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Chair

Mr. Andy Fillmore

Standing Committee on Indigenous and Northern Affairs

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• (1530)

[English]

The Chair (Mr. Andy Fillmore (Halifax, Lib.)): Welcome, everyone, to the House of Commons Standing Committee on Indigenous and Northern Affairs. Today we're continuing our study of suicide among indigenous peoples and communities. We have a single panel today from 3:30 p.m. to 4:30 p.m.

Thank you very much, panel members, for joining us. We have with us, from Weeneebayko Area Health Authority, Mr. Leo Ashamock, chairman, and Deborah Hill, vice-president of clinical services and chief nursing executive. From the Cree Board of Health and Social Services of James Bay, we have Greta Visitor, assistant executive director. Welcome to you all.

We are happy to give the Weeneebayko Area Health Authority 10 minutes to speak to us, and then we'll go right to the Cree Board of Health for an additional 10 minutes. I'll just mention that, when we get to about nine minutes of those 10 minutes, I'll hold up a yellow card and ask you to move to your conclusion. The red card means we're out of time and need to move to the next speaker or the questions. After the speaking, we'll go into rounds of questions from the members.

There's one other thing. We are very pleased to offer Cree interpretation today. Mr. Greg Spence is with us for the afternoon, if anyone would like the Cree interpretation.

Thanks for that.

Without further ado, I'm happy to give Mr. Ashamock and Ms. Hill the floor for 10 minutes. Thank you.

Ms. Deborah Hill (Vice-President of Clinical Services and Chief Nursing Executive, Weeneebayko Area Health Authority): I'm going to start briefly. We circulated a document prior to our arrival, and I really don't want to take up our 10 minutes reiterating the document. There are two themes. One is about being a health care provider in the region and the challenges related to that with housing infrastructure, recruitment, retention, and working in an isolated region. The other piece is very near and dear to our chairman's heart. That's the community piece, managing living with the lack of social determinants of health and just the basic conditions in the isolated colonized-type environment.

I'll hand it over to Chairman Loone so he can give you his account from a personal perspective, in a first nations way. He's going to speak in his mother tongue and I am very happy to spend the question and answer period talking about the details and components of the report.

• (1535)

Mr. Leo Ashamock (Loone) (Chairman, Weeneebayko Area Health Authority): *Meegwetch.* Thank you.

Good afternoon, ladies and gentlemen.

As you heard, my name is Leo Ashamock. Ashamock in Cree, means loon, the bird. I'm proud to have that name.

I'm a little bit nervous. This is the first time I've ever been in a setting like this, but I'll be okay.

I'll go right to what I've experienced myself and share that with you, to give a picture of the struggle I've had over the years. I'm going to be 65 in February of next year. I'm getting to my retirement. I've worked in the social field for quite some time. I've been a social counsellor in the community mental health program, and now with the Weeneebayko health services, where I come from in Fort Albany, Ontario.

I'm an Indian residential school survivor. From the time I was six years old, I spent seven years in St. Anne's Residential School, which you've probably heard about through the news. It was quite a horrific experience we all had in that school, with what came out of it. The perpetrators have all been dealt with through the courts and the settlement that was handed out.

The formative years that I had...just to share a bit of that, both my mom and dad went through a residential school themselves. They were impacted by their confinement to an institution. They suffered the losses that they had when they were separated from their own parents.

During those years, and then trying to raise a family with us, as siblings, we went through the same thing. We were broken. We were taken away from our home environment and really treated harshly in the environment of being in a residential school. That had its effects. There was no bonding. Nothing happened during those formative years when we really needed to have that close bonding with our parents, since we were torn away at such a tender age of six years old. That really impacted my upbringing also, as I went into my formative years, and then as a young adult and going through high school.

I did very well in school. I was always almost at the top of my class. But when I went to leave the residential school setting, it kind of was a release for me. I went and did what I had to do, without giving a second thought about trying to finish my education. I dropped out of school when I had the chance to at 16 years old. I was in grade 9 for three years, trying to pass my grade 9, which I never did. That was because I was already into alcohol and all that. That didn't go very well later, developing into my teenage years. I did a lot of crazy things, and the abuse of alcohol was a big part of it.

When I started to think about wanting to attach to somebody, my wife and I didn't get along, so I was very abusive. I was drinking away and drinking everything. That didn't help my situation at home at all, at my house, where I physically abused my children and my wife too. That's when it carried on to my wife and I being separated, and being separated from my own children.

• (1540)

When my son was 21 years old, he committed suicide. He killed himself. He shot himself with a 12-gauge shotgun. That's when I was told. One of the parents came up to me and said, "It's your fault, Leo. You did that to him." I didn't believe that. I couldn't take that. It was too hard for me to accept. I tried to deny it. I tried my best, knowing damn well that it was partly my fault. The reason, I was told, was that my late son used to cry when he'd go to bed at night and say, "I wish my parents were together. Dad's not here. Mom's not here some of the time because she's out drinking." That caused that, my son committing suicide.

Now I have learned better. I've helped myself. I've gone to treatment for my struggle with alcohol. I've become very different. I tried and worked every position that I could. I was a band manager. I became a council member on my band council. I became a deputy chief. When people were addressing me as chief when I came in earlier, it was kind of a compliment.

I pretty nearly got there, but I got myself in trouble again. I relapsed into being an alcoholic. But since then I have gotten back on track and I'm doing what I need to do and trying to help out in our community. I've been in the social counselling position for about 30 years now, since I've recovered and worked on myself. I try my best to help with the youth in our community.

I'll continue as quickly as I can.

I'm trying to get some help for the youth in our community. We have a lot of suicides. We had a completed suicide last week that we're just laying to rest, a young lad, a 13-year-old boy who committed suicide by hanging himself just last week. At the beginning of this year, we had three completed suicides, one every month in January, February, and March. We had three completed suicides of youth at the beginning of the year. It was very hard for the community. It's quite devastating for the people who have to go through that. I know how they feel. I can attest to that, because I went through that experience myself.

I'm optimistic, though, that things will get better. We're making every effort we can to help the youth that we have. We have to take a look at how we approach that. The focus is mostly on the youth, but it has to be on the nuclear family. The family has to be involved in the work that has to be carried out. That's where we need some help

in providing resources to deal with that, dealing with the families. I mentioned it in my presentation. I mentioned the land-based programming that I'm really thinking about, getting the family to go together out in the bush and teaching them how to make a living, of being respectful of creation and mother earth, and the relationship they have with the Creator.

I'll end right there. Hopefully you can read in your document more about what has been outlined, and certainly learn more about what we actually need.

I know we tried to look for some resources for the proposal writing. We need help with that because we don't have the skills developed yet or the personnel to work on those kinds of things. There was a submission we made quite some time ago for a health policy adviser, but it has yet to be materialized and become a reality.

Thank you.

• (1545)

The Chair: Thank you very much, Mr. Loone. I very much appreciate it.

We're very happy to hear from you, Ms. Visitor, for 10 minutes, and then we'll go into the first round of questions. You have the floor.

Ms. Greta Visitor (Assistant Executive Director, Miyupimaa-tisiuun Regional Services, Cree Board of Health and Social Services of James Bay): [*Witness speaks in Cree*]

I'll do a quick translation of what I've said: I'm honoured to be here to present in front of you and to also acknowledge my relatives in Eeyou Istchee, meaning the Cree territory of Quebec.

Also, to my friend Leo, thank you for sharing.

I'm glad Leo is here with me today, because I felt rather alone and rather afraid, probably, of sharing my personal story. I could read off a bunch of statistics from the documents we provided, but I'll leave that for your perusal.

As Leo shared with you, most of us are impacted by suicide in one way or another. I have had three family members commit suicide. My sister committed suicide through hanging approximately 15 years ago. It leaves a void within the family, within the heart. My 18-year-old niece through marriage committed suicide this summer. She leaves behind a child. My brother-in-law, who I grew up with, who I went to school with—he and I were friends right from childhood—committed suicide this past winter.

I'm really impacted by those suicides. The common thread amongst my family members is probably the drug and alcohol abuse and the sense of apathy that people feel within our communities. The apathy comes from the fact that a lot of these people see no way out.

In my early twenties, I too considered or contemplated suicide. I went to the point of taking some strong narcotics that I had been prescribed because I was suffering from depression. I was living in an abusive relationship. I stayed in that relationship for five years, and then I had another decade to try to break clean of that, because I too am a product of the residential school system.

I was made to feel unimportant, uncared for, and unwanted. I was considered to be the lowest of the low because I wasn't even allowed to speak my mother tongue in that facility. I was separated from my older sister when I entered the system because I had no desire to learn the English language. I suspect that my sister probably suffered some physical abuse for translating for me. From that separation when we were young like that, when we were in the system, that separation followed us into adulthood. It's only been a couple of decades since my sister and I reconciled our differences.

• (1550)

It was early on in our formative years while we were in the system that we were told through the actions of the supervisors or the people in authority who separated us, not to speak our language. Those were the messages given to children. I heard a gentleman a couple of days ago at a meeting where they were talking about addictions. He said from identity to destiny is where we travel, yet all the children who entered those institutions were robbed of their identity.

It's been a long hard road for most people. For our people to come back into balance and to take their rightful place in this society, they have to come back to the basics. They have to re-embrace who they are as first nations people, as Cree people. Reconciliation is more than apologies. Reconciliation is about taking your rightful place in society.

I think of my grandfather as I speak. My grandfather was 102 years old when he passed. He passed two years ago, and he talked always about the sense of autonomy that each and every one of us has. As first nations people, we were stripped of that autonomy because we were considered to be "less than" and our great white father would decide what was best for us, and that the residential schools were the best things for us.

I talked about my brother-in-law, my sister, and my niece. They were all struggling with addictions, and so was I when I contemplated suicide. I really believe the higher power, the Creator, was looking after me.

I don't come here in front of you with a rehearsed speech. I talk to you from here, from the heart, hoping that's where you'll be touched. When I was in my addictions I was operating from up here, from my head, and I was totally out of balance. It has been the Red Road, so to speak, ceremonies that have brought me back into balance.

For our people, we talk also about our land-based programs. In terms of the Grand Council of the Crees, the CNG, we are the first modern-day treaty and we are in a better position financially than our counterparts across the bay because they are governed under the Indian Act. Each of those communities that are governed under the Indian Act live in third world conditions. I appeal to you to help them as much as you can.

Our place is to re-embrace our culture and be proud once again of who we were, and of who we are to become.

• (1555)

I thank you for listening to me. *Meegwetch.*

The Chair: Thank you very much, Ms. Visitor and Mr. Loone, for your testimony. I think I can speak for the committee that you have touched us in our hearts. Thank you.

We'll move into the questions. The first seven-minute question is coming from Michael McLeod, please.

Mr. Michael McLeod (Northwest Territories, Lib.): Thank you for your presentations. It's very difficult to hear some of the tough times that you've gone through. We've been on the issue of suicide for quite a few months now and every time we hear about the challenges that people are facing, it's really hard.

I'm from the Northwest Territories and I lived in a small aboriginal community of 800 people. I also went through a residential school. I went through the issue of languages. I cannot speak any of the aboriginal languages anymore, even though I didn't speak English until I was six years old. I watch every day in my home community, families that are falling apart because of alcohol, because of drugs. I watch as the youth grow to the age where they can find a way to get their hands on booze and they follow that same path. It's becoming a huge issue. It's a crisis situation and it's causing a real sense of despair within our youth, as you've explained. Most of the youth will commit suicide for issues that, for us as adults are fairly small, but for a child or youth, they are huge. For an adult, it's different. It's usually something bigger, harder for them to deal with.

I read your document, both your presentations, and you make some really good recommendations in your documents. I totally agree that we have to start getting our youth to embrace who they are. They have to be proud of being aboriginal and proud of their culture and their history.

When I looked at your document, one of the first things I looked for was roads because your communities are isolated like most of mine are. You talked about housing and housing is a big issue, but you didn't talk about roads. I wanted to ask if you could just explain if that is something you would consider as having a bearing on the issue of suicide, the real feeling of isolation and being separated from the rest of the population. That's my first question.

Mr. Leo Ashamock (Loone): That's a good point and surely it does something. We, in the northern, isolated communities, would like to have access to points south and have all-season roads. That issue has been brought up from time to time over the years that I've been involved with my first nation, sitting on council. I've been on council for eight years. I know there have been times we came to meetings, committees like this, to talk about having an access road going up our way. That certainly would alleviate some of the living conditions and also the costs of living, like the isolation factor. It would really help.

Running a facility like we do with our hospital services, there are enormous costs of living and in trying to maintain the hospital and the hospital points north of Moose Factory. Moose Factory has our general hospital. It's a really old building because it was a tuberculosis sanitarium at the time that it was built. Now we're starting to talk about the new facility that we would like to have and certainly we would like to see that fast-tracked and maybe Debbie can elaborate on that too. I know that our CEO, Bernie Schmidt, is also here. Certainly that's something that would be part of the easier access because it costs us a lot of money to ship patients down to a referral point. There's none in Moose Factory now so its further south. Imagine the cost of chartering flights to go to referral points in places like Kingston, Toronto, Ottawa, Sudbury, Timmins. But maybe Debbie can elaborate a little on what I just said.

•(1600)

Ms. Deborah Hill: I do think that's a factor. That has an impact. When we were pulling this together, we really were thinking, as a health authority, about what we're buried under every day in just trying to provide those basics of care. I do know that one barrier to moving our new hospital project forward is the cost of construction. That certainly is affected by isolation and not having a road.

Mr. Michael McLeod: I also want to ask about housing. Initially, when we first started the study, I knew within my own riding the challenges we have with housing, especially with low-cost housing or social housing, but I didn't know the impact that lack of housing has on the way people think, the despair.

We were told by several people who presented that if we could fix our housing situation, then we would probably solve 50% to 60% of our social issues. Would you agree with that type of statement?

Mr. Leo Ashamock (Loone): I would agree with that. Along with the cost of construction for structures like housing, we're on land that's really bogged down in water. The water table is quite high. We need to look at elevating the ground and proper drainage, which we don't have resources for. There also have to be better foundations because of all that.

The Chair: Thanks. We're out of time there, Michael, I'm afraid.

The next question is from Cathy McLeod, please.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you all for the presentations from the heart that you gave us today about the absolutely horrific challenges you have to deal with far too frequently every day.

I notice that both groups are representing health authorities. If I can beg your forgiveness, do you have total control over the provision of your health services? Do you feel like you have the autonomy to provide services and programs in the way you believe they need to be done? Is it a transfer and then you have authority for the services in your region?

Mr. Leo Ashamock (Loone): I don't really know how to respond to that.

The envelope system that the government implements on the amount of money that's being disbursed for the provision of services is limited to a certain amount. That's the issue we are contemplating. There should be a consideration for an increase in our base funding for the services that are identified in the document we completed on the evaluation of our facility and the evaluation of the services we have there. That's already been submitted to the government. We have to move forward on that because we're looking at running a deficit, which we're trying to deal with, of \$24 million. That was identified by the evaluation and the audit. It was deemed that we were short-funded for the services we provide, because they are essential services. We have to work with the numbers we have, but we're above that. That's what happened there.

We have a timeline we're looking to meet to be able to carry on the work at Weeneebayko that needs to be done. There are escalating numbers of people who are getting sick. The numbers are not getting any lower. They're only getting higher and higher, as the statistics will probably show in the document that's just been provided.

Deb and Greta can elaborate further.

•(1605)

Ms. Deborah Hill: I think part of the answer to your question might be that there are different funding models. Parts are funded by the province and the feds to the health authority, and then there is a whole other part of funding that's funded to the first nations bands individually. It is fairly siloed and fractioned, so it's difficult to say we are the health authority. We do not have control over all the health envelopes.

Mrs. Cathy McLeod: Some communities in Canada have no autonomy. They're still under the federal government in how the funding and the staff are provided. For many years you've had more autonomy in how you deliver your health care services.

Ms. Greta Visitor: The Quebec Cree, the James Bay and Northern Quebec Agreement, JBNQA, beneficiaries, do get provincial and federal funding. We have guidelines and stipulations that need to be followed for the funds that come into our communities.

You asked about whether or not we have autonomy. We have to adhere to those stipulations. Those of us who work in executive positions or as chairpersons have the challenge of trying to work with a program that is confined or has certain parameters of operation. You try to fit that into a holistic way of thinking.

I visited a facility earlier this month and the challenge was like trying to fit a square into a circle. That was their philosophy, that you fit the square into the circle.

Mrs. Cathy McLeod: Part of your funding that was coming into your communities or to your organizations to support suicide prevention activities would be a square into a circle. You wouldn't be able to perhaps do something that you believe would work best. You would have to do a mandated program. Is that accurate?

Ms. Greta Visitor: That's it exactly.

Mrs. Cathy McLeod: Quickly, do all the communities you service have quality broadband for telehealth and support?

Ms. Deborah Hill: Yes, we have mobile in all our communities.

We have struggles with infrastructure primarily in Kashechewan. It seems to be offline more than it's online but we do have it.

Ms. Greta Visitor: All our communities are linked but our broadband is not big enough for the community of Waskaganish or Whapmagoostui, which is so far north that they too have isolation issues.

We do have telehealth in some of our communities.

Mrs. Cathy McLeod: I think I'm out of time. Thanks.

The Chair: The next question is from Charlie Angus, please.

Mr. Charlie Angus (Timmins—James Bay, NDP): I want to thank you for your presentations and for speaking from the heart. I think of Garrett Tomagatic, 13 years old, who was lost. We lost three others in Fort Albany. We lost one in Moose Factory; we lost little Sheridan, plus 700 suicide attempts in Mushkegowuk since 2009. I hear it being called a tragedy. A tragedy is a kid being hit by a car. There is something bigger here.

I came to Moose Factory in 2009 in the middle of the suicide crisis, and it was like walking into a war zone, with the trauma of the front-line workers who were handling this night after night.

I want to thank Weeneebayko for your work. I know I probably give you a lot of grief. I'm phoning you all the time but in my office we're only dealing with a small percentage of what you deal with on a daily basis.

I'd like you to talk about the fact that we're scrambling all the time to get treatment, to get a place to put a young person to get counselling. It's not normal that an MP's office has to phone and threaten a care facility to get treatment for a 13-year-old but we have them coming into emergency wards. You have them flying in and flying out all the time. The need to have a proactive response, because these are wonderful young children.... This is what shocks me, seeing these deaths in Fort Albany. It's such an amazing community.

Could you explain the front-line work to our committee, the lack of resources you have to deal with in getting these young people the treatment they need on a proactive basis rather than on a reactive basis?

• (1610)

Mr. Leo Ashamock (Loone): Yes, that's very true, Charlie, if I may call you Charlie.

Mr. Charlie Angus: Yes.

Mr. Leo Ashamock (Loone): I just got back from a medevac last week for my granddaughter, who needed mental health treatment. There was quite a confusion about where to send her. The main referral point is Timmins and District Hospital, where they have a mental health unit, and that's where her doctor is. Dr. Nuosu is his name.

She was told there were no beds in the health unit in Timmins. Then we went to North Bay and to Sudbury. All these places were closed. They said we had to take her to Moose Factory, but we had to do that tomorrow morning, not tonight.

Where did she end up? It was in a jail cell at the Fort Albany NAPS detachment. That's not a good place. The very least that could be done for those types of situations is to allow for a safe room right on site in Fort Albany. That could be considered, a place those patients or clients can be referred to while they're waiting.

Also this throwing around of "you're not in our jurisdiction"... Those are the kinds of comments we get from the other hospitals. Even though their jurisdictional area puts them in the North East LHIN, they say, "You're out of your zone". That's not true. I'm involved; I talk to these people, as chair. That means I have contact with them, and I know it's not true. We're sure we're within our jurisdictional area, even if we have to send them to Ottawa to the adolescent unit.

For those kinds of things there has to be better coordination for these youth who are being sent out with mental health issues. And there's more. Because of the issues with alcohol and drug abuse that they're undergoing, they suffer through withdrawal—hallucinations and everything. We really need help for them.

Mr. Charlie Angus: Yes.

Ms. Greta Visitor: May I propose—?

Mr. Charlie Angus: Yes?

Ms. Greta Visitor: Treating the individual is removing them from their situation temporarily. If you're not going to seek healing for the whole family, then you're bringing that child right back to the same environment they're wanting to escape.

Mr. Charlie Angus: I'm going to follow up on that. After the suicide crisis in 2009, when they were laying off the Payukotayno child welfare workers in the middle of the crisis because they said they had spent their budget, we had to shame the government, and they put the child welfare workers back. Then they fired 25% of them and shut the group homes down in 2012 and said, "You now have to live within your means", and the cycle started over again.

Cindy Blackstock is talking about the broken child welfare system. We've seen so many cases of suicide of children who've been.... The only tool that they had was to remove the child and put them in foster care—to take them from their families—and it caused the breakdown of the family and they lost the young person. What's it going to take for us to actually put the resources in to support the family in the community so that we have the youth centre and the young people have some place to go other than to drugs?

I'm asking what the vision is to go beyond this reactive emergency. You shouldn't be running like a MASH unit in your community. You should be doing preventative, long-term, proactive health. That's what happens in other communities. In our communities it seems like emergency battle stations sometimes.

I'd like to hear your thoughts.

• (1615)

Mr. Leo Ashamock (Loone): I agree with your statements, Charlie. Certainly those are very good comments—thank you, Greta, for reminding me of that—because the way that they coordinate the service sometimes, the family as a whole can be broken up.

There's even an issue about the escorts who are provided for these kids. They don't even invite the parents sometimes to go along with them. They need to be involved in that treatment plan; that's very important. This goes as well for all the patients who go out to the different health centres we refer them to. They have to have an escort who can support them.

I'm sure the doctors can agree to letting a patient have a family member close to them when they're suffering. It helps them heal. That's what the doctors are telling us, and we know it too.

Mr. Charlie Angus: Thank you very much.

The Chair: The next question is from Mike Bossio, please.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): I'd like to thank you very much for the courage that you've shown by coming here to share your stories. I can't even begin to imagine the pain that you and your community have gone through for generations. Your historical and cultural souls have been torn. Your language has been taken away. Your family units are broken down. Where do you begin to pick up the pieces when you don't have anywhere to turn? Then you have the institutional environment of Ottawa coming in and saying, "This is what we think you need to do." Well, it caused this problem in the first place, so where is the basis of trust moving forward?

All the way through this study, it just keeps coming back to the same thing. The system is broken and the funding model doesn't work. Ottawa keeps trying to bring in something new, a new magic bullet and again a new magic bullet, and we end up right back where we started, with families breaking down, with alcohol and substance abuse and abuse.

On one hand, part of the problem is autonomy. At first it seems you have autonomy, but no, actually, the funding grants and the funding model, the programming model, the way they works is that you are constantly having to battle to get new funds or to get reoccurring funds and they can only be spent in a certain way. Do you agree that the funding model is broken?

Mr. Leo Ashamock (Loone): Very much so.

Mr. Mike Bossio: Would you agree that it's time the autonomy is there, and that self-government and long-term sustainable funding is the approach that needs to be taken?

Mr. Leo Ashamock (Loone): Yes.

Mr. Mike Bossio: If that was there, if you had the autonomy to establish your own priorities, what would be the things that you would prioritize?

I know it's not a fair question. You're living it, right?

• (1620)

Mr. Leo Ashamock (Loone): Yes.

Mr. Mike Bossio: You've gone through the hell and come through the other side.

I'm just curious as to where the priorities should be.

Ms. Greta Visitor: That's a loaded question. I can see why Leo would be reluctant to respond.

It is a loaded question. You ask where our priorities should be. I think it's in restoring the spirit of first nations people, restoring their identity, and that can't be done in a silo or on an individualistic basis. We talked about the family. That's our foundation, our connection to the land. More and more with all the encroachment of development in northern regions, we're losing more and more of our space that we used to hunt and trap in.

I'm not really sure how to answer that question.

Mr. Mike Bossio: Actually, it's exactly the way that I would have thought you'd answer. We have to start right from the family culture. These are the things that have been torn and we need to find ways to rebuild them, but we need to give you the power to do that.

Ms. Greta Visitor: The thing is that nobody has the authority. It's like taking a God complex, if you say, we give you the authority. People have to claim their own autonomy and they have to be able to empower themselves. It means getting down to the basics of what those people do. I think about the member's first question. He asked about isolation. People who are suicidal have a tendency to isolate themselves. I don't know if breaking our isolation is the answer. It will certainly help in terms of the economy in our communities but I feel that the basics that we look for is relationship building, restoring the family in terms of learning to communicate with one another as we are today.

Mr. Mike Bossio: I was fortunate enough to have recently visited Haida Gwaii, and I met with Miles Richardson, and I've met with Steven Nitah from the Northwest Territories, and with Valerie Courtois. Miles founded the watchmen program. Steven Nitah was involved with the rangers, and Valerie Courtois, an Innu, is now trying to start the guardian program across the country. It's this whole getting back to the land aspect.

On the cultural side—the language, the art, the traditions, and the land—do you think that is really the base level of what we need just to get started on the road towards establishing the pride and a sense of hope within the communities?

Ms. Greta Visitor: I think it's a basic start. I think about my own challenges that I faced and the resilient spirit I know I have. It's from having lived through some of those rites of passage shown to me by my parents, by my grandparents. Because when they did those rites of passage, like the walking-out ceremony or the new snowshoes ceremony, they instilled some pride in me and made me feel that I was important as a person.

Mr. Mike Bossio: Leo, I don't know if you'd like to add to that.

The Chair: Mike, we're out of time there, I'm afraid. We'll have to hear it in another question.

Mr. Leo Ashamock (Loone): I just had one comment.

The Chair: Please.

Mr. Leo Ashamock (Loone): That was very interesting. The autonomy that we had before the settlers came, that was the autonomy that was broken, and that's a challenge we have to work on. How we go about doing it has to come from us, to tell you what we need, what we want, and then we will involve our elders, and of course, we would invite people from all walks of life, the justice system, for instance. We have to look after our own people. We can't always have them taken out of the community, be institutionalized, and then send them back to where they just came out of. We have to reclaim that kind of thing.

• (1625)

Mr. Mike Bossio: Thank you both so much.

The Chair: Thanks for the addition.

We have time for two more five-minute questions. These ones go much more quickly.

The first one is from David Yurdiga, please.

Mr. David Yurdiga (Fort McMurray—Cold Lake, CPC): Thank you, Chair.

I'd like to thank the witnesses for participating in our study. You shared some stories that really touched our hearts, and I believe every committee member's heart is weeping at this time.

Ms. Visitor mentioned that a lot of the programs are like putting a circle into a square hole. We see all these programs coming about, and they're always changing. They're mutating into something different from what was intended. To what degree are indigenous communities consulted when these programs are being developed? Do you believe you need more input to make these programs better?

Ms. Greta Visitor: I empathize, I guess, with the challenges that you face because of the position that I hold within the Cree Board of Health and Social Services. I think my biggest challenge always is to get input from the grassroots in terms of how our programming should be structured, because I think they're the ones who know what is needed in terms of their health and well-being. I certainly support the idea of having a grassroots approach as opposed to having a top-down approach, and consulting with the grassroots to ask them what kinds of programs or services would be beneficial to them.

Mr. David Yurdiga: Thank you.

Is there any ability or flexibility in the current programs so that you can modify them so they actually reflect what the community represents? Every community is different, and we understand that in a lot of these programs one model has to fit everyone. I'm seeing that's not working. What kind of flexibility would you like to see to develop or change programs so that they actually represent your community?

It's open to any of the panel members.

Ms. Greta Visitor: In terms of our programming and services, I think the health authorities under numbered treaties probably have greater restrictions on them than those of us that receive monies through.... Because we are JBNQA beneficiaries, we are considered to be signatories to the first modern-day treaty. We're not governed under the Indian Act, but we still have to follow the Cree-Niskapi Act, which puts some restrictions on us as well.

Leo probably would be a better authority to answer your question, because I think they have greater restrictions than we do.

Mr. Leo Ashamock (Loone): Yes, that's for sure.

Also, on Greta's comment, you have to open...you have to be more flexible on those models of governance. Even with the health authority that we have up there, and our connection with the North East LHIN that we're supposed to be under, we can still feel left out at times, even though we're supposed to be working alongside them. Another authority that would be designated within our own area would be advisable, yes.

Thank you.

• (1630)

Mr. David Yurdiga: Thank you so much for coming today. We appreciate your input. Most definitely, we would like to see all our communities move forward on this. The suffering has been too much, and the next steps will be important.

Thank you.

The Chair: The next and final question is from Gary Anandasangaree, please.

Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.): Thank you very much for sharing your experiences with us. It's something that we have heard over and over again, but when you do share, it's a reminder to us of what we're really dealing with.

I'd like to get a sense from you with respect to the James Bay agreement and the form of self-governance there. What are some of the limitations? Going forward, what are the things we need to do to make sure that any gaps there are rectified?

Ms. Greta Visitor: The JBNQA, as I said earlier, is the first modern-day treaty.

I feel that the government has always controlled the self-government agenda. Within that, it again embraces its paternalistic role to first nations or indigenous peoples. The JBNQA, like I say, is the first modern-day treaty. However, our leaders, when they went to negotiations, had seen it as a nation-to-nation relationship, which is what they had pursued. If you look at the JBNQA more closely, we're actually looked at as a municipal government. A municipal government certainly has lesser authority than, say, a provincial or federal government, yet our former leaders who negotiated the JBNQA envisioned a nation-to-nation relationship.

That's the main point that I'll bring here. Like Leo said, nobody can empower us. We need to re-embrace who we are as indigenous people and to re-embrace the pride that our forefathers had.

Mr. Gary Anandasangaree: With respect to language, I know one of the things that comes up regularly in our conversation is the importance of language. With respect to Cree, I believe it's one of the few indigenous languages—and it's all relative—that is relatively stable compared with others.

What are the things that the government needs to do in order to secure the future of the language, so that people can use it, let's say, in a court setting, or in other public spaces where there's an interaction with the government?

Mr. Leo Ashamock (Loone): I think that's the root of our culture, being able to speak our own language.

I hope Greg is listening.

I'll give you a demonstration of the way I try to accept your foreign language to my way of thinking and my Cree culture.

[Witness speaks in Cree with interpretation, as follows:]

Our language is very important. It was given to us by our Great Spirit, the language that we have. To be able to speak in our own language, which we were given, I feel is very important. It's important to use my own language to express properly what I give from my heart, and to speak with you with my mind as well as my body and my spirit. This is the way I am when I speak Cree. I lack a bit of my ability to express myself clearly to you because I don't use my language here. This is the way I am.

[English]

I'm thankful that I'm able to converse with you in your language, but I would have rather had the opportunity to talk to you in my own language, in which I would have been more able to express the way I feel and to talk from my heart. I'm trying the best I can to explain in English that all I said and shared with you came from my heart. I really accept the way you were listening. I'm thankful for that.

Meegwetch.

•(1635)

Ms. Greta Visitor: I'll make a final comment.

It would be rude for me, as your guest, if you asked me if I wanted a piece cake, to tell you what size to give me. Just know that the Cree language, our mother tongue, is the breath of life of our culture. I don't know if you can put a dollar figure on that.

The Chair: Thank you all very much, Ms. Visitor, Mr. Loone, and Ms. Hill, for your heartfelt testimony.

It's going to be very helpful to us indeed. I know it never feels that we have enough time to say everything we want to, so I want to let you know that we have set up an online portal to accept further comments. If there's something else you'd like to leave with us, Michelle, the clerk, will make sure you have that website. As well, we have an online survey that we've created for health professionals like yourselves. It takes about 20 minutes or so to complete, and it would be very helpful indeed if you could take some time and help us with that survey. It will direct our final results and recommendations.

Thank you very much for your time and for coming to visit with us today.

We'll take a short suspension.

[Proceedings continue in camera]

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