out of this trap of these bloody contribution agreements and grants so that indigenous communities can start to set their own priorities and maximize the efficiency of the funds going into those communities.

Has AFN done projections from a self-government and self-determination standpoint? I recognize that there are many differences across the country in programs and how they can be delivered, but have any projections been done in other areas like this?

**Chief Isadore Day:** I can't speak to those, but we can get the information for you and the committee. There's often this thing that happens when we get outside consultants and experts to come to work in the communities. You're seeing automatic leakage. You're seeing more time spent in building trust, and building a relationship. Then, before you know it, the consultants and the professionals are gone.

There's value in that type of spending model when you're investing in community wellness teams. We have the plan. We've done the work. We have experts in our communities, and we have the land. The projections will speak for themselves. We will see more success if these are community-based and the results and the process stay in the community.

• (1710)

**Mr. Mike Bossio:** I have been to Mistassini in northern Quebec, to the Cree Nation. I was there in the mid-eighties, in 1986, and I was there again in 2005, and the transformation that occurred in that community over 20 years blew my mind. It's referred to as the

Quebec model. It doesn't surprise me one bit that the suicide rate there is non-existent. The amount of pride that the communities take in building a community with recreation centres and health centres is something you have to go see. It is a model of what is possible, a model for pride of community.

Are there other examples you see out there, from a self-government standpoint, where what has happened in Quebec has happened in other areas as a result of self-determination, funding, and prioritization, where the suicide crisis doesn't exist?

**Chief Isadore Day:** That I can't speak of right now. Internationally, the Maori and other indigenous communities around the world have a much greater sense of autonomy and recognition, and if you have these things you're going to see results. It's important to give communities the autonomy and recognition necessary for their own healing. In Hollow Lake, they dealt with sexual abuse issues in the past, and they were able to put models in place at the community level. Alkali Lake in B.C. was part of the initial healing movement and helped to bring in the NNADAP program for our people. It's now understood that investing in community-based programs is the most successful way to go.

**The Chair:** We're going to move to questions from Arnold Viersen, Gary Anandasangaree, and Cathy McLeod.

Mr. Viersen.

**Mr. Arnold Viersen:** Thank you, Isadore Day, for being here today. I really appreciate your being here.

We recently heard from Natan Obed, from the territory of Nunavut. He brought us what I found to be a very informative piece of paper that talked about risk factors and protective factors. He also talked a lot about how, because of a lot of things, indigenous culture has been tampered with and significantly reduced, and that in some ways suicide is part of the current indigenous culture. It's something, especially in Nunavut, that everybody has lived with. Everybody has known somebody who has committed suicide. It was this kind of thing.

There was a definite sense from him that there was a need to pull the suicide out of the culture and to rebuild the culture to some degree. One of the things he talked about significantly was violence and abuse within the culture at this point, which is generational in some cases.

You had a plan that you were showing us. I was wondering how your plan helps to rebuild that culture and take suicide out of the culture. There is significant evidence that shows that when a community suffers from suicide, it's contagious and continues to grow.

My question has a couple of parts. How do you rebuild the culture and remove suicide from that culture and ensure that we can remove violence and create strong families? You will probably run out the clock on that, I think.

**Chief Isadore Day:** No. That's fine. I'm going to try to address that by saying, first of all, thank you for that, because it's an important question.

As for taking suicide out of the culture, culture has become probably the central focus of the solutions that are most needed around the issue of suicide. In my opening comments I talked about settler colonialism and said there's been a colonial conditioning out of the Indian Act system and within the residential school system.

We would not be here with the knowledge of reconciliation that we have today if it weren't for people like Ken Young and the residential school survivors who shouldered the responsibility to convey what the issues were and what happened to them.

One of those things was that these children—our grandparents, our aunts, uncles, our mothers and fathers—were ripped apart, and not just from their families, but from their communities. We know that for sure; there is no question about it. Having that identity put back in place, the languages, the connection to the land, the customs, the traditions, is so much part of the solution. That has never been done in the past.

I think we have to get back to this notion of a community-based response to that exercise. You will find that our first nation people will trust more those who have gone through a healing process, who have actually dealt with family violence, who have actually come through that horrific time in their life, and who have said, “Do you know what? Things aren't what I want them to be, but they're a lot better than what they were before.”

The healing of our individual community members, as well as the families, and the connection to the land and utilizing the land in that healing process is so vital, and it's so obvious now.

• (1715)

**Mr. Arnold Viersen:** Earlier you raised a sheet of paper and said that this was your plan and that you just needed it funded. Does that plan include the reduction of crime, the reduction of violence, and the rebuilding of families? If it does, can you outline that a little bit for us?

**Chief Isadore Day:** This work here talks about community comprehensive planning. Within that community, safety is obviously going to be a focus. Each community will have community safety needs. I must underscore as well that we have other line ministries and mandates within the federal government that are going to have to be involved. Community safety and policing is going to have to be an important aspect and element to this.

Community safety as well has to do with infrastructure and having the proper recreation in our communities that creates an enhanced quality of life. I must say that what we're looking at here is the community planning and a community-based process where people all get on the same page, where we employ mental health services at the community level, and we mobilize and we start to create a sense of efficacy in the community, so that the community can move forward as a whole.

**The Chair:** We're out of time. We're over time in fact. You got extras today.

Gary has given his time to Michael McLeod.

**Mr. Michael McLeod:** Thank you to the chief and Mr. Young for coming here today. I appreciate the work you've done in trying to rebuild communities and aboriginal people in them, as we try to find ways to move forward.

Like Mr. Young, I also went to a residential school and spent a few years in residence. For the most part, almost all the young children of the day in the Northwest Territories went to residential school. That's still very recent. That's still very much in the minds of a lot of the people there. Either they're residential school survivors, or they're children of residential school survivors. We see it in the lack of parenting skills. We see it in the lack of being able to hunt and fish like their parents or grandparents, or our grandparents, could, and the loss of language. We see it in a lot of areas, and all those losses need to be addressed. We also see it in the area of addictions. There are so many people in the aboriginal communities that are struggling with addictions. I would bet that if we went and started one by one in analyzing the root cause of their addictions, you'll see it's as a result of trauma. It's post-traumatic stress, and a lot of it is from residential schools.

The national chief had indicated there should be a national strategy on suicide prevention, and the strategy should include adequate mental health supports, recreation facilities, and education. He also talked about reconnecting on the cultural side of things. I think there is a cultural disconnect that's causing a lot of problems.

You've talked about your plan. Do you agree that there is a need for a national strategy, first of all, and does it reflect what you are talking about also?

• (1720)

**Chief Isadore Day:** Yes, and I want to reiterate that the strategy the national chief talks about, I'm bringing the representation of his ideas around that plan forward today as the chair of the Chiefs Committee on Health. I do believe that strategy is required.

I do want to focus for a second on the issue of addiction, and I want to bring you back to a point in history, in the early eighties, when NNADAP was coming on stream in this country. An alarm was rung that alcohol addiction in our communities was crippling our first nations and killing our families. What happened was the federal government, through a cabinet approval process, recognized that it must always support addiction programs, and so NNADAP was created. I understand by that type of political will and investment that much of the healing, and much of the strength you see in our first nation communities today, was as a result of NNADAP, but what has happened is there's been reduced funding. There's been a dwindling and a watering down of that investment, and we need to bring that back up.

I think to your point on suicide prevention, we still need a heavy emphasis and focus on addiction. I might add that the face of addiction has changed. The OxyContin issue and the opiates have done so much more damage. We should have left NNADAP alone. We should have continued to invest, and so addictions is a strong point in the strategy.

**Mr. Michael McLeod:** I wanted to talk about delivery agents. We heard from Jack Hicks yesterday on some of the studies he's done. He talked about current programs that are there and haven't been expanded, like aboriginal head start and friendship centres that should be looked at and expanded.

Can you talk about how these would work and how these could be used as agents?

**Chief Isadore Day:** I think it's going to be important to recognize that when we see our first nation people, and the condition of many of our first nation communities, we're seeing an out-migration of our people going to urban centres and finding themselves falling through the cracks. I'm a proponent of strategic partnerships. I think those are going to be important, as we look at the health and the continuity of services. Those delivery agents and the programs that are very desperately needed should be across the board, no matter where our first nations people go. I think we are going to have to take a serious look at suicide prevention being fluid throughout all organizations, and we're going to have to create a culture of partnerships in this work. So your point is well-taken.

**The Chair:** We have a final question from Cathy McLeod.

**Mrs. Cathy McLeod:** You appropriately recognize that there's a whole continuum, and of course you need to engage in all the different points along that continuum. I want to focus on an aspect you have been talking about, primary care and primary prevention, the wellness workers, and the programs that are offered.

In British Columbia, of course, we now have the First Nations Health Authority, which has combined the monies from the federal government, the health authorities, and the province.

From your perspective, is that something that other communities are looking at? Is it something that has been supporting more effective delivery? I would assume there's some flexibility. How is it working? Is it something that would be helpful?

**Chief Isadore Day:** Absolutely.

As the chair of the National Chiefs Committee on Health, I know that one of the things we have come to an agreement on is that we need a health accord task team for first nations, to go across the country in all of our regions to look at what the issues are and what the best practices and models are. We will be ending up in the BC region in some of that work, and looking at the success in that particular region.

Again, I want to underscore the health accord negotiations that are going to be so vital going forward, and looking at those strategic relationships with the various health providers across each province and territorial government. I have to say that those relationships, and innovating within the partnerships, are going to be vital.

In Ontario, again I'll say that the recent half a billion dollars provided by the Ontario government is a huge marker of where other regions need to go. I think that Canada working with its partners, and

recognizing a collective effort towards indigenous health across the country is going to be important.

● (1725)

**Mrs. Cathy McLeod:** Yes, because here I see that all the partners have actually put the money into the First Nations Health Authority. Rather than the province maintaining control, it is the health authority that looks both at the wellness programs and at how the nursing stations are running. There is a good spectrum in that primary care area.

I'm going to do a quick deviation away from the topic, but it sort of builds on something that Cindy Blackstock said. It's something that we talked about in regard to the murdered and missing indigenous women. I really want your perspective on the need for data, statistics, and information that's not there in many different areas.

I remember that in the 1980s, in British Columbia as an example again, there was identification on the health care card. At that time, people were very angry about that because, of course, they said there was no other group that was identified that way for statistical analysis, so that was taken away. They recognized that the first nations communities were offended by having data collection done in that way.

First of all, data collection is important. Could you talk to me about how data collection is important and how we can provide the information you need to run programs, but not in an intrusive way?

**Chief Isadore Day:** I think it's a very good question.

At the end of the day, governments will always require data. They're going to require aggregate information to be able to make assumptions and design programs.

The issue is going to be control and jurisdiction. I think we've come to a point in time where the first nations have become much more educated. If we had governments continuing to work with us on building up our statistical database, this is going to be an issue of first nation control and co-jurisdiction, and helping build institutions like health authorities. It will be important that we start to define what first nation jurisdiction means.

I'll go back to the Royal Commission on Aboriginal Peoples, and I'll again point to the modern self-government agreements where that jurisdiction and authority rest with the first nations. I think it's going to be important data, and the information is required to design effective programs and to evaluate them, but the control and the jurisdiction needs to be recognized from a first nations perspective.

I think we have to sit down and have that discussion, and figure out how we start to dismantle some of the bureaucracy within Health Canada. Then we start to affect central government, and start placing those controls and those structures in the hands of first nations.

**Mrs. Cathy McLeod:** Do you think your community members would be supportive of that, or might they be a little bit nervous?

**Chief Isadore Day:** I don't think it's individual communities either. We've got health authorities like SLFNHA, if you will. We've got groups of first nations and authority models already being developed. I don't think it's one community. I think we're seeing models right across the country that are ready now for self-government in the area of health authority.

**The Chair:** Thank you. We've come to the end of our time.

On behalf of the committee, Regional Chief Day and Mr. Young, thank you very much for sharing your time with us today. We're very grateful for that.

**Chief Isadore Day:** Thank you.

**The Chair:** Before I adjourn the meeting, I have a quick question on an unrelated matter for members.

Staff from the office of the Minister of Indigenous and Northern Affairs have asked me to put a question to you. Earlier this week, the

minister tabled Bill C-17 in the House to amend YESAA, the Yukon Environmental and Socio-economic Assessment Act. Typically, we wouldn't get the background information on that bill until it's redirected to us for study. That hasn't happened yet, but the minister's staff is offering that background information now if we'd like to have it.

It probably wouldn't be redirected to us till the Fall, so it's just an offer to have the stuff up front, a little bit earlier. If everybody's willing, I'll let them know they can forward that.

• (1730)

**Mrs. Cathy McLeod:** Yes. That would be outside the committee. It would be a technical briefing on the bill, would it not?

**The Chair:** I didn't hear the phrase "technical briefing". It was called "background information". It's documents.

Thank you very much for that.

May I have a motion to adjourn.

**An hon. member:** So moved.

**The Chair:** The meeting is adjourned.

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