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Chair: Mr. Bob Bratina



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• (1105)

[English]

The Chair (Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.)): Ladies and gentleman, we have quorum. Accordingly, I would like to call this meeting to order.

I will start by acknowledging that we are meeting on the traditional unceded territory of the Algonquin people.

The committee is meeting to continue its study of support for indigenous communities through a second wave of COVID-19.

To ensure an orderly meeting, I would like to outline best practices to follow. Participants may speak and listen in the official language of their choice. At the bottom of your screen, you'll see a globe, and you should have—

Ms. Pam Damoff (Oakville North—Burlington, Lib.): Your sound is terrible, Mr. Chair. I can't hear you.

The Chair: Okay. Is this better?

Ms. Pam Damoff: No.

The Chair: I've only done this for 45 years as a professional broadcaster, so I'll try again.

We're meeting on the traditional unceded territory of the Algonquin people. The committee meets to study support for indigenous communities through a second wave of COVID-19. Once again, participants, at the bottom of your screen, there is a globe icon—

Mr. Gary Vidal (Desnethé—Missinippi—Churchill River, CPC): Mr. Chair, we have nothing on you at all. We can't hear you at all.

The Chair: You should select either French or English, depending on the language you wish to speak in and hear the interpretation in. When speaking, please speak slowly and clearly. When you're not speaking, your microphone should be on mute.

With us today by video conference for the first hour are the following witnesses: Kirsten Agrell, the legal counsellor of the International Union of Operating Engineers, Local 793; Duane Smith, the chair and CEO of Inuvialuit Regional Corporation—

Ms. Pam Damoff: We can't hear the chair.

Ms. Rachel Blaney (North Island—Powell River, NDP): I have a point of order. We cannot hear the chair. It's echoing and very hard to understand.

The Chair: Once again, hopefully, we have the mike resolved. I hope you heard my instructions with regard to translation. It's really important—

Ms. Pam Damoff: You're gone again.

Mr. Eric Melillo (Kenora, CPC): Clerk, the chair seems to have another device on, possibly, in addition to the floor audio. Maybe there is some feedback from that.

The Clerk of the Committee (Mr. Naaman Sugrue): We'll look into it.

• (1105)

(Pause)

• (1120)

The Chair: The meeting has been called to order.

We've had technical difficulties, but I've given my instructions to the witnesses. They are standing by, so we're going to go for six minutes of presentation by each witness followed by questioning.

Perhaps we could start with the legal counsel for the International Union of Operating Engineers. Kirsten Agrell, please go ahead for six minutes.

Ms. Kirsten Agrell (Legal Counsellor, International Union of Operating Engineers, Local 793): Good morning. Thank you.

My name is Kirsten Agrell. I am with the International Union of Operating Engineers, Local 793. I am speaking to you from our office in Oakville, Ontario, which is in the traditional territory of several nations, including the Mississaugas of the Credit, the Anishinabe, the Chippewa, the Haudenosaunee and the Wendat peoples.

At the International Union of Operating Engineers, we have our roots in construction, but we also represent lots of workers in mining and in industry. We have about 17,000 members, and we operate throughout Ontario and in the territory of Nunavut. More recently, we represent about 1,000 people in a mining bargaining unit north of the Arctic Circle on Baffin Island, and about 15% of our members at that bargaining unit are Inuit land claims beneficiaries living in communities in the north. We've also been growing our representation of indigenous workers in Ontario, who continue to be under-represented in the skilled trades, in our view.

We also have an Operating Engineers Training Institute, which is our training arm that works with indigenous training and employment organizations to try to remove barriers to entry into the skilled trades, and our trade in particular.

As a representative for all our members, we've definitely seen the different impacts that the pandemic has had on our indigenous members as opposed to our other workers. Our other workers are also struggling, but it's been a different experience, I think, for our indigenous members.

We have recommendations in three areas, all coming through our lens, to try to help indigenous communities. Obviously, our focus is always on construction and heavy equipment.

The first thing we want to recommend is a real commitment to improving essential infrastructure, including broadband connectivity, water services and all these things that will help reduce the disproportionate risk that is being faced by our indigenous members compared with other people in non-indigenous communities.

The second thing is government assistance to remove the barriers to training—particularly having to travel to COVID-19 hot spots, to urban areas, to the cities to get training and to participate in the workforce.

Third, on the health and safety side, is to prioritize the availability of rapid testing, particularly for people in indigenous communities, so that if people are continuing to work through the lockdown and the pandemic, as many of our members have been, they're not doing so and exposing their vulnerable communities to increased risk.

On the infrastructure side, I know this committee has already heard about the impact on communities without the underlying sanitation infrastructure and with overcrowded housing. I know you've also heard about the impact on the economic side, on small businesses and tourism that are having so much trouble. Our view is that improvements to infrastructure are critical, not just for health reasons but also to participate in the economic recovery once this thing is through.

We're suggesting an immediate commitment to telecommunications construction projects with time frames set. It should be a real priority. We know our members who are right now trying to work from home or trying to help their children go to school from home are having real trouble because of Internet connectivity issues. We as an organization have been trying to ramp up our efforts to reach out to people online, and the lack of connectivity has been a problem.

Facilitating telecommunications infrastructure construction also provides training and opportunities for people to work close to their communities so they don't have to travel through Toronto.

We really support the universal broadband fund that we've heard about. We do want to say that you need to make sure that enough of that is allocated for indigenous communities to make sure that really good, lasting and quality infrastructure goes in there.

Of course, like everyone else, we're also very concerned about the boil water advisories and the sanitation. Any time people are having to leave their communities, even in southern Ontario, to get clean drinking water and go into COVID-19 red zones to do that, that's a problem. We definitely want to say don't leave that behind or reprioritize it because of COVID.

We know about the indigenous community support fund that was announced. We understand that is more for services that provide education and training, which is great. We would like to see some sort of dedicated funding for COVID infrastructure work.

We know in Ontario they've announced something called the COVID-19 resilience infrastructure fund, which I know has some federal funds too. We don't know how much, if any, of that is earmarked for indigenous communities. We certainly suggest it should be. This, as I understand it, is funding to go specifically towards retrofitting schools' and recreation centres' ventilation and to enable social distancing. If there is not such a fund specific to indigenous peoples, we think that would be a good initiative and something we'd certainly encourage and recommend.

• (1125)

There are other areas we want to recommend, including training. The IUOE works with the Aboriginal Apprenticeship Board of Ontario, which has identified barriers to training. Having to travel into urban areas is certainly one of them. Bringing training into indigenous communities is expensive and hard. It's a big territory. It's a big world. We need government assistance with that.

Finally, most of our workers have continued to work and have been providing essential services throughout lockdown. However, we have members coming from very vulnerable communities. Having to choose between continuing to work and potentially putting your community at risk has been very different for indigenous workers compared with some of our other members, particularly in the far north, in Baffin Island. Rapid testing and its availability to indigenous communities is something we think the government should prioritize. It would help put that final health and safety piece in to enable people who want to and are able to keep working during the pandemic.

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

Next is the chair and CEO of Inuvialuit Regional Corporation, Duane Smith.

For six minutes, Mr. Smith, please go ahead.

Mr. Duane Smith (Chair and Chief Executive Officer, Inuvialuit Regional Corporation): Thank you.

Thank you for the opportunity. I want to point out that, as you said, my name is Duane Smith. That's my English name, anyway. I'm located just near the northeast tip of Alaska, to give you some perspective. It's roughly nine hours by jet to get here from Ottawa, but I'm still in the same country. The area I represent is almost a million square kilometres, two-thirds of that being the ocean in this area. That's just to give you some perspective on the size and scale of the geography I represent and the distance I'm speaking to you from, which is, again, still a part of Canada.

There was discussion earlier, as we were getting set up, that I'm so far north, in a couple of days we'll be losing the sun for about five weeks. That's part of the process here.

I want to give you an update in regard to the COVID activities we have been implementing. We have been working hard with different federal departments to access funds that are identified for indigenous organizations such as ours. We have been able to allocate funding for food baskets, as we call them, to needy households and families. We have provided support in regard to harvesting and food preservation supplies to try to enhance and/or address the food insecurity in the region. We have provided sewing supplies to communities for them to distribute. That's part of our cultural approach to our activities. We have provided household cleaning kits so that people can further sanitize and get some relief and comfort in regard to how they might be ensuring that their households are clean. We've had supplies for elders.

We have also initiated what we call an "on the land" program. We provided individuals, couples and/or families during the spring, summer and fall with help to get back out on the land. As indigenous people, we spend a lot of time out on the land, either at the coast or in the large delta we have here, which is about 18,000 square kilometres, where people have their camps, cabins, cottages or whatever you want to call them. This was an opportunity where we saw a lot of family bonding, not only parents and children but also grandparents and grandchildren; enhancing their life skills out there; giving them an opportunity to get back out and live more on the land, with nutrition from there; and making it a healthier opportunity and getting away from the communities. We saw a lot of stress and anxiety in people from the remote communities, knowing that if this pandemic gets into one of our small communities, it will spread quite rapidly. There is that concern there.

We were interested in the federal government's announcement in the past on different mobile camps. I can't remember the proper term, but we thought these would be medical camps that would be mobilized if there was a pandemic outbreak in one of our remote communities. A medical team would go in and use these camps for different testing and isolation purposes.

We've also provided activity kits to five different age groups—zero to three, four to six, and that sort of age group all the way up to 18. There are different reading, writing, arithmetic and science activities within those kits. We see the need to keep them occupied and busy. We'll be looking to do that again as we move forward. As I said, we're in a cold, dark period of the year now. People will be spending a lot more time inside.

Housing is a significant issue that we have. We have been working with the federal government to try to alleviate housing issues within our region as well as across Inuit Nunangat. Overcrowding is a significant issue in all areas of the north. That is where there's a major concern about the pandemic spreading quite rapidly.

• (1130)

I would support the previous presenter in regard to the need for improved bandwidth. COVID has demonstrated the dire need and the lack of infrastructure throughout Canada's north.

I would also support the comment in regard to the need for more rapid testing, especially in these isolated areas, because we don't have large hospitals or large medical teams that are easily available or ready. We have small nursing centres. Some of these communi-

ties have two nurses. My community is the hub, so we have doctors here.

Again, the other concern is testing and the potential for burnout in regard to the volume of people they're having to see.

I would also point—

The Chair: I'm sorry, Mr. Smith. We're right at time now.

Perhaps your next points can come up in the round of questioning. I know we'll be back with you.

Next we have, for six minutes, Mr. Nick Vodden, the president and CEO of Perimeter Aviation LP.

Please go ahead for six minutes.

• (1135)

Mr. Nick Vodden (President and Chief Executive Officer, Perimeter Aviation LP): Good morning, everyone. Thank you for the opportunity.

I'll just give you a quick overview.

I'm Nick Vodden, president and CEO of Perimeter Aviation LP. We are a remote aviation operator in northern Manitoba and northwestern Ontario. We service predominantly passenger, charter and freight needs to about 30 remote communities in northern Manitoba and northwestern Ontario. We've been in business for about 60 years, with bases in Manitoba and Ontario. We are about an 850-employee-sized company, pre-pandemic, of course.

Obviously, it has been a very challenging nine months here. Working with our long-standing partners and relationships with our first nations communities, we put in a number of protocols right at the onset of the pandemic, from cleaning and flight segregation to thermal infrared temperature-reading equipment and you name it.

Throughout the pandemic, we have worked with each individual community and either their rapid response team or pandemic leads to assist with pre-approval processes, and we have taken any avenue we've been able to so as to help these communities do their best to keep the virus out of the community and, when it gets there, to meet the needs safely.

Among the key challenges that have appeared throughout the pandemic in the north is that the passenger volumes have reduced so much that it becomes very difficult for us to maintain the viability of operating these routes. Since most of the time we're the only carrier and we have long-standing partnerships, we have elected to continue to operate these routes in order to get in essential medical supplies, to get the members of communities out for medical appointments and to just to help meet the needs of the community.

Some of the key challenges we've tried to help them with, which some previous speakers have spoken about, are hospital infrastructure and medical shipment movement, which seems to be a challenge in these communities.

With really only small nursing stations and no hospital features, rapid testing is an immediate need and is starting to roll out to many of the communities. The problem is that the vials that operate the rapid tester are in such scarce supply that they can't use them, really, for rapid testing needs. They're only used in close contact situations up until this day. The program is moving, but there's a real sense of urgency.

The next most important thing we can do for these communities is to set up the vaccination program to prioritize the high-risk individuals and get vaccines into the communities to limit the spread, because many of these communities have unfortunately experienced cases in the last 60 days.

As for the recovery initiatives we would like to talk about—and really, these points somewhat echo those made by previous speakers—the Internet and telecommunications infrastructure is still very poor in most of the communities, with slow high-speed Internet or no cellphone service at all. That would really assist, particularly in a time like this, when we still have communities that have no high-speed Internet at all.

The health care facilities are very small-scale, with limited resources in the communities. They require a high degree of daily movement, whether for medical shipments or for nurses or patients to come back and forth. They're really not set up with adequate supplies to handle anything of this magnitude, or even a small measure that might happen.

• (1140)

The other item that we are really leaning on for the recovery portion of our strategy is the housing piece. It seems to be very challenged in the north. They're crowded and lots of areas still don't have running water. It's very tough for them to have a healthy lifestyle in this environment, especially when a community could be in lockdown right now.

Those are our three key long-term items.

I think that's it for our overview.

The Chair: Thank you. That brings us to time, so that's great. I appreciate that.

That takes us to our round of questioners. We'll start with a six-minute round with Mr. Melillo, shared with Mr. Viersen.

Eric, please go ahead.

Mr. Eric Melillo: Thank you very much, Mr. Chair.

Mr. Vodden, I'm the member of Parliament for Kenora so I have many communities that Perimeter and Bearskin Airlines service in my riding, as you know.

Many airlines servicing the north had to suspend service to remote communities due to the pandemic and due to financial strain, as you mentioned. For these communities it's a loss of a major service and an essential service for many. I believe it makes it more difficult for many of these northern communities to be prepared for the second wave of the pandemic and moving forward beyond that.

Mr. Vodden, can you speak to what the government has done so far to support airlines? Do you feel it's been enough to support the

northern air carriers and ensure that northern communities are having the services and the resources they need during this critical time?

Mr. Nick Vodden: To be quite frank, we have had no subsidy to this day from the federal government, aside from the federal wage subsidy program that the entire country was offered. A subsidy program is being pushed by both the provinces, working with the federal government. That started back in May and has not got to the carriers to this day.

To bluntly answer your question, we have not had the support. There is some momentum now to try to move that forward. If we can get those lines of support we will be able to move to phase one of the recovery plan, which will be reinstating some of the service we've had to cut for economic reasons.

Mr. Eric Melillo: I appreciate that answer and your honesty.

Back in April, I believe, I wrote a letter jointly with Mr. Powlowski who is a government member of this committee. We wrote to many ministers mentioning issues impacting tourism and seasonal businesses as well as air carriers. It's been unfortunate to see that the government hasn't stepped up to support you.

With the limited time I have, can you speak to the impact of service reduction in the north as a result of this? Can you speak to how air carriers can help to fulfill an essential role in pandemic preparedness going forward?

Mr. Nick Vodden: The impact has been quite large.

We made the conscious decision as a company at the onset to not stop service to any isolated community that did not have road access or other means. We took that on our shoulders in good faith that we would be able to get somewhere with the government to sustain any losses there.

As for the preparedness for the pandemic, we have a number of lanes in place, particularly in Manitoba and Ontario, to move medical patients, medical supplies, vaccines and things like that, that are ready and historically used throughout time, even recently, with the flu vaccination movement. A lot of lanes are in place. They're just not tested and set up to handle this level of scale or a pandemic like this.

• (1145)

Mr. Arnold Viersen (Peace River—Westlock, CPC): Thank you.

Mr. Smith, I will question you a little bit.

We heard from Mr. Vodden as well about rapid testing. Is that something you would see as valuable for the north around getting people tested?

We hear with rapid testing that they can have results in under 20 minutes. If you have a checkpoint as people come in to be tested, would that be something that would be helpful for you, Mr. Smith?

Mr. Duane Smith: I would say that would be extremely helpful.

Where I reside it still takes around 10 days for the government to get the results back, just because of the remoteness. They have not, in any real sense, expanded their rapid testing outside of the capital of Yellowknife, where we see the vast majority of the testing taking place. There's very little outside of that area. As I said, it takes at least seven to 10 days to get a result back, while the testing in that community is, like you say.... I don't think it's quite as short as 20 minutes, but I think what they say is that it's about 48 minutes.

Any expansion of that to at least the regional hubs like my community would alleviate a lot of stress and anxiety of the people in the communities, just knowing that the government is doing this outreach and enhancing rapid testing to some of the more remote communities and showing some care and concern, basically.

Mr. Arnold Viersen: Would you make the recommendation to pursue the rapid testing more aggressively?

Mr. Duane Smith: I would most definitely be recommending that, because, like I said, it's pretty well non-existent. People have very high stress and anxiety.

I did not point out that one of the services that we've been able to provide is professional psychological counselling made available at a long-distance phone number for people if they need to talk to somebody who has that skill set as well.

The Chair: Thank you very much.

Ms. Damoff, you have six minutes. Please go ahead.

Ms. Pam Damoff: Thank you, Chair.

Thank you to all our witnesses for this testimony. It's been very helpful.

Mr. Smith, I'm really disappointed to hear that you don't have rapid testing. I know Indigenous Services has made rural and remote communities a priority with the GeneXpert machine, so I'll certainly be taking that back to find out why you haven't been included in that, because all of the witnesses have talked about rapid testing and I think the government recognizes the need to really ramp that up.

Ms. Agrell, I have some questions for you. I am extremely proud to have known the operating engineers for many years, long before I was a member of Parliament. I had conversations years ago with Mike Gallagher, the business manager for Local 793, about the work you've done training indigenous peoples to work as operating engineers.

You talked about the challenges and the barriers to training. I was reading that you developed a regional training centre back in 2014 with Neskantaga. I'm just wondering if that still in existence and if that is a model that could be expanded.

Ms. Kirsten Agrell: It's certainly still in existence. My understanding is that right now that community has had some serious water treatment and water quality issues, and it's in a bit of an evacuation state right now.

Certainly, yes, that sort of organization and bringing it into the communities is something we're continuing to try to support. Most of our training is based in the south, and we do what we can to facilitate people coming to us. We've been working a long time to get

the equipment, the area, the location and the ability to transport the equipment up north and closer to where people need it. Those sorts of initiatives are certainly something I think are worthwhile and worth pursuing to keep people close to home, both for pandemic purposes and for economic drivers.

• (1150)

Ms. Pam Damoff: Would it make sense to have a training centre in the north or is that not practical? I know you have one in Oakville and in Morrisburg. I've seen the one in Oakville and, for those who don't know, you're the large crane operators. You need an awful lot of space to operate one of those.

Ms. Kirsten Agrell: It's a great idea and it's something we've been working on for a long time, because just getting the amount of equipment necessary into place—obviously it's big, heavy, expensive equipment—you need earth to move around and you need space. If you want to be able to transport it and move it around in the north, you also need the ability to move it. The costs for that for private organizations or for employers to sponsor have today, as I understand it, made it a bit impractical, but it's certainly something we're continuing to look at and push into.

I know there are people in our training institute who are more knowledgeable than I am on the steps they've been trying to take to do that, which have all been rather interrupted and thrown into chaos by these last nine months.

Ms. Pam Damoff: You mentioned 15% of your workforce on Baffin Island were Inuit. Overall, what percentage of your workforce is indigenous? Do you know?

Ms. Kirsten Agrell: We don't. We've been talking about that because we've never tracked the heritage of any of our members, voluntarily are not. Our training side has been better at that because they target programs towards indigenous people, particularly, and work with the groups, but overall, our membership doesn't know that. We know it for the north because of Inuit benefit agreements and conditions like that.

I really can't say. I can look into it and see if I can find out, but I suspect we don't even have the numbers for you. We know it's growing and that we're continuing to work on it. We're continuing to see more wholly owned indigenous businesses in Ontario, but even anecdotally, that's a small number and it's taking time to grow.

Ms. Pam Damoff: Okay.

Mr. Vodden, a fairly significant amount of funding was announced in the fall economic statement yesterday for regional airlines. I'm wondering if you've had an opportunity to see that and if you think any of those dollars will be of benefit to you.

Mr. Nick Vodden: Yes, I was aware of that. I have reviewed it. I do believe that is the package the federal government is working with the provinces on and working with air carriers like ourselves. I believe within the last 45 to 60 days, we have had some balls in motion there, working with our provincial governments who are working with the federal government for deals on that.

Ms. Pam Damoff: Okay. That's great. Because when I look at the numbers, they're fairly significant. It's always important to make sure they're getting to the right places and they're serving the needs.

You're still part of those dialogues or the conversations going on, are you?

Mr. Nick Vodden: Absolutely.

Ms. Pam Damoff: Okay. That's great.

Mr. Smith, I have very little time left. You had to stop your presentation. I just wondered if there was anything else you wanted the committee to know that you didn't have time to get on the record previously.

Mr. Duane Smith: Thanks for the opportunity.

I think I would agree with Mr. Vodden's view. We have a lot of remote communities in our area, and they're only accessible by one ship a year to get their annual supply, and/or by aircraft. We have been able to get the airlines in the region subsidized to make sure this essential service was provided. It was right down to one flight a week for a while, but the services have ramped up to two or three to some of these remote communities.

The Chair: Thanks very much.

Thanks, Ms. Damoff.

[Translation]

Ms. Bérubé, you have the floor for six minutes.

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Thank you, Mr. Chair.

I'm the member for Abitibi—Baie-James—Nunavik—Eeyou, so my question is for you, Mr. Vodden.

Mr. Vodden, I understand very well the difficulties of air travel. What measures have you put in place for your company to limit the spread of COVID-19?

[English]

Mr. Nick Vodden: I missed the beginning of that, but I think I caught most of it.

From the onset, some of the measures we put in ahead of any regulatory requirements. We immediately went to mandatory face coverings. We bought thermal image scanners to accurately scan every passenger before they were checked in to make sure the temperatures were in place. We bought a bunch of fogging equipment in February as we saw this coming. We fog all the aircraft and all the facilities in between flights. For a flight that does two communities, we put segregated waiting areas in place. We boarded the airplanes separately so the communities weren't intermingling.

We provided sanitizer and PPE to all the passengers. We worked with each community for pre-clearance for passengers so the communities could see who wanted to travel before they travelled and make sure they had pre-clearances. We have a list of items we've done for each community.

• (1155)

[Translation]

Ms. Sylvie Bérubé: You also said that you had 850 employees before the pandemic. Have you had to cut any positions because of the impact the pandemic has had on your company?

[English]

Mr. Nick Vodden: Yes. We've continually adjusted the size and scope of the organization throughout the pandemic. I couldn't give you the exact number now, but it has gone up and down and up again with each wave of the virus. Depending on the jurisdiction we're operating in, that largely affects the size of the operation.

[Translation]

Ms. Sylvie Bérubé: When the pandemic is a thing of the past—we know it will end one day and we'll return to some semblance of normalcy—should consumers expect the cost of airfare to increase?

[English]

Mr. Nick Vodden: I don't know that I can answer that yet. I do know that there have been some increases from some of the airports and Nav Canada. That's really the only thing I see coming or see that's currently in place. Those are the two areas.

[Translation]

Ms. Sylvie Bérubé: My next question is for Mr. Smith.

Mr. Smith, you said earlier that you have helped your community by making cleaning kits and food hampers, and providing support for fundraising.

What support have you received from the government to help you support your community?

[English]

Mr. Duane Smith: We received approximately \$5.8 million to deliver all of those different services, programs, kits and so on.

[Translation]

Ms. Sylvie Bérubé: Ms. Agrell, you mentioned that you needed support on the construction side and with water advisories. There are priorities that need to be respected.

Do you have anything else to add on this subject?

[English]

Ms. Kirsten Agrell: We've certainly been keeping an eye on the work and the progress of work that's been going on. We're certainly encouraged that some local businesses are being formed and doing that work. Obviously, there's more to be done. We just want to make sure it continues and that, to the extent possible, using indigenous workers and ideally our workforce, our members do the work.

[Translation]

Ms. Sylvie Bérubé: You also said that you were having problems with training. You want to keep people from getting the virus.

What solutions do you think would help to better train people?

[English]

Ms. Kirsten Agrell: Certainly, as I think I said, keeping training or making communities more self-sufficient with more access to resources closer to where they're at, ideally in the north or in remote communities, helps to reduce movement between communities and keeps the knowledge local. They are able to rely on themselves without having to move long distances, which is disruptive to young community members even outside of the time of a pandemic.

[Translation]

Ms. Sylvie Bérubé: Mr. Vodden, it was said earlier that air transportation is essential to every aspect of northern and indigenous society.

Would it be preferable to consult much more broadly with all stakeholders who depend on air travel?

• (1200)

[English]

Mr. Nick Vodden: Yes. Absolutely. I think that would be important. I think that process has started at a very micro level. We're working with each community and with provincial governments to get that program going right now.

[Translation]

Ms. Sylvie Bérubé: In a brief submitted to our committee, the Northern Air Transportation Association, or NATA, supports the expansion of the airport capital assistance program to upgrade infrastructure and runways.

Where do you think the money from this program should be spent as a priority?

[English]

The Chair: Go ahead, but please be brief.

Mr. Nick Vodden: You know, as we progress through the pandemic, I think the landing strips are important, as is the infrastructure at the airports, but currently any infrastructure we can provide—rapid testing, vaccination program, supplies to these communities—is vital.

The Chair: Thank you very much. Thanks, Madame Bérubé.

Ms. Blaney, you have six minutes. Go ahead.

Ms. Rachel Blaney: Thank you, Mr. Chair.

I also want to thank all of the witnesses here today for your testimony. It has been extremely informative.

I will start with you, Mr. Smith. You talked earlier in your testimony about your concerns around burnout among health care folks, the incredible work they are having to do during this time, and the fact that so many in your region don't have a lot of health professionals. You also mentioned very briefly the psychological support that has been available for people.

Could you talk a little about the concerns you have around burnout? I want to recognize that so many community members and everyday people are also struggling during COVID. You have two levels of burnout. There are the everyday folks and then there are the professionals trying to care for them. I'm wondering about

the resources available and how you're working collaboratively to manage that burnout.

Mr. Duane Smith: Thank you for the question.

We're our own indigenous government, so we do provide these types of additional services to try to alleviate the demand on the health system within the region and the territory.

A lot of the medical staff here are transient. They will come up from one of the provinces. A doctor and even some nurses will come in on rotation for say eight weeks at a time, but when they go back to wherever they come from, they are continuing to work. Those demands and pressures are still on them on a daily basis. We're trying to provide other services, such as home care workers who can go into the households to check on the elderly or those who are in need of that type of service. We are able to provide that as well.

I also mentioned the counselling services. We have done that in the past and we have a lot of experience with providing that due to residential school issues. That's where we provided those supports.

We're looking at any and all means. Like I said, we're providing medical kits to the households as well—rubber gloves, masks, first aid kits, hand sanitizer. These are a part of these kits that we're trying to get into the households so that they are readily available to them as well. It is difficult at times to find some of this material, but we're trying to get as much as we can into each household.

Ms. Rachel Blaney: Thank you.

You spoke earlier about the incredible work you're doing around providing kits for sanitization. Of course, one of the challenges you talked about, Mr. Smith, was overcrowding and lack of housing.

Could you talk about what you're doing to help households stay as clean as possible? If you do have someone who is diagnosed with COVID, are you able to isolate them or is the overcrowding a significant challenge?

Mr. Duane Smith: When people return from outside of the territory, they are expected to isolate for 14 days in a major centre such as this community. They are allowed to go home after that. Hopefully, they don't contract COVID and then bring it back into the household. That's why there's such a long length of isolation time required.

Initially, we did provide cleaning materials such as hand soap, J-cloths, Clorox, bleach and Mr. Clean, as examples. These were part of the cleaning kits we provided to the elders' households. We saw the interest from others so we were able to start putting together the second approach for these kits.

If there is an outbreak in any of the outlying communities, and in this community as well, the infrastructure will not be able to manage it. That's why I was pointing out the mobile camps and our interest in knowing how ready the territorial or federal government or the military would be to go into one of these communities in a timely manner, isolate the issue and start to address it as soon as possible.

• (1205)

Ms. Rachel Blaney: Thank you.

My last question to you, Mr. Smith, is around what you said about dealing with the dark time. Of course, you had some solutions that put people out on the land, doing all that amazing work. Now you're having to face this other challenge of people having to stay home in these isolated houses or in houses that may not be sufficient for their needs.

How are you preparing for that period of time, and what are your biggest concerns?

Mr. Duane Smith: Again, thanks for the question.

We're trying to look at kits again for the youth. The education system only restarted physical fitness again just this week. That was a concern being raised by the communities in regard to the lack of opportunity for children to be active and exercising, not only physically but mentally as well.

We're looking at putting kits together again that we could provide to as many youth as we can, as well as other things, like I pointed out earlier the sewing kits for those who want to do that. It's little things like even puzzles. We can purchase puzzles to get into the households. It's a way of keeping people occupied and hopefully families of all ages will be taking part in that so it's building life skills and family bonding at the same time. Those are the sorts of things we're looking at.

The Chair: Thank you very much for that.

Thanks to all of our panellists. Unfortunately, we were shortened due to technical issues but the testimony's remarkable. As much as we have technical issues, I think it's just great that we're able to speak to people across this great distant country of ours. Your technology worked just fine on the Alaskan border. Ours didn't work so well here in the House. Once again, thank you to all.

We're going to suspend just briefly while we set up our next panel and then we'll be back. Thank you.

• (1205)

(Pause)

• (1210)

The Chair: Members of the committee, we're now able to resume our meeting with the second panel.

I call this meeting back to order.

With us by video conference for the second hour are the following witnesses: Mickel Robertson and Marjolaine Sioui, executive directors from two commissions of the Assembly of First Nations Quebec-Labrador; Dr. Nel Wieman, president of the Indigenous Physicians Association of Canada; and Christopher Sheppard, pres-

ident, and Jocelyn Formsma, executive director, of the National Association of Friendship Centres.

Welcome to all. We now have six minutes for each of the witnesses' opening statements, beginning with the Assembly of First Nations Quebec-Labrador.

Please, go ahead.

Ms. Marjolaine Sioui (Executive Director, Health and Social Services Commission, Assembly of First Nations Quebec-Labrador): Thank you.

[*Translation*]

[*Witness spoke in Wendat and provided the following text:*]

Kwe, Eskenonhnia ichies', Marjolaine Sioui Wendat endi'.

[*Witness provided a French version, translated as follows:*]

Good afternoon, I hope you're all doing well. My name is Marjolaine Sioui, and I am Wendat.

[*Translation*]

We would like to thank you for your invitation. We wish to acknowledge the unceded territory of the Algonquin Nation and the nations where we are.

I join you from my community of Wendake. I will share our presentation with my colleague, Mickel Robertson.

We will present some of the issues that are opportunities that we are collectively seizing to revive the economy and contribute to improving the health of our populations.

The examples we're going to present today are drawn from a report card that was produced by the Assembly of First Nations Quebec-Labrador.

When the First Nations population across the country is faced with major health issues, consistency is essential. Despite the investments made to support communities and businesses since the beginning of the pandemic, it is extremely difficult for many of them to be part of an economic recovery without the support and formal commitment of the provinces and the federal government, an essential condition for any progress in relations with First Nations.

As you know, an individual's health status is influenced by determinants and their environment. We note an urgent need to obtain telemedicine services from health and social services professionals and to access teaching staff in order to keep in touch and break the isolation and distress experienced by many of them.

Providing quality care and services also requires investment in the development, support and implementation of digital and information strategies for First Nations. The current situation demonstrates with certainty that laws and policies do not allow for adequate monitoring of information or surveillance of the health status of these determinants for our populations.

We need to strengthen our governance and capacity to ensure greater control and better management of our information. We cannot ignore overcrowding, lack of housing and infrastructure. For example, we also need to increase the number of seniors' residences in communities to protect our custodians of our traditional knowledge and cultures. This phenomenon has been mentioned many times, not to mention the shortage of staff, training needs and low salaries.

Despite the efforts and investments, we continue to face several constraints and difficulties in accessing PPE. A greater involvement of First Nations in decision-making processes is essential when developing strategies for the supply of equipment, testing—this was discussed earlier—and also vaccination, which is eagerly awaited.

Although the federal government has recommended that provincial and territorial governments work with First Nations, much more adapted communication strategies must be developed to inform and sensitize our populations about the benefits and also the disadvantages that the arrival of new vaccines could represent.

Finally, several essential workers spoke about both the vulnerability they felt working on the front lines and the vulnerability of the weakening health care system. Succession planning is needed. It is necessary to ensure that external personnel are trained and sensitized to the concept of cultural safety. The issues presented can all be resolved and seen as opportunities for economic development. However, this willingness and vision must also be shared by all.

I'll now turn things over to Mr. Robertson.

• (1215)

Mr. Mickel Robertson (Executive Director, Economic Development Commission, Assembly of First Nations Quebec-Labrador): Good afternoon.

The lack of housing among First Nations and the resulting overcrowding are long-standing problems. The crisis was there before the pandemic, and the last few months have confirmed once again the urgent need for action.

A study done by the Assembly of First Nations Quebec-Labrador reveals a need for more than 10,000 new housing units in Quebec communities, nearly 9,500 lots to be serviced and nearly 7,500 units to be renovated. This catch-up project represents a major economic development opportunity for all.

However, at the last meeting of the Regional Tripartite Housing Committee, the regional office of CMHC, the Canada Mortgage and Housing Corporation, informed us of a reduction in the budget for the Section 95 social housing program. This 8% reduction will take effect next year. In Quebec, this translates into a decrease of nearly \$1 million, which means that fewer housing units will be built.

In addition, we have seen an increase in construction costs in recent months. The number of housing units that will be built next year will decrease because of the combination of these two realities. This reduction is difficult to justify in the context of a pandemic. The housing crisis places First Nations in a situation of vulnerability exacerbated by the pandemic.

Rather, all avenues must be explored to increase First Nations housing capacity. Funds dedicated to temporary infrastructures, which could serve as places of isolation in times of pandemic and as shelters for the homeless in normal times, would be welcome. Hidden homelessness isn't only an urban phenomenon, it's a phenomenon that has also been revealed in our communities by the pandemic. The rapid housing initiative could be useful, but we feel that it isn't enough. The \$500 million envelope for which we will be able to submit applications will be open as much to the 630 indigenous communities as to other communities that are not major cities. An envelope specifically dedicated to the problems of homelessness on reserves is necessary, especially since our communities do not have access to the federal funds for homelessness transferred to the Province of Quebec.

We also recommend that the government emulate Quebec's strategy contained in Bill 66 to accelerate the construction of seniors' homes. Yesterday's announcement is an encouraging first step. Building seniors' residences in our communities would make it possible to house and protect our seniors while freeing up residences for all those on our long waiting lists.

We also need to accelerate the deployment of high-speed Internet access for all our communities. The health of our people depends on it, and future economic development will be facilitated.

Furthermore, in order to include us in the recovery, the government must make its current Procurement Strategy for Aboriginal Business mandatory—

[English]

The Chair: I'm sorry. We are way past time. We'll pick up any points later on through the conversation.

For all of our witnesses, if we're not able to—

[Translation]

Ms. Sylvie Bérubé: Excuse me, there's no interpretation.

[English]

The Chair: Is the translation okay now?

Okay.

Any points that are missed in the conversation can certainly be submitted in writing.

Now I'm going to offer six minutes to the president of the Indigenous Physicians Association, Dr. Wieman.

Please go ahead, for six minutes.

Dr. Cornelia Wieman (President, Indigenous Physicians Association of Canada): *Boozhoo. Aahni.*

I'd like to thank the chair, vice-chairs and members of the standing committee for the invitation to appear before you. My name is Dr. Nel Wieman and I am originally from Little Grand Rapids First Nation in Manitoba. I'm a psychiatrist by training, and the current president of the Indigenous Physicians Association of Canada, also known as IPAC.

I also work as the acting deputy chief medical officer at the First Nations Health Authority in British Columbia. I am joining you from the traditional ancestral and unceded territory of the Coast Salish peoples—the Musqueam, the Squamish and the Tsleil Waututh.

These are some of the key messages IPAC would like to convey, organized around various themes, regarding support for indigenous communities and individuals as we are going through the second wave of COVID.

Regarding IPAC, the Indigenous Physicians Association of Canada is the national representative organization of indigenous physicians, residents and medical students. We have approximately 250 members who are studying, training, living and working across this country from coast to coast to coast. We also know there are other indigenous physicians and medical learners out there.

IPAC members have a collective intent to collaboratively use our skills, abilities and experiences to improve the health and wellness of indigenous peoples across the country. This includes advocating for individuals, families and communities who have experienced COVID-19 infection and outbreaks, those who remain at risk of infection and those who are at high risk of experiencing severe courses and outcomes related to COVID-19 illness, including death.

However, IPAC cannot represent the many diverse views of all indigenous people across Canada, in this instance regarding the supports needed as part of the response to COVID-19.

During the COVID-19 pandemic, indigenous physicians have participated in the response in a variety of ways: as primary care providers on the front lines in indigenous urban, rural and remote communities, either in person or virtually; as specialists working in communities or in hospitals, including academic teaching hospitals; as public health physicians contributing to the COVID-19 response in cities and health authorities; as administrative and medical education leadership in health organizations and universities; and also in governments at the local, regional, provincial and federal levels.

We have also created a series of public service announcements—five altogether—which feature eight to 10 indigenous physicians from across the country. The PSAs convey culturally safe and relevant information on themes important to our communities and nations during COVID and highlight our indigenous strengths and resilience.

IPAC members have also served during the pandemic on various committees and advisory groups, including the Public Health Agency of Canada's health professionals forum and on more focused initiatives such as providing review and input into developing Canada's COVID-19 immunization plan.

We respect all indigenous peoples' right to self-determination. Support for first nations communities should recognize and reinforce first nations' self-determination and systems of self-government. One example is the ability of communities to declare closures and/or limit access during the pandemic. Communities also express self-determination and the capacity to assess or declare their need for funding for emergency measures. Such a decision should only need to come from the community itself and there should not be an additional layer of verification required from an external body.

IPAC continues to be concerned about the health and wellness of indigenous people across the country during COVID. We are especially concerned about the mental health and wellness aspects, and note the particular challenges when there is concurrent substance use.

In B.C., we are dealing with dual public health emergencies: COVID-19 and the opioid crisis. We are seeing that the significant rise in overdose events and deaths are particularly tragic, unintended consequences of the imposed public health measures to reduce the spread of COVID-19. Indigenous people are unfortunately overrepresented in the overdose crisis. We are supportive of increased funding for harm-reduction services, treatment programs and building up capacity for establishing a safe supply in order to separate people who use drugs from the toxic street supply.

- (1220)

IPAC draws particular attention to the capacity of indigenous communities to access health services, including primary care, virtual services and timely COVID testing, which has been mentioned already. There are long-term investment needs including medical transportation and infrastructure, Internet access to telehealth, necessary medical equipment, technology and supplies. The pandemic has only highlighted the disparities in health services to indigenous people.

There is also a need for sustainable, healthy homes. COVID-19 thrives in inequity. During the pandemic the overcrowding and poor conditions of some homes mean that self-isolation is impossible, and the spread of the virus within a family group is inevitable. Given the past harms and devastating experiences of indigenous people during pandemics, historically and in more contemporary times, it is important to clearly articulate messaging around COVID-19 and the public health response.

For example, we are concerned about vaccine hesitancy when one becomes available, in part, because of indigenous peoples' past experiences with medical experimentation and poor treatment. We do advocate for indigenous people to be a high priority when vaccines become available, given their health and exposure vulnerabilities.

Indigenous people want access to their own health systems, including funding for elders, traditional medicine people and healers. Many of us see this as vital to our own health and well-being.

Finally, yesterday's release of the B.C. provincial inquiry report into anti-indigenous racism in the health system, in plain sight, reminds us that we have a long way to go to create a health system for indigenous people that is safe to access during the COVID-19 pandemic and beyond.

[*Translation*]

Meegwetch.

● (1225)

[*English*]

The Chair: Thanks very much, Dr. Wieman.

We'll now go to Christopher Sheppard and Jocelyn Formsma from the National Association of Friendship Centres.

You have six minutes. Please, go ahead.

Mr. Christopher Sheppard (President, National Association of Friendship Centres): Thank you, committee. Good afternoon, or good morning in Saskatchewan.

I'm Christopher Sheppard, the president of the National Association of Friendship Centres. I want to recognize that I'm joining you today from Treaty 6 and the homeland of the Métis. I am so thankful for the welcome I've received while being a visitor in their territories.

As is customary, I'm here with Jocelyn Formsma, who is our executive director, We'll field questions jointly and try to answer as many of them as we can.

I want to thank you for the invitation once again to appear before you today on the timely topic of support for indigenous communities, businesses and individuals during COVID-19.

From our previous testimony to this committee, you are already aware that the NAFC represents more than a hundred local friendship centres and PTs—provincial and territorial associations—in every province and territory in Canada, except Prince Edward Island.

Friendship centres are urban indigenous community hubs that are owned and operated by indigenous people and provide a wide range of programs and services for every age and demographic of people. We offer services in justice, health, violence prevention, housing, homelessness, economic development, entrepreneurship, employment and training, children and youth programming, education, languages, culture, sports and recreation. Collectively, we are one of the largest and most comprehensive service delivery networks in Canada, and not just among indigenous organizations.

When the pandemic was declared, friendship centres rolled up their sleeves and got to work. Having to pivot quickly, we moved to collect items—food, supplies, protective equipment—and began delivering kits to community members. We had friendship centre staff cooking food in their own homes to package and deliver and had staff and volunteers going out to pick traditional medicines to include in deliveries.

Delivery of these items also allowed friendship centres to check in on community members to see how they were dealing with the pandemic. In one instance, a friendship centre discovered that a family had a broken stove. The friendship centre arranged for a new one to be delivered to the family so that they could cook their own food.

Friendship centres rented handwashing stations and portable toilets to ensure that people had access to sanitation, especially those

who were unsheltered. Friendship centre outreach workers have been ensuring that unsheltered or homeless members of the community know what indigenous specific supports are available.

Friendship centres have spearheaded or joined COVID-19 joint task forces and worked with numerous other community organizations to ensure a joint response in collaboration.

We have secured and delivered more than 400 tablets and distributed them across the country. These tablets went to children and young people for school, families for work, seniors to reduce isolation and foster connections, and to friendship centre staff to transition to providing online support. We are so proud of the way our members network has stepped up and stepped forward in these times.

Our work has not come without challenges. As urban indigenous organizations, we experienced what continues to be an ongoing jurisdictional wrangling that has been noticed since the beginning. Neither the federal nor the provincial governments stepped up early to provide supports specific to urban indigenous organizations, with each inquiring of us what contributions the other level of government was making.

Once friendship centres did receive funding, there were misunderstandings about what the funding was for. While friendship centres applied for and received funds to provide community-wide supports, we received many calls for individual or family financial support.

Despite these challenges, friendship centres' responses have been quite incredible. While we do not expect the level of service to decline any time soon—in fact, we expect it to increase over the next four to six weeks, as the holidays are close—we are also looking to the future.

Current funding is set to end on March 31, 2021, and we are gravely concerned that the community supports that people are now relying on will not be able to continue into the new fiscal year. We forecast that the current levels of support, eventual vaccine distribution and then the “building back better” phase will require heavy engagement with urban indigenous people, organizations and communities.

Indigenous people are a priority population in this pandemic, and we need to ensure that urban indigenous people are not left behind.

The NAFC has offered and continues to offer its perspectives, expertise and knowledge of urban indigenous communities and community members to the federal government to help inform them and to guide effective remedies both now and as we continue on this journey. We look forward to being part of the ongoing conversation and continued investment in this work.

Thank you so much.

• (1230)

The Chair: You had a whole minute left, but we appreciate that, because I know that our questioners are eager to speak to you.

Now we have Vice-Chair McLeod. I have you up, along with Mr. Vidal, for a six-minute questioning round.

Please go ahead.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you. We're certainly happy to take the extra minute, Chair, as I share my time.

Thank you to all of the witnesses. It's very important testimony in terms of supporting a committee report with some recommendations to help the government move forward.

I want to start my questions with Dr. Wieman.

This is something that you didn't address, but it's something I have been wondering about and is a concern, and that is the issue of the caregivers you represent, the physicians, who are working in very challenging circumstances with no end in sight. Have you contemplated if there are any supports or things that would be helpful in terms of the burnout and the tremendous stress that the caregivers and the physicians must be under, especially those on the front lines?

Dr. Cornelia Wieman: Yes, there were probably many things I left out of what I was able to share in six minutes, but that is really an important issue you raise. I know from speaking to some of our members who are working on the front lines that burnout is definitely an issue, and not just for physicians but also for the nurses, the health directors, etc., all the different front-line staff working in our communities. Even for the indigenous physician members, like me, who work in public health, this has really been a challenge to address in terms of human resources. We have to remember that we are experiencing the pandemic, as well as working on aspects of health care during the pandemic.

I haven't actually heard of anything specifically for that, for caregivers who work with and on behalf of indigenous communities. I think that's a really important point you raise and also very necessary. I can definitely speak from personal experience about the need for something like that. It would be amazing. I know in my health authority where I work, in British Columbia, we have access to cultural supports, but that may not necessarily be the case for other caregivers across the country.

Mrs. Cathy McLeod: Thank you.

Given that I'm sharing my time, I'll turn it over to my colleague, Mr. Vidal.

Mr. Gary Vidal: Thanks, Cathy.

I have a couple of questions, and we'll see if we can get to two. I'll get to the first one first. It's for the National Association of Friendship Centres folks, Christopher and Jocelyn, if you would.

I was in Ottawa last week and I raised with Minister Miller the concern about a lack of data, especially as it relates to urban indigenous people. This is also something I raised at this committee way back in April, and Christopher, you talked about even the jurisdictional wrangling that goes on with the people you folks represent.

Our suggestion is that it's time for a coordinated effort, especially as it relates to the rollout of a vaccine strategy. I also raised the point that I think vulnerable people and communities must be a priority as we consider how this happens. My question for you is actually quite simple. Has your organization or have you, in your engagement with the government, been able to be involved in discussions around the lack of data or the rollout of a vaccination strategy as it affects urban indigenous folks?

• (1235)

Mr. Christopher Sheppard: Thank you, Mr. Vidal.

If you've seen Jocelyn and me present at any federal committee, the lack of urban indigenous health data and other sources of disaggregated urban indigenous data in Canada is, I guess at minimum, shocking, because what you don't know, you don't know. What we do know is that urban indigenous people make up the majority of indigenous people in this country, so you actually don't know how to connect with them, how to support them or what things you need to be doing in health policy.

We've been working specifically with Well Living House on data and maybe a health data strategy nationally, because no one is doing it. If the governments can't figure out the jurisdictional issues and figure out a way to collect that data, then someone else is going to have to. For us, while we wait for the governments to figure out whose jurisdiction it is to count people, we're going to work with our indigenous physician partners and health centres to figure that out in the meantime. When you're on the ground in urban communities, it's shocking that people aren't paying attention to the basic idea that this is where most of us are.

For the vaccines specifically, Jocelyn can answer that, so I'll toss it to her to finish.

Ms. Jocelyn Formsma (Executive Director, National Association of Friendship Centres): Quickly on the vaccine rollout, we've been in conversation with Indigenous Services' first nations and Inuit health branch as well as the Public Health Agency of Canada, just to get in early with some of those conversations. Now it's the same issue in that the rollout of the vaccine will happen provincially. In some of the guidelines that the Public Health Agency of Canada is developing, we're just trying to ensure that they are inclusive of urban indigenous when doing their planning to get the vaccine out to indigenous people.

We're especially concerned about some of those more vulnerable folks who may not feel comfortable accessing mainstream health services, as President Wieman mentioned in her opening remarks. We're experiencing the same thing. We're trying to see if there's a way to see if they would like to utilize the friendship centre network. We just need to know as soon as possible so that we can be clear about the kinds of resources and the capacity we would need to be able to support that kind of rollout. We have halls, gyms, parking lots that community members may feel a bit safer coming to than a mainstream health clinic. All we're asking them is to just be up front in keeping us engaged sooner rather than later.

The Chair: Thank you very much.

We have Adam van Koeverden for six minutes. Please, go ahead.

Mr. Adam van Koeverden (Milton, Lib.): Thank you very much, Mr. Chair, and thank you to the witnesses for joining us today. It's an honour and a privilege to hear from you.

The first part of my question will be for Dr. Wieman.

Dr. Wieman, I had the honour and privilege of meeting Dr. Nadine Caron, who I am sure is maybe a colleague or a friend, or somebody you have heard of. She was one of the most inspiring people I've ever met. I just thought I would make that connection here and pass that along.

My question is regarding the \$631 million that was announced yesterday in the FES for enhancing public health measures in indigenous communities. It sounds like a lot of money, but it's also a huge issue and requires a tremendous amount of work. The implementation of these monies is more important than the total investment. The intention is to help mostly seniors who will be most severely impacted by COVID-19, and it says that the measures should help to prevent and contain the spread in indigenous communities.

I listened to your testimony today about how absolutely critical and important that is, but I just wanted to highlight that amount as being large but the problem is bigger. I'd love to hear your input on the implementation of this funding and what needs to be done to ensure that it actually achieves the goal.

Dr. Cornelia Wieman: Thank you for that. I'll just quickly say that I get a chance to interact with Dr. Caron quite regularly, so thanks for that. I'll say hi.

I think the one thing that's really important to, I guess, emphasize is that our elders are in the older age ranges. Included in our elders are our language keepers and our knowledge keepers. They are a precious, irreplaceable cultural resource. I think that is part of the reason there's a lot of anxiety in different communities—urban, rural, remote—about trying our best to protect our elders from COVID-19 as best we can.

Part of my response is based on the B.C. context in which I'm working. Communities themselves and groups of communities and nations have their own kinds of pandemic plans that they would like to enact in order to slow, reduce and prevent the spread of COVID-19 in their communities. That includes very much protecting elders, and it ties into some of the testimony you already heard earlier today, even in the session before this one, around providing

basic comfort measures, the ability to maintain cleanliness and sanitation in the homes regarding the virus. Then we have pure mental health, things that would help everybody, but in this case, older people's and our elders' mental health. We're quite concerned about the lack of ability to connect with one another during this time, being physically distant while remaining emotionally and spiritually connected.

As you say, I think it sounds like a lot of money but once it gets distributed or allocated it will be interesting to see the communities' ideas for how they would like to invest those funds.

● (1240)

Mr. Adam van Koeverden: Thank you, Dr. Wieman.

With my remaining time, I'd like to focus on the money that's going, also from the FES, to territorial isolation hubs. I would love to see a hub of this sort, if it's an infrastructure investment, be reutilized eventually as such a valuable piece of infrastructure. We know that places to meet, places to play, places to gather and certainly housing are all in short supply in the north.

What is your experience or what are your thoughts on these so-called isolation hubs? Do you have any insight or perspective on this investment?

Dr. Cornelia Wieman: I'll do my best, but my knowledge is really relatively limited around that. I think some of the other people who have provided their experiences at this meeting today recognize that at times self-isolation in the family home, for example, is not feasible or anywhere near possible because of issues like overcrowding and just the small space and relative limitations of a particular home.

I work in public health in my day job, so when new cases arise we're always interested in working with that particular person and their family to ensure that they have a safe place to go to have their self-isolation period. That includes people who are deemed to be close contacts. Certainly, any investment to be able to be helpful to people in those situations is necessary and needed.

The Chair: You have 10 seconds left.

Mr. Adam van Koeverden: It catches up. Thank you.

The Chair: Thanks so much.

[*Translation*]

Ms. Bérubé, you have the floor for six minutes.

Ms. Sylvie Bérubé: Thank you, Mr. Chair.

I'd like to thank the witnesses for taking part in this meeting.

I represent the riding of Abitibi—Baie-James—Nunavik—Eeyou. My question is for Ms. Sioui.

You spoke earlier about the economic recovery, of the First Nations report card and the fact that there were major issues. How do you think the federal government supported you and how can it support you more during the pandemic?

Ms. Marjolaine Sioui: The investments that have been made to date have been an important support for the communities as a whole. However, among the issues that persistent is temporary housing. We spoke about it earlier. Building for the future requires resources. We must also have infrastructure that will remain permanently.

However, I believe that the leadership provided by the communities has helped to minimize the spread of the virus. There's also the way it was done. Another issue that has been brought up a lot by our political leaders is the fact that not all police services are considered essential services at this point in time. Many communities still have to rely on provincial police services. So we need to establish this governance and these resources to ensure safety in the communities.

In terms of funding, we have successfully implemented GeneXpert devices in several communities. However, the issue of rapid testing and the strategy with the provinces for the upcoming vaccine remains an issue. We're once again caught up in legal battles and jurisdictional disputes, and that needs to be addressed.

The last point, which is just as important, is access to data. We were talking about this earlier. Several initiatives have already been taken, but we need to develop this strategy so that we can access and manage our own data.

• (1245)

Ms. Sylvie Bérubé: Thank you, Ms. Sioui.

I'll now turn to Mr. Robertson.

You spoke earlier about economic catch-up. What are your expectations of the government in terms of the funds you'll need to carry out your economic plan?

Mr. Mickel Robertson: We quantified the catch-up that is necessary in terms of housing. The cost could be as high as \$4 billion. Of course, \$4 billion is a huge amount of money, and we don't necessarily expect to receive that amount. What we want most of all is for a range of solutions to be deployed to facilitate the retrofit.

Earlier, I talked about building homes for seniors. This is densified housing that creates space in communities and frees up single-family homes for families who are waiting.

There is also housing for professionals. This would be another great opportunity to create temporary housing. In this case too, the objective would be to free up single-family residences. At the moment, these are occupied by professionals who work in the communities.

In addition, there is the whole issue of temporary housing for the homeless. If this had been deployed in advance, places could have been used to put people in isolation. Because of overcrowding, it's very difficult to isolate oneself in houses. Normally, this would have been a solution for people who are temporarily or permanently homeless.

These are all areas in which we think the government could invest. It would have a lasting effect on communities. It would create a tremendous amount of spinoffs in our communities and the surrounding communities. Whether we like it or not, we're not able to

do all of this without collaboration. We need to work in partnership. As a collective, we believe this is a major opportunity for economic development, not only in the short term, but in the long term as well. We know that there are many ramifications, including the links between housing and health and socio-economic indicators.

There really is a problem of overcrowding and overdensity in our homes, but we see this as an opportunity to change things. However, the state of vulnerability is very serious in these times of pandemic.

Ms. Sylvie Bérubé: The pandemic has highlighted the need for Internet access.

How are things going in your regions? Do you need more funding to make your Internet access easier?

Mr. Mickel Robertson: Yes, Internet services in many rural communities are deficient. Not having access to telemedicine, for example, increases the vulnerability of the population. Information is more difficult to obtain. It also increases isolation.

As you know, we are holding this session using the Zoom platform. The use of such platforms has allowed the whole world to continue turning. But many of our communities don't have access to that. They're excluded from it. Whether we like it or not, it makes them more vulnerable, not only in terms of health, but also in terms of the economy. Many businesses have been able to continue to operate and have access to their customers because they had high-speed Internet access.

Our communities that don't have access to such services are excluded. I don't have the exact list of these communities, but I can tell you that there are some.

• (1250)

[English]

The Chair: We're at time.

I'm sorry. We had better leave it at that.

[Translation]

Ms. Sylvie Bérubé: Thank you.

[English]

The Chair: Ms. Blaney, you have six minutes. Please, go ahead.

Ms. Rachel Blaney: Thank you, Mr. Chair.

I want to thank all the witnesses for being here today.

Dr. Weiman, if I could start with you first, you talked about having a dual public health crisis. I hear often from some of my constituents about the opioid crisis and the challenges they are facing. I especially think of Darlana from Moms Stop The Harm, who has decorated a Christmas tree in memory of her son again this year.

I'm just wondering if you could talk a little bit about how COVID-19 is impacting the use of opioids.

Dr. Cornelia Wieman: Yes, again I'll speak a little from my context working as a public health physician in British Columbia.

We are dealing with two declared public health emergencies. The opioid crisis was declared a public health emergency in April 2016, so it's been going on for about four and half years. Of course the COVID pandemic is the second. We have seen a really tragic interplay between the two, especially during the early months of the pandemic when here in British Columbia we went into lockdown. Many of the services available to people who use substances were either stopped for a period of time or reduced in terms of harm reduction services, access to overdose prevention sites, things like that. Combined with increasingly toxic street drug supply, laced with very strong variants of fentanyl, carfentanil and other even non-therapeutic substances like etizolam, people who even use recreationally can potentially die from an opioid overdose. Therefore, we have seen numbers over the time of the pandemic of overdose events and deaths that far exceed what we have been seeing over the last couple of years.

We were making some inroads into reducing the number of deaths of all British Columbians, including first nations people, but because of the pandemic and the unintended consequences, we are seeing an increased number of deaths. I think we're on track to have the highest number of deaths due to opioid overdoses in British Columbia this year, including for first nations people, and we currently have a higher number of deaths due to overdose than we do to COVID-19.

We find ourselves struggling to try to keep up with responding to both at the same time.

Ms. Rachel Blaney: Thank you so much.

Mr. Sheppard and Ms. Formsma, we've heard clearly, and our offices have had conversations with you, about the resources that are needed and the fact that the minister's office is often referring people to friendship centres, and they don't necessarily have the capacity to address those issues. I'm wondering about how that works, and if you could expand a little on what that experience has been like for you during the pandemic.

Ms. Jocelyn Formsma: I think the FES, as it was called earlier, talked about the \$926.7 million. I think about \$90 million of that went specifically to urban. What becomes a challenge is that we don't want to be looking at on-reserve in-the-north communities as a comparator group for urban indigenous people. I think there is enough need and enough capacity within the urban settings that we should be thinking about it as a group on its own. We don't want to get into "does it go here or does it go there?" Every resource going to first nations, Métis and Inuit governments for the work they're doing in the communities is absolutely needed. That's probably not enough to build the capacity. We're trying to close gaps from a historical lack of investment in our capacity and infrastructure.

Standing on our own, trying to convince levels of government in different departments about the need for culturally specific urban indigenous supports and responses to COVID, has been a challenge. We work well with Indigenous Services, the group that we have our federal program with, but I had conversations early on with other departments where I was starting from scratch about

why it's necessary to fund a network like friendship centres or other urban indigenous organizations.

Our respective provincial-territorial associations were in constant contact with the provincial governments and relaying that information to us as well, as we were relaying information to them. It was quite frustrating earlier, because each level of government was looking to the other: "This is your jurisdiction" or "No, this is your jurisdiction". Meanwhile, we have friendship centre staff cooking meals out of their own homes to deliver to people.

I don't mind taking up those fights at the national level or trying to get people to talk to each other. Where I think it's unfair is that the local friendship centres, just being out there, providing those supports.... I don't think it's fair that they are the ones who have to fight and really convince people of the needs. They're doing it, and they're going to do it out of their pockets or in terms of the financial health of their own organizations.

We're just trying to make sure that people know the realities and make sure that people making decisions about funding and policy and program designs are aware that this is a very real thing that's happening. Specific responses are needed outside of the current structure that we have.

● (1255)

The Chair: I'm sorry to interrupt. That's time.

Members of the committee, I am advised by the clerk that we're able to extend past one o'clock. Technically, we're not holding up a subsequent meeting. I propose that we have one more round of questioning from each of the parties, which will take about 15 minutes.

Once again, we'll go by unanimous consent. Is anyone opposed to this? We have to get agreement to go past one o'clock.

I'm not seeing any opposition to continuing for 15 more minutes.

A five-minute round will go to Ms. McLeod and Mr. Vidal.

Cathy, please go ahead for five minutes.

Mrs. Cathy McLeod: I think Mr. Vidal will go first. Then I'll follow up.

Thank you.

The Chair: Thank you.

Go ahead.

Mr. Gary Vidal: Thank you, Mr. Chair. At the two-and-a-half-minute mark, please transition for us, if you want.

I have one quick question for Mr. Sheppard and Ms. Formsma. It's around the community support funding. The original round of community support funding included \$15 million for urban indigenous. I know there was some concern at the time about the recognition of the need. Another \$75 million was added to that sometime after that. My question goes beyond that. When we get to the next round of the community support fund, out of about \$300 million, about \$160 million of that was for an application-based process.

It actually closed just yesterday, if I'm not mistaken. We're well into the second wave, and the application process closed literally yesterday. There was another announcement yesterday of some more money under the community support fund. I don't know how that will roll out.

I'm looking for your comments in regard to the application process. Was it burdensome or helpful? I'm just wondering how you felt about that process.

• (1300)

Ms. Jocelyn Formsma: Early on, because the National Association of Friendship Centres has an existing agreement with Indigenous Services through the urban programming for indigenous peoples, as well as the urban indigenous coalition tables, it was our position that there was already an existing mechanism to at least release dollars immediately. It wasn't going to be a perfect process and certainly there was time to open it up to other organizations, but we felt that would have been at least an immediate release of funds that could have gone to the friendship centre network and the urban indigenous coalition table network as an interim component.

That wasn't utilized in the beginning, so it resulted in our having to wait weeks after other indigenous organizations received funds. It didn't mean that the work stopped. We went ahead and did it anyway without a guarantee that there would be funding.

That was my experience. I'm going to hand it over to Chris to fill in from his perspective.

Mr. Christopher Sheppard: I think we were in front of committee right around when that was happening in the first round. Being someone who works in the region and works with individual centres every day, I was extremely frustrated that while people were getting direct investment without delay, we were having to contact centres whose staff were working in the now and ask them to stop and start collecting data and information so that we could get an application into Canada to get the support to help people.

I felt frustrated in round two when the same thing happened again. You're delivering funding to indigenous organizations, but you're treating urban ones differently by forcing them to apply.

We're now in round three and it's the same process again. Even if Canada had looked at our pre-budget submission and looked at what we had submitted as a need, in that submission was the request for money to create an urban indigenous health framework. We submitted those things previously.

The Chair: Ms. McLeod.

Mrs. Cathy McLeod: Thank you.

I'm going to go back to Dr. Wieman.

From the last panel, we heard concerns raised in terms of the rapid testing. I'm going to give you a quick example. Without rapid testing, health care workers are going into communities and they're essentially having to, under many rules, completely isolate regardless of their results. I guess I'm sort of getting back to that balance for our health care professionals and to applying rapid testing and policies that might make life a little bit more normalized for these caregivers.

Could you talk about that piece, both rapid testing and policies related to rapid testing and health care providers?

Dr. Cornelia Wieman: Thank you very much for that question.

As the other witnesses have mentioned in the previous hour, and in this hour as well, rapid testing is definitely necessary in many different situations such as you mentioned. Part of the challenge, especially for rural and remote communities, is that it's not feasible to put the capacity to do rapid testing in every single community. The hubs that were mentioned by Mr. Smith in the previous hour is a workable idea.

Here in B.C., for example, we are in the process of putting some of those GeneXpert machines in, at least one per region, but it has been a really slow-going process.

It's unfortunate—I can't believe, actually—that we're hearing delays in getting results back in four or five days. It's quite surprising to me to hear that someone goes 10 days without getting their result back because that means they're essentially at the end of their self-isolation period by the time they get the actual positive COVID test result.

That is a very big issue, but the other thing to remember too is... I have two things really quickly. One is that rapid testing isn't necessarily the gold standard for testing for COVID, so there's a possibility of getting inaccurate results. Also, it's critically important for people who are coming from urban centres to provide services, especially rural and remote services, to do whatever they can to prevent the transmission of COVID-19, given the vulnerability of our population. I don't often use that word "vulnerable", but in the COVID sense, yes we are.

Second is that it's important to remember that COVID testing in and of itself is really a snapshot of a period in time and it doesn't necessarily guarantee that you won't be exposed or pick up the virus and become contagious somewhere quite soon after the actual test in and of itself.

There are lots of challenges, but we are advocating for doing as much as we can to keep our communities, and especially our elders, safe.

• (1305)

The Chair: Thanks very much, Dr. Wieman.

Jaime Battiste, please go ahead. You have five minutes.

Mr. Jaime Battiste (Sydney—Victoria, Lib.): Thank you, Mr. Chair.

I'm coming to you guys today from Eskasoni, a Mi'kmaq community. It's a first nations reserve of close to 5,000 people. With my discussions with the indigenous caucus, we've been noticing across Canada that it has been a really tough year for indigenous people in 2020. Regular prevention methods around supports, around ceremony, social gatherings such as powwows and athletic events that were held among communities in terms of hockey tournaments have all been cancelled. It's really done a number on our communities in terms of their mental health, but also we're witnessing a lot more addictions in terms of alcohol as well as opioids.

We're looking at this winter coming as a very bleak one for first nations across Canada, on reserve and off. We're really looking to get some recommendations out there.

I know the most recent funding announced said we were going to do \$631 million over the next two years for a public health response, as well as an additional \$82.5 million for mental wellness needs. Can the witnesses give us some recommendations on best practices around indigenous youth, indigenous people on reserve and ensuring that we can still build up their morale and their hope during a pandemic that has taken so much from them?

Can you give us any kinds of best practices and recommendations on that funding? What is working in terms of ensuring that we're offering the supports in the right areas to the indigenous communities?

The Chair: Who'd like that?

Mr. Christopher Sheppard: I guess I'll quickly go. Thank you, Mr. Battiste.

I think, number one, especially when we're talking about indigenous young people, let's recognize that Canada doesn't have any specific one-stop program that supports the development of indigenous young people at all. For the fastest-rising demographic in Canada, the people who will be our economy in 20 years, there's nothing. If there is anything that exists, it's a subcategory of a current program, so you could serve vulnerable women or vulnerable young people.

Canada once did have a program specifically for young indigenous people to come up and become leaders and be involved. Jocelyn and I actually went through that same program at the same time. To me, why do we not have something? This is something that I and Jocelyn have presented at multiple levels of the federal government for a very long time. If there is anything specifically, it's a specific program for children, a specific program for young adults, regardless of where you live, that looks at how you support them in becoming able to have the same success that other children in this country do.

To me, that's something that is critically important. I try to remind everyone that young indigenous Canadians are the Canadian economy in 20 years, so if you want a successful Canadian economy, you have to support those young people who will make up those who are forcing that economy forward. You won't have a choice.

Mr. Jaime Battiste: What was that program called?

• (1310)

Mr. Christopher Sheppard: It has gone by many names. Originally it was the urban multi-purpose aboriginal youth centres program. It was part of a program under Canadian Heritage. Then it was CCAY, and then went into non-existence.

Mr. Jaime Battiste: In terms of this \$82.5 million for mental wellness needs that we've announced, you believe a distinct category should be created to support youth during this difficult time. Is that what I'm hearing?

Mr. Christopher Sheppard: We have said that COVID is just one more piece of a puzzle that has been what we've dealt with for the last 70 years. It's just another challenge for us.

We've had young people within our movement across the country create mental health programs for submission to Canada that weren't funded. One thing we have been very lucky with as a national organization is to be approached by private funders. That's who's getting us the support to get a youth mental health and suicide program off the ground. It's actually a private corporation, not Canada.

We'd really welcome Canada to come join us and create some amazing things for young people. But the reality for us is that we had to figure out a way to do it.

The Chair: Thanks very much. Thanks, Mr. Battiste.

[*Translation*]

Ms. Bérubé, you have the floor for two and a half minutes.

Ms. Sylvie Bérubé: Thank you, Mr. Chair.

My question is for Mr. Sheppard.

In the spring, you mentioned that the friendship centres were not involved in the national urban indigenous agenda and that Canada needed to start looking at them as partners.

In the context of the pandemic, how has the federal government mobilized friendship centres to adopt urban indigenous-friendly approaches?

[*English*]

Mr. Christopher Sheppard: I think recognizing that Canada and friendship centres have a 70-year history, a once-permanent program history that has been developed to.... It's a self-determined structure created by our own people to move ourselves forward. We have been a welcoming place to collaborate, to do work and to make sure our people are looked after, not just during the pandemic but at all times.

On the back end, and even in public policy, urban indigenous people aren't included. StatsCan data tells us every year that it's not like urban migration is slowing down or stopping. It continues to happen. However, we as a country seem unable to say the truth, which is "You are all important", and we need public policy that says that. Why is it that if you did an analysis and a scan of how urban people are funded comparably, it would be nowhere near equitable?

We did an analysis of the COVID response money. Canada says that they want to make sure there's a gendered lens on the work that they do, and there is not. I can tell you that COVID is no different. When we look at how to do work post-COVID, in some regions, we're already looking at a gendered lens response to ensure that indigenous women, who typically are the backbones of communities, are supported to recover their communities collectively.

[*Translation*]

Ms. Sylvie Bérubé: Have mechanisms been initiated to establish a formal relationship between you and the government?

[*English*]

Mr. Christopher Sheppard: We have such a long history of working together, but oftentimes, we aren't there in the on-boarding, the development, the creation or the design, which can be extremely problematic when you're trying to measure impact or even to have impact. If you read the statements I've made to a committee, I almost always say that we welcome the opportunity to work with you and to bring our experience. I still genuinely feel that there are so many opportunities that go missed with urban organizations, and not even just our own. We're on the ground making those connections with other indigenous organizations or others—literally anyone who will work with us—just to make it more efficient.

The Chair: Thank you so much, Mr. Sheppard.

Ms. Blaney, you're the final questioner for this round. Please go ahead for two and a half minutes.

Ms. Rachel Blaney: Thank you, Mr. Sheppard and Ms. Formsa. I'm going to come back to you again, Mr. Sheppard.

I just think about when COVID first came out. A lot of nations on reserve were calling me in heartbreak because they had people who were living off reserve calling their office who didn't know what to do. They were calling asking where to send their folks because of course they didn't have the resources to send—in some cases, quite a distance away—to support people. I want to recognize that.

When I hear you talking about this jurisdiction debate about who you belong to anyway, we know when that discussion happens that people are falling through the cracks. Could you talk about the impact, but also the impact on front-line workers and leaders within your organizations across the board and the burnout they must be experiencing, not only because of the pandemic but because they are always in this place of bringing another proposal, and the uncertainty?

• (1315)

Mr. Christopher Sheppard: In Saskatchewan I can speak to specific examples, because they did surveys with their members at the beginning of the pandemic and in the middle of the pandemic, and the surveys are ongoing throughout just to accurately tell the story of what it's been like. I remember one of the most heartbreaking comments I read in one of the narrative portions was made by an executive director with 47 years of experience in running a centre in northern Saskatchewan. Her only comment was, “I wish I retired in January”.

If you imagine the last 47 years of Canadian history and what that woman has worked through and for, yet this was the thing, this was the moment, that broke that woman, trying to survive COVID and provide support to her community.

If I can be very personal, to me it's extremely difficult to sit in front of the committee and bring testimony when you know for a fact that we have Jordan's principle. Why is there any jurisdictional wrangling around whose responsibility people are when we have legal precedents on putting aside jurisdictional issues and making sure the right things just happen? It's not like we don't have templates for what we need to do. It's just that in this moment everyone is uncomfortable saying the truth, while at the ground level I have executive directors who are self-isolating themselves because they've been serving food with inappropriate PPE because no one else would.

Most of our centres are still open while other people are working from home. The reality I live every day as the president of that is trying to tell the story that when you get testimony from people and you get recommendations from people, we need to see at some point that it comes with action.

Ms. Rachel Blaney: Thank you.

The Chair: Thanks, Ms. Blaney, and thank you to all of our witnesses. This has been remarkable, profound testimony that I know will show up prominently in the work that our analysts will do in preparing a report, and then we will do as committee members in dealing with the draft of that report and making recommendations to go forward.

I really appreciate all of you. It's been an exceptional day, in both of our panels today. Thank you so much.

That brings to an end this meeting of the indigenous and northern affairs committee. The meeting is now adjourned.

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