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Chair

The Honourable Hedy Fry

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● (0850)

[*English*]

The Vice-Chair (Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC)): Order.

Pursuant to Standing Order 108(2), a study of violence against aboriginal women, we have, from the Department of Indian Affairs and Northern Development, Aideen Nabigon, who's the director general, settlement agreement policy and partnerships; and Alia Butt, who's the director of policy and reconciliation. From the Department of Health, we have Kathy Langlois, director general of the community programs directorate, first nations and Inuit health branch; and Eric Costen, who is the director of mental health and addictions with the community programs directorate.

First of all, thank you for coming. Welcome. We will start with ten minutes for presentations. I think you've all probably been to committees before, so you know the routine.

We will start with the Department of Indian Affairs and Northern Development. Who's going to make the presentation?

Thank you, Aideen.

Ms. Aideen Nabigon (Director General, Settlement Agreement Policy and Partnerships, Department of Indian Affairs and Northern Development): Good morning.

I'm pleased to be here today to discuss the government's commitment to mental health and emotional support for aboriginal people under the Indian residential schools settlement agreement. The Government of Canada is committed to a fair and lasting resolution of the legacy of Indian residential schools and recognizes that bringing closure to the legacy lies at the heart of reconciliation and a renewal of the relationships between former students, their families, communities, and all Canadians. This commitment is embodied in the Indian residential schools settlement agreement.

Implementation of the settlement agreement began on September 19, 2007, following the consensus reached between legal counsel for former students and legal counsel for the churches, the Assembly of First Nations, Inuit organizations, and the Government of Canada.

The Government of Canada is fulfilling its continuing legal obligations to provide mental health and emotional support services to former Indian residential school students and their family members participating in the settlement agreement, including the common experience payment, the independent assessment process, and the Truth and Reconciliation Commission activities. Canada will provide these support services throughout the life of the settlement agreement.

The agreement includes two main health support mechanisms: funding for the Aboriginal Healing Foundation and Health Canada's resolution health support program. The government provided an endowment of $125 million to the Aboriginal Healing Foundation for community-based healing services in support of 134 projects as well as 12 healing centres. In addition to the $125 million provided under the settlement agreement, the Government of Canada endowed the Aboriginal Healing Foundation with $350 million in 1998 and a further $40 million in 2005, for a total of $515 million. The last endowment of $125 million was for a time-limited mandate to 2012, as described in the foundation's corporate plan released in December 2009.

The Aboriginal Healing Foundation is currently implementing the wind-down strategy described in its corporate plan. As part of that strategy, 12 healing centres will continue to provide services until March 2012. Over the next three years, the foundation will fulfill the remaining work of its mandate, including publication of annual reports, corporate plans, newsletters, and five major research projects, and it will fulfill all of its corporate requirements.

The Government of Canada commends the Aboriginal Healing Foundation for the positive work it has carried out over the past 12 years.

Here, it is important to note that Budget 2010 funds for Health Canada have not been reallocated from funds previously allocated to the Aboriginal Healing Foundation.

Health and emotional support services continue to be offered to former students and their family members through Health Canada's resolution health support program. My colleague from Health Canada will be able to elaborate more on that program.

Budget 2010 committed $66 million in additional resources to the resolution health support program over fiscal years 2010-11 and 2011-12. The additional funding is to meet the demand for program services resulting from the increased volume of independent assessment process applications and hearings and for upcoming Truth and Reconciliation Commission events.

Budget 2010 also committed an additional $133 million to INAC. This funding is required to meet the higher than anticipated costs of administering the common experience payments, the independent assessment process, and the work in support of the Truth and Reconciliation Commission. So far, our original projections remain valid with respect to the number of common experience payment applications received and paid out. However, technological issues and processes added by the courts have significantly increased the amount of work required to administer the CEP over the original expectations.

For the independent assessment process, the volume of claims has exceeded original expectations. In 2006 we projected there would be 12,500 IAP applications, and we have currently received close to 19,000 claims. We now anticipate receiving a total of 25,000 over the life of the settlement agreement, that is, until September 2012.

Additional initiatives designed to support survivors include the national Indian residential schools crisis line, at a cost of $4 million per year, and future care awards through the independent assessment process. The Indian residential schools settlement agreement provides that independent assessment process claimants may receive future care awards for treatment or counselling services totalling $10,000 for general care and $15,000 if psychiatric treatment is required. To date, the average independent assessment process award has been $122,810, and the average future care component has been $8,340.

Another key component of the settlement agreement is the Truth and Reconciliation Commission. The commission held the first of its seven mandated national events this past June in Winnipeg. The federal government played a significant role in this event, hosting a hospitality tent, providing CEP and IAP information booths, and providing emotional and health support services through Health Canada's resolution health support program. The former Minister of Indian Affairs took part in the pipe ceremony and the sharing circle, and he furthered the government's reconciliation agenda by offering a gesture of reconciliation. He announced the government's plan to repeal those sections of the Indian Act related to Indian residential schools. The Government of Canada plans to continue to have a significant presence at the remaining TRC events. In addition, we'll continue to work with the commission on the $20 million commemoration program that is part of the settlement agreement.

By implementing the Indian residential schools settlement agreement, we hope to contribute to addressing the legacy of the residential schools through an improved understanding and relationship between the Government of Canada and aboriginal people, as well as between aboriginal and non-aboriginal people in general.

Thank you very much. I'd be very happy to answer any questions either now or after my colleague from Health Canada has presented.

● (0855)

The Vice-Chair (Mrs. Cathy McLeod): Thank you very much.

We'll now go to Kathy Langlois.

[*Translation*]

Ms. Kathy Langlois (Director General, Community Programs Directorate, First Nations and Inuit Health Branch, Department of Health): Thank you, Madam Chair, for the invitation to appear before the committee.

[*English*]

I am pleased to be here, to have the opportunity to present to you, and to respond to any questions the committee may have.

In follow-up to my colleague's presentation, I will describe Health Canada's Indian residential schools resolution health support program and the steps we have taken to support former Indian residential school students and their families, including actions taken to reach out to clients of Aboriginal Healing Foundation projects.

Through the Indian residential schools settlement agreement, the Government of Canada is responsible for providing mental health and emotional supports to former students of the schools and their family members as they participate in the common experience payments, the independent assessment process, Truth and Reconciliation Commission events, and commemoration activities. Health Canada provides these supports through the resolution health support program, which includes a range of culturally safe services for eligible former students and their families to address issues related to Indian residential schools, including the disclosure of abuse, throughout the settlement agreement process.

The resolution health support program is comprised of four elements: cultural support, emotional support, individual and family counselling, and transportation assistance.

Cultural support services are provided by local aboriginal organizations. Through them, elders or traditional healers are available to assist former students and their families. Specific services are determined by the needs of the individual and include dialogue, ceremonies, prayers, or traditional healing.

Emotional support services are also provided by local aboriginal organizations. Through them, an aboriginal community-based worker who has training and experience working with former students of Indian residential schools will listen, talk with, and support former students and their family members throughout the processes of the settlement agreement. These community-based workers are of aboriginal descent and many speak aboriginal languages.

Access to professional counsellors is also available. Professional counsellors are psychologists and other mental health professionals such as social workers who are registered with Health Canada and have experience working with aboriginal people. A professional counsellor will also listen, talk with, and assist former students to find ways of healing from residential school experiences.

In addition to these services, assistance is provided with the cost of transportation to access professional counsellors or traditional healers and elders, if they are not available in the individual's home community. Through this program, Health Canada provides access to over 1,700 service providers, including professional counsellors, community-based aboriginal workers, elders, and traditional healers located in every province and territory throughout Canada.

As a result of a greater number of common experience payment applications and increased rates of independent assessment process hearings, demand for this program has increased significantly in recent years. Program expenditures have steadily increased as we provide service to more people—from $5.1 million in 2006-07 to approximately $37 million in 2009-10.

Budget 2010 announced an additional $65.9 million over two years for the resolution health support program. The new money, plus the existing program budget that was there before, will result in a total budget of $47.6 million in 2010-11 and $46.8 million in 2011-12, allowing us to meet the demand for services under the settlement agreement, including the new demands that have resulted from the start of the Truth and Reconciliation Commission events.

The resolution health support program is one of several mental health and addictions programs funded by the federal government that provide important community-based services to first nations and Inuit families. Health Canada funds over $200 million in mental health and addictions services annually to first nations and Inuit communities through a variety of programs, which include the national native alcohol and drug abuse program and the national youth solvent abuse program, which provide both residential treatment services in 58 facilities, as well as community-based prevention programming in over 550 communities. There are also the Brighter Futures initiative and Building Healthy Communities program, which address mental wellness issues and crisis intervention programming, with funding provided directly to communities to support action on their own mental health priorities in over 600 communities. The national aboriginal youth suicide prevention strategy provides support for approximately 200 communities for youth mental health and suicide prevention strategies. And the non-insured health benefits program supports a short-term mental health crisis counselling benefit for first nations and Inuit across Canada.

● (0900)

Health Canada also recognizes the important work of the Aboriginal Healing Foundation over the last 12 years. Since the closure of 134 Aboriginal Healing Foundation projects, Health Canada has focused on ensuring that all eligible former students and their families who have received services from the Aboriginal Healing Foundation are aware of and may access health support services provided by Health Canada.

Health Canada is proactively responding to the needs of these former students and their families by increasing awareness of the resolution health support program and by ensuring access to this program. For example, prior to the end of the Aboriginal Healing Foundation projects on March 31, 2010, Health Canada's regional directors wrote to and made direct contact with the managers of the Aboriginal Healing Foundation projects to make them aware of the process to refer their clients to the services offered by the resolution health support program.

This effort to raise awareness is in addition to other activities that have been ongoing. Since 2007, over 420,000 brochures describing the program have been sent directly to former students, band offices, community health centres, friendship centres, nursing stations, treatment centres, and many other meeting places across the country.

Health Canada is also working to increase access to communities that were previously served by the Aboriginal Healing Foundation projects. We're doing this by identifying communities with high numbers of eligible former students but low rates of resolution health support program demand, and then following up by negotiating new service agreements to provide health supports consistent with the program criteria. In some cases, we've been able to work with an organization that delivered former Aboriginal Healing Foundation projects in order to build upon the staff and community expertise the organization has developed.

In Nunavut, for example, Health Canada officials met with organizations formerly funded by the Aboriginal Healing Foundation, the Pulaarvik Kablu Friendship Centre and the Kivalliq outreach program in Rankin Inlet, where we discussed the continued need for health support services. As a result, $1 million in new funding was provided to deliver the program services in the Kivalliq region of Nunavut.

In Ontario, five new service provider arrangements have been entered into and two existing agreements have been amended to meet the increased demand for health support services. This resulted in the addition of 30 new community-based health support workers delivering mental health and emotional support services.

Those are some of the examples of how Health Canada is responding to the closure of the Aboriginal Healing Foundation projects. In total, Health Canada's regional offices have created, or amended upward, 55 contribution agreements with local aboriginal organizations across the country to ensure continued access to the program services.

These steps demonstrate that the Government of Canada is committed to ensuring former students are aware of and have access to mental health and emotional support services. The government remains dedicated to supporting former students and their families as they participate in settlement agreement processes.

Thank you for the opportunity to present today.

● (0905)

[*Translation*]

Thank you for giving me your attention.

[*English*]

The Vice-Chair (Mrs. Cathy McLeod): Thank you so much for the very comprehensive presentations.

We'll start with our first seven-minute round of questions.

Ms. Neville will lead off for the Liberals.

Hon. Anita Neville (Winnipeg South Centre, Lib.): Thank you, Madam Chair, and thank you all for being here this morning.

As you're undoubtedly aware, the study this committee is undertaking is on violence against aboriginal women. I have a number of questions.

The aboriginal affairs committee did a review of the Aboriginal Healing Foundation as well. I'm specifically concerned about how your programs are responding to the issues of violence against women. You've given us a view, a substantial listing of funding and program dollars, increases, decreases, reallocations, whatever. But we know that with the Aboriginal Healing Foundation...the native women's shelter in Montreal had to close its doors. We know that the —I hope I pronounce it correctly—Minwaashin Lodge in Ontario had to close its doors. We know that Tamara's House in Saskatchewan had to close its doors. And we know that there were other funded programs that dealt directly with violence against women.

I'm interested in knowing what focus is given specifically to the issues related to violence against women. We know that the legacy of residential schools is wide-reaching and profound, but our focus is on violence against aboriginal women. I'd like to hear your comments.

One other question I'd like to ask is one the analyst prepared. I understand, and we know, that there was a recommendation that the Aboriginal Healing Foundation be funded, that funding be continued, because the evaluation of it was positive.

Do you have any information not available to the evaluators that contributed to the non-renewal of funds for the Aboriginal Healing Foundation, as was recommended? If so, could you share that with the committee?

The Vice-Chair (Mrs. Cathy McLeod): We have two focuses here. It looks like Ms. Langlois wants to respond first.

Ms. Kathy Langlois: Thank you, Madam Chair.

I'll respond to the questions around violence against women. I specifically want to comment on the native women's shelter in Montreal as an example of our work in this area.

When it became clear to us that that was an Aboriginal Healing Foundation project that was going to close and that funding was being removed, our Quebec region contacted the shelter and began discussions with them to understand the nature of the clients and their eligibility for our services.

Indeed, through that discussion, we were able to identify the continued funding of two psychologists—I might be corrected here by my colleague—to continue to provide services within the context of that shelter.

We were able to work to provide the services under the mandates of our programs. I believe in this case it was the non-insured health benefits program that stepped in to provide that counselling benefit.

Hon. Anita Neville: Many other aspects of the services they provided were in fact shut down.

Ms. Kathy Langlois: Yes. Going back to the resolution health support program and the mandates of Health Canada, we were able to assess the extent to which we could step in and provide ongoing support, but I appreciate that other services were not available.

In terms of some of the other projects that you've mentioned, it would be a similar kind of discussion that would have been had with the centre. A letter would have been written to them and then follow-up discussion if contact had been made by the centre to say they wanted to discuss this. Then an assessment, if there were a significant number of former students who lived in that catchment area of that Aboriginal Healing Foundation project, and a dialogue around how we are going to ensure they're receiving the services.

In terms of all of the other programs I mentioned—addictions treatment, Brighter Futures, and mental health counselling aspects of those programs—we understand, certainly, that work can be helpful in terms of preventing violence against women.

As individuals go through their healing process, they can recover and, as a result, change their behaviour, so that violence is no longer happening.

● (0910)

Hon. Anita Neville: What I'm hearing from you is that there is really no holistic or coordinated effort to address the issues of violence against women in an integrated way. It's a one-off kind of programming. Is that a fair comment?

Ms. Kathy Langlois: I would actually say that the Public Health Agency of Canada has a mandate for family violence and they do bring together all of the departments. I know the Department of Indian and Northern Affairs is involved in that work with the Public Health Agency.

Indeed, my colleague here...while I'm sure it's not one of her programs that she's directly responsible for, the Department of Indian Affairs does have a family violence program.

Hon. Anita Neville: I guess what I'm trying to get at is, what kind of coordinated systemic effort is being made by government to address the issue of violence against aboriginal women, or is it one-offs or individual things? Is there a coordinated effort? Is there a strategy? Is there a plan? I don't hear it or see it.

The Vice-Chair (Mrs. Cathy McLeod): Just one minute left.

Ms. Aideen Nabigon: Maybe I can try.

The Government of Canada, of course, takes the issue very seriously and is working with partners in the provinces and territories and aboriginal communities to deal with the issue of violence against women, and to ensure that justice systems and law enforcement systems are in place to protect women.

There are programs within Indian Affairs, and I can ask my colleagues within Indian Affairs to provide them. I came to talk about the Aboriginal Healing Foundation and Indian residential schools settlement agreement, but I can provide information to the chair if that's helpful.

Hon. Anita Neville: If we're talking about the Aboriginal Healing Foundation, what are the losses, in terms of violence against women, with the shutdown of the Aboriginal Healing Foundation—in 12 seconds?

The Vice-Chair (Mrs. Cathy McLeod): We'll have to wait until the next round for your answer.

Madame Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Madam Chair.

I would like to thank the witnesses for being here today.

I have many questions I would like to ask you. I am very concerned about this situation. The most vulnerable people are aboriginal women, especially young aboriginal women who are even more vulnerable because their mothers have been scarred by their experiences and cannot provide their daughters with the emotional support they need. This summer, I heard very touching testimony from women who lived in Indian residential schools. I was shocked. I was in my car, listening to these women, and I could not believe such things were possible.

I wonder if we are able to carry out the work done by the Aboriginal Healing Foundation. They have all the necessary tools and knowledge to do this work. The Foundation has developed tools that can be used by aboriginal peoples to heal themselves. Today, we are trying to do what they were doing, but with tools that we believe are adequate, although they may not be.

Ms. Langlois, you mentioned that there is financial assistance for transportation of eligible individuals allowing them to access the services of professional counsellors. Are room and board also covered when they have to travel to far away places? I am thinking of Nunavut, for example. Sometimes, they must travel to distant places.

Ms. Kathy Langlois: Yes. We follow the policies of our Non-Insured Health Benefits Program. Room and board and other expenses are covered in addition to transportation costs.

Ms. Nicole Demers: You said that with the closure of 134 projects, you tried to contact all individuals who had been served by the projects. How many people did you contact?

● (0915)

Ms. Kathy Langlois: I do not know the number of people we contacted. However, we do have statistics showing that our program served substantially more people this year. We have noticed a significant increase in the number of people supported.

I will look for that figure in my documents in a moment.

Ms. Nicole Demers: While you are looking, I will talk about something else.

You spoke about the Kivalliq Outreach Program in Rankin Inlet. I know that this community has one of the highest suicide rates in Canada. Last year, when I was in Iqaluit, a young 16-year-old took her life. I find that very disturbing. In Nunavut, there are more young people than older people. We are losing complete generations of young people. It is very important to have effective health services on site, and they must be as comprehensive as possible. It is even better when people of their own nation are trained to help them. Are there Inuit people who can provide the services?

Ms. Kathy Langlois: I agree. I share your point of view.

I can tell you that, in Rankin Inlet, we established a contribution agreement thanks to the project that was already funded by the Foundation. This year, through a contribution agreement, we provided $1 million to the Pulaarvik Kablu Friendship Centre.

That made it possible to keep everyone who spoke Inuktitut—perhaps not everyone who was there before, but a good number of their employees—to provide the same service. It consists of a counselling service funded through our program by Health Canada.

This year as well, we established contribution agreements worth more than $1 million in Iqaluit. We know that in Nunavut, in particular, the Foundation's services were widely available. Our analysis indicated that something had to be done to provide services there.

Ms. Nicole Demers: Four recommendations were made to Indian Affairs and Northern Development and Health Canada in the report tabled upon completion of the study by the Standing Committee on Aboriginal Affairs and Northern Development.

Are you considering any of the four recommendations that were made?

[*English*]

Ms. Aideen Nabigon: I'll take that.

Yes, we've reviewed the recommendations and the report by the Standing Committee on Aboriginal Affairs and Northern Development very closely.

Again, the settlement agreement was negotiated by the parties to the settlement agreement: the churches, counsel for the churches, Assembly of First Nations, Government of Canada, and counsel for the survivors. It was agreed that $125 million would be provided to the Aboriginal Healing Foundation, which has been provided. The obligation on the settlement agreement is to provide health and healing supports throughout the life of the settlement agreement.

The Government of Canada is very confident that those health supports will continue to be provided through Health Canada's resolution health support program.

[*Translation*]

Ms. Nicole Demers: Therefore, you believe that the Aboriginal Healing Foundation is not needed, even though their past interventions have proven to be very effective. You feel that the Foundation does not need to continue its work.

[*English*]

The Vice-Chair (Mrs. Cathy McLeod): A 30-second response, please.

Ms. Aideen Nabigon: The work of the foundation has been extremely helpful and very useful. They've done a great job in what they intended to do and will continue to do over the next couple of years with their healing centres.

The Government of Canada will continue to ensure that survivors of residential schools are provided with their health supports under the settlement agreement with the resolution health support program.

The Vice-Chair (Mrs. Cathy McLeod): We'll now go to Madame Boucher for seven minutes.

[*Translation*]

Mrs. Sylvie Boucher (Beauport—Limoilou, CPC): Good morning, ladies and gentleman. I would like to welcome you to the Standing Committee on the Status of Women.

We have heard many things. We have read many reports. Naturally, we are here to examine the impact on women.

I have two questions for the representatives of Indian Affairs and Northern Development.

First, I would like to know if you could bring us up to date as to the progress made on the Indian Residential Schools Settlement Agreement. Also, under the agreement, what are the Government of Canada's obligations with regard to mental health services in particular, as well as emotional support services.

● (0920)

[*English*]

Ms. Aideen Nabigon: Thank you for the question. There are five main elements of the settlement agreement, the first one being the common experience payments, which started with a $1.9 billion trust fund to pay to students who apply and are eligible for the experience they had at residential schools.

We initially anticipated that there were 80,000 survivors of residential schools still alive. To date we've paid out on more than 76,000 applications. We feel that it's very much on track and that our original assumptions were right with regard to the number of students alive.

As to the independent assessment process, we underestimated the number of people who would apply and the number of hearings. Originally we anticipated that there would be 12,500 applications. There have been closer to 19,000 applications, a total of $848 million paid in compensation, and 7,500 hearings held to date.

The Truth and Reconciliation Commission, as I mentioned in my opening comments, has had its first national event in Winnipeg and will have its second national event in Inuvik next year. We're working closely with them on the fourth component, which is commemoration. This is a $20 million pot of money to provide funding to communities for memorializing and remembering and commemorating what happened in the residential schools.

The fifth and last component is the healing and health supports, which continue to be provided by Health Canada.

[*Translation*]

Mrs. Sylvie Boucher: My other question pertains to mental health and emotional support. Under the settlement agreement, what are Canada's obligations with respect to mental health and emotional support services for individuals who experienced the trauma of residential schools?

[*English*]

Ms. Aideen Nabigon: The obligation under the settlement agreement is that the Government of Canada must provide supports to former students of residential schools for emotional and mental health supports.

I'll let my colleague speak more about that, if you wish.

Ms. Kathy Langlois: The section of the settlement agreement that speaks to this says:

> Canada agrees that it will continue to provide existing mental health and emotional support services and agrees to make those services available to those who are resolving a claim through the Independent Assessment Process or who are eligible to receive compensation under

—there's probably a typo here—

> the [Common Experience Payments]. Canada agrees that it will also make those services available to...those participating in truth and reconciliation or commemorative initiatives.

As a result, we have created the Indian residential schools resolution health support program, which provides three types of services: cultural supports from elders and traditional healers based on the previous iteration of this program, for which we received very positive feedback that it was a very valued element to have as much cultural support as possible; then our resolution health support workers, who also are aboriginal in descent and speak aboriginal languages, which is deemed to be very important as well to support people as they go through this process; and lastly, our professional counselling component for those who would choose those services.

Those are the services we offer in addition to transportation.

Ms. Aideen Nabigon: May I add one thing, Madam Chair? With regard to future care under the independent assessment process, the government also provides $15,000 for psychiatric care and $10,000 for counselling, if this is requested. To date, the average payments for those have been about $8,400.

● (0925)

[*Translation*]

Mrs. Sylvie Boucher: Thank you very much.

Do I have any time left, Madam Vice-Chair?

[*English*]

There are two minutes.

Mrs. Sylvie Boucher: Okay. I will pass my time to....

Mrs. Nina Grewal (Fleetwood—Port Kells, CPC): Thank you, Madam Chair.

I have just one question. Could you please tell us what the aboriginal foundations will be doing over the next three years? What is your plan?

Ms. Aideen Nabigon: We will continue to implement the Indian residential schools settlement agreement. The deadline for applying for a common experience payment is September 2011, and for the independent assessment process it is September 2012.

We will be commencing with the Truth and Reconciliation Commission, the commemoration initiative. As I mentioned, the Truth and Reconciliation Commission will be holding six more national events around the country, and the Government of Canada will have a very significant presence, as we did at the first one in Winnipeg. We'll continue to be very much involved with them.

We have an obligation to make available to the Truth and Reconciliation Commission 100 years' worth of documents with regard to residential schools so that they can prepare their final report and hold their events.

We'll continue to make sure that we're fulfilling all those obligations under the settlement agreement.

Mrs. Nina Grewal: Is there some more time left?

The Vice-Chair (Mrs. Cathy McLeod): There are 20 seconds remaining.

We'll go on to Ms. Mathyssen.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you, Madam Chair.

Thank you for being here. I appreciate this.

I have a number of little pulled-together questions, because it seems that there are bits and pieces that may be missing.

I want to start with the aboriginal healing centres. As you indicated, it took a long time for the travesty of residential schools to unfold. It started in the late 1800s, and the last school closed in 1996. This is a lot of intergenerational despair. It is profound harm to families, generation after generation after generation, and to communities.

I'm wondering what the thought is behind saying that we can fix it all in 12 years, or that 12 years is enough time to work through these problems. It seems to me that after 12 years we're just getting started.

Do you have any light to shed there?

Ms. Aideen Nabigon: Certainly with regard to reconciliation, I don't believe there's any thinking that it will be done within the 12 years or the five years that we have to implement the settlement agreement. It's laying the groundwork. It was a $4 billion settlement agreement, negotiated, as I mentioned, by the parties. I can't speak on behalf of those parties as to why they negotiated the amount they did for the Aboriginal Healing Foundation, but they did agree on an amount of $125 million and agreed that emotional and mental health supports would continue to be provided.

Ms. Kathy Langlois: May I add to that, please?

We would also want to recognize that in the programs that Health Canada funds in addition to the Indian residential schools resolution health support program, we also fund over $200 million annually for things such as addictions treatment centres and mental health counselling, and those programs will continue. Those are ongoing programs.

In terms of some of the work we do, in the national native alcohol and drug abuse program there are treatment centres and treatment programs that focus specifically on women and that have therapies to support women, and we know that many of the issues that women are appearing in those centres for are due to the intergenerational impact of residential schools. As well, we have our suicide prevention strategy, which supports youth and focuses on building their resilience, again to move past the impact of residential schools. We have some programs for young women as well, on which we are working with the Native Women's Association of Canada.

Ms. Irene Mathyssen: So it is $200 million in perpetuity.

One of the things that disturbs me is that 2012 seems to be the end date to a great deal of this, and it doesn't seem possible that there will be substantive help and change if we have a 2012 end date.

● (0930)

Ms. Kathy Langlois: This $200 million annually is outside of the settlement agreement. These are programs that have been in place previous to the settlement agreement and that continue beyond the settlement agreement.

Ms. Irene Mathyssen: Okay. It has nothing to do with 2012; it's quite outside.

One of the things we heard in our travels with regard to violence against aboriginal women was, number one, that there didn't seem to be any broad connection between agencies. For example, the judicial system seemed to be at odds with what Health Canada or INAC was trying to do. We asked about how the judicial system played into the reality of life in communities.

I wonder to what degree you interact, because using the judiciary and mandatory minimums and putting people in jail for violence without programming available all seems to undermine the good work that could happen.

Do you discuss with Justice at all the impact of those decisions, made over in that silo, in relation to what INAC and Health Canada are trying to do on the ground?

Ms. Aideen Nabigon: We do have a working group called the Community Impacts Working Group, which we set up in the early days of negotiating the settlement agreement. It includes colleagues at the ADM and director general levels from Health Canada and Corrections Canada, and the RCMP has been very active in it. There are also people from the provincial governments there, and aboriginal organizations at the national and regional levels.

We did so because we shared those concerns and were worried about the impacts of the settlement agreement and wanted to support people and make sure that information was being shared and that people were working together on strategies to help people through the process, and afterwards as well. That's been very effective.

Ms. Irene Mathyssen: Madame Langlois.

Ms. Kathy Langlois: From Health Canada's perspective, I would share two examples of how we work with Justice and the judicial system.

Under the government's national anti-drug strategy, there are numerous forums where directors general and directors from the Departments of Justice and Public Safety and Health Canada get together on a regular basis to talk about how our programs work together. That's been a very useful process under this strategy.

At the ground level, there is an example from our youth solvent abuse treatment centres. There are very strong links between the police and our individual centres who work very closely at the ground level in terms of the youth who are being admitted into those centres.

Ms. Irene Mathyssen: Thank you.

The other thing we have heard over and over again was the lack of decent housing and the fact that there are often several families lodged in one home. That undermines any positive work in regard to mental health. And of course it feeds into the violence and the sense of loss, because housing is inadequate and families can't sort themselves out.

Is there any discussion about housing and some really practical things in terms of clean water and proper sanitation? I ask because all of those things feed into the desperation that we have heard over and over again.

The Vice-Chair (Mrs. Cathy McLeod): We'll need to wait for the next round for you to respond to that particular question. Thanks.

We're on to round two, starting with Ms. Neville, for five minutes.

Hon. Anita Neville: Thank you.

I'd like to know the answer to Ms. Mathyssen's question as well, so I'll put that on the table.

Coming back to a remark that one of you made about a national youth strategy, what I'm hearing from you is that there is not a national strategy to address the whole issue of violence against women. There are programs, there are responses, and there are initiatives going on, but there is no coordinated, planned national strategy. I'd like some comment from you on that.

I'm not sure which of you referenced the programs being done with NWAC.

And if there's time, I'd like to go back to the original question I asked about whether you had any information about the non-renewal of funds for the Aboriginal Healing Foundation.

● (0935)

Ms. Kathy Langlois: Thank you very much for the questions.

Would you like me to take a stab at Ms. Mathyssen's question?

Hon. Anita Neville: Sure, but quickly.

Voices: Oh, oh!

Ms. Kathy Langlois: Okay, quickly, there is no doubt that the determinants of health have a very important impact on health. That's very clear. There have been studies on that, and certainly Health Canada is very seized with the fact that we don't control the determinants of health. They're outside of our control; they're controlled basically by everything else.

So we have worked very hard to begin a relationship with the Department of Indian and Northern Affairs Canada and to enrich that relationship in terms of how we can work more closely together to see what things we can do, particularly where housing and some of our environmental work are concerned. Certainly we worked very closely on a water strategy. These are things that have confounded many countries, and on which we continue to work closely.

We anticipate that some of the solutions, as we begin to focus more closely on them with INAC, will be around community development and giving communities their own power back and then having them take their power to make things better for themselves. So we are working very closely on some community development initiatives.

Maybe I'll just leave it at that, so I can get to the other question. I think you wanted to know about programs for young women. There was one before that, though. What was—

Hon. Anita Neville: You mentioned that there are programs with NWAC, but I also want to talk about a national—

Ms. Kathy Langlois: Yes—about violence against women. I would be misleading this committee if I left you with the impression that there's no strategy on family violence. The Government of Canada, through the Public Health Agency, has a fairly robust strategy on family violence. However, that is not a file I am intimately familiar with.

You would probably want my colleague at the Public Health Agency to speak to the committee about the work they're doing on family violence. I know it encompasses my colleague's colleague at Indian Affairs who is responsible for family violence. So there is a clear strategy, and work is being done there on an interdepartmental basis.

On programs for young women, I referred to the fact that in our national aboriginal youth suicide prevention strategy we are working closely with the Native Women's Association of Canada on one project related to Daughter Spirit. I don't know if we have the detailed information with us today on that project, but we can certainly provide it to you.

Hon. Anita Neville: That would be helpful. Thank you.

Ms. Kathy Langlois: The last question was on evaluation of the results of the Healing Foundation.

Ms. Aideen Nabigon: It was with regard to the renewal.

The amount negotiated by the parties was $125 million. That amount was paid, and the Government of Canada continues to meet its obligations through the resolution health support program.

Hon. Anita Neville: Thank you.

The Vice-Chair (Mrs. Cathy McLeod): We will go now to Ms. Brown, please.

Ms. Lois Brown (Newmarket—Aurora, CPC): Thank you, Madam Chair.

Thank you very much for the presentations. They have been very informative. With some of the investigation we've done in the past, they help us to tie some of the loose ends together.

The Healing Foundation was established in 1997. Is that correct?

Ms. Aideen Nabigon: It was in 1998.

Ms. Lois Brown: So there was a sunset clause put in place. Do you have any idea why?

Ms. Aideen Nabigon: The Healing Foundation was originally created as a result of the Royal Commission on Aboriginal Peoples report, *Gathering Strength*, and Canada's response to that. It provided $350 million to the Aboriginal Healing Foundation. Then another $40 million was provided; I forget exactly when. Finally, through the settlement agreement, $125 million was provided.

Ms. Lois Brown: But a sunset clause was put in place.

Ms. Aideen Nabigon: It was originally intended to be a 10-year foundation, and it was extended as a result of the settlement agreement negotiations.

Ms. Lois Brown: What kind of money was put in place originally, and how does that compare to the dollars that are there now? Comprehensive, I think is what I'm looking for.

Rather than having money stuck in silos that can't be accessed through other areas, I think I'm hearing you say—and correct me if I'm wrong—that government is taking a whole-of-government approach. This doesn't just fall under Indian Affairs anymore, and we have to look at the broader spectrum of how government can be involved. It isn't only Indian Affairs, but we have Health involved.

Is there a component there where education is becoming a part of all of this, obviously outside of the residential schools? I understand that education falls under the jurisdiction of the provinces, but are we engaging the provinces in this component as well so that all of the actors are involved?

Before I let you answer, I had the great opportunity a year ago to spend a week at CFB Wainwright. I was part of the program they provide for parliamentarians to join a branch of the military for a week. While I was in Wainwright I was asked to participate—as were my other colleagues—in the graduation ceremony for a program being put on by the military called Bold Eagle. It was directed specifically at aboriginal youth. The young people I spoke to who were graduating were exceedingly pleased with what they had learned. There was tremendous enthusiasm for what they had accomplished in the six weeks.

● (0940)

The Vice-Chair (Mrs. Cathy McLeod): You're leaving only a minute for your answer.

Ms. Lois Brown: I'm sorry.

If you could talk about education and that component.... It was just a great program, and young people with great futures saw the education component as very positive. I wonder if you could talk about that.

Ms. Aideen Nabigon: Sure, I'd be happy to, and thanks for raising that question.

I fully agree that education is extremely important. I mentioned Minister Strahl at the national event had announced his intention to repeal the Indian Act. The intent was that this would lay the foundation for broader reform of education within aboriginal communities, but it would also be a very important part of the common experience payment, which I didn't mention was the next big initiative we'll be facing, and that's with regard to the remainder of the $1.9 billion trust fund under the common experience payment. The requirement for that under the settlement agreement is that any money left in the trust after everybody has had a chance to apply will be provided to people who applied and received the common experience payment—so people who were eligible—in $3,000 credits for education purposes. We'll be doing that with the AFN, the Assembly of First Nations, and with Inuit representatives. Then if any is left after that's taken place, after the $3,000 has been provided to any of the 76,000 or more survivors who have applied for it, it will go to two education trusts, one for the first nations and another one for Inuit, also to be spent for education. Those are education trusts, and they'll be able to spend them on whatever kinds of education they wish.

The Vice-Chair (Mrs. Cathy McLeod): Thank you.

Monsieur Desnoyers.

[*Translation*]

Mr. Luc Desnoyers (Rivière-des-Mille-Îles, BQ): Thank you, Madam Chair.

Welcome, ladies.

My understanding is that the Foundation has been one of the most important tools. It has helped advance the cause of students who lived at residential schools and who, together with their families, have been traumatized. As you mentioned in your documents, the families have also been impacted.

It has been said that an agreement will resolve some things, but that the scars will remain forever. As my colleague mentioned earlier, we visited a number of these communities. We saw first hand that there are still scars. The impact will be felt as long as these problems are not addressed.

You say that everything that was in place up to now will be set aside and that you will return to traditional programs—I am not sure if I am using the right term—to white man's programs. They will be implemented on aboriginal reserves, in your way, with existing budgets, rather than with budgets approved to deal with this specific problem.

How will you resolve the problems of the future?

Violence against women is more prevalent than ever before. We know it stems from that period. How will we solve these problems by using tools that are completely different than those used in the past?

Ms. Langlois, you pointed out the large increase in demand and the health needs. What is the specific budget for dealing with violence against women within that context? Apart from the 412,000 brochures that you mailed out—which surely cost a fortune—is there something that will truly guarantee continuity after 2012?

● (0945)

Ms. Kathy Langlois: Thank you very much for the question.

As I mentioned, we spend $200 million per year on our other mental health and addiction programs. These programs will continue to be available in the future.

Mr. Luc Desnoyers: The $200 million is for the existing program. That is separate from what was allocated to the Foundation, which will no longer exist.

Ms. Kathy Langlois: Exactly.

Mr. Luc Desnoyers: Therefore, you are going with an existing budget when you know that important problems still remain.

Do you think that the $200 million will be enough?

Ms. Kathy Langlois: That is the money we have to deal with the situation.

I should mention that the aboriginal youth suicide prevention program was renewed this year. This program was to have ended in 2010, but it was renewed.

Our addiction and addiction treatment centre program, as well as our community addiction prevention program, are being renewed. We received $30 million over five years and an additional $9 million will be allocated to this program in future.

Mr. Luc Desnoyers: Will that be enough for women's issues? What is your budget for fighting violence against women?

Ms. Kathy Langlois: Our programs deal with mental health and addiction.

Mr. Luc Desnoyers: Is part of this budget allocated to this problem, in some form or another?

Ms. Kathy Langlois: The funds are not explicitly allocated to fighting violence against women, but we know that a great deal of violence occurs when people are intoxicated.

Mr. Luc Desnoyers: How much money is allocated to fighting violence against women? We do not have any figures.

Ms. Kathy Langlois: We have not calculated the amount, but we could.

Mr. Luc Desnoyers: Our soldiers who return from all parts of the world are particularly affected by post-traumatic stress syndrome. Everyone agrees that it takes years to get better.

Even today, women are impacted by the legacy of these residential schools, through family ties, but there is no specific budget to help them fight violence against women.

[*English*]

The Vice-Chair (Mrs. Cathy McLeod): Could we have just a short response, please?

[*Translation*]

Ms. Kathy Langlois: There are programs specifically for women funded under the annual $200,000 budget. These programs address the shock you mentioned and fund treatment centres designed specifically for women.

Mr. Luc Desnoyers: Thank you.

[*English*]

The Vice-Chair (Mrs. Cathy McLeod): Thank you.

We have Ms. Mathyssen now, please.

Ms. Irene Mathyssen: Thank you.

I want to get back to your presentation. I have a question in regard to youth suicide prevention. You talked about the prevention strategy being available in 200 communities. Are there not more than 600 communities across the country? That means there's a whole lot of catch-up to do. One of the things we heard was that the suicide rate among aboriginal youth is 10 times the national average, and for young men between the ages of 15 and 25, it's 28 times.

Are there plans to bridge that gap? It seems to be a horrendous gap in terms of what has to happen.

Ms. Kathy Langlois: Just on the matter of statistics related to suicides, first of all, the overall national averages I'm working with are not on the same scale as has just been described.

● (0950)

Ms. Irene Mathyssen: That might be the north.

Ms. Kathy Langlois: Nonetheless, amongst both first nations and Inuit, the rates are significantly greater than they are for the mainstream population. One thing to remember is that what's hidden within the national number is the fact that in some communities there are absolutely no suicides and there have never been suicides, and in other communities the rate is much more significant, hundreds of times greater. There's been research done at the University of British Columbia, using British Columbia data for the last 30 years, that demonstrates that and talks about what is going on within communities where there are high rates of suicide.

Our program is being delivered in 200 communities. Not all communities require a suicide prevention strategy, so that would be part of the reason we're not in 600. I can talk more, if you are interested, about some of the factors that contribute to there being no suicides in communities.

Ms. Irene Mathyssen: That was my question. What is it in these communities, where youth are managing fine, that we should perhaps be looking at?

Ms. Kathy Langlois: Well, certainly the research that's been done in British Columbia by Dr. Chandler and Dr. Lalonde from the University of British Columbia has identified four key factors that are present in a community where there are no suicides. Those are the presence of a land claim; self-government; control of local services such as police, fire, and health services; and lastly, the presence of cultural facilities. Their theory is that those things demonstrate that a community understands its identity, embraces its identity, and sees itself moving forward in the future. That applies to the youth in the community. They see a future for themselves; they have hope; and as a result, there is no suicide in their communities. There are a lot of issues here around hopelessness.

Ms. Irene Mathyssen: Thank you. I appreciate that.

I want to get back to housing. On Friday, in the city of London, we were blessed with the opening of 16 units of affordable housing for urban aboriginal families. Like every community, we have violence, drug abuse, all kinds of difficulties, and the hopelessness that you referenced just now. Unfortunately, the only reason that housing was put in place was because a local developer donated $1.5 million. Otherwise we would still be struggling. Even at that, 16 units are not nearly enough.

I'm wondering if funding has been allocated in regard to the need for housing. Are there any projects under way that would provide housing both on reserve and in urban centres?

Ms. Kathy Langlois: I can answer on that from the health perspective, and will do so.

The significant funding that I'm aware of is that when the Mental Health Commission of Canada was created in 2007, I believe the following year they received $10 million. Perhaps it was more than that, and I shouldn't be quoted on that number. I apologize, I don't have it at my fingertips. But they received a significant amount of money to undertake five projects in urban settings around mental health and homelessness, and a key part of that funding is indeed to develop housing. I'm familiar with a significant investment through the Mental Health Commission of Canada in five cities to look at this issue of mental health and homelessness.

Ms. Irene Mathyssen: Those were the five pilot projects that we heard about.

The Vice-Chair (Mrs. Cathy McLeod): Sorry, time is up.

We go on to Madam Boucher.

[*Translation*]

Mrs. Sylvie Boucher: Good morning.

I would like to say that I find this morning's meeting very interesting. I wanted to mention that for my colleagues' benefit. It has not been calm here for quite some time. I greatly appreciate it.

I would like to go back to Indian residential schools. There has been and continues to be a great deal of discussion about this. I will put my question about health to Ms. Langlois.

How does the Resolution Health Support Program address the intergenerational repercussions of the Indian residential school system? We know that the trauma is passed from generation to generation and that many people have been seriously affected by these residential schools. I would like you to explain how the Health Support Program deals with intergenerational impacts.

● (0955)

Ms. Kathy Langlois: For the purposes of our program, we have established our own definition of "family member", which allows us to work with family members from several generations. We have established that family members of those who went to residential schools are not only the spouse or partner, but also anyone who was raised in their household, as well as any other family member. This could include a niece, grandchild or great-grandchild who may have suffered the effects of that experience—we know that the effects pass from one generation to the next. If someone says his or her grandfather or grandmother went through such an experience, all we need is the family member's name and date of birth. We would then contact INAC to confirm the information and that person would be offered our services.

That is how we are managing the effects that are passed from one generation to the next. We offer our services to anyone who has been affected by residential schools.

Mrs. Sylvie Boucher: Let us suppose that the grandfather was abused, but he never talked about it to anyone but his family, or he was unable to communicate with you. If I am not mistaken, the request could come from his spouse or his granddaughter. So there is a family perspective that makes it possible to break the silence following the abuse he suffered, right?

Ms. Kathy Langlois: Absolutely, yes.

Mrs. Sylvie Boucher: Also, if you have some information, like the person's name and date of birth, you can help these people.

Ms. Kathy Langlois: Absolutely, yes.

Mrs. Sylvie Boucher: That's good.

What is the health support program doing to adapt its services to people's specific cultures? They often come from different aboriginal communities and different cultures. It can be a little complicated. How are you ensuring that the program is effective in all cultures?

Ms. Kathy Langlois: We establish contribution agreements with local aboriginal organizations. There are organizations that serve the groups that are members of specific cultures. They employ aboriginal people belonging to the same cultural group to deliver the services. Our resolution health support workers and our elders and traditional healers from the same culture deliver the services. We also provide training to anyone who delivers services.

According to evaluations, the service is very welcome and very much appreciated. That is also what we always hear.

Mrs. Sylvie Boucher: So the service is customized and takes their culture into account.

Ms. Kathy Langlois: Yes, it must.

Mrs. Sylvie Boucher: Thank you very much.

[*English*]

The Vice-Chair (Mrs. Cathy McLeod): Thank you.

We have time for a third round. It will be a five-minute round

We'll start with Ms. Simson.

Mrs. Michelle Simson (Scarborough Southwest, Lib.): Thank you, Madam Chair.

I'd like to thank the witnesses for appearing today.

This study is on violence against aboriginal women, so I'd like to try to shift my questioning. With respect to the impact of the Aboriginal Healing Foundation and to my colleague Ms. Neville's questions with respect to how it's affecting women, the shelters are shutting their doors and programs that were specific to this group are being shut down.

I'd like to refer to a bulletin dated March 29, 2010, from the Assembly of First Nations, wherein they write that:

> Indian and Northern Affairs Canada released its evaluation of the Aboriginal Healing Foundation this March—one day following the federal Budget. The evaluation, which identifies an ongoing demand for healing, outlines a management response and work plan and reinforces the point that the Aboriginal Healing Foundation has been very effective and efficient in its delivery of programming.

That's because it's integrated and, I also believe, because the communities bought into it. It just seems to me that we're going into a silo situation and that a lot of funding is being given to Health Canada for programs that may not be bought into in terms of who best could utilize the services.

I'd like to ask all of you this question. Would it not have been better to simply find the funding from Health Canada to at least extend the Aboriginal Healing Foundation funding to 2013, which is clearly what the Assembly of First Nations was looking to have done? Since they're the ones who are utilizing it, does it not maybe appear, top down, that we're not doing this?

● (1000)

Ms. Aideen Nabigon: I would just like to say that the Government of Canada very much appreciates the work of the Aboriginal Healing Foundation and that the $125 million provided to the foundation under the settlement agreement was negotiated by the parties. It wasn't a Government of Canada decision. Funding wasn't cut: that was the amount that was originally provided to the Aboriginal Healing Foundation under the settlement agreement. That's what was provided.

Mrs. Michelle Simson: But why would the Assembly of First Nations be saying that they want it extended and we're not listening? I know what you're saying about a negotiated settlement. That also concerns me, because that's about the money; I'd like to talk about the outcomes. It's one thing to sit down and negotiate the money. But I'm curious about this. If it was that important to them and to the entire assembly, to all of them, and we're not listening, would it not perhaps have made sense to look at channeling some of that funding to the programs that clearly have been rated as being rather effective?

Ms. Aideen Nabigon: The Assembly of First Nations was a party to those negotiations for the settlement agreement, which also included the churches, the Inuit representatives, and counsel for the survivors. You'd have to speak with the Assembly of First Nations about why they passed the resolution that you're referring to.

Mrs. Michelle Simson: Well, it's certainly because it was community-based, and that's something that is of concern to me, particularly as it references violence against aboriginal women. It's not a practical matter to be shifting people around and flying in and talking on the phone.

Right now that is the study we're undertaking, and again, I'm worried about the impact that this decision has specifically as it relates to women. We've travelled to some of the reserves and that is a huge issue: the community-based services are extremely important, particularly to women.

Ms. Kathy Langlois: Perhaps I could just respond to indicate that through the—

The Vice-Chair (Mrs. Cathy McLeod): Sorry, a quick response. I wasn't paying attention to time.

Ms. Kathy Langlois: Through the resolution health support program, we have contribution agreements with 123 community-based organizations that are aboriginally run organizations.

I have now found my data on the numbers to indicate that the community has indeed bought into this program. In 2008-09 we had 19,000 former students and 7,000 family members use the program. In 2009-10 it doubled, basically, to 35,700 former students and 18,600 family members, so it doubled our demand in one year for this program.

The Vice-Chair (Mrs. Cathy McLeod): Thank you.

If it's okay with the rest of the committee, my colleagues have indicated that I can have the five minutes—if there are no objections.

Great. Thank you.

Actually, you were starting to reach into what I was going to ask about. So you anticipated about 80,000 current residential school survivors. Are we going to guess that 40,000 are women?

● (1005)

Ms. Aideen Nabigon: It has been approximately 40,000, half and half.

The Vice-Chair (Mrs. Cathy McLeod): How many have actually gone to seek help above and beyond the common experience through some of these programs?

Ms. Aideen Nabigon: Through the health support programs?

The Vice-Chair (Mrs. Cathy McLeod): No, through the programs offered in the settlement agreement.

Ms. Aideen Nabigon: I think it's approximately half. Yes, the CEP is about 50%; the IAP.... Yes, it's been about half women, half men.

The Vice-Chair (Mrs. Cathy McLeod): So 40,000 sought payments. How many of those sought additional help, in terms of psychological help, either through healing foundations or through Health Canada's programs?

Ms. Kathy Langlois: Unfortunately, at this time, with our reporting we aren't tracking the sex of the participants in our healing programs, but it's something we're planning to do in terms of being able to give the breakdown between males and females who access our program.

I can tell you the numbers of former students and family members, but I can't tell you the male-female breakdown.

The Vice-Chair (Mrs. Cathy McLeod): I know that evaluating and also doing research can be a very sensitive issue, especially in this area. Is there a process that you're looking at that's been agreed upon with the participants of the agreement in terms of understanding, evaluating? Are there any statistics? Do we know how many of the people seeking help...common experience? We don't know how many females, so obviously we don't know how many have violence as an experience in their life. Is that an accurate...?

Ms. Aideen Nabigon: We believe the Aboriginal Healing Foundation itself has done some research around that topic. I don't know if you're planning on calling them, but they may have the numbers.

The Vice-Chair (Mrs. Cathy McLeod): Is part of the settlement agreement any sort of comprehensive review or research? Was there any kind of all-party agreement around that piece of it?

Ms. Aideen Nabigon: Sorry, specifically with regard to...?

The Vice-Chair (Mrs. Cathy McLeod): To the complete settlement agreement.

Ms. Aideen Nabigon: At this point we haven't started any evaluations of the entire settlement agreement. We've done a couple of court-ordered evaluations of the common experience payment itself—just that one part of it.

The Vice-Chair (Mrs. Cathy McLeod): Okay. So as part of the original process there was no joining with researchers, an agreement around research and a framework for research?

Ms. Aideen Nabigon: To do an evaluation—you're questioning whether there will be an evaluation of the entire settlement agreement?

The Vice-Chair (Mrs. Cathy McLeod): And any agreed-upon research projects within it.

Ms. Aideen Nabigon: No, not to date there hasn't been.

The Vice-Chair (Mrs. Cathy McLeod): So I think it's fair to say that it would be very difficult for us as a committee to understand or make any assumptions around the residential school survivors who have experienced violence as part of their lives. Can we make any...?

Ms. Aideen Nabigon: Well, again, you may want to look at what the Healing Foundation has done with regard to violence, family violence. That's probably your best source. They deal specifically with survivors in their communities.

The Vice-Chair (Mrs. Cathy McLeod): I have a last quick question, and this will be directed towards Ms. Langlois.

Over 25 years ago, I was a nurse in an aboriginal community. I was young, from a big city. Within my first week there, there were three suicides. With the benefit of 25 years of experience, now I look back and realize how unprepared I was in terms of being a community worker and understanding what you were dealing with.

I think the health care workers have an absolutely critical role. I know there are more aboriginal nurses, of course, who probably have much better skills and experience than I ever had for being plunked into this particular environment.

You probably don't have this information available right now, but could you share with the committee, at some point, what you do to support and prepare your front-line workers in these communities in terms of their being that first set of eyes, knowing the programs and the services, and understanding how to deal with things?

I'm out of time. I went over on my own time, so I'll leave my answer.

We'll go on to Madame Demers.

● (1010)

[*Translation*]

Ms. Nicole Demers: Thank you very much, Madam Chair. I forgive you for going over your time. I have absolutely no problem with that. You so rarely do so.

I do not know if I understood correctly, Ms. Nabigon, when you said were not familiar with the work the Healing Foundation has done. The foundation has existed since 1998 and this is 2010.

Are you saying that you and Health Canada put in so much work to help residential school survivors without consulting what the foundation has done? Do I understand correctly?

[*English*]

Ms. Aideen Nabigon: No, I didn't say that. Do you mean in response to Madam Chair's last question?

[*Translation*]

Ms. Nicole Demers: Yes.

[*English*]

Ms. Aideen Nabigon: If I understood the chair's question, she was asking whether we had done any research ourselves as to the impact on women as a result of the implementation of the settlement agreement. We haven't specifically done that, but the Aboriginal Healing Foundation itself has done some research. I don't know if it will answer the specific questions, but they have done research on that period.

[*Translation*]

Ms. Nicole Demers: Do you work with and consult the foundation?

[*English*]

Ms. Aideen Nabigon: Yes, we do. They're independent of government. We don't manage their work. They don't report to us.

[*Translation*]

Ms. Nicole Demers: No, I understand. However, I think the foundation's work is very important. I hope you work in partnership with the foundation, considering how important its work is.

[*English*]

Ms. Aideen Nabigon: Absolutely.

[*Translation*]

Ms. Nicole Demers: Ms. Langlois, as everyone knows, people need access to healthy food in order to be healthy. We also know that Canada Post had cancelled its food mail program for remote areas.

Has Health Canada intervened to pressure Canada Post to continue the program? Or has Indian and Northern Affairs intervened? I think that was a very important program.

Ms. Kathy Langlois: Of course. Health Canada is very involved in the changes to the Food Mail program and since Canada Post is no longer doing the deliveries, our role is to provide support for this program through nutrition advice. We will also launch education initiatives on nutrition in communities that will be served by the new program, Nutrition North Canada.

Ms. Nicole Demers: Are you aware that there is very little hope for that program?

Ms. Kathy Langlois: We know that the Standing Committee on Aboriginal Affairs and Northern Development has reviewed the program, and we have been authorized to go ahead with this program.

Ms. Nicole Demers: Ms. Nabigon, I would like to know if you work in partnership with the provinces. At present, new programs exist in the provinces in connection with legislation concerning children. With this legislation, there is a serious risk that in 20 year's time, we will find ourselves facing the same problem that we had to face regarding residential schools. Children from aboriginal communities are currently being relocated to areas outside of their communities when their mothers cannot take care of them.

They are moved outside of their communities rather than being cared for by other relatives, such as aunts, uncles or grandmothers. They are moved outside of their communities and if their mothers cannot go and visit them once a month or every two or three months, it is believed that they do not want to take care of their children, so these children are placed in foster care, and then adopted if the mothers do not see their children within a year.

I am telling you that there are serious concerns about this turning into the same kind of problem as the problems that resulted from residential schools. Many people in aboriginal communities are quite frightened about this. Have you been in touch with the provinces to ensure that this problem does not repeat itself?

● (1015)

[*English*]

The Vice-Chair (Mrs. Cathy McLeod): Madam Demers was so generous to me, I'll give 20 seconds for her response.

[*Translation*]

Ms. Nicole Demers: I'm sorry, Madam Chair.

[*English*]

Ms. Aideen Nabigon: I want to clarify that my role is with regard to implementation of the Indian residential schools settlement agreement. I understand there are other issues. There are other issues with regard to other schools and concerning children that we're not dealing with, though others are. I understand the concern, but that's not what we're doing here with the settlement agreement.

The Vice-Chair (Mrs. Cathy McLeod): We're on to Ms. Mathyssen.

Ms. Irene Mathyssen: I'd like to pursue Ms. Simson's questions. When we heard that the Aboriginal Healing Foundation was closing down and the responsibility was being shifted to Health Canada, there was profound concern. Here was something in place that the community felt positively about, and it was being delivered over to Health Canada, which may or may not have the expertise.

I want to understand. Once AHF was deemed to be closing down or changing, all the project managers were contacted and informed that the services would now be offered by the resolution health support program. You say in the brief that 421,000 brochures were delivered, and I'm wondering how effective that was in communicating with people. I deliver brochures all the time and I'm not sure they have a real impact.

The second thing that was said was that in some cases they'd been able to work with organizations that delivered former AHF projects in order to build upon the expertise in the community. That “some” raises a question. Are there gaps? Did things fall through the cracks there?

Finally, we heard that 55 contribution agreements with local aboriginal organizations were ensured through resolution health support. Does this represent less than was previously available through AHF? I'm trying to determine if the resolution health support program met the same standards as AHF.

Ms. Kathy Langlois: Thanks for the question.

First of all, the resolution health support program does not have the mandate to replace the Aboriginal Healing Foundation projects. That's clear. However, we have a mandate to serve former students and their family members as they are going through the settlement agreement processes and provide mental health and emotional support services. If you look at some of the AHF projects, you'll see they're providing things that are outside the boundary of our program—for example, on the land kinds of programming, community-wide programming. Our programming is for former students and their family members. I think that answers the difference between the two programs.

In terms of our outreach, our regional director sent letters to every one of the former AHF projects, and we did an analysis that said 300 former students are in that AHF project catchment area; those are numbers we're able to get from INAC. We're saying that's a catchment area where we should be providing services. And if we weren't—and we would know where our people are coming from—then we would do more intense activity to find out, and contact the foundation projects to tell them about the services we have to offer to make sure there's no interruption in the types of mental health counselling people are receiving, and that people should be referred to our program.

In some cases, as I mentioned in my remarks, we met with some of the Healing Foundation project contribution agreement holders and then entered into our own contribution agreements with them. In 55 cases we either entered into new agreements or amended existing agreements upwards to serve those Healing Foundation clients who were previously served by Healing Foundation projects. That's all outside of whether we did brochures or not.

We had a fairly robust process to ensure that people were aware of our program. In cases where significant numbers of former students were being served by an AHF project, we took action to enter into contribution agreements.

● (1020)

The Vice-Chair (Mrs. Cathy McLeod): Fifteen seconds.

Ms. Irene Mathyssen: Do INAC and Health Canada perform gender-based analysis on the policies and programs, and could you provide a tangible example within 15 seconds?

Ms. Kathy Langlois: As we do Treasury Board submissions and other policy development work, we are required to do gender-based analysis.

Ms. Aideen Nabigon: It's the same with INAC.

The Vice-Chair (Mrs. Cathy McLeod): Thank you to the witnesses. We appreciate your coming.

We have a motion we're going to deal with as a committee, and then we have to go in camera for some brief committee business.

● _____ (Pause) _____

●

The Vice-Chair (Mrs. Cathy McLeod): We have a notice of motion from Madam Neville, Thursday, December 9, 2010, and this is:

> That the Committee recommend that the government ensure that the benchmarks currently being developed for any future training mission in Afghanistan are compliant with United Nations Security Council Resolution 1325 on Women, Peace and Security; and
>
> That this motion be reported to the House.

Go ahead, Ms. Neville.

Hon. Anita Neville: Thank you, Madam Chair.

I hope the committee will pass this resolution unanimously. It calls on the government, in its negotiations on benchmarks that are being developed for any future activity in Afghanistan, particularly as they relate to the training mission, that they be compliant with UN Security Resolution 1325. I think most members here will know that the UN Security Council Resolution on Women, Peace and Security is an important landmark resolution at the UN. Several subsequent resolutions at the UN have refined and given direction to its activity, and it's very much incorporated into this government's action plan on implementation of resolutions on women, peace, and security.

I don't know whether members of the committee want me to go through what 1325 says, but I think it's important that we pass this motion. If it passes, I'd like to see it reported to the House as soon as possible because these negotiations are currently under way.

● (1025)

The Vice-Chair (Mrs. Cathy McLeod): Are there any speakers to the motion? Seeing no speakers to the motion, I will call the question.

(Motion agreed to)

Hon. Anita Neville: That was the easiest thing we've ever done.

Some hon. members: Oh, oh!

The Vice-Chair (Mrs. Cathy McLeod): That is to be reported to the House.

[*Proceedings continue in camera*]

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