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Chair

The Honourable MaryAnn Mihychuk

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•(0845)

[English]

The Chair (Hon. MaryAnn Mihychuk (Kildonan—St. Paul, Lib.)): Good morning. Welcome to the House of Commons Standing Committee on Indigenous and Northern Affairs. I want to welcome all members, especially the ones who are replacing others on this committee, Bob Bratina, Sukh Dhaliwal, and Hedy Fry.

I would also like to acknowledge that we are meeting on unceded Algonquin territory, for which we are grateful.

Today we continue our study of suicide in indigenous communities. We will be hearing from two panels today.

First, we have with us two groups from my area of the country. From Manitoba's MKO we have Grand Chief Sheila North Wilson, and from the Assembly of Manitoba Chiefs we have Grand Chief Derek Nepinak. We are also joined by Candice Paul, chief of St. Mary's First Nation and representative of the Atlantic Policy Congress of First Nations Chiefs Secretariat.

Pursuant to Standing Order 108(2), the motion adopted on April 12, 2016, the committee resumes its study of suicide among indigenous peoples and communities.

I open the floor first to Chief Sheila North Wilson.

You have 10 minutes to present, and then there will be questions in rounds from the members here. Please go ahead.

Grand Chief Sheila North Wilson (Grand Chief, Manitoba Keewatinowi Okimakanak Inc.): [*Witness speaks in Cree*]

Good morning. On behalf of the 30 northern Manitoba first nations representing nearly two-thirds of the province and the over 72,000 people in the MKO territory, I would like to thank everyone for this opportunity to make this brief presentation on suicides and the crisis among our indigenous people and communities.

It is with a solemn spirit that I appear before you on this committee today as a representative of northern first nations in Manitoba. I am mindful of the pain and the loss that suicide has caused within the communities that I have been elected to represent. I am humbled by the resilience and the hope that sustain our communities throughout these periods of loss. It is this time of hope and resiliency that has historically sustained us here on Turtle Island for time immemorial.

This committee has already heard from a number of first nations, Inuit, Métis people, and organizations on this difficult tragedy. The many different viewpoints and recommendations that have been

presented remind all of us of the impacts of suicide. The impacts go far beyond individuals and their families. This affects our whole community and our regions.

It is my sincere hope that our discussion on the subject will, in the spirit of reconciliation, facilitate a collaborative, fervent, and honest effort towards ending this Canadian crisis.

Suicide within indigenous communities is a complex and multi-faceted phenomenon. Suicide is linked with historical and intergenerational trauma, displacement, and the process of colonization. Last week, Quebec coroner Bernard Lefrançois released his report on five suicides at an Innu reserve in northern Quebec. He stated that the fundamental problem lies with what he called the “apartheid system” into which indigenous people have been thrust for 150 years and more. This decision is one more reason why many of us are leery of the Canada 150 celebrations.

Suicide rates are linked to the socio-economic status of first nations people and to their health status, as well as the overall disparity in the quality of life of first nations people compared with that of the general Canadian population. The deplorable rates of poverty on reserves, the shortage of housing, and the disparity of funding for education and child welfare all are documented and have been increasingly well known among the general population of this country. We applaud all efforts and commitments of governments to address these challenges, but it's understandably frustrating and very slow.

In our belief, everyone is important and every life is precious to us. We recognize that each and every one of us has the potential to be a leader and that everyone can make a contribution if they are given the opportunity. We continue to honour the memory of our youth and our family and community members who have gone before us, rededicating ourselves—myself—to protect and guide our youth, families, and communities.

It is very important that we establish long-term and lasting programs for our youth in our first nations communities. Our languages, traditions, beliefs, and ceremonies bring us together as indigenous people. By speaking our languages, practising our traditions, and maintaining our connection to our traditional lands, we become stronger as nations. As indigenous people of northern Manitoba, we must continue to take care of our families, communities, and ancestral lands, as we have done for thousands of years.

MKO first nations have looked to ways in which we can become stronger. MKO first nations are actively planning together for the future and the potential opportunities coming to our territory. We plan together for the future while honouring our youth, elders, and communities. We always recognize that our youth are the future leaders.

Following the release of the calls to action of the Truth and Reconciliation Commission of Canada, there has been much talk about reconciliation between Canada and the indigenous people. We talked about it last year, and I believe it's time to act on it this year. In the absence of an accurate and standardized curriculum regarding Canada's indigenous history, the average Canadian must base their views on outdated and inaccurate information.

A citizen in an MKO community is five times more likely to complete a suicide than any other Manitoba citizen. Youth within our region experience a high rate of suicide ideation, as well as a higher rate of suicide attempts and completion. Each time a life is lost, it is a loss for the entire family and for the communities, as well as for Canada.

In September 2015, when I was elected the grand chief of MKO, I took the responsibility of this position very seriously. I know all too well the struggles that so many of our communities face. It's for this reason that in May I released a 10-point economic action plan, reaching out to all government levels and the private sector to work with us. It is as much about the better use of existing government financing as it is about increases to such funding.

● (0850)

Our goal is to create opportunities and employment in our communities. We believe that in fostering hope and belief in self-determination we can make great progress in advancing our communities and reversing some of the alienation and sense of hopelessness that challenge so many youth.

I'm pleased to say to you that our message is being heard by governments and the private sector. We are seeing new partnerships that can help bring about the necessary changes that we're all asking for, that we're all seeking, and that we will work towards.

Last month, the Conference Board of Canada released a report entitled "Maximizing Manitoba's Potential". I have a copy here. I can distribute it if need be. The report was quite clear and focused. Its conclusion was stark, and in our view, very positive. It says that indigenous people are currently vastly under-represented in Manitoba's labour market, and that Manitoba's indigenous population represents a unique demographic advantage for the province. It says that mobilizing indigenous youth into the labour force will be critical in sustaining economic growth for the province.

Not surprisingly, I am promoting this message with every business person I meet. This message is of course equally important for governments, both federal and provincial, which must work to ensure our youth get the opportunities they have been denied in the past.

MKO is promoting well-being in our territory as we speak. We've launched the "Live Different" ice road tour that's going through our communities right now, to 50 northern first nations. In education, we are currently engaging parents in 19 communities with regional

meetings on their priorities. The results will be shared with the chiefs and the federal government. Also, two of our first nations recently signed on to education self-government with INAC.

This year, FNIHB and Health Canada approached MKO as the first nation entity to establish a coordinated model of mental health services for the Manitoba region, including the delivery of mental health services to all 64 first nations. MKO has been given the responsibility and the challenge to meet the mental health needs of Manitoba's first nations population under a set contribution agreement with a condensed framework. We are pleased that, despite restrictions, which are embedded in the funding agreement, we stand before you with a plan. The plan includes training and skill development for first nations in Manitoba. It will include crisis response mechanisms for northern and southern first nations, and will identify the best practices of existing services.

In closing, I would like to reiterate that indigenous suicide is a Canadian crisis. We require an honest appraisal of history in order to move toward reconciliation, which will enable effective partnerships to this end. I'm also hopeful that the Canadian sense of justice and the resiliency of indigenous people will prevail. As well, I'm hopeful that this will translate into increased meaningful partnerships and a concerted effort by all levels of government—of all stripes—and the private sector to end the crisis of indigenous suicide.

That was the formal part of my presentation.

The informal part of my presentation is that I'm here because of this man in this photo. He is my cousin. His name is Gabe. I was working here on Monday and talking about these very things with different government departments and the two ministers, Minister Bennett and Minister Philpott. I talked to them about the health transformation and how we need to relook at how we deliver programs in our communities.

We've come up with a plan. We know what works. We need to have our voice in the transformational changes that need to occur in our communities. We don't need to leave our communities. Our people love where they come from and where they live. We want to stay. We want to make it work. We know what works, and we know what doesn't work.

Unfortunately, this week as I was working, the system that is set up right now in our communities has not worked for my cousin Gabe and others who've felt that they have given up. As I was meeting, I was getting texts from my family saying to pray, but I didn't know what to pray for, and at the end of the meeting, on my way up to Parliament Hill, I talked to my dad, and my whole family was wailing, saying my beautiful cousin had passed away.

He's not a nobody. He went for training just two or three months ago for heavy duty mechanic and operation. He completed it. He has three kids. He has a wife who is in nursing. He took his family away from the community, but they didn't like living in Thompson, so they went back to our community, Oxford House, and that's where he gave up. How is a young man, a young father, and a young husband supposed to feel when they don't have any jobs to provide for their family?

● (0855)

Our young people feel the same way. Our young people are desperate. They have so many beautiful talents and beautiful gifts that the world needs to see, and that the kids and families need to realize.

I do not want this trip to be in vain. I wanted to go home right after I heard. I wanted to turn around, go to the airport, and just leave from where I was, but I couldn't. My family said I had to stay to do this. My community leaders said I had to stay to do this. I am doing this because of Gabe, to let you know that this is a real issue. It's not an issue on paper. It's not a statistical issue.

This is happening to real and beautiful people. It affects whole communities. On average, non-indigenous people go to maybe eight to 10 funerals in their lifetimes. We've gone to maybe hundreds. How is it fair that in this country of rich lands and resources our people have to go through this? We're in a constant state of crisis and trauma. It's not fair. We have to change our approach and our attitudes, and the conditions of our indigenous people.

[Witness speaks in Cree]

The Chair: Thank you, Chief North Wilson.

The next speaker is Chief Nepinak from the Assembly of Manitoba Chiefs.

Grand Chief Derek Nepinak (Grand Chief, Assembly of Manitoba Chiefs): *Meegwetch.*

[Witness speaks in Ojibwa]

I am Derek Nepinak, the grand chief of the Assembly of Manitoba Chiefs. It's my honour to be here today on the unceded lands of the Algonquin people, and my honour to sit with you today to share a few thoughts within the time that I've been given.

I start with a quote from one of our elders back home, "Suicide is genocide in its final act".

For the purpose of my submission, I want to make it clear that I'm not here to speak of statistics nor to provide a western-based or scientific overview of the phenomena of suicide in our human experience. Suffice it to say that I've done my share of the readings. My staff have briefed me thoroughly on the AMC's 20-plus years of involvement in dealing with this crisis that we're living with. It's not a crisis that started last month or last year. It's been there for a very long time now.

I'd also like to add that I'm not here to plead with you to provide us solutions so that we might sleep easier at night knowing that someone will take care of our problems for us. I state this not because I don't believe that you have a genuine intention to contribute to solutions, but because I've always believed that the

solutions that will help individuals, families, and communities thrive must come from individuals, families, and communities living within the difficult conditions that give rise to the high incidence of suicide and attempts. In this way, remedies towards the alleviation of the suicide crisis in our communities would manifest as exercises in self-determination, which in my opinion are the key to building healthy individuals, families, and communities.

The complexity of the issue of suicide and its impact on our families and our communities creates a considerable amount of challenge even in determining an appropriate entry point into the discussion. I've chosen to enter the discussion from the most natural doorway, and the one that is relevant in my current capacity, that is, to speak of the tragedy of suicide from the perspective of a community and regional leader tasked with creating hope for a better tomorrow.

When I began in the role of community leadership, I was reminded by my elders that one of the foundational roles of a community leader is to maintain the trusts of our children and, where appropriate, to build new ones. Community trusts, whether they be public institutions, youth sports and recreation facilities, scholarships for higher education, or any other form of trust, are the legacies and the pathways to the future that we should be creating as symbols of our contributions to our communities in our time and leadership.

Tangible contributions create individual and community pride. They create a sense of accomplishment, and if they galvanize to become public institutions, they can become constant reminders to our young people and families that they are honoured and valued in our community. That is the way of the visionary leadership of the old times.

With the imposition in our communities of prescribed and limited forms of governance through the Indian Act, creating pathways to the future has become a secondary consideration because our communities are in a constant state of crisis. Each and every day in one or more of our communities, a crisis is unfolding that impacts the quality of life of individuals and families and leadership. This state of crisis was affirmed in 2013 by James Anaya, the special rapporteur on the rights of indigenous peoples, when he visited reserve communities across the country. It is my belief that the prescribed form of governance dictated through the Indian Act is an expression of colonialism that contributes to keeping us locked in poverty, preventing us from pursuing social justice and better outcomes for our youth.

When community leaders are put into positions of addressing crisis after crisis within an environment of prescribed budgets and limited forms of governance, the visionary work of building and maintaining the trusts of our children becomes a secondary function, and in some cases, an impossible one. I have seen through my own experience in community leadership the challenge a leader faces in prioritizing the needs of our young people in a climate of constant crisis and with very little to no support to meaningfully demonstrate to our youth that they are valued and that they represent our hope for the future.

When I transitioned into the role of the grand chief, I took my teachings with me, and from the vantage point of regional leadership, I was able to see how policy and law combine to limit our progress towards emancipating ourselves from the grips of colonization and towards self-empowerment and self-determination.

● (0900)

I have not, however, allowed the limitations to prevent us from pursuing an empowered agenda, an agenda that focuses on the strength and resiliency of our communities and celebrates our diverse cultures.

It's been from the lens of regional leadership that I began to learn that in communities where the language, culture, and history of our people is shared and celebrated, the instance of suicide is almost non-existent. I am reminded of a quote from the former grand chief of the Southern Chiefs' Organization, Terrance Nelson, who often speaks of the youth in his community. He stated that in Rosseau River they have Midewiwin ceremonies and they are strong; they have almost no youth suicides. This was a message he shared with our leadership on many occasions. Regardless of the context of the discussion, he would mention this.

Messages like this have taught me that perhaps seeking solutions for our youth, albeit complex, requires acknowledgement and celebration of our culture, our language, our way of being, and the creation of forums where our youth might catch a glimpse of the beauty of who we are as original indigenous people with beautiful histories and deep and rich traditions. This, however, is a difficult task from the platform of a political organization that needs to be relevant and responsive to our community leaders, who are operating in the difficult space of under-resourced and heavily scrutinized budgets and demands from community members, who themselves are oftentimes struggling with the day-to-day.

This created a situation where I had to decide whether our value in regional leadership is best expressed by politically expedient and reactive politics, addressing our daily crises within the illness of our colonization, or whether we could build a mandate that looked to the depths of our rich history to find strength and resiliency to demonstrate to our youth that there is a positive way forward.

To this end, we have undertaken acts of empowerment over the years to build strength. For instance, in 2013 we initiated a treaty freedom caravan that was well attended throughout the treaty territories on the northern plains. It spoke of our freedom that was recognized and affirmed in treaty. At each community stop, the offices and public spaces were full of our youth, who would listen to our message of empowerment and the strength of our treaties.

In the summer of 2016, we continued this work with our "Road to Niagara" education and awareness campaign, which speaks to the need to address the colonizing impacts of the Indian Act and the need to start speaking of solutions outside of the Indian Act system to build our futures. What was most significant in our Road to Niagara, however, was the ability to become immersed in the rich history of the Anishinabeg people through strategic stops along the way to receive teachings, participate in ceremonies, and form a new community of youth built on our strengths and our shared history. I have since been informed that the Road to Niagara saved lives,

because it gave our youth an empowered perspective on being born indigenous and the deep history of who we are.

In conclusion, I think we're now at a point in time when we can say that we know the difficult social, economic, and political circumstances facing our indigenous families and communities that have given rise to a higher incidence of suicide and attempts among our youth. Knowing the issues and moving towards solutions, however, is a complex and often frustrating process, because the ability to build empowered solutions is often frustrated by the reality of crisis in our lives on a consistent and daily basis. Despite the frustrating challenges in seeking solutions that work positively for our communities, the fact is that we are trying, and in trying, we are creating hope that maybe our tomorrow will survive.

Meegwetch. Thank you.

● (0905)

The Chair: *Meegwetch.*

We'd now like to hear from Chief Paul.

Chief Candice Paul (Chief, St. Mary's First Nation, and Co-Chair, Atlantic Policy Congress of First Nations Chiefs Secretariat): Good morning.

I'd like to begin by saying how saddened I am that I cannot address you in our beautiful Wolastoqiyik language. You see, my mother, 82 years old, was born on the banks of the beautiful Saint John River. She suffered much abuse from the sisters at her day school when she spoke her language, and she vowed then that her seven daughters would not suffer the abuse she did, so she did not pass on her language, as many of our mothers have done.

My name is Chief Candice Paul of St. Mary's First Nation in Fredericton, New Brunswick, and I am co-chair of our chiefs organization. Thank you for allowing me to be here today.

First, I would like to speak briefly about our organization in the Atlantic region. The Atlantic Policy Congress is a policy research and advocacy secretariat for 32 Mi'kmaq, Maliseet, Innu, and Passamaquoddy nations, and for our communities in Atlantic Canada, Quebec, and Maine. We have several key areas of policy research and advocacy, with health being a very important one. Regionally, there are no land surrender treaties, but rather treaties of peace and friendship.

Suicide rates among indigenous peoples in Canada are several times higher than rates among non-indigenous peoples. Suicide is a major cause of death among indigenous people. It goes without saying that suicidal thoughts are predictors and precursors of suicide, preceding attempted and completed suicides. Mental health issues and substance abuse and addictions are strongly tied to suicide rates among indigenous peoples.

In the Atlantic region, the 2014 health status report of first nations on reserves noted that approximately 10% of our first nations Atlantic respondents reported that a close friend or family member had committed suicide in the previous year.

Our Atlantic communities know all too well the tragedy of youth suicide. Many of the communities have been greatly affected. There has been news coverage at various points, especially when it has impacted the biggest communities, like Eskasoni and Elsipogtog.

There are also good stories of our communities helping each other. When Attawapiskat and northern Manitoba were hit really hard last year, Eskasoni immediately reached out and offered support.

While suicide is a very serious concern facing all indigenous peoples across Canada today, I want to speak to you about the great work being done in the Atlantic to try to combat this issue. There are some really good things happening in our region, and I want to highlight the positives. Small communities have always had to make do with the fixed funding they have and work to support each other.

Our culture and language are, and always have been, at the centre of the way most of our communities work, so there is that strength, and we strive to instill in our youth and children a deep sense of pride.

We were pleased that funding for the national aboriginal youth suicide prevention strategy, NAYSPS, was made ongoing a few years ago. That helps to ensure some sustainability and consistency. However, the funding doesn't meet all of the needs and gaps, which I'm sure is the case for indigenous communities across Canada.

We also see movement in getting more direct indigenous control over all government funding, resources, and services so that we can design and deliver programs that meet our community needs. We have a shared decision-making structure in our region, in Atlantic Canada, called the Atlantic first nations health partnership. It is a joint decision-making committee between Health Canada officials and chiefs. I am also co-chair of the health partnership.

Through this structure, both the mental health and addictions and the child and youth strategic action plans have been developed. These plans help us focus limited funding to priorities, but again, there are a lot of communities and never enough resources to meet all the needs, a reality for all communities across the country.

- (0910)

For the mental health and addiction strategic action plan, we began implementing this for first nations in the Atlantic region in 2015. This plan was developed through extensive consultation on behalf of all the communities of the Mi'kmaq, Maliseet, and Innu nations in Atlantic Canada. It builds on our wisdom, our resilience, and our strengths.

Through this strategy and our health partnership's mental wellness committee, we are working to address risk factors for suicide. As part of this, we are investing in capacity building and training on the front line, and are attempting to embed culture at the foundation of services and service delivery as well as shifting to trauma-informed, strength-based approaches. For 2017-18, we are establishing new mental wellness teams.

These are all good things; however, there are things that would help and that we recommend. We recommend complete transfer of a short-term crisis intervention mental health counselling component of NIHB to communities. It is currently managed by Health Canada regional offices. It would be better and more effectively utilized in

our control and with flexibility to meet our needs. We recommend more long-term funding to support our people to get trained in crisis intervention and mental health and addictions, and we want to see more indigenous people directly working in our communities and in all aspects of health care delivery.

We, as first nations peoples, continue to define and expand our own knowledge of mental health and addictions based on traditional and cultural knowledge. Our vision and dream for our communities include enhanced mental health through traditional knowledge practices such as the medicine wheel teachings, the seven sacred teachings, and other cultural teachings that promote foundational first nations concepts of balance, harmony, wholeness, resilience, and connectedness.

This dream includes high-quality opportunities for ongoing healing. To accomplish this, we have to have access to a choice of traditional and/or western healing interventions based within our first nations communities. As well, it includes a positive and healthy way of life, balanced in mind, body, spirit, and emotion, where we exist in harmony with ourselves and in our relationships.

Our dream also includes communities that are thriving, safe, and supportive, where children are enriched by the people and cultural strengths that surround them. We are connected to our land, our language, our culture, heritage, community, and tribes. We have pride in our own identity and have hope for a positive future for ourselves and our people.

I'd also like to speak to the child and youth strategic action plan. This action plan is an investment in our children and youth, with a vision for them to be healthy, culturally proud, and confident. Its five goals are to strengthen parenting skills and family involvement, to create safer community environments and infrastructure, to improve the quality and availability of a broader range of health programs and services, to increase opportunities for and involvement of youth, and to revitalize and preserve first nations cultures and languages.

The latest progress report completed by APC and FNIHB highlights numerous success stories taking place in our communities with our youth, which meet and exceed the five goals I just mentioned. Speaking of investing in children and youth, I would also like to raise the Mi'kmaq Maliseet Atlantic Youth Council that was established in 2006 and hosted their youth conference in 2007. This conference was sponsored by NAYSPS to increase the profile and to address the issue of suicide. In 2008, at an all-chiefs meeting, the Atlantic chiefs supported, through an all-chiefs resolution, mandating them to act as representative for the first nations community youth in the Atlantic. They have representatives from throughout the Atlantic and continue to be active today. They have regular in-person meetings and teleconferences, they hold a biannual conference, and the co-chairs attend the all-chiefs meetings. They also have AFN youth representatives.

APC offers secretariat and coordination support for them. Taken together, we have greatly invested in our youth. Through the health partnership, the mental health and addiction strategic action plan, and our investment in children and youth, we are doing our part to help combat suicide in our region for our communities and people.

● (0915)

However, as I said at the start, suicide rates among indigenous people in Canada are several times higher than rates among non-indigenous people. It is a major cause of death among indigenous people. There is still much that needs to be done in the Atlantic and throughout Canada. More investments in mental wellness and in our children and youth will help reduce suicide among indigenous people both now and in the future.

Wela'lin. Thank you. *Merci.*

The Chair: Thank you very much.

We have until 9:45. Now we're going to go into a period of questions and answers, so you'll have an opportunity to respond. We first move to the Liberal side, and MP Rémi Massé will open the question period.

Mr. Rémi Massé (Avignon—La Mitis—Matane—Matapédia, Lib.): Thank you, Madam Chair.

First of all, Madam Wilson, on behalf of the entire committee, I would like to present our sincere condolences on the death of your cousin.

[*Translation*]

You provided some deeply moving testimony on a subject that concerns us all. That is why the committee has quickly undertaken to examine the issue of suicide in indigenous communities. It is always difficult to listen to testimony like yours describing all the circumstances of suicide among young people and in First Nations communities.

You made reference to Bernard Lefrançois' inquest report. I have gone through the report, some passages of which are quite illuminating. Let me quote some of them; you will understand why when I ask my question afterwards.

I will not mention the name of the person who is being described here:

... the individual made suicidal comments. Certain persons close to him tried to dissuade him, and to encourage him, to lift his spirits.

His father committed suicide in 1996, also at 24 years of age... Like his son, he hung himself in the basement of the house.

The inquest revealed that those around him did not offer any concrete assistance. No one suggested professional support or the services of the suicide prevention centre either.

It is a very concentrated analysis and it comes with an entire series of recommendations.

First of all, allow me to digress here.

Ms. McLeod, this week you suggested to us that we should table that report. Frankly, I have to say that we on our side had not become aware of it. Now that we are, if you agree, we would like to table it so that it can assist us in our work as a committee.

Ms. Wilson, my question is for you.

Where do you think we should start as we work to resolve issues surrounding suicide? What steps should we take if we want to heal the wounds and resolve issues surrounding suicide in First Nations communities?

● (0920)

[*English*]

Grand Chief Sheila North Wilson: Where do we start? I think the answers are within our communities themselves. We know in our families what we need to do to take care of each other and to take care of ourselves. We need that to be respected in this country. For example, when a loved one is sick in the hospital, you see many of our families gather around and not leave the person's side until they are well and out of the hospital. Now we see hospitals changing their policy on visiting hours based on this kind of health. That's just one example of how we care for our people in our homes and in our communities.

I think we have to shift the way we think of our people and our communities as getting a handout and shift from all the negative stereotypes about our people and our communities. We need to transform our minds to think that we need to do better. We have to create jobs, we have to create better housing, and we have to create better health outcomes and health services within our communities.

Too many people leave our communities to find better resources and better lives for themselves outside, but I know that we can do better as Canada to transform. In the celebration that you're having for 150 years, I think that could be a starting point to transform our minds on how we think about indigenous people.

I think the Truth and Reconciliation Commission helped Canadians understand the magnitude and the effects of residential schools. Now is the time to act to change our attitudes about indigenous people. There are many negative stereotypes about our people that are simply false and not true. Many policies, racist policies, are being supported based on these negative and wrong views of our people. At the root of it all, we have to make our policies work for indigenous people.

We have to take that accountability and authority back to the first nations so that we can tell you what we need. We already know what we need in our communities. We already know what works and what heals us. We need the support and the will of those who are in power. We're not begging for that. This shouldn't be me begging for resources. This shouldn't be begging for meagre programs. We want the whole transformation of how we approach indigenous communities and indigenous families to start to look at placing the authority back into our communities so we can decide what we need for our communities.

The biggest cause of suicide is hopelessness. If you peel that back, it's because people don't feel pride when they wake up. What do they do with their lives in the small communities? Where do they get jobs? Where do they get quality food?

Food sovereignty is a big issue in our communities. In one of my communities, Shamattawa, the only store burned down just a few months ago, and the whole community was immobilized. How wrong is that? The community membership should have been able to go to the land and feed their families, but all that has been taken away. We're now dependent on outside sources to come and take care of us, and it shouldn't be that way. I think we need to completely change our view of first nations and indigenous communities.

The Chair: Moving on to the Conservative party, we have MP Cathy McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair.

I have a quick question so that we make sure our process is right. Given the fact that the Liberals have now indicated that they support this coroner's report being part of the study, do we need to do anything official?

• (0925)

The Chair: If it's all right with the committee members, let's deal with that at the end of the presentations. We'll have a little break and then we'll deal with that motion, which was raised by you at the last meeting.

Mrs. Cathy McLeod: Thank you. I think we did hear the witnesses talk about that report, and I think it is important.

First of all, thank you to the witnesses. I heard as we were coming in today that we've had 85 witnesses and some additional today. Since I've been here for eight years, I think this has probably been the heaviest study that I've ever been part of and the one that I feel the most sense of responsibility for in terms of making sure we have some good things that come out of it for people who come, whether they are fathers who've lost their sons or, like you today, who talked about your cousin. That was very emotional and powerful. Thank you for being here today. I know you would rather be back in your community with your people right now.

What would have made a difference, maybe, for Gabe? If you feel that you can share with us how he came to a place of hopelessness, what could have been done that might have made him choose a different direction and not have such a sense of hopelessness that he took his life?

Grand Chief Sheila North Wilson: I can tell you the positives about him. He was a very happy person, and the way he is smiling

right here is how I remember him and how he approached anyone who ever approached him. He was very kind. His parents, my uncle Larry and his mother, Bertha, are beautiful people. My grandparents loved him. It wasn't a lack of love. My other cousin Warren took his life 16 years ago. That's the same family. They nurtured us. They loved us. They cared for us.

But it's the lack of hope. What do you do? How do you look at yourself in the mirror when you get up in some of our communities and feel that sense of pride and feel that sense of purpose when you don't have anywhere to go to practise what you feel is strong in your heart and in your mind?

I know he tried. He made a good go of life. He wasn't someone who didn't have direction. He did have direction, but he didn't know where to direct it because there's no place in our communities, a lot of times, to do that.

We need to start looking at how we think of our indigenous communities and create those opportunities, create jobs, create proper housing. Some of our communities have 17 people, three generations of family in housing. Education systems are inadequate. I went from my home reserve to Winnipeg, and I was two grades behind. I was a top student in my community, in my class, all the time. I came to Winnipeg and I was the dumbest kid in class. I tried really hard.

We tell our kids, go to school, get jobs, get an education, go, go, go, but then when they go, they don't see the opportunities to go with their drive. We have to stop thinking like that. We have to create these opportunities and challenge how we think of our first nations and the system. People say it's a broken system, but it works for this state because it's meant to do what it's meant to do, assimilate us and get us into the Canadian public.

That's not what we want. We want to honour our cultures and where we come from. I know that's what Gabe and Warren wanted. Lots of our youth who didn't feel they could contribute felt like giving up. It's a great sense of hopelessness that we need to turn into great opportunities.

Mrs. Cathy McLeod: Thank you. I think some of the witnesses have called for a national indigenous suicide strategy. I guess it can be both, but I tend to believe that there's such diversity across the country, so many different cultures and geography, that the solutions you talked about are more community based.

Would you say that both should be done, or would you rather the focus be at the community level? I'll open that up to all the witnesses for some comments.

• (0930)

The Chair: Perhaps we could hear from Grand Chief Nepinak or Chief Paul.

Grand Chief Derek Nepinak: As I said in my opening comments, I do believe that expressions of self-determination are the surest way to build healthy individuals, healthy families, and communities. It's only because I've seen it working.

For example, in Manitoba we're well known to have the highest number of children in care. Through the assembly we've created the "bringing our children home" office, which is led by our family advocate, Cora Morgan, I believe to instill a sense of hope in families struggling through the difficulties in navigating the CFS system in Manitoba.

To restore hope toward a solution and family reunification for many, I believe, is a key to keeping them alive. I've witnessed myself, in my time in leadership, people who have given up once children are taken away. That to me is a localized solution.

It's not a solution that's driven by the federal government dollar nor the provincial government dollar. This is our own source revenue through the Assembly of Manitoba Chiefs that was used to create this office. It would have been nice to work with a federal or a provincial dollar, but we didn't have an audience that saw the value in our creating our own institutions for our own healing when we created this office.

Today, I am hopeful that we have a government that's willing to work with us in helping create these avenues where we are self-determining, self-governing, in the creation of our institutions toward hope. That to me is part of the solution.

The Chair: Thank you.

Moving on, we'll go to the New Democratic Party, Romeo Saganash.

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

Thanks to our witnesses for their contribution to the work of this committee.

I've listened carefully to all of your presentations. One thing that strikes me in what you are saying is that while Canada will be partying this year, many of our communities will continue to live in overcrowded houses, and many of our children and youth will continue to take their lives. Many of our women and girls will continue to go missing or get murdered and many of our communities will still lack clean drinking water, while Canada will be celebrating. That's the sad state of our country. This is one of the richest countries in the world, yet we are struggling with these most basic things in our lives.

Thank you for your presentations. I'd like all of you to elaborate on a couple of things, because I know all of these issues that I just raised are interrelated, interlinked, and have an impact on the mental health of our people. The lack of housing and lack of drinking water affects my mental health as a person.

Grand Chief Wilson, you mentioned in your presentation that suicide rates are also linked to the socio-economic status of first nations peoples, to the health status as well as the overall disparity in the quality of life of first nations people. I'd like you to elaborate on that. My second question is similar to my colleague Cathy's question. With respect to the national action plan on suicide prevention, there can be, I guess, general principles that are applicable throughout the country, but the local specifics are very important as well. I'd like all three of you to elaborate on those.

The Chair: Can we start with Chief Paul?

Chief Candice Paul: I just wanted to tell a little story about my community. We have a band councillor who has lost four of his siblings over the last 20 years. They took their own lives, so he's the only child left of a family of five. He took it upon himself, with the help of community members and the outside community, to build a healing lodge, a safe place where people can come when they need to be alone and they need help. It is a beautiful, two-bedroom, a very safe place. We have the answers in our community. The frustration comes when government tells us what the solution should be. It doesn't work that way. We have the solutions in our communities.

The solution has to be driven by our own people. Canada needs to invest but we have the answers: economic development, housing. We have the answers. We don't have the resources, and that's a very sad statement. We don't have the resources. As I said, we never ceded our land in Atlantic Canada. We should be rich. We never gave up anything, so we should be rich.

We need to invest, and we do have the answers. That's the only way it's going to work.

• (0935)

Grand Chief Derek Nepinak: Can a national framework be of value? Absolutely it can be of value if it meets the organic processes that come from within our own solutions. I think the message from my colleagues is consistent in that we have solutions that come from the ground, that come from the knowledge keepers, that come from our youth.

That message has been there for a very long time without the resources, so can a national framework be of value? Absolutely.

When it comes down to the functions of government within the bureaucracy, that is sometimes where we run into some challenges with how national pools of money get to the communities, because sometimes the solutions may not look like they're dealing directly with a particular matter. For example, if a health department decides they're going to take the kids out on the land trapping and certain things might happen out there that might re-create a recovery situation within funding arrangements, and this does happen, I think that creates the frustration and the friction that exists within accessing national dollars for ground-level programs.

There can be a harmonization, though, with the recognition that solutions are self-determining, and they're coming from the organic processes and the revitalization of our culture, our language, and our land-based activities. I think the ingredients are there.

Grand Chief Sheila North Wilson: I think you asked about the state of mental health in our communities. I think when you grow up in an isolated community, which I did and I think you did, as well, Romeo, it's easy to give up hope, because you don't feel like you can get anywhere. It costs maybe \$600 to \$1,000 to leave the community for one person from one of my communities in northern Manitoba. How is a young person supposed to do that? When they get to the city where do they go for help?

We do more for new Canadians in this country than we do for our indigenous people. We build those transition systems. I'm in a building in Winnipeg, where my office is, and the elevators are filled with many new Canadians who are brought up to these classrooms and are taught how to get their IDs, how to take the bus, how to transition into the city life, yet we don't do that.

When I was coming from my community to Winnipeg as a 15-year-old, I was a fish out of water. I put myself in danger a lot of times because I just simply didn't know the system. Thankfully, by the grace of God, I'm here, but I know a lot of people have fallen through the cracks. The number of missing and murdered indigenous women and girls attests to this problem that we have and we don't have in this country.

As far as the suicide plan, a national strategy, is concerned, I think we have to start talking about it openly. I know the media and even governments don't want to acknowledge the problem of suicide because of the fear of copycatting. I think we have to start talking about it, so people will feel comfortable when they are ready to talk, and that subject will already be on the surface.

I think we have to be brave and look at this suicide crisis and bring it out in the open and talk about it and start addressing those real root causes. I reiterate everything that we're saying. The solutions are within our people, within our communities, and we need to support that and start changing how we think about first nations.

● (0940)

The Chair: Thank you.

In our final round we have five minutes left, and it goes to MP Bob Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

I'm really touched by the testimony I'm hearing. I'm sitting in for another member but this has been an issue for all of us in Canada. I'm pleased to be able to talk to you directly about these issues.

I'm on the veterans committee and we're dealing with veterans' suicide and mental health issues. I'm listening to your testimony and I'm thinking about what we heard in the other committee. Some of the issues for the veterans are the loss of identity when they are forced to leave the team, the service that they assumed they would be a part of for their life's work. There's trauma. Sometimes there's battlefield trauma but it's also institutional trauma because of harassment issues that occur within the institution of the armed forces.

Then there are drug issues. Some of them are very concerning such as an anti-malarial drug called mefloquine, which creates real problems that may be ongoing, that may show up years after the service. Then there's general health.

What can any of the chiefs tell me about the general health of these young indigenous people? We understand from all the testimony we heard...and believe me, the loss of self-esteem is very touching. We see that with our veterans being drummed out of the service. That's something we can grasp.

Let me ask you about the general health of your young people because I know there are drinking water issues and so on. Are we certain that some of these children aren't being affected by substances in their environment? Could someone speak to that?

Grand Chief Sheila North Wilson: Absolutely. All the social determinants of health have a root cause and effect on the minds and hearts of our young people. They feel it the most because the meagre resources that come to our communities have to go to the general upkeep of the community. Usually the young people are the last ones to feel those resources, only because of the lack of them. I know our chiefs and our leaders care about our young people and they're sometimes at a loss as to how to motivate and how to get them going.

The best hope is in fighting for change at the education and health level. But when you have poor quality food in our communities.... A basic human right is to have access to food. The food available in a lot of our communities, especially in the far north, is of low quality. How is a child supposed to function properly in school when they don't have proper nutrition? They don't have a proper house to wake up in and make a good go of life. If they're tired and hungry and malnourished, that plays a lot in that.

I think there are many practical things we can do to change all that and start to collaborate with our leaders and our people to make those positive impacts for our young people. We need to look at the death that happened in young teenagers. You really have to think as a parent. How can a 12- or 14-year-old girl feel hopeless? That's the time of great change for a girl. If we're not there with family support, and I know families are, but the lack of proper housing compounds that.

Girls need a lot of attention around that time as they are transitioning into women. If they don't have that care and privacy that everyone needs, it's compounded and they give up. I don't want to stress that too much because it's a private issue too with girls. I think we need to rethink how we operate.

Mr. Bob Bratina: That's interesting. Again it reflects back to the veterans because one of the things that is difficult is for an active service person to admit they may be being affected by battlefield trauma or other institutional issues. Similarly with children who otherwise seem to be high functioning.

● (0945)

The Chair: You're going to have to conclude.

Mr. Bob Bratina: They may not wish to speak with somebody about the problems they're feeling deep inside. Is that what I take from your comment?

Grand Chief Sheila North Wilson: Yes, and our community as well is always in a constant state of crisis and trauma. We never quite get over it. If their parents are feeling that constant state of crisis and trauma, then they pass it on to their children and then the next generation. At some point, we have to break that cycle.

Mr. Bob Bratina: Thank you.

The Chair: Thank you.

I think you can sense that all of us who have heard from you appreciate your commitment to come to us to share your story before going home and grieving with the rest of your family. Our hearts are with you. We want you to look after yourself and your communities.

To the other two chiefs, thank you so much for coming here to Ottawa to share with us. Our deepest respect.... Thank you for coming out.

This concludes this portion of the meeting.

We're going to take a five-minute break, and then we'll have to decide what to do with the coroner's report. We might have to put it at the end of the second panel.

Mrs. Cathy McLeod: I guess it's just the process, because it was defeated.

The Chair: All right. We'll take a short break.

• (0945) _____ (Pause) _____

• (0950)

The Chair: I'm going to ask everybody, please conclude your conversations here in the room. If you want to continue, they could be just outside of this chamber. We encourage you to do that.

We have additional panellists, so we would like to hear them. They've been informed that the committee will be hearing from them at 9:45, so I want to thank them for being patient.

Bernard Richard is a representative for children and youth, who is joining us by video conference from Victoria, B.C.

Carol Hopkins is the executive director of the Thunderbird Partnership Foundation, who is joining us by teleconference from Bothwell, Ontario.

Ms. Carol Hopkins (Executive Director, Thunderbird Partnership Foundation): Good morning.

Mr. Bernard Richard (Representative, British Columbia, Representative for Children and Youth): Good morning.

The Chair: Good morning. Welcome.

The way the procedure works is that each of you will have 10 minutes to present to the committee. Then we'll have a question and answer period to conclude, and that ends the procedure.

We're going to start with Bernard Richard, the representative for children and youth, Victoria, B.C.

Mr. Bernard Richard: Thank you for having me.

[Translation]

Good morning from British Columbia.

[English]

A very early good morning from the west coast. I'm very pleased to contribute to the discussion of such an enormously important topic. I thank the committee for taking on this work. The sheer gravity of the situation of suicide among indigenous people demands whatever action can be taken to address this to restore the desire to embrace life, to strengthen communities. Those of us who are in a position to influence any change simply must do what must be done.

In B.C., the McCreary Centre Society conducted the B.C. adolescent health survey, a voluntary survey administered to students in grades 7 to 12 in public schools across the province. Statistics from 2013 showed, "In comparison to their non-Aboriginal peers, Aboriginal youth were more likely to report extreme stress or despair, self-harm, suicide ideation or attempts, and to have forgone needed mental health services." This study showed that there were some changes in the disparities between aboriginal and non-aboriginal youth mental health over the past decade. Distressingly the gap between girls reporting extreme stress widened, as did the gap for considering suicide.

Research has shown us time and again that there are a number of factors that contribute to elevated risks of suicide in first nation, Métis, and Inuit communities. These factors are no different from those found in other populations, but the prevalence and relationships among these factors differ for aboriginal communities as a direct result of the history of colonization, residential schools, and the resulting institutionalized racism and cultural marginalization. We have seen the devastation of deep-seated intergenerational trauma in Canada's indigenous peoples, and these facts cannot be ignored if we are to have any hope of addressing this difficult issue.

On the flip side, research also talks about protective factors that help to reduce the vulnerability of youth and potential for suicidal thoughts. These factors all point to cultural continuity as having the most influence in suicide prevention. These are issues such as attending a band-run school; whether they have access to cultural facilities; whether the band controls health services, police and fire services; and the local history of land claims. One important influential factor as well is the level of self-government. In other words, cultural continuity and identity are key.

In my position as acting representative for children and youth in British Columbia, I have an oversight role regarding the child- and youth-serving system, and an interest in the welfare of all children and youth. My office makes recommendations that will improve service-delivery end results in the area of safety, health, education, and well-being for vulnerable children and youth.

I also review and investigate critical injuries and deaths of children and youth with an eye to help prevent similar injuries or deaths in the future. Just this week we released the report "Broken Promises: Alex's Story", a heartbreaking story about an 18-year-old Métis youth who took his own life by jumping through a window on the fourth floor of a hotel where he was being cared for. Alex endured a life of trauma. He was shuffled around the care system and had no permanent connection to his family or to his Métis culture, and no mental health supports that might have made a difference despite the fact that he was five times referred for mental health services.

Other reports from my office have also directly addressed the issue of indigenous youth suicide, including "Lost in the Shadows" in 2014, about the suicide of a 14-year-old girl living in a rural B.C. first nation community, and "A Tragedy in Waiting", just last September, about the suicide of a 16-year-old boy in an urban B.C. area.

●(0955)

In addition, in 2012, we released “Trauma, Turmoil and Tragedy: Understanding the Needs of Children and Youth at Risk of Suicide and Self-Harm”. This report is an aggregate review that examines the life circumstances of 15 youth who died as a result of suicide and 74 youth who engaged in self-injury behaviours. The report revealed a significant overrepresentation of indigenous children within the group that was reviewed. Of the 89 lives examined, 58 were indigenous children or youth.

Chronic instability at home, mental health issues, and unaddressed trauma are among the common experiences of these youth. Despite domestic violence being a factor in more than half the files reviewed for this particular report, issues such as grief, loss, or recovery from violence were not primary considerations when these children first came into care or received child welfare services or assessments. This report had one and only one recommendation, that B.C.'s Ministry of Children and Family Development take steps to address trauma experienced by these children, including conducting a thorough assessment whenever a child is taken into care in order to identify past trauma and to plan services to address its effects.

The good news here is that, in response to this report, the ministry has drafted trauma-informed practice guidelines, and an implementation plan is currently being developed four years later. But better late than never. That plan includes the training of guardianship social workers.

In conclusion, I see an urgent need to address the issue of trauma in indigenous communities and individuals, and in particular, intergenerational trauma. If there is to be an impact on addressing suicide of indigenous youth, all solutions must be community driven in order to have a chance to succeed. It's a tall and complicated order, but one we cannot shirk away from addressing. The Truth and Reconciliation Commission, researchers, and indigenous leaders, including the ones you just heard from, are pointing the way, and we must follow.

Thank you.

●(1000)

The Chair: Thank you for your comments.

We're now moving on to the Thunderbird Partnership Foundation, Carol Hopkins.

Please, go ahead.

Ms. Carol Hopkins: [*Witness speaks in Ojibwa*]

I've introduced myself in my language, and what I've said to you is that I am from the Wolf Clan of the Delaware Nation. You know that I'm with the Thunderbird Partnership Foundation, so I won't review that again.

Let me start by saying good morning again, and thank you for the opportunity to inform your study on indigenous suicide.

Many of my comments today are drawn from a paper that we recently commissioned that was authored by Dr. Chris Mushquash and Dr. Jennifer White. It's a paper on life promotion to address indigenous suicide. Why I speak to that is that it offers a strength-based perspective to life promotion, which is a term commonly used

by indigenous youth to express their focus in the discourse on suicide prevention.

I'd like to also make a comment about the first nations mental wellness continuum framework, and the indigenous definition of mental wellness.

Let me start off by talking about four key themes that I think are necessary for understanding suicide among first nations people in Canada.

First of all, we have to understand that suicide is not an individual experience resulting from mental illness. Suicide is a direct result of colonization and social inequities, as was communicated by our previous speaker. Suicide among indigenous people in Canada has to be situated within that broad social, political, and historical context that calls attention to the legacy of colonial attempts at assimilation and the ongoing negative effects of social inequities.

Dr. Amy Bombay's research on intergenerational trauma clearly demonstrated that the more familiar history and experience one has with the residential school system, the higher risk there is for mood disorders such as anxiety, depression, and suicide ideation and attempts.

Highlights from the current knowledge base of promising practices for preventing suicide and promoting life among indigenous people must focus on creating conditions for indigenous children and youth, families and communities to flourish. One of the examples I'd like to offer is an early intervention program that we have developed called buffalo riders. It's a school-based early intervention program.

Another example I'd like to offer is from indigenous knowledge keepers who say that life promotion begins before birth with cultural practices that secure the spirit to this physical world. They also say that when we no longer hear the cry of new birth in our communities, the fabric of our communities becomes burdened by the cry of death. It's this cry of death that creates imbalance in the lifespan, the life path, for first nations communities. Speaking of greater attention to the continuum of life and ensuring that there's opportunity for birthing in our own communities, many northern remote and isolated communities, as you may know, require women to leave their communities on their own, even as teens, to give birth in other locations without that support network that they require.

Contributions from published scholarly literature that are specific to indigenous people include things like, as was said, cultural continuity factors; self-government; active efforts to restore land claims; control over education, health care, culture, police, fire services, those types of things; indigenous language; creating a sense of belonging and connection to cultural identity and spirituality; cultural healing practices; connection to family and community; strengthening social capital and support; building infrastructure in our communities, material, human, and information infrastructure; and a reliance on indigenous knowledge to define wellness.

●(1005)

This leads me to the third point that I'd like to make, which is that we have to recognize that indigenous and non-indigenous peoples together, as well as provincial, federal, territorial, first nations, governments, and organizations, have to be actively engaged as part of the solution. But to do this requires a paradigm shift that makes space for indigenous knowledge as evidence, and moves us from a focus on creating solutions or programs and services for individuals to focus on outcomes for families and communities, because when we focus on outcomes, we're going to get to a place that facilitates that conversation on wellness rather than a conversation that's strictly focused on deficits.

Strengths-based, life-generating strategies that honour indigenous ways of knowing and reflect relational, familial, social, and spiritual dimensions of selfhood are more likely to be effective than those predicated on decontextualized, expert-driven, individualistic, bio-medical understandings of distress. Even trauma-informed practice, for example, has to be within the context of cultural humility and cultural safety if it's to have long-lasting benefits to wellness.

The fourth point I'd like to make is that we have to emphasize the importance of long-term comprehensive strengths-based and life-promoting approaches that recognize the significance of land and ceremony, again honouring indigenous knowledge, values, spirituality, culture, and our lineage.

Land, lineage, and language are three key factors in identity and wellness. Through a CIHR research project we developed a definition of indigenous wellness defined from indigenous knowledge, and that definition of wellness was also defined with four key outcomes. If we use culture to promote life, to facilitate wellness from a whole-person perspective, the outcomes that we should expect are hope, belonging, meaning, and purpose. These four outcomes have 13 measurable indicators to get us to hope, belonging, meaning, and purpose.

To get to hope, we have to invest in values facilitating connection to belief in world view, identity, to get to the outcome of belonging. It's nurturing that connection to family, community, relationship with land and our ancestors, and having an attitude toward living life within that context of that natural support network. To get to having meaning in life, we have to balance what we know as rational knowledge with intuitive knowledge, which is spirit-driven, and that when we weave the two together, only then do we have a full understanding about the meaning of life. To get to the outcome of purpose, we have to invest in the unique ways of being and doing that are defined by culture and indigenous knowledge, and that create wholeness.

These four outcomes and these indicators are critical for strategic planning, program design, policy, constructing policies, informing service delivery, but most importantly, for ensuring quality in the way that we promote life specifically for young people. The use of the first nations mental wellness continuum framework, which has these four outcomes as its centre, gives us further understanding of a systems approach to life promotion that relies on indigenous knowledge and culture.

I want to finish with four key principles.

The Chair: You have one minute.

Ms. Carol Hopkins: Okay.

The first principle is indigenous ways of knowing. The second is land, lineage, and language. The third is the focus on strength. The fourth is decolonization and community self-determination. Then finally, we have collective responsibility and reconciliation.

I'll finish there. Thank you.

●(1010)

The Chair: Thank you so much.

We'll move on to the question and answer period.

We're going to start the round with MP Rémi Massé.

[*Translation*]

Mr. Rémi Massé: Thank you, Madam Chair. Actually, I am going to give my time to Mr. Tootoo.

[*English*]

Hon. Hunter Tootoo (Nunavut, Ind.): Thank you, Mr. Massé, for allowing me the opportunity to participate and ask some questions.

My question may be to both of you. I know you've heard it all along, but.... Mr. Richard, you mentioned intergenerational trauma, and that's something I've heard about since attending these meetings. How big of a role do you see that playing in looking at the horrific statistics we have for suicides in indigenous communities, and what are some ideas on how to address it? We've heard a lot on the need for mental wellness, trauma counselling and treatment, and just better mental health services being offered in indigenous communities all across Canada, including Nunavut.

I want to get your views on that, both of you, please. Thanks.

Mr. Bernard Richard: I'm sure you've heard all of this before. First, I want to say that, in an earlier life, in New Brunswick, I was asked to review the overall health of first nations children after the death of a young girl by suicide. We had done fairly extensive research and comparisons between indigenous and non-indigenous children and, clearly, all of these issues related to trauma. The lack of a feeling of self-esteem, the lack of identity and knowledge of culture.... I'm an Acadian. The Acadian culture is absolutely fundamental to us and to our survival as a people, as is our language. I think the same is true for indigenous children.

When we looked at the root causes...and former grand chief Ed John talked about this in a recent report in B.C. He talked about the root causes leading to root solutions. He talked about poverty, overcrowding in houses, lack of housing, lack of water, and lack of cultural identity. I think the solutions have to respond to those root causes, addressing the issues of housing, abject poverty, the inequalities, and the feeling of low self-esteem.

Engaging elders in organizations like child and family services agencies so that they can practise more prevention is one example. One band councillor said the agencies are just baby snatchers because they are so focused on protection that they remove.... Combined with the archaic funding formula used by INAC, the incentive is to remove children rather than work with and support families. I think the solutions include engaging more elders, supporting families early on, taking fewer children out of their families and communities, and then building a strong identity, with the help of prevention services and cultural programs. Pride in who you are, in where you come from, is essential to self-esteem, and self-esteem is essential to embracing life.

Because it took generations to get us where we are, it will take some time to get to a much better place, but there is no time like now to start doing that.

• (1015)

Hon. Hunter Tootoo: Okay. Thank you, Mr. Richards.

This is another thing we've heard. I think everyone can acknowledge the fact that a lot of our indigenous communities within southern Canada, and also in the north and in the far north in Nunavut and in the Northwest Territories basically live in third world conditions when you look at housing, education, and health care. The way these jurisdictions are funded is inadequate and it seems to be just the way it is, so this is how it's going to be.

There needs to be a shift in recognizing and ensuring that all these different jurisdictions and communities have the adequate resources to deliver the services required. Going back to the provision of services, we've heard a lot about culturally based, community-driven healing programs and the lack of addiction treatment centres, which are inhibitors. I'm going to get the view from both of you quickly on that. Thank you.

Ms. Carol Hopkins: I'd like to offer some examples about how culture makes a difference, if I may.

First of all, the post-mortem brain studies on suicide victims consistently show damage to the brain in the hippocampus, which is the centre of the brain that's responsible for memory. If we don't take care of the traumatic memories, it eventually leads to suicide. That's what the research shows us.

One of the consistent issues that is not being attended to is a history of sexual abuse. In the Hollow Water First Nation community in Manitoba, they implemented a community holistic circle healing process. It was studied and there was a cost-benefit analysis that was done by the Department of Justice. It showed significant change in outcomes between 1984 and 2000, where there were high rates of sexual abuse and violence in the community against children and among family and then, in 2000, they clearly indicated that children are safe now, parents are parenting more, and more families are getting together in the community without alcohol.

In their process—

The Chair: I'd ask you to wrap up quickly.

Ms. Carol Hopkins: —they used culture.

Addressing the social determinants of health is a definite requirement, but also using culture strengthens the community from

within. They develop their own solutions and create astounding outcomes.

The Chair: Thank you very much.

We will move on to MP Yurdiga.

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

I'd like to thank the witnesses for being here this morning. This is a very important study and we have a big challenge ahead of us and we're looking forward to finding solutions.

What are some of the challenges in delivering a youth suicide prevention program under our current funding formula? I'll put that out to both witnesses, please.

Ms. Carol Hopkins: I'd like to offer some perspective on that.

One of the consistent issues is that funding has been more and more directed towards evidence-based solutions. The evidence is clearly focused on safety, but also on a conversation on death. Safety is necessary, but young people have said that they need skills in how to talk with their peers to promote life. In the context of the environment that they live in—the poverty, all of the social inequities—when their peers are talking about committing suicide in that context, how do they work with them to give them hope and facilitate their thinking towards continuing to live?

The answer you have given, and clearly from research as well, is that they need to be empowered with an understanding of their world view and how culture makes a difference. That's not accessible in first nations communities. We don't employ elders and cultural practitioners in the same way that we employ social workers, psychologists, and psychiatrists. We don't rely on indigenous knowledge because the perception is that there is no evidence to demonstrate its efficacy.

There is little evidence but there is evidence, so I'd like to offer that as a solution, first of all. Again, it's going back to that paradigm shift of what we rely on as evidence and empowering first nations communities to use culture, which is still very much accessible but lives on the periphery of our communities because it's not part of formal programs and services.

I'll end there. Thank you.

• (1020)

Mr. Bernard Richard: I won't use up much time. I really want to echo what Carol just said.

Just recently, in October, we held a youth engagement forum called "Ignite your Spirit" at which we had 25 indigenous youth in care or recently out of care. Overwhelmingly, they said that what they craved was a connection to their identity and their culture, especially if they were in the care system, because often they're not in their own communities.

Sadly, that's the reality in British Columbia, and I think in other places as well. They asked for more connection to their culture and to their language. They wanted to know who they were and where they came from. I think that's essential. In our conventional medical systems that's just outside of convention, but it's absolutely necessary if we're going to succeed.

Mr. David Yurdiga: Thank you.

Do you believe that a national strategy for suicide prevention among indigenous people is needed, or is a grassroots approach more appropriate?

I put that to both witnesses.

Mr. Bernard Richard: I'm fine with both, but I do think that any program has to be anchored in communities, in community values, and community culture. If a national strategy is what's needed to generate the funding that's required, that's fine. There are principles that exist. I think Carol has been quite eloquent on that front. There is research out there to ensure that these principles are known and disseminated throughout the country. That's fine, but for those programs to be successful, they have to be community-based.

Ms. Carol Hopkins: One thing I would like to add to the comments already made is that we have a tendency to think that we need new solutions when a new problem emerges amongst indigenous populations. I'd like to draw your attention back to the first nations mental wellness continuum framework. That framework was developed by first nations people in conversation across the country over a few years, in partnership with the Assembly of First Nations, and Health Canada. That framework is a systematic approach to mental wellness, and it gives clear guidance for promoting wellness and facilitating wellness in first nations communities.

My fear is that if we develop another strategy, we'll create another document that has no capacity to be implemented. The mental wellness continuum framework didn't come with new funding. It didn't come with the necessary capacity to actually implement that framework. My recommendation would be that we use what we have, invest in what we have, and build capacity towards those things.

Mr. David Yurdiga: Our committee has travelled through many northern communities, and one of the issues we heard about was recruiting and retaining professional health workers in indigenous communities. How can we address this? It's very difficult for relationships to be developed between the health workers and the people needing help.

Is funding the major issue or is it the isolation that prohibits attracting health care professionals to northern communities?

•(1025)

Ms. Carol Hopkins: I think you've named two of the primary reasons.

The third one I would add to your comments is that we don't rely on the strengths that exist within communities. First nations people have been trained that the answer or solution comes from someplace else. That's what happens as a result of colonization. We colonize our own knowledge and our own strengths by not recognizing where they exist. They exist in culture. They exist within elders and within cultural practitioners who are not part of those formal programs and services.

I think that part of the solution in first nations communities is to step back and really examine the strengths and the assets that exist outside of formal programs and services, and then to look at how to include those.

The Chair: Thank you.

Moving on to the New Democratic Party, we have MP Saganash.

Mr. Romeo Saganash: Thank you, Madam Chair.

Thank you to both witnesses for their presentations.

I certainly can relate to what both of you have said in your presentations. I'm from the last generation of Crees who were born on the land. I spent the first several years of my life out on the land with my parents and siblings before being taken away to residential school for the following 10 years, so I can safely say from that experience what saved me as an individual was my culture and the fact that I can speak my language fluently today. I can definitely relate to what both of you have said. It has nothing to do with having a shack for my canoe or paddles as the Prime Minister suggested not too long ago.

Both of you have answered most of the questions I had, but I have an additional one for Mr. Richard. You're an Acadian. I'm a Cree. One of the things I've learned through the material I've read while we were doing this study is the fact that before the Quiet Revolution in Quebec, Quebec had the lowest rate of suicides among all provinces in this country. Since the Quiet Revolution, it has the highest.

How do you explain that, and can we draw from that experience somehow for our indigenous youth today?

Mr. Bernard Richard: It's a big question.

[*Translation*]

But thank you for asking it.

[*English*]

I'm not sure I can answer that.

I know as an Acadian our legendary rock group from the 1970s was 1755, the year of the expulsion of the Acadians. They would always end their concerts with

[*Translation*]

"Be proud of who you are."

[*English*]

That has stayed with me all my life up until now and will continue to stay with me.

I think that pride in self, pride in culture.... Canada is blessed with a multitude of its own cultures and languages. There are 203 first nations in British Columbia with dozens of languages spoken. That's a richness we should be proud of.

Of course, there's no question we can't erase history. It's there, but we can reconcile. I said that about the Truth and Reconciliation Commission, that it was strong on truth but I was concerned it would be weak on reconciliation. I remain concerned about that. Throwing more money at the issues, if you don't do it the right way, won't resolve any of the problems.

I was on a conference call with the minister just a couple of weeks ago, and she said—I don't want to take up too much time—\$100 million has been put into the system. That same week I met two child and family services agency directors, and they said there's not much evidence of that on the ground.

We can spend a lot of money on bureaucracies and intergovernmental squabbling while children in communities are still wanting for the kinds of things that Carol has talked about and you talk about. I couldn't agree more, but I really do think that culture is the key. I take that from my life, the history of my own people, and I think it applies to all people.

Sorry, Carol, for taking so much time.

• (1030)

Ms. Carol Hopkins: I agree completely. You've obviously had very good testimony and you've studied this through your travel to first nations communities. Investing in culture directly to first nations communities, partnering across federal government departments, and partnering with provinces and federal governments to align and pool resources, I think, are necessary for creating the significant shift that we need to ensure that we rely on culture. We can fly in and recruit the outside experts, but that's only going to take us so far. If we don't attend to the spirit of indigenous people, from culture and spirituality, our own world view, then we're never going to get far enough.

As I said earlier, we have to be thinking about infant mental health: the fetus, at birth, early childhood, and infancy. As we already said, we anchor life with those types of activities. Investing in midwifery and indigenous forms of doula care is a significant way of preventing children from going into the child welfare system.

The Chair: We're going to move on to MP Bratina for another round of questions.

Mr. Bob Bratina: Thank you.

Thanks to our witnesses today. I should tell you both, I'm not a regular member of this particular committee, but I've been profoundly interested in the issues. Going back to my days as the mayor of Hamilton, we worked on off-reserve aboriginal housing for the significant number of aboriginal people who live in urban centres such as Hamilton. However, it brought up a question. We were all terribly moved by the tragic fire that occurred on one of the far north reserves, where so many people were lost. Housing was mentioned in your testimony so far, and we often see pictures of very desperate-looking communities, especially on the remote reserves.

One of the things that we attempted to do, that I did, was to introduce a different type of housing, which would be modular steel houses with very modern technologies that would involve air circulation, heat, water, and so on. What we found was that the procurement issue was difficult because it was done basically within individual reserves, and even to promote a pilot project to do several houses of a different sort than we'd typically see was really difficult, and we haven't been able to achieve that yet.

I'm concerned that these children, in some cases, are being brought up in communities with desperate-looking built form, the way the water systems, the houses, and so on are built. They become mouldy. They are fire hazards. Fire suppression is very difficult in

some of the remote reserves. I appreciate all the points that your testimony has brought forward, but let me ask you about this one element, and it is a very broad and complex issue.

Is there a way that we can actually influence better housing conditions, better mechanical and technical situations on reserves, which are basically, in the procurement sense, in the hands of the reserves themselves and their chiefs? Would anyone be able to comment on that?

Ms. Carol Hopkins: I'll take a stab at that. Without knowing all of the issues related to the housing procurement, first nations governments that are struggling with solutions to address housing issues often fight issues related to funding. Significant milestones have been achieved by arrangements with financial institutions that increase opportunity and capacity for loans on reserve, which historically was not the case, so that access to housing is more accessible. That would be primarily more in the south than in northern Canada, where you see more activity related to the financing of housing and increased availability of housing in first nations communities.

• (1035)

Mr. Bob Bratina: Yes.

Ms. Carol Hopkins: The issue is related to poor housing, substandard housing. We have had no capacity to meet the growing demand. In first nations communities, we have a majority of our population under the age of 30. We have young people, growing families, and it's impossible to keep up with the demand for and the need for housing. We have multiple generations living in a house.

What are the arrangements for those solutions to meet that kind of demand, to address the procurement issues? I'm not exactly sure, except that those conversations require the inclusion of indigenous governments, and more conversation about structural changes that facilitate the types of solutions you're talking about.

I go back to the first nations mental wellness continuum framework. We have this beautiful framework. It's meaningful to provincial governments, territorial governments, first nations governments, first nations communities and health services, but we don't have the funding to implement it.

When we do implement it, oftentimes what we run up against is federal government policies that have not been adapted to mirror the framework that has been signed onto by the federal government. It's only in the implementation that we realize what the policy issues are, and then it's a conversation about how we change the policies to meet the needs of the community that is trying to move forward.

Mr. Bob Bratina: Thank you.

On the element of self-esteem, I can remember my growing up days in a not very affluent neighbourhood. There were some of my friends who lived in very modest homes, let's say. I know they really didn't want us to go over and play at their house because they didn't feel it was quite as nice as some of the other houses. It's just one little piece of the whole thing.

Let me, in my brief time—

The Chair: You have 30 seconds.

Mr. Bob Bratina: I have 30 seconds, wow.

I wanted to ask about previous testimony before the committee. Some witnesses, including indigenous youth, anecdotally suggested that experiences of childhood adversity such as abuse or violence are risk factors for suicide. Perhaps now that my time is up, someone else can pick up on that aspect.

I thank you very much for being here.

The Chair: Could we ask for a quick response from Mr. Richard?

Mr. Bernard Richard: I'll only add that I agree housing is one important issue. I know recently from New Brunswick, and I've worked with first nations chiefs for the last three years there, that housing constantly comes up. I think it's not so much an issue of procurement, honestly. It may be in the more northern regions of Canada, but certainly in most of the southern regions funding is the key issue.

In many communities, two or three households share a space that in non-indigenous communities would be normally occupied by one household. Many children often live in that space. It contributes to the other issues you've talked about. Actually, I think it contributes to issues relating to sexual abuse as well. It's just not acceptable in this country for people to live in those conditions.

In my view, funding is a far greater issue than procurement.

• (1040)

The Chair: Thank you.

I'm going to ask if the committee is open to taking the next few minutes to deal with some committee business.

Some hon. members: Agreed.

The Chair: Thank you to the presenters. I appreciate how early it is in B.C. Have a great day.

Carol, thank you for calling in. I appreciate your words of wisdom.

Ms. Carol Hopkins: Thank you.

The Chair: All right. We dealt with the issue of looking for unanimous support to accept the coroner's report from Quebec, and that was defeated at the last meeting. We would be open to looking at a motion, for instance, that could say that as part of this study on suicide among indigenous communities, the Quebec coroner's report be filed as an exhibit with the clerk of the committee and be posted on the committee's web page.

This report, which members had indicated they hadn't had time to really investigate, would actually be part of our committee, and would be part of the record and be available. Do I have a mover of that motion?

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): Do we need a motion? Can we not just enter...?

The Chair: There are several different technical ways of including the report. One is, as I suggested, an appendix. Another

could be basically a link to the report. Another is the full 80 pages of the transcript in the minutes. There are several different options.

We believe that maybe the most practical one is to have it as an appendix.

Ms. McLeod.

Mrs. Cathy McLeod: Thank you, Madam Chair.

I believe, given you did defeat it in the last session we had, that it probably does need a motion to move it back into the agenda. Otherwise, we would be doing something that was contrary to the will of the committee as expressed in the last meeting.

The Chair: Ms. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): I will move the motion for discussion.

The Chair: Thank you. It's open to discussion. As the clerk has pointed out, we really did not discuss the content of the report. What we voted on was unanimous approval to discuss the report.

Ms. McLeod.

Mrs. Cathy McLeod: Thank you, Madam Chair.

Perhaps in the last meeting I made some presumptions. Because we have been tasked with the issue of studying suicide and indigenous youth for many months, and given this coroner's report was very compelling and very important, I believe, for the study, I made some assumptions that the opposition were aware of this study and had also had a look at it. It turns out that was in error.

I hope that was the reason they did not agree to move forward last time and that they will reconsider now that they're more familiar with this particular document.

The Chair: Mr. Massé.

[*Translation*]

Mr. Rémi Massé: Thank you, Madam Chair.

In the context of the study we are conducting in committee, we of course realize that communication in all senses is important. That is why we voted against the motion.

The report was submitted in December. It is very detailed and we did not have the opportunity to read it because of the time we had to spend on the work as a whole. Since then, we have taken a step back and we are ready to introduce a new motion so that this report can be included among the documents that the committee has examined.

[*English*]

The Chair: Very good. We will take the vote.

(Motion agreed to)

The Chair: The report will be an appendix on our website.

Thank you very much for coming. It was a very full and productive meeting.

This meeting is adjourned.

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