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Chair

Mr. Andy Fillmore

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● (0805)

[*English*]

The Chair (Mr. Andy Fillmore (Halifax, Lib.)): Good morning, everyone. Welcome to the panellists and welcome to the people in the gallery. We're very happy to have you here. We're grateful that you're here. We're also grateful to be meeting today on the traditional and unceded territory of the Coast Salish nation.

We are the Standing Committee on Indigenous and Northern Affairs of the House of Commons. I am stating this for the record, so we all know where we are and that we are in the right place. We are continuing our study on suicide among indigenous youth and in indigenous communities this morning.

In the next hour, we are hearing from two organizations. They are the Cheslatta Carrier Nation, welcome to Mavis Benson, and Aboriginal Life in Vancouver Enhancement Society, welcome to Scott Clark, the executive director. I am happy to give each of you the floor for 10 minutes this morning.

After the two 10-minute testimonies, we'll move onto questions from all of the members. We will wind up at about 9:30 a.m. I'm not sure if you've decided who would like to go first, or if it matters.

The honour is yours, Mr. Clark.

Mr. Scott Clark (Executive Director, Aboriginal Life in Vancouver Enhancement Society): Good morning, my name is Scott. I am Coast Salish from Vancouver Island. I am currently the executive director of an urban aboriginal organization known as Aboriginal Life in Vancouver Enhancement Society, ALIVE. We've been around for approximately seven years and we are a resident-based organization. We do not take government money for programs, and our goal as an organization is to seek to create opportunities throughout Vancouver's 24 communities taking on the existing barriers. We develop processes with the parks boards, the school boards, and the City of Vancouver to identify the barriers, create solutions, and create opportunities so all urban indigenous peoples have equality of opportunity for conditions.

Saying that, I also wear another title, which is the vice-president of the Northwest Indigenous Council, which is perhaps Canada's newest provincial off-reserve political organization representing off-reserve aboriginal peoples. Very recently, in the last six weeks, we just got membership in the Congress of Aboriginal Peoples as our national political organization to advocate on behalf of the interests of our people living off-reserve throughout Canada.

We did get short notice that this event was happening, and we are very pleased to be able to have the opportunity to present some of the key issues we've identified here in Vancouver as they relate to suicide, and most importantly, about how we address it in an innovative way that moves beyond the status quo we've seen among all levels of government, which in essence in the urban environment here in Vancouver has ghettoized indigenous people, segregated them, and reduced their level of choice. We've been working quite diligently for the last seven years on an evidence-based innovative approach on how we should move forward to get in front of issues like suicide, child apprehension, graduation, and the whole array of issues. We know what the approach needs to have in order to support all vulnerable populations.

In saying that, I want to share this with you. About this time four years ago, we had a press conference here in east Vancouver in the Grandview-Woodlands area, and that press conference dealt with a suicide pact that was averted back in late October four years ago. Thirty young people had made a commitment to commit suicide together in east Vancouver. The outreach workers and the police were able to identify 24 of those 30 young people, and bring them to the hospital and have them assessed. They identified that all of them were aboriginal. They were all under the age of 15, mostly 13 to 15, and mostly aboriginal girls who were being preyed upon by gangs, older men, in the east Vancouver area, a hop, skip and a jump from Vancouver's Downtown Eastside, where our young people get preyed upon for peddling drugs, sexually exploited, and all the things that we've come to know and that research has shared with us.

Immediately upon learning of this suicide pact, we and a number of our key organizations organized an emergency crisis response, which we identified as a youth matters crisis response, bringing together in essence about 60 different organizations and government levels that all claimed to be working to support the vulnerable children and families in Vancouver's east side. Through that emergency response, with Christmas around the corner, we recognized that we not only had to support just the young people, but we also had to support the families because of the unstable housing, the issues around education, and so forth.

● (0810)

Through the youth matters emergency response four years ago today, we have created what we call a “community partnership agreement”. I believe we have sent you that information and it's going to be translated for you. I don't have a copy here.

In the last four years—and much to the dismay of many who like the status quo here in Vancouver—we've been able to develop a process to work with vulnerable children and families from the ground up. We work from needs before they become issues, from the prenatal stage, when the fetus is inside mummy's tummy, all the way through a post-secondary graduation strategy. We bring in partners from academia, the hospitals, the schools, the community centres, the libraries, the police, and everyone else out there who is providing services.

You've all heard the expression, “It takes a village to raise a child,” but have you ever seen a village in an urban context? The answer to that is virtually “no,” because we have created a system in Canada for the last 70 years where we've segregated urban indigenous populations. We have taken the on-reserve model, replicated it in the off-reserve context, and never questioned that. We've never had the evidence to say that it actually works.

In 2011, the “Urban Aboriginal Peoples Study” came out. It is a national study looking at the needs and aspirations of urban indigenous populations. It tells a very different story from what service providers tell, a story about wanting to take our place in the community, to graduate, to have housing, and to have real opportunities like every other Canadian or Vancouverite. We are very proud of who we are. The issues are immense, i.e., racism and discrimination. We know about that, but that study was a key study that challenged the status quo.

Since November, 2012, which was the time of the suicide pact on which we did a press conference, we have been working with a whole array of other partners, principally out of the Ray-Cam Cooperative Centre where we have been working on this model for nine years. We have now extended it from that community centre to five other community centres.

We are now building villages in each of those five communities, pulling them together, doing the research, connecting the services, and challenging the non-aboriginal organizations. We ask, “Where is your aboriginal strategy? Do you hire aboriginal people? Are they on your board of directors? Are they members? Are you working with the non-indigenous population through a reconciliation lens?”

All of these hard questions are things our political leaders have been saying for at least 10 years at the federal, provincial, and municipal levels, but you never see them being developed and organized at the community level.

This is what we have been doing here in Vancouver. We are very pleased, because the evidence from our partners through the University of British Columbia is showing that we're actually getting the results we've been seeking. By bringing the doctors and nurses right into the programs, and those services into a community centre, we're able to connect with the programs and services, build up the trust level, and then build those relations so that assessments happen at a much earlier date. We bring in the dentists, the lawyers, and so forth.

We had the highest vulnerability rate of children going into kindergarten in the province of B.C. After four years of the model we've been developing, we were able to reduce our vulnerability from 73% to 50%. While the federal and provincial governments were cutting programs and services, we were able to unite organizations and develop a proactive, evidence-based model that is starting to show real results, where urban indigenous children and families can take their place in their community, on the board of directors, designing programs and services.

We call this model a collective impact, place-based approach.

● (0815)

This is a model that's been developed around the world, but you only have to go down to the United States and look at another model down there, which this is based on, called Promising Neighborhoods. The recommendation I would make to this committee is to look at the Promising Neighborhoods model and look at having a pilot project across this country, because you cannot deal with suicide in isolation of poverty, housing, homelessness, education, and so forth. If you want to be serious about this, then you need to start to looking at a more comprehensive approach that's grounded in indigenous philosophy and that has a nice reconciliation lens to it.

Thank you very much.

The Chair: Thank you so much, Mr. Clark. That's much appreciated.

Ms. Benson, go ahead, please.

Ms. Mavis Benson (Member, Cheslatta Carrier Nation): Thank you.

I also got notice late yesterday. Can you give me two days' notice at least? No, just a few hours.

I'm here representing the Cheslatta Carrier Nation. I would like to thank the Coast Salish first nation for allowing me to be here on their territory to tell my story.

My name is Mavis Benson. I am from the Cheslatta Carrier Nation, which is in central northern B.C. It's a semi-isolated community. You take a ferry west of Burns Lake for about 15 kilometres. It takes about 15 minutes, and my community is on that side beside two other bands and a non-native community.

I am also a mother and the grandmother to three of my grandchildren. I am their sole caregiver. I'm sorry, I'm sick, too, so they got me at a really good time.

I want to share my story with you all because I believe it's the story of thousands, a story that shares a similar core to other people, and a story that I hope inflicts a spark for change.

Suicide has taken many lives in my community of Cheslatta. This is due to colonialism, the Indian residential schools, and the forceable eviction of our people in 1952 from their traditional territory.

Our community used to be a close-knit, culturally oriented community that worked together in all aspects of life. Due to the Indian residential schools, we have lost most of our language, culture, and identity. Our community is fractured and lateral violence is the norm. Alcohol was a part of my life growing up, and violence and sexual abuse came with that. This is not only for me, it was for the majority of my cousins, everybody that I know my age, and younger and older. The forceable eviction of my people from their traditional homelands took their pride, their way of life, and their culture. They were forced to live in a foreign world, one that was unkind and unwelcoming. The people began to drink to numb the pain of both the Indian residential school and the forceable eviction. This intergenerational trauma continues in our community and our peoples today, especially on-reserve.

As an example, I will give you a short bio of my life. My presentation is quite different from Scott's, and I'd like to thank Scott for his presentation.

At the age of nine, I was put into Lejac Indian Residential School. I was told it was for my own good, that I would get a good education there, and that they would treat me better than I was treated at home. I remember being excited and scared at the same time. That dream of a caring and loving educational environment was crushed as soon as I took that long walk up those stairs to the school's doors. I experienced racism amongst my own people, as well as abuse by adult supervisors.

My first day of class was exciting, as I sat down and got ready to join all the other children. The teacher had me do a test to see what level I would be put into, A being the smarter kids, and B, C and D being the dumbest, as she stated.

She put me in the corner by myself, and I completed the test without any problems. I happily turned my test into her, and she marked it while I sat at my desk. She came up to me and said I cheated. She hit my hands hard with a yardstick and called me a “stupid, dirty Indian”. I was put into group C. I later found out that I didn't get any questions wrong, so why did she do this? It confused me for many years as to how I approached my academics. Do I try to do my best? If I do, I may get punished. So I don't, and then I get punished anyway. I ended up making sure that I did not get all my answers correct. I intentionally got questions wrong because I did not want to get hit again. It was not an experience I'll ever forget, and this was an experience for many of my peers in my classes.

You see, in Indian residential school, education was never the priority, discipline was. I was made to feel inferior and stupid, something I still deal with today. I lost touch with who I was in an educational context and at a personal level. I was made to hate myself and authority figures. This is a fact of life for all of the members of the Cheslatta Carrier Nation. Drugs, alcohol, and addiction to prescriptions is the norm.

When I returned to my community later on after residential school, I continued to endure horrific abuses of all kinds at the hands of a family member, who was also a residential school survivor of 15 years. My only refuge was when I attended school, where the teachers always encouraged me to excel at everything I did.

● (0820)

I clearly remember the day when the special education class started, because I did not see any of my cousins or friends in my classes. I asked my teacher about this, and he said they were put into a special class. I wanted to go to that class too. I demanded to go to that class now. My teacher told me to go sit down and do my work, and basically just shut up, so I went and sat down and shut up.

Anyway, when I think about it now, I'm forever grateful to my teachers for believing in my potential as an academic student, because to clarify, all those students who were put into that class never did graduate. That's where the problems starts, and one of the biggest problems that we have in our communities to this day is graduating illiterate community members, and I see it in my community.

My home life was not a good one. It was one fuelled by alcohol, violence, poverty, and sexual abuse. That continued daily for most of my childhood. Many times I tried ending my life, but to no avail. To clarify, the first time I sliced my wrist was at the age of 10. No one in my family cared. I just cried myself to sleep and woke up the next day feeling weak, but still alive. I tried this a couple more times in my teen years, but again I didn't succeed, thank goodness.

At the age of 13, I ran away from home due to the unrelenting abuse that I had to endure daily. Thinking that running away was going to solve my problems was a fantasy, and reality hit quickly. I went from one hell to another. At the age of 16 I had my one and only daughter, and I did not know how to be a parent. As a single mother, not long after my daughter was born, I went back home to my community to find my way in life. During that time, I felt a yearning to return to high school and graduate. If it had not been for school during my younger years, then I would have died at a very young age due to the intergenerational trauma that I experienced.

While my story is one of hope and resiliency, more must be done, and each and every one of you in this room is capable of helping to make the calls to action for meaningful social change, as it pertains to our aboriginal youth and families, and our communities on- and off-reserve, especially on-reserve. A hope for a better future through a purposeful healing and educational system is needed.

I also have some ideas here. For example, in our community, when there is an attempted suicide, we have to call 911. Well, Burns Lake is close to 800 kilometres from Kamloops, and 911 dispatch goes to Kamloops. There is no 911 in Burns Lake. The ferry stops at 11 o'clock at night, and suicides usually happen after drinking late at night, between 12 and six in the morning. Those are the times that we usually experience all of the incidents of anything, such as someone getting beat up, a murder, or someone going missing. Parties happen at that time, and suicide attempts usually occur during that time in our community. When we call 911, they dispatch us to Kamloops, to that dispatch, and it takes forever. I'm thankful we have that contact to 911, but there should be one in Burns Lake itself.

The ferry service stops at 11 p.m., and it doesn't start until 5:30 in the morning, so when someone does try to commit suicide, it takes forever for the ambulance, at least an hour and a half to two hours. If they rush, it's an hour and a half to start up the ferry, to get the ferry going, and get the ambulance. If there's no ambulance service—they have an ambulance service on the south side—and if they're not available, or if no one's there—they volunteer on the south side—then they have to wait for the one from Burns Lake to come. They have to get the ferry across to the north side, bring it back over to the south side, and then dispatch it wherever.

Our community is 50 kilometres in radius. We're not a community with all the houses in one spot. We're 50 kilometres apart from one end of our community to the other. We're very spread apart. I believe that we need better ambulance service with people who are certified to be ambulance paramedics, and that's one of the biggest things in our community.

I also have three other recommendations. One is that we have a trauma counsellor rather than counsellors in our community. Counsellors in our community rotate every two years. They do their time, and then they leave. When I was working there, I decided to see a counsellor. She had to leave, and then they said, “Oh, there's another one coming in.” I'm not going to tell my story over and over again, I'm just not going to do that, and if I don't do that, who else is going to do it? No one's going to do it, and it has continued. I've left my community in 2009 to do my undergrad degree and then my graduate degree.

● (0825)

So no one's going to do that. They're just not going to do it. I highly recommend a trauma counsellor in our community, and also treatment for families regarding historical trauma in our communities, especially the ones who have gone through suicide—like we've all gone through it—but the ones with suicide attempts or they've committed suicide. They need trauma counselling. They don't need alcohol counselling; they need trauma counselling. That's what we're experiencing.

I also totally agree with a community centre, of course, as Scott said, for sports and culture. We need our cultural teachings and our language to be brought back to life. That would bring the spirit back of our people.

I'd like to thank you.

● (0830)

The Chair: Thanks very much, Ms. Benson, for that.

We will go right into questions now. These are seven-minute questions.

The first question is from Mike Bossio, please.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): There's so much information there, and so many similarities from other witnesses we've heard from. Well they're similar but not similar, because everyone's individual story is so personal and different, and difficult.

You mentioned the three recommendations that you had, and I liked that they were very specific. Many times they're a much larger picture, but you've drilled down at a very specific level.

Right now, today, you have a counsellor who comes in to the community. They are general counsellors for alcohol and drugs, and I assume other social...mental health aspects as well, but they're not trained specifically on the trauma side of things.

Ms. Mavis Benson: No.

Mr. Mike Bossio: So they're not able to provide.... Would it be another resource that would benefit you most, or do you think that the central training of these counsellors should be to deal with trauma and that the others be secondary?

Ms. Mavis Benson: Yes, I really believe that.

For example, the counsellors are sent in by the Carrier Sekani Family Services. They're hired by them and they go into the communities that are a part of this organization. They do a two-year term. They graduate from post-secondary. They have to do two years in order to get certified. Once they're done their two years, they're not going to stay on the south side, so they leave.

They're not specifically, as you said, trained for trauma; they have some trauma counselling. I really believe, for example, that we need psychologists out there, and dealing with trauma specifically.

I go to see Rob Hadley. He's a hypnotherapist, and that's how I started dealing with my trauma. I went to see counsellors here in Vancouver for many years. Once I started seeing him, he made a big, big difference in my life. He's given me hope. He's helped me through law school. Otherwise, I would never have graduated, because the insecurities, the trauma, all of that started coming back. When you first go to law school, the first year is hell. It is hell. He helped me with that.

We do specifically need trauma counsellors, and I believe they have to be specifically trauma related.

Mr. Mike Bossio: Trauma related from a standpoint of indigenous —

Ms. Mavis Benson: Yes.

Mr. Mike Bossio: —experiential trauma, rather than just trauma, right?

Ms. Mavis Benson: Yes.

Mr. Mike Bossio: Are the counsellors indigenous?

Ms. Mavis Benson: No, not always. I don't believe we've even had one who was indigenous.

Mr. Mike Bossio: I've had a number of witnesses in the past say we should be focusing our indigenous youth, through the education system, very early on, in getting involved in health, in education, in a number of different fields like this in grade 3 or grade 4. This would start to move them in these directions so that we can start to employ local indigenous people into these very important roles, because they're typically going to have greater longevity within the community.

At the same time, it's training them to the social and economic predeterminants that exist within their communities around alcoholism, around drug addiction, around sexual assault and violence, to enable them to see the signs of potential suicide. Then it's being able to take particular actions within their own home, within their own community, to try to identify and deal with and focus on it, before it becomes a crisis.

The first group that brought this to our attention was the Indigenous Nurses Association. Would you agree that would be beneficial to do at such a young age? Would it benefit youth?

● (0835)

Ms. Mavis Benson: I believe that awareness of culture and language is really important and critical at a young age. It should be implemented in the schools. I have to say I don't agree that we should focus our young kids just on health and wellness. Cultural awareness and language are our health and wellness. That's the way we build our strong identity on who we are.

All of our children can't, as you said, become health workers. None of my kids are going to be health workers, regardless of what I went through. Of my three grandchildren, one is going to be an actress or singer, one is a soccer player, and the other one is just three years old, so I don't know yet.

In my community, a lot of the community members have aspirations. Yes, maybe if you notice one or two who are very interested in health, then focus on them and encourage them, but we also have to encourage the other children to do what they want to do. What is their dream? None of them have dreams. None of them have aspirations. You ask, “What are you going to do after you graduate”. They say, “Oh probably just go on welfare like my parents or work for the band.” That's the common response, and it's quite sad. That's why I say we have to focus on our young children and their aspirations.

Mr. Mike Bossio: Sorry, I should have qualified that. Yes, the cultural heritage side of it is the most important aspect of it. I couldn't agree more, and I've seen that with many different communities and many different witnesses, but this is an additional thing to add to it, to try to educate our much younger youth on the social determinants that exist within their social economics in their communities.

Ms. Mavis Benson: Yes, I agree with how you stated it there. Don't they have classes? My daughter goes to this one class called social education, or something like that. I think they should have it at a younger age, but that doesn't mean that we're gearing them toward a career in health. I think, yes, awareness in that area and awareness that they can come to someone and talk to them.

When I was young, my teachers knew what was going on. They called the ministry. The ministry was too scared of my father. The cops didn't want to come. Social awareness is important. Thank you.

The Chair: Thanks.

The next question is from Cathy McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you to both the witnesses.

I first have a quick question to Ms. Benson. Does your community have good broadband, and is there any way to provide support and services? I know that throughout Canada we're going to have challenges with that counselling revolving door, but it is shown to be effective. Is that something that is available right now in your community, a broadband connection for telehealth?

Ms. Mavis Benson: Yes, at the health centre we have, the Southside Health and Wellness Centre, they do have a broadband connection, but a lot of our community members just won't go there. I have bronchitis, so I now go to the health and wellness centre. For issues where it's mental and physical—I say physical because physical is mental too—they're not going to go, because they're too ashamed. They don't know what depression is. A lot of them don't know that they're depressed. I never knew until my late 30s that I was going through depression my whole life since I was really young and from when I first tried to commit suicide. There is not the awareness of what depression is. How does that look, and how does anxiety feel? You know.

Mrs. Cathy McLeod: I guess if there were going to be some services that were consistent and long term, then there would also have to be a lot of work around gaining acceptance in the community. That is something that's helpful.

Ms. Mavis Benson: Yes.

Mrs. Cathy McLeod: Thank you.

Mr. Clark, there were a few areas that I wanted to follow up on.

You said your organization has no funding, so how do you sustain yourself?

Mr. Scott Clark: We do not take government programs, and we do not deliver government programs through our organization. We organize events where we generate revenue to pay our salaries. It's very different from program service delivery.

● (0840)

Mrs. Cathy McLeod: You talked about how in the past the urban services have tried to replicate. Could you talk a bit more about what's been done in trying to replicate? You talked a bit about where you've gone with that sort of coordination and organization. Describe how you've seen replication in the past.

Mr. Scott Clark: Oh, very simple.

There are a number of challenges, of course—very different from the on-reserve versus off-reserve—and the federal government, regardless of what political party has been in power, has never been the friend of the off-reserve indigenous population. I think we have to start there.

There is the Supreme Court of Canada Daniels decision, which says that the federal government has a fiduciary responsibility to non-status and Métis, including the status population.

That historical evolution of that relationship has for all purposes, up until 2015—and I would suggest even to this day—left the off-reserve population in a vacuum. The devolution process of the federal government in 1996 to the province, and the province to the city, has created this vacuum where nobody wants to step forward and step up and say who's really responsible for this 80% of the population living off-reserve. That hasn't happened. Now the landscape has changed, and hopefully we'll see some progress with this new government.

What we have witnessed over the last 70 years here in Vancouver, and it's well documented, is.... You can look at the demographic patterns of where indigenous people live in Vancouver as an example. We make up 2% of Vancouver's population. The majority of us live in east Vancouver. The majority of us in east Vancouver live in what we call the Grandview—Woodlands area, and then the second community—it's like an L—is the Downtown Eastside, Canada's most impoverished urban area code.

The programs and services that have been developed over those 70 years have created, in just Downtown Eastside alone, 260 non-profits, and in the Grandview—Woodlands area, 40 other non-profits. If you go to the other communities in the nearby areas, there are very few.

What we have effectively done without questioning—because for whatever reason we don't question this stuff—is we have created a ghetto. We've ghettoized urban aboriginal people. We segregate them in the educational institutions, and we segregate them in programs and services. We say that if you want day care you have to go over to this community in the Downtown Eastside to get your service. We pull them out of their natural community, away from their natural friends, their parents, their work, and their public school.

We have a whole bunch of alienation that has been taking place unquestioned. The key concept we have to be looking at when we're dealing with indigenous populations, on- or off-reserve, is what is the framework? What is our goal? Do we really intend to close the gaps, if that's our goal? Then how do we get there?

The key concept, as we see with our brothers and sisters on reservations, is that they have a comprehensive community planning process that's funded. When it comes to the off-reserve, you have federal governments, provincial governments, municipal governments that don't want to deal with these issues. They all say it's someone else's responsibility. At the end of the day, what we see is a concentrated population in cities cross this country, which has ghettoized us, with no means, to this day, to find comprehensive indigenized solutions that go beyond an item—that go beyond suicide, beyond poverty, or homelessness, or day care, or whatever.

Thank you. I hope I answered your question. I don't know if I did.

The Chair: You have 30 seconds.

Mrs. Cathy McLeod: I have a quick question.

There is a variation for the urban population. It sounds like some bands provide really good support to their membership regardless of where they live, versus others that choose only to provide support to their membership who live on-reserve.

Mr. Scott Clark: Without getting caught between on-reserve and off-reserve and who is and who isn't providing, let's be real, all right? If this study you're working on is going to be real, if you want to make it meaningful, then you have to realize you can't just pick and choose an item and address that item. It has to be comprehensive.

That's why I said collective impact, place-based strategies, working on the social determinants of health, which look at the social, the economic, and the environmental variables that impact the health of the individual in a community, in a neighbourhood.

You have to start looking at the economic opportunities, the education opportunities, the health opportunities, the cultural opportunities, the opportunities for reconciliation. How do we build that into a village? It sounds challenging, but guess what? Our children deserve that passion and commitment to change what's going on right now.

You can't pull these things away. You have to look at them. You have to create a strategy, with a village.

● (0845)

The Chair: Thanks for that.

The next questions are from Jenny Kwan, please.

Ms. Jenny Kwan (Vancouver East, NDP): Thank you very much, Mr. Chair.

My apologies for arriving late. There was a car accident, and I couldn't get through traffic.

Thank you to the witnesses for your presentation.

Ms. Benson, thank you particularly for your personal story. It takes a lot of courage to share that information and, of course, it brings back memories that are very difficult. We really appreciate your taking the time to do that today.

Mr. Clark, you've been a long-time advocate in the community, and you've done a lot of work on the issue around the place-based strategy that has been talked about and the wisdom behind it. I think some of that was shared with the committee today.

If the committee were to make a recommendation to the government about moving forward, what would it look like to implement place-based strategies, particularly in the urban context? Steps one to five, what are the things that government needs to do to move in that direction, and what are the resources that are required for this to happen in a way that will help ensure success?

Mr. Scott Clark: Thank you.

I just quit smoking and drinking coffee yesterday, so those are tough questions.

It's very simple: research, research. We can look at the Royal Commission on Aboriginal Peoples done in 1996. We can look at the reports that came out, but most importantly, we can look at the 94 TRC recommendations that just came out. The first five deal with child welfare. The first five of 94 deal with child welfare. Who's doing what where?

The City of Vancouver adopted it. The parks board here in Vancouver adopted it. The school board adopted it. They're all implementing strategies. They're working co-operatively. The research of who is doing what where is important.

Second, look at promising neighbourhoods in the United States. Why are they doing this in 61 communities, and what are the results of it? Ultimately, you'll see that it's going to save resources and save lives.

Third, work with our national political organizations. I make a very clear distinction between political organizations and service organizations. They have different mandates. The federal government has played those organizations off each other. Honestly, I think in 2016 we need to move beyond that.

Fourth, implement it, and five, evaluate it, because really the wave of the future for indigenous populations, the TRC recommendations, and Canadians as a whole is taking the best practices around the world—promising neighbourhoods, the collective impact, place-based—and start doing it here in Canada. We are way behind, and it gets a number of birds with one stone because we start working with children and families at a very young age and with girls so they don't end up as another statistic in Vancouver's Downtown Eastside.

Do the math. We start building and bringing them together through a reconciliation lens. It's being done here in Vancouver, and we can do it across the country.

Ms. Jenny Kwan: You referenced the United States, and I've been to conferences where presentations have been made about what they have done and how it has been successful, especially on educational outcomes and successes for students. I wonder whether or not you have any of that information, maybe not at this moment, but after the meeting you could share it with the clerk so we can actually have on the public record what some of those successes look like and how they resourced them to make them happen. That would be something we can begin with.

Mr. Scott Clark: We would be pleased to gather that information. In fact, we're in the process right now of making a request through the civic, provincial, and federal governments to jointly fund this as a model here in Vancouver. We'd be happy to provide all that information for this committee to address those issues.

I think one of the key things I want to say is that a collective impact place-based approach is also nation building. It's not segregating urban aboriginal people from a different entity whose territory we're in. It's actually about building us and bringing us all together and respecting the territory.

You can do the TRC recommendations, educational outcomes, get in front of the missing and murdered women, and support these young children so they actually have real choices when they move through the transition stages of education.

● (0850)

Ms. Jenny Kwan: One of the issues that you mention, and you're right, is that there are many components to the situation we're in, and housing and homelessness, for example, is a key piece within that.

I have in my previous experience indigenous families, single parents, who are separated from their children. Their children are taken into care simply because they can't find safe, secure, affordable housing. To that end, what are your thoughts with respect to addressing issues like that? There needs to be a foundational piece for people to build their lives on.

Mr. Scott Clark: It's extremely important. We've been meeting with the City of Vancouver. Housing is tremendously important. Safe, suitable, affordable housing for the diverse needs of vulnerable children and families is critical. You have to engage the cities. The federal government, through this report, can start advocating that the provincial governments start working with the city governments on a tripartite relationship to ensure those housing needs are built around schools and community centres.

What does a healthy community look like? It looks mixed. It looks inclusive, vibrant, engaging, and reflective—no more just streamlining us into one pocket. Vancouver, from what I've noticed, is beginning to do that approach.

Ms. Jenny Kwan: We haven't had a national affordable housing program since 1993. It was cancelled. As a result of that, across the country we lost over half a million units of affordable housing that would otherwise have been built, had that program continued.

What are your thoughts on a national affordable housing program?

Mr. Scott Clark: We participated recently with CMHC and the Congress of Aboriginal Peoples, about a month ago in Gatineau on this issue. You are right; it's a critical issue. Ultimately, the federal government.... We are the only G8 nation without a federal housing strategy. In the devolution process that I shared with you, the feds have always said that we are not their responsibility—the 80% of us who live off reservations are not their responsibility—so we've been living in this vacuum.

Housing is critical, and we believe that the feds need to show some real leadership and get back into supporting housing across this country.

Thank you.

The Chair: Don Rusnak, go ahead, please.

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): Thank you for coming. It's a pleasure to be here. The stories we have been hearing across the country—and from people from across the country in Ottawa—have been very helpful, first, in my own learning about the different issues across the country, and also in learning about us as indigenous people. I say “us”, because I am from Lac des Mille Lacs First Nation, Anishinaabe from Ontario. I am Ontario's only first nations member of Parliament, and I'm also the chair of the indigenous Liberal caucus.

My lens is changing a bit, or perhaps my view on where we go with this issue. Of course, there are the immediate things we need to do, reacting to the crisis immediately with some kind of response—and I've said this over...through so many different witnesses. In the past, it's been crisis teams that have been developed by FNIHB or Health Canada. We've heard that some of those teams would come in and then leave. That's not effective. It's not the right way to deal with this crisis.

What we heard last night.... We were at a youth centre on the lower east side, UNYA, with indigenous youth from the lower east side area. They said that programs like that and centres like that go a long way, but there were a lot of youth, their friends, who weren't there and who had been dealing with thoughts of suicide and needed something more, or a follow-up—needed a safe space, but also someone to talk to.

I think it's happening in pockets, mainly not because of anything governments are doing but because of what the people on the ground are doing. It's very important to listen to people on the ground, because that's where we are seeing it, at the front line. We are seeing positive results of programs like UNYA, and we are seeing not-so-good results from Health Canada teams going into communities like my area of the country in northwestern Ontario, Pikangikum, and leaving, and then we have another crisis pop up there, or in northern Saskatchewan.

I believe I know your answer, and maybe I've said parts of it, but what should the federal government do immediately? I believe we need to work in partnership, not only with municipalities but with the provincial government and the providers of service. What can we do to make it easier to do the job that you guys do, and what else should we be doing for the immediate...?

● (0855)

Mr. Scott Clark: Immediately? I guess your lens is very important. As an urban indigenous advocate, I think we've been researched and programmed to death. We've been “clientized”, you could even say, and I think that we have to move beyond that.

It took us how many decades to get here? How many decades is it going to take us to get out of here, together, in a good way?

I'm very apprehensive about saying that “this is the key thing” or “that's the key thing” or “this program is key” because a program to me is just how they keep all the service providers fighting for the same bits and pieces. Meanwhile, we lose a strategy. We have to change from being program-immediate based to being strategy-evidence based. That's what we need to indigenize that process, and it has to be open and inclusive for non-indigenous people in that area.

You're Ojibwa. In my community, regardless of our ethnicity, we all come together through our philosophy. The same lens needs to apply in the urban context. Meaningful partnerships between the feds, the provinces, and the cities need to happen, and they need to happen soon. The problem with the feds and the provinces, and even the cities, is that they are imposing stuff on us. It needs to come from the ground up. If you talk to the people in those communities in a comprehensive approach, you can identify where those opportunities are.

There's a lot of goodwill out there, but there's no ability to tap into that goodwill and turn it into a strategy.

Mr. Don Rusnak: How I had it layered was, first, immediate response and, second, youth intervention. Some of that you filled in: the partnerships with municipalities, youth centres...the grassroots service providers telling us what they need and then we deliver it.

Mr. Scott Clark: That's very important. I'm going to say it again because it's worth saying: I am very concerned about a program provider approach, a service provider approach. This is the problem. Governments dump money on a program. However, we're talking strategy. We have those 30 kids who had a suicide pact. We created, and we're still creating, a strategic approach where we can identify the vacuums and fill them with the residents in the communities, not the service providers.

Mr. Don Rusnak: Ms. Benson, I come from a first nations community that, like yours, was flooded out. I looked at Google Maps to see where you are, and I noticed that you're on the south side of the lake. When you said ferry, I wondered where you were, but now I see that you have to actually take a ferry. Your community is purposely isolated from the highway, and you have to take a ferry over to get any services from any other communities in the area.

That's one of the big problems: the Indian Act and all the things it has done to our people since colonization. Those people filter into the urban fabric. We heard yesterday that there's so much mobility; this isn't just an issue for first nations on reserves. I personally don't like that characterization because I've never lived on a reserve. I grew up in the city—

● (0900)

The Chair: We're out of time.

Mr. Don Rusnak: I'll continue if I get—

The Chair: I'm sorry. I'm being strict because if I'm strict now, we can have three more questions, not two. We're going to go on to five-minute questions, and maybe the answer can come forward.

The first question is from David Yurdiga.

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

I'd like to thank the witnesses for being here today. This is a very important study.

It was very interesting yesterday when we met with the UNYA group. I was very impressed by how articulate and intelligent these young people are. These youth can be so much more if they're given the opportunity. However, it seems like these suicide pacts are becoming more prevalent, and that's very concerning.

What types of strategies are being developed, or have been developed, to address suicide pacts in reserve communities and in urban settings? Is there a difference in the strategies? I'll open up the floor to both witnesses for comments.

Mr. Scott Clark: Something that I want to be really clear about —and I haven't even begun to address this issue in the urban context —is that lot of the service agencies are muffled. They're not allowed to speak the truth of what's really going on, because if they spoke that, then they would lose their funding. This is why we don't take government funding.

When we had a suicide pact here of over 30 people, many service organizations tried to downplay it. This is why service agencies cannot be relied on, because they have a different agenda from the people. This is why I say we have to go for a strategic approach.

Many of the service agencies here in British Columbia are muffled by design, and you're not going to get the real information. That's where academia comes in. That's where the residents come in. You start developing a strategy. You have to change your whole lens. It's not a program. It's not a quick fix. Your whole lens has to change.

We're here to support our most vulnerable people, so let's deal with the facts and the best facts we can get. If you're getting misinformation from non-profit organizations who are covering their behinds because of their government funding, then we should be clear about that.

Ms. Mavis Benson: I believe on-reserve, or when I experienced suicide pacts with our youth—it's not only youths, it's young adults, too—it's a lot different than off-reserve because off-reserve has a lot of services. We don't have any services in our communities, none whatsoever.

When I was on band council, for example, I worked 24/7. If someone wanted to commit suicide, the cops would call me in the middle of the night, like 2 o'clock in the morning, because they can't get there fast enough. I'd go to the house. I'm not a counsellor. I was a political leader. I would go there and sit with the person until an ambulance attendant and the cops could come.

That's what the chief and council continue to do now. They're not psychologists, psychiatrists, or counsellors. They're political leaders, but they put their own time in to help. If they hear there is a suicide pact going on, then they go into the houses, regardless of whether the residents are drinking, or doing drugs, or whatever. We were all there at one time. We don't segregate them. We don't isolate them. We make them feel like they are part of the community and they're worth something, because we are all human beings. We're all Cheslatta people.

The thing is that we don't have services that can assist these people in our communities. We have lots of services here in the city. That's one reason why, as Scott was saying, a lot of first nations people are segregated on the east side.

I live in southwest Vancouver, and I did that on purpose. I wanted my children to have a chance to have a better education and a better outlook on life. They're doing amazingly, all three, well, two of them. One has to go to the east side to a day care, but it's an awesome day care. As I say, on-reserve we don't have the services. Even mental health workers don't necessarily live on the south side. There's no housing there, so they live in town. When something like that happens, the ferry is not going to start up just for them. They will start up for the ambulance or the police, and that's it.

I remember one time, there was an incident that happened, and they told my uncle, who was the chief at the time, “Go see if they're really dead.” when there was the murder of two people. The cops told him to do that. He came and got my mom and my sister to go there and check if the two individuals were murdered, and they were. Then he called them, and then they came.

● (0905)

Mr. David Yurdiga: Thank you.

The Chair: Mike Bossio, you have five minutes.

Mr. Mike Bossio: Thank you.

I'd like to pass my time to Don.

Mr. Don Rusnak: Not to waste any time, I'm going to continue on with the sort of long-term solution.

I don't see indigenous people always being here. I've said this at this committee before. In 50 years, I don't want another member of Parliament asking these same questions about suicide. I've said this also. Suicide is only a symptom. I think this study needs to go broader and look at all the problems that are leading to this ultimately horrible conclusion for a lot of indigenous youth and indigenous people.

In terms of first nations communities, on the positive side, a lot of communities in a certain area of my riding are doing well financially, and that's through partnerships with resource companies, with municipalities, business ventures that community members have done themselves. They're healthier communities. You see virtually no suicides. You see kids going to school, going on to post-secondary education, getting involved in the trades.

We had the B.C. Treaty Commission meet with us in Ottawa—I think it was last week—and they outlined a number of agreements that they've helped shepherd along over the last many years. Have your communities been involved in any processes, or economic activity, or governance building that gets them out from under the Indian Act?

Ms. Mavis Benson: My community, Cheslatta, is actually doing quite well, doing joint ventures with different businesses and organizations, and not necessarily depending on INAC funding. We do have resources, through forestry contracts, with economic development through different organizations like mining companies. Our community puts that back into the community.

During the summer, we have a camp-out that's one week long, and it's all culturally oriented. That's another way to find out whether there is a suicide pact going on, or there is an individual, a youth, wanting to attempt suicide.

I'm on Facebook. I'm here, but I always read the Facebook messages. If I see that someone has said they want to die or whatever, I call my chief and council. Of course, it's all confidential. I will say, “This person is saying this. I just want you to know.” They are not on Facebook, so that's how I intervene, or else if I know them really well, I intervene. I will call them myself.

We have a cultural camp that's culturally oriented, and that really helps people. We also have fishing season all of August, and everyone gets involved when we get salmon. Everyone has learned how to cut and dry salmon, and they package them up and hand them out to people. Our community is well off in the sense that we can get extra programs. We can send people to different things, choices, and other things, but we also assist other communities.

Mr. Don Rusnak: Is the community looking at getting out from under the Indian Act?

Ms. Mavis Benson: Yes, our community is eventually hoping to get out from under the Indian Act. We finally got our lands back at Cheslatta. Of course, you had seen on the news where Christy Clark signed the land back over to Cheslatta members a few weeks ago. That was a big event.

● (0910)

Mr. Don Rusnak: Basically, some communities do better than others under the Indian Act. There are various reasons for that.

However, being in the Indian Act and continuing in the Indian Act as a community is unhealthy, and we know that. I like to hear that communities are working to get out from under the Indian Act, whatever those ideas are. It's the choice of the community, and not necessarily the choice of the Indian Act band chief and council.

That's why, when I go to communities, I like to talk to the grassroots people from first nations communities. Once these communities come out from the Indian Act, they start getting involved in cultural things, and other things that are healthy in building a community. When we have healthy communities, we don't have people going to urban areas. It's not bad that people go to urban areas, but we don't cycle into this problem again. We end it at the source, so to speak.

Ms. Mavis Benson: Education is the key right from the grassroots level.

The Chair: Thanks. We're out of time.

The final questioner is Cathy McLeod, please.

Mrs. Cathy McLeod: Thank you.

I will pick up where Don left off. You talked about your community having some good partnerships and, it sounds like, some good oil source revenues. Is that also creating employment opportunities for youth or is it just the revenue stream? That would be part one of the question. Part two is, as you sort of created these partnerships and the opportunities, are you seeing things improve in the community in terms of general mental health and wellness?

Ms. Mavis Benson: On the first question, yes, there are a lot of partnerships that the community has gone into with different organizations. For example, I know they have a partnership with forestry companies. They have a partnership with mining and all these different organizations. They do employ a majority of our people, but they also train them. A lot of the training is for community members on-reserve, which is something I am really hoping changes because I live off-reserve. They have training, for example, for truck driving. They have upgrading courses where they'll actually pay for day care whereas before they never did. Under the Indian Act, you can't pay a student to take upgrading courses, but in our band, they did give them a stipend to go and take upgrading courses as an incentive to go. There is training and there is education through the different revenues that are generated from these companies.

What was your second question again?

Mrs. Cathy McLeod: Earlier, you talked about some of the aspirations of youth to be on welfare or a band office employee, but with those new partnerships, is that building the aspirations of the youth in the community and then, as part of that, is there a noticeable change in terms of mental health and wellness?

Ms. Mavis Benson: Yes, what the community is working towards is creating a.... We don't like to call it a treatment centre, but way out at the west end of Cheslatta Lake we have a big cabin that houses probably about 10 people. We're hoping to create a wellness centre that deals with post-traumatic stress disorder and all of the issues that came with colonization.

I suffer from PTSD, and a lot of community members do, and this centre that we are striving to open is going to deal with trauma, sexual abuse, and all the core issues that make us drink, that make us do drugs, and that make us want to commit suicide. I think they're going to take individuals and families, not necessarily only people who want to commit suicide, but everyone, including families who deal with alcohol and drugs, or individuals and youths who are addicted. It's like a comprehensive view of how we holistically deal with this person and these family members as a whole. That's the kind of treatment centre or healing centre, I guess they would call it, that Cheslatta is now working on, and they have been working on it for a while. They are going to be hiring psychologists and certified trauma counsellors rather than just generic counsellors. This is something that they are working on diligently, and I really commend them on that.

● (0915)

Mrs. Cathy McLeod: Mr. Clark, you talked about the organizations that deliver services wanting to downplay the issue around the pact. I guess there's the other sort of thinking sometimes around suicide that, the more it's in the news, the more you create—and it's been shown, of course, from the research—this sort of snowball effect.

My question is, was it really a downplay of the critical issue or was it possibly a strategy to help save youth by giving it that sort of profile?

Mr. Scott Clark: Its a very good question. Having lived and breathed in this community with this issue I recognize that point, but the changes are difficult. It's extremely difficult to get different organizations and government bureaucrats to change how they are held accountable. We have had the whole gauntlet. Some are in complete denial, and some very high-profile people—there are big battles around this stuff—are just saying, "You know what, we did a great job. It's not our fault," and pointing the finger, trying to deflect blame from themselves. But ultimately, it takes a village to raise a child, and we all need to be held accountable to those young people and their families. That culture is missing. We need to decolonize services from all levels of government and to work with community from the ground up.

The Chair: Thank you very much for your thoughtful and well-considered testimony. Your depth of experience and passion are evident in what you've told us today. It's going to be of tremendous help to the study. On behalf of the committee, I offer sincere thanks for that.

We will suspend for about 10 minutes.

● (0915)

(Pause)

● (0925)

The Chair: We'll come back to order.

Welcome to this public hearing of the indigenous and northern affairs committee of Parliament. As you know, we are continuing our study on indigenous suicide.

Thank you very much to both of you for joining us this morning: Gabriella Emery, project manager for indigenous health at the Provincial Health Services Authority, and Cassandra Blanchard, program assistant for indigenous health at the Provincial Health Services Authority.

I'm very happy to offer you the floor for 10 minutes to share between you. As I understand it, Gabriella, you are going to begin. Go ahead, please.

● (0930)

Ms. Gabriella Emery (Project Manager, Indigenous Health, Provincial Health Services Authority): Thank you, Mr. Chair and committee, for this opportunity to present to you today.

I'd like to start by acknowledging that we are on unceded traditional ancestral territory of the Squamish, Musqueam, and Tsleil-Waututh first nations. My name is Gabriella Emery. I am from the 'Namgis First Nation. I am the project manager at the Provincial Health Services Authority indigenous health program.

Ms. Cassandra Blanchard (Program Assistant, Indigenous Health, Provincial Health Services Authority): I'm Cassandra Blanchard. I am a program assistant with PHSA for aboriginal health, and I'm Northern Tutchone.

Ms. Gabriella Emery: To get started today, we're going to be talking to you about our upstream suicide prevention program called Cuystwi. As we know, indigenous suicide isn't a new issue in Canada. It was established as a priority action area in the "Transformative Change Accord: First Nations Health Plan" back in 2005. To ground the rest of our talk, I want to give some background on the values and the philosophy that we use in our programming.

One of the main points is that colonization and racism are determinants of health for indigenous people. I think that's something that really needs to be kept at the forefront when we're looking at prevention efforts. Secondly, we use evidence from the literature that states that identity, culture, and connections to land are really important when we're talking about indigenous youth suicide prevention.

That brings us to Cuystwi and how we got started with our program. We were doing some work with first nations communities in northern B.C., and they had expressed desire for an upstream suicide prevention programming for their youth. They really wanted a program that would teach youth our history from the indigenous perspective. They requested that it should be culturally relevant and would promote wellness, and that it would be culturally safe and decolonizing in nature.

With that feedback, we hosted four World Café-style focus groups in the north where we brought youth together to flesh out what that meant to them and what they wanted to see. When we got some positive feedback from those youth, we moved on to a think tank in Vancouver in 2012, where we brought youth and youth workers from 20 different nations together to really flesh out what that would look like to them. On the slides, you can see one of the drawings representing what the youth wanted to see.

With that positive feedback and the direction from the youth, we embarked on the creation of an online quest called Cuystwi. It's meant for youth aged 10 to 12 and it's designed so they go through a journey with many different activities, videos, and audio. That was one of the things that they expressed; they wanted it to be interactive and they wanted to use media tools. The online quest can be explored either as an individual or as a group. It's meant to be facilitated in community, by community members, and to complement other existing youth programs.

The quests were really meant to be a conversation starter and not meant to be the be-all and end-all of information. We really wanted to provide a platform that communities could use to make it their own; to have their own teachings and their own values that they could bring to the table.

That being said, the five main themes that the quest goes through are strengthening identity, understanding the importance of culture and wellness, understanding colonization and how it affects us, our families, and our communities. It gives them some tools to deal with racism and it ends with an invitation to become a young warrior.

From there, we moved on to the development of phase 2 Cuystwi. There was a desire expressed that we wanted to address some of the older age groups, so this one was for 13- to 15-year olds. It has a very similar style with an online quest that youth can go through again, either by themselves or in a group. We built on the five main themes from phase 1, but we also added on topics like healthy relationships, and that can be with the land, our friends, our families, and significant others. We talk about sexuality, self-regulation and emotions, and we really go into more depth around the Indian Act and residential schools, again, teaching our history from our perspective. Both programs are free to use. You send us an email and we'll send you a link.

We also provide facilitator manuals, so that communities have a resource, in addition to accessibility to needed support. Again, we really want to emphasize that it's something that communities can take and use in the way they see fit. They don't need to use it exactly the way the quest is laid out. It's meant so the youth can take what they want to learn and supplement it into their other programming.

As best practice, we really believe in having youth-driven programming, with the understanding that youth know what they need. Many health promotion programs have been implemented without an indigenous world view or real and meaningful engagement or collaboration with the people who actually would be using the services they're developing. We believe that youth need to be recognized as experts in determining what they need to stay well and we really need to fully support and engage youth, so they are part of the development from the very beginning when we're moving forward with programming. This really helps to ensure that there are high rates of participation, that people feel like they have a sense of ownership over the content, and take pride in their communities.

With that being said, we also want to recognize that indigenous youth aren't one specific group. When we're talking about programming, we really need to be understanding that there's youth on-reserve, in foster care, and in urban settings, so we really need to address all of those.

● (0935)

One of the ways that we've been ensuring that we have youth involvement in our development of our programming is that we had 12 pilot communities from around B.C. We asked those communities to send us youth representatives who were interested in sitting on an advisory panel. It was an advisory panel where they could provide direct feedback and help develop content with us, but it was also an opportunity for youth to get some training. We used telehealth equipment, so that we could bring in people to provide training around research, facilitation, skills, and leadership, etc., so that they could go back into their communities to solicit more feedback from youth in their communities, and it had a ripple effect outwards.

We always make sure we pay our youth to give us their time, and we honour them for their contributions. I think that's really important.

We have facilitator gatherings so that community members can send representatives and young people down to learn about how they can use Cuystwi in their communities, as well as gain skills around facilitation.

We have a youthful team. We try to keep our team with youth under 25, which I think is really important, so that youth are at the table not only when we're in the workplace, but also when we're in a community.

One of the main ways right now that we ensure that we have youth involvement is to do a lot of video workshops around the province. It's not only a way to help youth gain skills to tell their stories through media, but it's a way that we can work with them to create content that's relevant and meaningful to them.

One of the benefits that we've seen from doing our work this way is that it's decolonizing in nature. It gives us an opportunity again to learn our history from our perspectives. We have youth at the table developing the content and making sure it's relevant, and they're going to be interested in what you're creating.

It's skills building, and it's not only for our staff. We believe in mentoring, so we do hire young people and help them figure out what their passion is, but also with the communities we work with, their youth are gaining skills as well. It's a lot of fun being able to work with youth, and most importantly, we believe that it's important that youth are able to see themselves in the content and that it's not just a resource. They can connect with it.

Now I'm going to turn it over to Cassandra, who is going to share a bit of her story.

Ms. Cassandra Blanchard: I'll talk about my story and how Cuystwi could have helped. I'll try to keep it short.

Throughout years of addiction filled with loneliness and unhappiness, I learned that the health care system is ill-equipped in dealing with mental illness. Despite numerous suicide attempts, I did not receive a full and proper psychiatric assessment, even when it was court ordered. I was turned away from a clinic because I had to be 30 days clean. If I hadn't been turned away, perhaps I could have bypassed trauma after trauma, which included falling into the sex trade and ending up in the Downtown Eastside.

My mental health went on a downward spiral, and I was experiencing psychosis for long periods of time. It came to the point where my parents told my sister to brace herself for my death. After my stepfather raised a stink, I was finally seen by a psychiatrist who, in two days, diagnosed me with severe type 1 bipolar disorder, and a case that was the worst he had seen in three years. With therapy and medication, I became stable enough to graduate from UBC and find work with the indigenous youth wellness project. This project made me think that if I had Cuystwi years ago, maybe I could have used it as a support while waiting for a psychiatric assessment. Cuystwi has content that addresses mental health through care action plans, and it has videos of cultural teachings that, for an indigenous person, fill a need for cultural awareness. Knowing about culture helps to form a personal identity in the face of emptiness and struggle. What is important is that youth can do Cuystwi at their own pace whenever they have access to a computer either at home, school, or youth centres. Cuystwi can act as a buffer as youth navigate the system to address their mental health concerns. It is my hope that Cuystwi gains more support from a wider audience, because no youth should be left behind or turned away.

● (0940)

Ms. Gabriella Emery: With that, I'd just like to say we couldn't do without our partners. We have many, including the Cowichan Tribes, Daylu Dena Council, Nisga'a, and may more.

Thank you.

The Chair: Thanks for that very much. That was much appreciated. What you weren't able to say, I hope we'll be able to hear, because of the time, through the questions.

We're going to go into a seven-minute round of questions. The first question comes from Mike Bossio, please.

Mr. Mike Bossio: Thank you, Chair, and thank you both so much for being here today. Once again, this adds your personal story to the evidence, as do these programs we're seeing on the ground that are making a difference. I guess that's where I would like to take this.

If there's one thing we've seen in indigenous communities, it's that we really need to look at mental health and health in general from a very different lens, and we're looking at public health typically within the wider communities. Is that happening in B.C.? Is there a concerted effort to view health and mental health through an indigenous lens?

Ms. Gabriella Emery: I would say that in our organization and in our team, yes. I can't really speak to the broader context. As you'll notice, our project is called the indigenous youth wellness project; it's not called the suicide prevention program. That was the advice from youth; they were not interested in going to a program that had the word "suicide" or "mental health" in it. They wanted the focus to be on wellness.

Mr. Mike Bossio: Does your program employ 100% indigenous peoples?

Ms. Gabriella Emery: Yes.

Mr. Mike Bossio: That's wonderful. In the broader context, what does your program represent within the provincial health authority from a resource standpoint?

Ms. Gabriella Emery: I'm not sure I fully understand the question.

Mr. Mike Bossio: Your program is specifically focused on indigenous youth wellness. If we look at the investment into resources for indigenous health, are there other provincial health programs that focus on indigenous health in general?

Ms. Gabriella Emery: Yes, for sure. Provincial Health Services Authority has, I believe, maybe nine or 10 different agencies within it. There's the Chee Mamuk aboriginal health program. There are specific rural and perinatal services. B.C. Women's has a director of indigenous health, as well as aboriginal patient liaisons. They're kind of scattered, but our organization is the core of indigenous health for PHSA. Within that, each agency may have their own area.

Mr. Mike Bossio: Many health care services—counselling, mental health, trauma—are provided. Are they all delivered through an indigenous branch of the health service, or are there just general health branches that serve indigenous and non-indigenous people?

Ms. Gabriella Emery: Generally, I would say no. Our program doesn't actually do any direct health care service delivery. We have our indigenous youth wellness program and the indigenous cultural safety program. Those are the two branches within our specific part of PHSA.

Mr. Mike Bossio: Specific to the program, how many individuals are locals on-reserve or off-reserve in the urban environment? Do you have resources scattered throughout the province, individuals who are working on the ground, or is this more of a central role that is trying to come up with programs that would then be delivered by other agencies?

Ms. Gabriella Emery: All our contacts with the indigenous youth wellness program are in Vancouver. They facilitate our gatherings. Going to youth conferences, and stuff like that, is our way to network and grow our network, to find people who are interested in doing work with us, but we aren't—

Mr. Mike Bossio: You're not funded to have resources on the ground in the different communities.

Ms. Gabriella Emery: No, we don't do direct health care delivery in any form in our specific program.

Mr. Mike Bossio: Are you working with those who are providing that direct health care? Are you giving them the sensitivity training to deal with these issues within local reserves or in the urban environment?

● (0945)

Ms. Gabriella Emery: The indigenous cultural safety program is available for anybody to take in B.C. There is another with specific training for indigenous people on that side, but within our specific work, we usually work with youth workers or health directors... mostly community members who are interested or who sought us out after hearing about our programming.

Mr. Mike Bossio: Okay. I guess I'm trying to get a sense of what kind of sensitivity training is given to counsellors within the health care, mental health, or counselling sectors around delivering services within indigenous communities. This would be training to deal with trauma, to be able to identify at-risk youth, or to identify the markers that suggest someone may be contemplating suicide or may not be in a good place? Does your organization provide any of that kind of sensitivity training to local, on-the-ground health care workers?

Ms. Gabriella Emery: Anybody can ask to take the indigenous cultural safety program, but our program does upstream suicide prevention. We're not focused on clinical services or crisis situations. That's not where our funding comes from, so I can't really speak to that because that's not what we do.

Mr. Mike Bossio: Okay.

I guess that's it, Chair.

The Chair: The next questioner is David Yurdiga, please.

Mr. David Yurdiga: Thank you, Mr. Chair.

I'd like to thank the witnesses for participating in our study here.

My passion is—and I believe the rest of our group is very concerned about—the future of our indigenous youth. I see you have a program called transformation to young warrior. Can you elaborate on that a little bit more?

Ms. Gabriella Emery: That's the second phase of Cuystwi. That's built off the initial program we started for 10- to 12-year-olds. The communities we worked with said that they wanted some programming for youth who are a little bit older.

As you can see on the slides, it's set up as a quest map so that's what it would look like online if you went into it and logged onto the training. Youth can sign up either themselves or through a youth worker after the community has requested a link. It goes through 24 different lessons on various different topics. There is stuff around colonization, racism, learning about our history, talking about wellness, learning what healthy relationships look like, sexuality, and learning about emotions and self-regulation. It's really an opportunity to start conversations, maybe, on topics that aren't always talked about in our communities or that people aren't necessarily comfortable with, and that's why we also have a facilitator manual that we will provide to the communities as a resource to help their youth go through the training.

But really it's an opportunity for communities to make it their own. There is already a lot of wonderful programming going on in communities, and this is another resource that they can use to support it. We've had our pilot communities run it in on-reserve schools. We've had people do it in youth centres, summer camps, and anywhere that would complement something that was already happening, usually.

Some communities have used it as a reason to gather in the first place so that's what they were going to do, go through the training with their youth. Maybe they would meet once a week or something, and then we really encourage them to bring in elders or people who have specific cultural teachings or values. Some people used it as an opportunity to talk about the content, but also to learn to can fish or to build a smokehouse. We had people who would use it as a way to start a drum group. One of our communities had a very small drum group but, because there was community buy-in and interest, the drum group actually ended up with about 60 members who were showing up every week together, which is pretty amazing.

We have people who used it as an opportunity to put it with some physical activity and started a judo club, and then this was a component of it. It's really meant to be a versatile program that can really just be taken as communities want to use it.

Mr. David Yurdiga: Thank you.

Do you deal with suicide prevention at any level? Obviously it's a cultural identity, so is there any programming that touches that?

● (0950)

Ms. Gabriella Emery: That talks specifically about suicide?

Mr. David Yurdiga: Yes, suicide.

Ms. Gabriella Emery: In the emotion and self-regulation part, we touch on that, but we're not selling it as a forum to talk about suicide. We want youth to come together. It's more of a wellness focus instead of a focus specifically on suicide, and that was the message we heard from community and youth, that they really wanted something that was more holistic and not just focused specifically on suicide.

Mr. David Yurdiga: What's the age range when they can start to be part of your programming?

Ms. Gabriella Emery: The first phase of Cuystwi, which specifies themes, is for 10- to 12-year olds, and then the phase 2 that I was just referring to is for 13- to 15-year-olds. But again, that was from communities that wanted something for that earlier age group to hopefully build some programming and some resources together so that we were talking to youth before suicide was even on the table.

Mr. David Yurdiga: I know that elders play a large role in indigenous communities, so are elders incorporated into your programs at all? Do they come to events or speak, or do they develop programs or anything?

Ms. Gabriella Emery: Yes. We have our main elder who's been with us since the very beginning, and that is Gerry Oleman. We've had three other elders who have played roles both in developing content and actually participating. They wanted to do videos to share their teachings. Those are in the program, but we also really encourage communities to make it their own, by saying, you have the expertise. You know your community better than any of us could ever know. You need to bring in those people who have those teachings. We really encourage people to bring in their knowledge-keepers who can share their traditions and values with the youth when they implement the programming, but it's not mandated. We let the communities decide what they need.

Mr. David Yurdiga: I also see that you have a youth and elder-led advisory board. What does this advisory board do? Who do they advise?

Ms. Gabriella Emery: That was when we were in the main phase of development. We don't have an active youth board right now.

It was an opportunity for all of our pilot communities that were interested in helping develop the program to select two youths from their community to meet via telehealth technology. We would have meetings after work, after they got off school, so that they could really just tell us what they wanted to see. It was a place where we could say, “This is what we heard you say. This is what we're thinking of doing. Does that resonate with you? Is that what you told us?” It was a way to make sure we were actually doing what they wanted and with their feedback. It was also an opportunity for us to provide training via telehealth technology around skills development, around facilitation, and public speaking so that youth could go into their communities to solicit feedback from other youth, so we were having a much broader set of youth giving us feedback on the topic.

Mr. David Yurdiga: Do you participate? Do you put on the youth conferences, or do you provide funding for other groups to do it? How does that work?

Ms. Gabriella Emery: It depends. We are playing host to a youth conference later this year.

We usually go to youth conferences when we're invited. We usually do film workshops, or something of that nature. Or we're just there to do promotion. We use that opportunity to, again, get feedback, so that we're always checking in and saying, this is what we heard. This is what we did. Can you give us some feedback? What would you actually want to see? That's one of the reasons why we like to check in as often as we can.

Mr. David Yurdiga: Thank you.

The Chair: The next question is from Jenny Kwan, please.

Ms. Jenny Kwan: Thank you to both of the witnesses for your presentation.

Ms. Emery, I'd like to touch on your program. It sounds as though it does not provide for clinical support, so any counselling support, as such. You do not provide for those.

Ms. Gabriella Emery: No. We're an upstream program. We're not a crisis intervention—

Ms. Jenny Kwan: Do you know, then, within the health authority, what resources are allocated for those kinds of services?

Ms. Gabriella Emery: I can't answer that. I'm not really sure.

As I said, we're not participating in direct service delivery of any kind.

Ms. Jenny Kwan: What about outreach workers? Is there any provision within your programming that provides for outreach with youth? Or is that something that's also outside of your realm?

Ms. Gabriella Emery: Yes. That's not something we do.

Ms. Jenny Kwan: In terms of training, in some of the communities people have identified, witnesses have identified, that they need training, people who could train them on trauma counselling, for example. Is there any provision within your program for training of other individuals or workers in the community?

● (0955)

Ms. Gabriella Emery: Specifically for our program, we have logistical tutor gatherings, which is an opportunity for people to come together to learn about the program and also to strengthen their facilitation skills.

But again, we're not a service delivery organization.

Ms. Jenny Kwan: All right.

In terms of funding, then, for your program, what's the funding allocation for this program?

Ms. Gabriella Emery: We're core funded out of the Provincial Health Services Authority's budget. We do have funding each year that's stable.

Ms. Jenny Kwan: Can I ask how much?

Ms. Gabriella Emery: It's about $150,000 a year.

Ms. Jenny Kwan: Which communities do you reach into?

Ms. Gabriella Emery: The 12 pilot communities that we've had in the past.

Ms. Jenny Kwan: So it's the 12 pilots.

Ms. Gabriella Emery: It's what we have done in the past. Right now we're not funding any communities directly, as we've just finished up development. But we have provided funding in the past for communities to be able to get some money so that they could either have a facilitator or they could use the money how they saw fit, to really support that. If the programming in place didn't have, necessarily, a youth worker who could facilitate it, or maybe they didn't have a venue, it was up to them to work with us to figure out how that money would be used.

Ms. Jenny Kwan: In the past, what kinds of resources went into helping other organizations to build up that capacity and to be able to do that work?

Ms. Gabriella Emery: What types of organizations?

Ms. Jenny Kwan: You just said that in the past you had resources that were provided to other organizations, communities, to do this work. I'm just wondering how many organizations benefited from that.

Ms. Gabriella Emery: We had Cowichan Tribes, Daylu Dena Council, Nisga'a Lisims Government, Gitsegukla health centre, Nak'azdli Band, the walk tall program out of Carrier Sekani Family Services in Prince George, the Okanagan Nation Alliance, the Urban Native Youth Association here in Vancouver, the Squiala First Nation, the Sumas First Nation, and Métis Youth B.C. All of these we've partnered with.

Ms. Jenny Kwan: When you say you partner with them, you mean these organizations were given funding to develop a conference or program of their own?

Ms. Gabriella Emery: In the initial development phase, they helped us pilot the training. We took their direction and learned what they wanted to see, and we worked with them to develop it. Then we provided funding to help them pilot the training in their communities, so that they could check to see if we were getting it right. They used that money to support some piloting and the training in their communities.

Ms. Jenny Kwan: When you say you piloted the training, what does that mean exactly?

Ms. Gabriella Emery: We had communities that had agreed to support the development—these are the ones I just listed—and they were going to run the youth group, or run the training, either a youth group or their schools. They were going through the entire training to give us feedback on what they thought about the program.

Ms. Jenny Kwan: I see. How many youth do you think this program reached?

Ms. Gabriella Emery: We haven't done a big launch yet. We kind of just did a soft launch earlier this year. It's tricky counting numbers. We provide the link to the communities. They can either sign up under one name and then log in and go through it as a group, or, if they want, we had some people who had multiple computers so that youth could log in and create their own.

It's a tough call to say how many per se, but within the 12 communities that initially piloted, we're looking at at least 200 to 300 out of that group. It's hard to track because we're trying to make it accessible and not burdensome for them to be reporting to us. We just want them to be able to use it as they see fit, without having us always asking what they're doing.

Ms. Jenny Kwan: One of the issues raised was that, when youth have challenges, whether from past trauma, their current situation, or whatever the case may be, when an intervention takes place, usually a 911 call is made. They are then shepherded to the hospital and from there they are detained. After that, I guess there's a psych assessment and then they're released. There's no follow-up with respect to counselling support, for example. Some organizations say it would be really great to not actually phone 911, but rather, to phone some other place to get support for youth who might be showing suicidal tendencies.

I'm wondering if there's anything within PHSA that provides these kinds of support for youth. If not, even within your programming, has this come up as an issue?

● (1000)

Ms. Gabriella Emery: We're doing upstream work, so we're not dealing with crisis management in any form. The direction we got from the community was that they wanted upstream programming, so I can't speak to that.

Ms. Jenny Kwan: Nobody has raised this issue?

Ms. Gabriella Emery: With the youth we've spoken with, that wasn't the main priority we heard. I'm not saying it's not a problem. I think you'll have to ask the community members and they'll tell you.

Ms. Jenny Kwan: In terms of—

The Chair: I'm sorry, Jenny, you're out of time.

Before we go to the next questioner, I'm trying to articulate something that might be helpful. The impression I'm getting is that your program is to suicide prevention what perhaps exercise and good diet are to disease prevention. It's not IVs and surgery for disease prevention. You're way upstream from that. You're about good living, basically. Right?

Ms. Gabriella Emery: Yes, that's correct.

The Chair: Hopefully, that's helpful in framing the situation.

The next questions are from Don Rusnak.

Mr. Don Rusnak: That's kind of what I wanted to get at. First of all, we didn't get a backgrounder, or at least I can't find it. As to the Provincial Health Services Authority, I'm sorry but I'm from Ontario and I'm not familiar with the authorities out here.

Is it the Provincial Health Services Authority here in B.C. that funds your organization, or are you a part of that organization?

Ms. Gabriella Emery: We're a part of it.

Mr. Don Rusnak: Okay. So are you a program in...?

Ms. Gabriella Emery: We work for the indigenous health program inside of PHSA. We're the core indigenous health program and we deliver indigenous youth wellness programming that I'm here to talk about as well as the indigenous cultural safety program.

Mr. Don Rusnak: The Provincial Health Services Authority, is that B.C. Health?

Ms. Gabriella Emery: It's one of the health authorities in B.C. We have a provincial mandate and then within B.C. there are, I believe, six other health authorities.

Mr. Don Rusnak: So what's the mandate of the Provincial Health Services Authority in British Columbia? From my context, I worked for Manitoba Health in the province of Manitoba. We had Manitoba Health, which was essentially the ministry of health and then we had regional health authorities. So we had the Winnipeg Region Health Authority that covered Winnipeg. We had the WestMan region, which covered the western part of the province. We had NorMan and NorEastMan. It was divided up regionally. So is the Provincial Health Services Authority something that covers all of the British Columbia with a different mandate than say if they had a Vancouver regional health authority?

Ms. Gabriella Emery: Yes. We're provincial. There is Vancouver Coastal Health authority, Interior Health, Vancouver Island Health Authority, Northern Health authority, Fraser Health authority, and then the First Nations Health Authority as well. We have a provincial mandate. We provide more specialty services. Broadly we have B.C. Ambulance, B.C. Renal, B.C. Cancer, children's hospital, women's hospital. So we provide, I believe, more specialty services, maybe, than the regional health authorities.

Mr. Don Rusnak: So you cover everything. You cover everything that Coastal Health would cover. You cover all the territory, so to speak.

Ms. Gabriella Emery: Yes.

Mr. Don Rusnak: So if Vancouver Coastal Health has found a group of people who want your programming they can call your office and say can you come in and deliver it however they want it.

Ms. Gabriella Emery: Anybody can reach out to us and ask for a link. We don't really work within that much of the health authority structure. Again, we're mostly working with first nations communities and indigenous organizations that are interested in running our training. So anybody can ask us for a link to use our training.

Mr. Don Rusnak: Have you been advertising your services across the province? Does it get advertised by the government? Does it get advertised by regional health authorities? Does it get advertised by first nations? Does the information just disseminate out through emails or word of mouth?

Ms. Gabriella Emery: As of right now we pretty much have done a soft launch. We're looking in the coming months to do a more formal launch now that the programming has been completed. Right now our main sources of promotion have been Facebook and a YouTube channel. We have been relying on communities and networking, going to conferences really just talking to youth and people who are doing youth work in communities. In the coming months we're hoping to develop a more formal strategy for getting our information out there.

● (1005)

Mr. Don Rusnak: How old is the program?

Ms. Gabriella Emery: We started in late 2012. So we've been around for, I guess, four years.

Mr. Don Rusnak: How many engagements, if you want to call it that, with different groups or how many things have you been doing around the province and has it covered all of the geographic area of the province?

Ms. Gabriella Emery: We try to be as provincially representative as possible. We always try to attend the conferences wherever they are if we get invited. If communities invite us to events, we go. It's hard to put a number on it but we do a significant number of engagements through events. The Gathering our Voices youth conference, I'm not sure if you've heard about that, is one of the biggest indigenous youth conferences that every year during spring break brings 1,200 to 2,000 indigenous youth from across B.C. We quite often host workshops at those events around video-making as well as promotional efforts.

Mr. Don Rusnak: You mentioned some of the partner organizations. Are they founding partner organizations or...?

Ms. Gabriella Emery: The partnerships we have are communities that had expressed the interest in creating an indigenous youth wellness tool. Then to make sure we have provincial representation across the different health authority regions we put a call out to see who was interested or who the idea resonated with. The initial call for this program came from communities we were doing chronic disease prevention work with in northern B.C.

Mr. Don Rusnak: Do you have individual people for each region? Say that the Nisga'a Lisims Government has a request for information, would you have someone specifically for that region within your organization?

Ms. Gabriella Emery: Not specifically. We have a very small team. Right now we have three staff, two of whom are here today. It just depends.

When people send us an email, we'll just connect with them however they like. If they want to have a chat with us over the phone to find out more, or if they've already heard about us and are excited and just want a link, it's as easy as that. They just get the link from us. We'll send them the facilitator manual, and then they can use it how they like.

Mr. Don Rusnak: With regard to the communities you've been working with, and the other organizations and partners, how have you been received so far in your brief four years of doing the work you're doing?

Ms. Gabriella Emery: We've had amazing community partners I think, really trying to do the work in a good way, and ensuring that we were working with them every step of the way. They're the ones who came to us looking for an idea, or wanting something around indigenous youth wellness.

Mr. Don Rusnak: Thank you.

The Chair: Thanks.

We're going to move into five-minute questions. We have time for a few of those.

The first one comes from Cathy McLeod, please.

Mrs. Cathy McLeod: Thanks to both of the witnesses.

Cassandra, you told us a compelling story. To the degree that you're comfortable sharing, what helped you through your path to where you are now? What happened in your life that helped you to get on a more positive direction?

Ms. Cassandra Blanchard: I just fell off the grid, but my stepdad, like I said, raised a stink. He went on *The Bill Good Show* a couple of times. He talked about it at conferences. He finally got a call saying that I could have an assessment now. It's just getting that assessment, and then the medication that comes with it. You throw the kitchen sink and it just stopped everything. It gave me a chance to get better.

Mrs. Cathy McLeod: It was really having that medical help, that psychiatric assessment, the proper medication.

● (1010)

Ms. Cassandra Blanchard: Yes, to know what was going on, basically. It was bizarre.

Mrs. Cathy McLeod: That was what took your life from there, and—

Ms. Cassandra Blanchard: Yes. It took a couple of years to get an assessment. It was just having that medical care, a proper treatment plan, the right combo of medication, and an amazing psychiatrist.

Mrs. Cathy McLeod: Okay.

We met with a number of youth last night. It seems that the path to a more positive future is very different for different youth in terms of what they need. Your story is a little bit different from theirs. We were hearing from some of them that they found that the services were very daunting and actually were very unhelpful. I guess it's not always that way. Sometimes—

Ms. Cassandra Blanchard: I got lucky.

Mrs. Cathy McLeod: I appreciate that. Thank you.

To go to the specific work that's being done, I can appreciate your communities creating tools and letting communities take advantage of them, and not creating a lot of barriers and paperwork. Of course, it's always helpful to also be able to evaluate. What plans do you have in terms of an evaluation component? For example, your warrior program sounds kind of fun; it sounds intriguing. First of all, do you have an evaluation plan? Second of all, have you had any results from it?

Ms. Gabriella Emery: We have piloted and evaluated phase 1, which is for 10- to 12-year olds. That was the work that took place with our 12 pilot communities, with the preface that it's an upstream prevention program. Looking really long term, we can't tell you that it's preventing suicide right now. What we can tell you is the biggest learning that came out of that phase 1 evaluation was that kids had no idea about our history. It really gave them an opportunity to learn maybe why their community was the way it is, why maybe their parents got some things...it gave them an opportunity to have a deeper understanding of who they were. That was really neat to see. It's a history that a lot of Canada doesn't know, but it's a history that a lot of our own people don't know. That was the main learning that came out of Cuystwi phase 1.

Phase 2 is a part of a youth participatory Ph.D. dissertation project that's happening right now out of the University of British Columbia with Cowichan Tribes. They're looking to evaluate that program with that group of youth, and it just started this fall. We're really excited to see where that goes. They have a bunch of awesome young kids who are in high school, around 18 or 19 years old. They are taking ownership of the project and are going to be doing it that way.

I want to quickly say, it totally depends how you measure success. We really believe that communities need to be involved in determining what success looks like for them. It can't be something external, where we're saying success only looks like this, when we're not the ones living there. I think there are lots of different ways to measure success that aren't necessarily the typical ways.

The Chair: It was very well timed. Right to the minute.

The next question is from Mike Bossio, please.

Mr. Mike Bossio: Cathy you were going exactly in the direction that I was looking at going in myself, so I'm going to follow on that same line of questioning.

Why do you feel that it is important to the youth or to community to focus on the upstream part of this puzzle rather than the downstream? What is the connection there?

I know Cassandra spoke about how what was missing so much on her side was the psychiatric evaluation. Could this have offset...was it to approach the problem much sooner before it became a problem in the first place?

Ms. Gabriella Emery: That's the idea behind upstream prevention programming, you're trying to stop something before it happens. That's the message we got from communities. They wanted something that would help their youth become stronger and have a stronger sense of identity, instead of only worrying about the crisis intervention.

It's a very important piece. I'm not saying that's not something that needs to be there, but I'm saying we need to get to the root of the problem. We can't always be funnelling stuff when we're reacting to a situation. I think it's going back to looking at the determinants of health for indigenous people, and that includes colonization and racism. If we're not getting to those, then we're not going to stop the trickle that's happening that we see now.

● (1015)

Mr. Mike Bossio: You've really focused on the 10- to 12-year-olds. In this case, have you an indication yet that maybe it might be even more effective to apply it at an even younger age?

Ms. Gabriella Emery: We don't really tell anybody they have to use it for 10- to 12-year-olds. Again, that was the message we heard from community, and that was an age group the partners we were working with were concerned about. It's not to say we haven't had people who have shared their resources with their younger children or have had conversations with, but maybe they didn't use the whole training. It's really meant to be flexible. There are no boxes they have to check that says they are 10 years old or they're 13 years old and they can't take that training.

Mr. Mike Bossio: Perfect. This is exactly what we've been talking about so often. The priorities need to be set by the community and driven by the community.

You're really acting as a facilitator for the community. You even tweak the program in the direction that they think it needs to go in, establishing that historical perspective or the path that we want to go through, the warrior path. Whatever dimension that might take, you are going to help them to design it to be more effective for their specific perspective.

Ms. Gabriella Emery: Yes. The program is really meant to be a conversation starter that will provide you with some baseline information about colonization, or things about the Indian Act or residential schools. That community has its own teachings, values, and perspective on that issue that are more valid than we could ever just blanket with a program that was supposed to cover every first nations group in B.C.

It's really meant for communities to use as a resource and then put their expertise, knowledge, and teachings into using it in their communities how they see fit. We're not there to dictate how they use it.

Mr. Mike Bossio: I know as well—following on Cathy's questioning—that downstream you can measure the performance of a given program based on how many people you were able to save, but upstream, at some point, you need to look at it and ask how you are doing. I realize that from 2012 to now you went through the development of the program, the pilot, designing the specific criteria to fit that community, but where do you see the performance metrics coming out of it? How do you measure the effectiveness of it?

Ms. Gabriella Emery: We are definitely looking at tracking the number of participants after we do a larger launch of the program. So far, we have just been working with people who have come to us. As I said, the program is being piloted in Cowichan in the upcoming year, and they're looking at having youth develop indicators of success themselves. The community is coming together with the youth to evaluate it. They will say what is working for them as Cowichan youth in that community.

Mr. Mike Bossio: Great.

What was the initial catalyst for this? Did you see this somewhere else or was it really homegrown in B.C.? Are you now taking it to other jurisdictions outside of B.C.?

Ms. Gabriella Emery: The idea came from the communities. They wanted something that was online so that it would be much more accessible and a wider audience could use it. That being said, there is a lot of wonderful programming going on. A lot of the research that we looked at when the development started came out of the former Zuni life skills development program, as well as warrior programs run by communities. The Nak'azdli First Nation had a very similar program.

Mr. Mike Bossio: Are you working with any others?

Ms. Gabriella Emery: We have done presentations at different health conferences about it, but it's fairly B.C.-specific. It uses B.C. geography and B.C. youth. People can use it as they like. We're not saying no to other provinces if they want to use it, but we preface it by saying that it's B.C.-specific.

Mr. Mike Bossio: Thank you so much.

The Chair: We're out of time for questions in this round. Thank you.

Before we conclude though, the chair doesn't normally ask questions but I'm going to use my prerogative to ask just one, very briefly.

Ask Auntie, this beautiful process drawing in the back of your presentation...there's quite a bit of online stuff there. There are the aunties online; you mentioned the YouTube channel. How's the uptake on that? Are you getting traffic with those things? Do you feel it's a good thing? Is it working?

● (1020)

Ms. Gabriella Emery: We have definitely had a wider range. We just got social media approval not that long ago. We have a staff member, the third member of our team, who is really social media savvy. She has increased our presence quite a bit. We have also had different organizations approach us to use some of our videos in their own training. I think it's really interesting to see the ripple effect. It's not necessarily just youth who are watching our videos or using them. People are looking to use some of the content we've developed elsewhere as well, so that has been really interesting.

The Chair: That's a good sign.

Ms. Gabriella Emery: Yes.

The Chair: Thank you, both, for your wonderful testimony this morning. I have to say I really love your unofficial job titles too, "Still Waters Run Deep" and "Organizational Wizard". That's good stuff. What you've told us today will be extremely helpful for us, so thank you for that.

You probably heard me say at the close of the last panel that there is an online portal for leaving more information, up to 3,000 words. If you want to convey something more to us that you weren't able to fit in today, Grant can help you to get connected with that website.

Also, we have developed an online survey, and because you're in the health field we would love for you to pass it along to your colleagues, or anyone outside of your organization in the health services delivery field, to help us build some really good data for the study as well.

I was going to close, but Jenny, did you want to say something?

Ms. Jenny Kwan: I wonder whether or not this is possible, Mr. Chair.

It would be very useful, I think, for the committee to obtain information from the health authorities about the actual crisis intervention programs and the clinical services that they deliver. For example, it could be information about trauma counselling, where it is located, how much is being funded in in each community, and the number of counsellors there.

A major issue is people getting the initial assessment. How long are the wait lists and so on? Outreach workers would be key in terms of reaching out. If we could get some of that basic information from the appropriate individuals, then I think that would help inform the committee.

The Chair: Thanks for that.

Thanks again to both of you for your time and stories today. We appreciate it very much.

We'll suspend very briefly, for about four minutes, and come back very promptly.

● (1020)

(Pause)

● (1025)

The Chair: We will resume now.

Thanks everyone, and welcome to the three of you. We have, in this hour, two panel presentations of 10 minutes each.

The first is from the British Columbia Association of Aboriginal Friendship Centres, with Eric Klapatiuk. Thanks for being here and for speaking on behalf of your organization.

From the Métis Nation British Columbia, we have Cassidy Caron, who is minister of youth and provincial youth chair, and Tanya Devoren. Welcome.

I'm happy to offer the floor to Eric for 10 minutes, and then to you two to share your 10 minutes any way you see fit.

Please, go ahead.

● (1030)

Mr. Eric Klapatiuk (President Provincial, Aboriginal Youth Council, British Columbia Association of Aboriginal Friendship Centres): Debbie Williams from Duncan, B.C., was going to join me this morning, but her flight was cancelled out of Duncan due to weather.

As introduced, my name is Eric Klapatiuk. I'm with the British Columbia Association of Aboriginal Friendship Centres. I sit as their youth executive. Currently, I'm residing in and working with the Friendship House of Prince Rupert.

One of the things the friendship centres across B.C. and across Canada really advocate for is the urban aboriginal population in the nation. When we say urban aboriginal people, we talk about virtually anyone who is seeking help, but mainly our first nations, Inuit, and Métis brothers and sisters who are moving away from their own home communities and relocating into urban centres, whether that be for employment or education. When we talk about urban people, these are the people we're talking about, people who are moving from their home communities to these big urban centres where supports are not as easily available. Their social circles are not the same; they diminish.

I moved to a new centre in Prince Rupert, and it's not the same as my home community. It's not the same as Kamloops. It's not the same as Quesnel. Prince Rupert is a completely different isolated town I'm navigating.

I want to start my conversation about someone who is very close to me in my life and has become one of my brothers in my day-to-day life. I'm going to give this person the name of Matt. He is a very happy individual, someone in whom you would never see any outward signs of suicide. He was very good at hiding it. That's what we find when it comes to people who are considering or planning suicide. They don't want people to know, but at the same time they want people to know, and they will put feelers out.

Matt was suffering for a long time. He was in a relationship, and the relationship brought him down to a level where he did not know what to do. He did not want to reach out to anyone, and the more we tried to be there for him, the more he pushed us away.

I remember getting a phone call at 6:30 in the morning from his mom asking me to come over to his house. I instantly went over, and I had a conversation with his mom. She was completely devastated. That morning Matt was driving home and stopped his car in oncoming traffic. He just stopped it and turned the engine off.

In Quesnel during the winter months, this is a dangerous thing to do. Road conditions aren't great, the weather conditions aren't amazing, and his plan in that moment was that he needed to leave. There was nothing more he could do. He had had it with everything that had been going on. He'd had it with relationships that were not there for him. He'd had it with having no support. He saw himself as rejected and as a burden to his friends and society, and he felt that sharp pain of stigma toward people who are suffering. He had a feeling there was no support and he was cut off. I am thankful now he is still with us, and I'm there for him, and his family is there for him, and we're all able to sit there and support him.

One of the things that has come out of this for me, as a bystander and a witness to his struggle, is this feeling of depression. Even though Matt was not successful in his suicide, it still affected us around him. I had an internal struggle of why no one was there to help him. Why was he not asking us for help?

● (1035)

Also, because of my relationship with him, I think I did not understand the fact of it being hard to be someone close to someone who is committing suicide. We forget that we're a huge part of their lives, and would assume they would come to us when they are struggling and just be outright about it.

Matt is a first nations individual and we live in a society that still views aboriginal people as “less than”. We live in a society that is rampant with racism, and this was another factor in why Matt believed he needed to commit suicide.

Matt attended Gathering of Voices, which is a national youth conference that the B.C. association hosts. One thing that Gathering of Voices does well is adding that connection to community, adding that togetherness, that culture of learning, adding that engaging aspect and that ability to express oneself and be real with other youth around the province and around the country.

We know that Gathering of Voices works. We've had instances where youth participants—people as young as 10, 12, and 14 years old—coming to Gathering of Voices with a plan. I have had conversations with people one year and they've come to that particular conference with a plan. I would see them the next year for Gathering of Voices, and even though I wouldn't remember their names, I would remember I had talked to them before and they were so thankful I had taken five minutes out of my day to have a conversation, taken five minutes out of my day to see how they were doing and really ask them how they were feeling and if they were enjoying themselves. That was a change for them. That was what flipped in their minds, saying, “There is no isolation here. I am not isolated in my small remote community. I have support outside of my community.” Gathering of Voices is a conference that youth around the province really look forward to.

In Prince Rupert, where I'm now living, one of the most difficult obstacles these youth face on a month-to-month basis is having nothing to do on the weekends. We are doing the best we can with what we have. I ask them to tell me something that's missing in their lives right now, and weekend programming for youth is a critical missing part of that.

Weekends have traditionally and concurrently been an avenue where we see rises in drinking and drug use. When you bring it into a remote community like Prince Rupert, a small community, those numbers rise. When we look into the aspects of why these young people are turning to risky behaviours, we see the reasons. They're turning to drugs and alcohol because they are trying to numb themselves from their struggles, from their feelings of isolation, and from the sense that they are a burden.

Within the B.C. association, we really utilize every moment of our programming. We push this culture of helping everybody within the organization. If you come in and are needing support, we will stop what we're doing to help you. Every life matters, and we don't.... It's increasing the knowledge that suicide is not a flaw; it is not that person's fault.

● (1040)

Sorry, I'm getting a little carried away; it's an emotional topic to talk about but nothing gets done if you don't talk about it.

Gathering Our Voices, as I said, is great. People look forward to it, and we help a lot of people.

Thank you.

The Chair: Thanks a lot, Eric.

We'll move on to Cassidy and Tanya to share the ten minutes as you'd like.

Ms. Cassidy Caron (Minister, Métis Youth British Columbia, Provincial Youth Chair, Métis Nation British Columbia): Good morning, everyone.

I would like to begin by acknowledging the ancestors—the Musqueam, Squamish, and Tsleil-Waututh people—of the unceded territories that we are meeting on today. I thank them for allowing me to be a visitor to their territory to carry out this important work that we will be discussing today.

I would also like to thank the standing committee for extending an invitation to me and President Morin Dal Col to be here this morning to speak to the issue of suicide among indigenous peoples and communities. I bring regrets from President Morin Dal Col who is feeling under the weather this morning. She was planning to be a part of this presentation this morning so she could address this important subject on behalf of Métis people in British Columbia. She did want me to convey to you her deep concern for many families—Métis, first nations, and Inuit—right across this country, who have experienced the loss of a loved one or loved ones through the taking of their own lives, and she offers her praise to this committee for undertaking these hearings and looking for the solutions to address this very serious issue.

My name is Cassidy Caron. I am Métis. My families come from St. Louis and Batoche, Saskatchewan, and I'm the provincial Métis youth chairperson and minister of youth for Métis Nation British Columbia. I am honoured to be here today. The work that is being done and the stories that are being shared across the country are incredibly valuable and it is necessary that they are heard so that action can be taken.

First, I want to offer a brief background of the Métis people here in British Columbia. Métis are recognized under section 35 of the Constitution Act as one of three distinct aboriginal peoples in Canada. Métis have been documented in B.C. as early as 1793 and nearly 70,000 self-identified Métis people reside throughout British Columbia. Métis Nation British Columbia is recognized by the provincial and federal government and the Métis National Council as the official governing body representing Métis in B.C., including more than 14,500 Métis people who have applied for and been granted Métis citizenship.

I would like to share with you the story of Nick Lang—noting we have received special permission from his family to do so—to underscore how gaps in cultural support, and not having a responsive system, led to the devastating end to this young man's life. Just last month, the Office of the Representative for Children and Youth in British Columbia released its investigative report detailing the circumstances leading up to the death of Nick Lang.

Nick was a 15-year-old Métis youth. Nick's mother described him in the RCY report as a child who was extremely kind, happy, generous, and sensitive to other people's feelings and emotions. His father described Nick as someone who made friends easily, with his older brother remaining his closest friend throughout his life. From a young age, Nick identified as Métis, and came to learn about and experience his culture. Nick was a proud citizen of Métis Nation British Columbia. He was connected to his culture through the love of being outdoors and fishing. He enjoyed cultural ceremonies, and his parents described him as being both curious about and proud of his identity.

Nick struggled through his early teen years, becoming addicted to marijuana and escalating to the use of methamphetamines. Nick's parents spent many years reaching out for assistance, beginning with the local Ministry of Children and Family Development office, hoping the social worker would offer support services or resources. None were offered as all non-protection-based MCFD services are voluntary. They then researched mandatory treatment options for Nick, however they could not find any public options that they felt were appropriate for him and the private programs that they looked at were beyond their reach financially.

His parents reached out to a director from Métis Nation B.C. to ask if she knew of any Métis-specific programs or financial assistance for a private program. However, she was unaware of any appropriate substance use programs for Métis youth in B.C. She genuinely wanted to help Nick's family, but did not have the access to funding or services to do so.

Nick's substance use and negative behaviour escalated to the point where he assaulted his mother and became involved with the youth justice system. While waiting for his sentencing, police were notified when Nick posted on Facebook that he would be “dead by sunrise”. Nick was located in possession of a concealed weapon and was brought to the local hospital to have his mental health assessed, considering his post, which hinted at suicidal ideation. However, Nick did not receive a mental health assessment when he denied that he was suicidal. Nick was sentenced for assault with a weapon and placed on an intensive support and supervision order with extensive conditions.

● (1045)

After many years of his parents desperately seeking for services to support Nick, he began attending a full-time attendance program as ordered by the youth justice system. Tragically, even this support did not come soon enough for Nick, who after less than one week in the program was found hanging in a bedroom closet of the care home where he was staying while attending this program.

Nick's experiences highlight gaps in available and appropriate support services and a complete lack of provincial resources focused on supporting the development of appropriate Métis-specific services. The McCreary Centre Society recently released a Métis-specific profile on youth health in British Columbia. This disaggregated data is the first of its kind and reports on some sobering statistics on Métis youth health, including mental health. The data comes from the 2013 B.C. adolescent health survey administered to youth aged 12 to 19; and from the 2013 data, 32% of aboriginal youth identified as Métis.

In the report, it states that 35% of Métis youth in British Columbia report having at least one mental health condition. The most common were depression and anxiety. In 2008, over a quarter, 27%, of Métis girls aged 12 to 19 had deliberately cut or injured themselves. In 2013, this number increased for Métis girls to 36%.

Females were more likely than their peers five years ago to consider suicide and twice as likely to attempt. Métis youth were more likely than their non-Métis peers to consider or attempt suicide. Among Métis youth, females were more likely to have missed out on needed mental health care than medical care. Many Métis youth were concerned about the lack of cultural awareness within the health care system and were cautious about approaching health care professionals for fear of encountering racism.

They felt that culturally specific services and the availability of professionals who identify as Métis would help to reduce their reluctance to seek help. It was also reported that strong, community-based relationships were considered key for success and wellness of Métis youth. Both youth and adults have told us that cultural connectedness plays an important role in the wellness of Métis youth. Taking part in cultural practices was particularly linked to positive mental health for youth.

One of the challenges in building services for Métis people is that the unique history and heritage of Métis people may not necessarily fit into the traditionally held understanding of what it means to be indigenous. As a result, we as Métis people have struggled to have our rights and our unique identity recognized. Recently, the Government of Canada announced its mental wellness helpline for indigenous peoples. This helpline, however, does not meet the needs of Métis people as it is specifically the first nations and Inuit hope for wellness helpline.

As a 24/7 hotline, this would have been an amazing opportunity to offer Métis people in distress. This is one example of our Métis people being excluded from safe and responsive services for indigenous people, which is why we urge the standing committee, moving forward with your studies, to be inclusive of Métis people and not merge them into the umbrella of indigenous or aboriginal people in Canada.

The need to work with Métis communities to develop Métis-appropriate services is even greater when one considers the number of Métis people in B.C. and Canada, as I earlier stated. Currently, MNBC is not sufficiently resourced to fulfill its mandate to develop and enhance opportunities for Métis communities by implementing culturally relevant social and economic programs and services.

There is need for sustainable and sufficient funding for Métis governing bodies to work with our communities to take ownership and control over mental wellness programs and over suicide prevention and intervention.

One example of taking ownership was the blue ribbon suicide prevention campaign launched by Métis Nation – Saskatchewan in 2014. It created a tool kit to educate those involved in front-line positions who may come into contact with Métis youth in distress. The campaign was also designed to share teachings and traditions with Métis youth so that they have a stronger sense of belonging and know they are part of a larger community.

We strongly recommend that the federal government, in collaboration with provincial and territorial governments, implement a national strategy for suicide prevention and intervention and to ensure the inclusion of Métis people; that there be meaningful collaboration and consultation with Métis communities in developing and implementing the plan; and that the strategy include a plan for the development and delivery of culturally responsive services for Métis children and families.

I want to thank you so much for your time and for considering these points as well as Nick's story, and for moving forward with your study on suicide among indigenous peoples and communities.

● (1050)

The Chair: Thanks, Cassidy, and Tanya as well. And thank you, Eric.

We're going to move right into some questions now. These questions are seven minutes long.

The first question is coming from Mike Bossio, please.

Mr. Mike Bossio: Thank you all for being here this morning and for sharing your stories and the stories of your loved ones, who you're very close to.

A lot of what we've heard today, and especially yesterday when we met with a number of mixed indigenous youth at the UNYA centre, talked about the connectedness that is imperative in youth and the multi-faceted aspect of connectedness when you have, especially in urban centres, Métis and a number of youth. We had youth from across the country who were part of this program and therefore coming from very different national backgrounds.

UNYA, of course, is one element of providing that service within the urban setting, but could you take that a step further as to how you could see other programs that would help in ensuring that connectedness? Also, how do you draw them into it? That seems to be at the base of it. You've referred to that with Matt pushing you away, and the same thing with Nick, when they say, “I'm going to deal with this. Go away; leave me alone.”

I could start with Eric, and then Cassidy.

Mr. Eric Klapatiuk: I can utilize my position in Prince Rupert. In Prince Rupert, I work with youth at risk in the friendship house. One thing we find as an obstacle to maintaining that connectedness is that the youth who utilize our drop-in are the social group. Within themselves, they're their own social group. Most of these youth attend an alternative school because they see the mainstream high school as being an unsafe place for them to receive their education. These youth who attend our drop-in, within their social group, also tend to date within their social group. When we have these individuals who are dating within this social group, ranging from 13 to 18 years of age, we see some obstacles. One of those obstacles is that if the relationship goes bad, we lose that individual because they don't want to come back to the drop-in. They don't want to come back and be in the vicinity of someone they've had a falling out with. It's hard to bring them back in. That reduces the connectivity they have with the individuals around them.

When it comes to small, isolated communities, you don't necessarily have the same kinds of options as larger urban centres. Prince Rupert is a small town. The graduation class is small. These are the people you have known all your life. If something were to go awry and there was no area for that youth to turn to for that support, that youth could be seen as a youth at risk, or potentially a youth at risk.

When we look at individuals who are missing those supports, those are the individuals we need to be gearing ourselves to. We need to be increasing those supports for youth. We need to be increasing the ability of communities across our nation to address these kinds of issues.

● (1055)

Mr. Mike Bossio: In your mind, what do those types of supports look like?

Mr. Eric Klapatiuk: One thing I strive to do is maintain a healthy culture of what a respectful relationship looks like. A lot of times in the work that I've done, many people who have even just thought about suicide have been connected to a relationship that has gone bad. In the work I do, I have a lot of conversations on what a healthy relationship looks like. If you were to put yourself in the shoes of the other gender in that relationship, how would you want to be treated? I try to get that view, compare that, and make sure they have that understanding of what relationships are intimately and with friends. What are the different types of relationships you can have? You can go into what overall is a healthy relationship. That's what I try to bring to the work I do.

A lot of the work I do stems from ending violence initiatives, and I talk about ending violence initiatives, relationship violence, and bringing an understanding of what that looks like. Those are the kinds of obstacles that it comes to when we're talking about barriers to that connectivity. A lot of them are linked into relationships, and when we talk about suicide and link that to relationships, that's one of those major points.

Mr. Mike Bossio: Cassidy, to build on that, as we've heard in urban centres, a lot of these youth are associated with gangs, so it's drawing them out of the gangs as well. Can you speak, once again, to that connectedness? How do we draw them in and how do we move them away from gangs?

Ms. Cassidy Caron: Tanya will speak to that. Thank you.

Ms. Tanya Davoren (Director of Health, Métis Nation British Columbia): Cultural connectedness is, of course, very important. We know it's a protective factor for our youth. From the McCreary Centre report, we know that for our males ages 12 to 19, connectedness to family and having one adult outside their family was a huge protective factor for them. It could be a coach, a teacher, or anyone in their life who they can trust. An elder, of course, we would use as a great example.

For females it was connectedness to one parent and school connectedness. One of the problems with our schools is that, for all aboriginal students, $1,100 is given to the school for each aboriginal student registered, but the programs and the cultural supports that are available are not strengthening Métis identity. Local first nations culture is being taught, which is important for first nations youth, but it further confuses Métis identity for our youth, so it's important that Métis youth are supported, and that strong identity promotes strong self-worth.

The Chair: Thanks.

Cathy McLeod, please.

Mrs. Cathy McLeod: Thank you.

You made a comment on the suicide prevention line. The beauty of having Google available is.... I had no idea that the Métis were excluded in terms of that being a resource for them.

Can you talk a little bit further about that?

Ms. Cassidy Caron: Yes, I'll just start, and maybe Tanya can add to it.

The biggest misunderstanding was that it was promoted as an indigenous helpline, and indigenous typically encapsulates Métis, first nations, and Inuit. However, when you read further into the article announcing this amazing resource, it was just first nations- and Inuit-specific.

I believe Tanya can speak a little bit further on that.

Ms. Tanya Davoren: Actually I called the helpline last night because I wanted to know what they would say to a Métis person calling, and they certainly said that, if a Métis person was calling in crisis, they would offer immediate support, but their real role is to connect them to insurable health benefits, and we know that Métis people do not qualify for insurable health benefits.

We have low-income families who are the working poor, really, who are paying their MSP premiums, but of course, counselling and medication are cost prohibitive, as are all those things that are required to support any person struggling with mental health issues. Definitely, not having insurable health benefits is a huge issue for Métis people, although it was nice to know that if you were to call, they would offer immediate support. But there are no real solutions for Métis people other than to try to hook them up to a counsellor where they probably would not have funding.

● (1100)

Mrs. Cathy McLeod: If someone was in crisis, they could call the crisis counsellors who are available, who do their work, but this line is normally a connection to further resources.

Ms. Tanya Davoren: That was my understanding from the person I spoke to.

Mrs. Cathy McLeod: You felt it was promoted as an indigenous line, but it really was first nations and Inuit.

Ms. Tanya Davoren: It definitely says “for indigenous peoples”.

Mrs. Cathy McLeod: The statistics that you gave are very compelling. There is certainly a discrepancy between the population across Canada with youth and the first nations population. Is it somewhere in the middle? Do you know off the top of your head? Is it equally as disturbing and concerning? I don't have those numbers in my head. Do you have any idea how those compare?

Ms. Cassidy Caron: You go first.

Ms. Tanya Davoren: The biggest challenge with Métis Nation is identifying Métis people and using health statistics for Métis. This was a self-reported, comprehensive survey done with Métis youth. It's very difficult to look at Métis statistics, compared to first nations status statistics. For similar non-status first nations, statistics are hard to find as well. We need to use household surveys and long-form census, for example, to have an understanding. Métis Nation B.C. and the other governing member organizations were funded through the chronic disease surveillance of the Public Health Agency of Canada.

We did a program study where we were able to show that in B.C., of our cohort, which was 1,400 individuals—all with an informed consent procedure—49% of the women were diagnosed clinically with depression. That was information provided by the ministry of health. We know there are similarities throughout the other governing member organizations under Métis National Council through their studies. As for having other statistics, we are not quite there yet. Definitely, the Métis Nation does not yet have the information required to show exactly what our needs are.

Mrs. Cathy McLeod: That's why I didn't know the answer.

Ms. Tanya Davoren: We are hoping that will change. Obviously, with the Daniels decision and the Tom Isaac recommendations, huge things are changing in our country for Métis people.

Mrs. Cathy McLeod: Eric, you talked about Gathering Our Voices. Can you tell us a little more? It's an annual event.

Mr. Eric Klapatiuk: Gathering Our Voices is an annual youth conference. It's been running since 2004. The first time I attended was in 2006 in Prince George. I didn't know it was Gathering Our Voices at that time. I just thought I was at a conference with a bunch of youth. At this time, there were probably about 350 attendees. A couple of years ago, when we were in Vancouver, we had a 2,500-delegate registration.

We are in Kelowna this year, in March. It's a smaller venue, and we've had to cut our registration down to 1,000 to accommodate for the size of the conference centre.

Gathering Our Voices is a conference that brings individuals from across B.C. It started in B.C., and it's been opened up into a national conference with national delegates attending. The youth come and sign up for workshops that cater to their wants, aspirations, and needs. They are able to meet like-minded youth who are also registering for these workshops. The workshops range from education to sports, physical fitness, art, and rap dance. It runs over three days.

We have an honouring feast for youth in care. One of the things we have identified is that a lot of times youth in care who are from first nations backgrounds don't have that access to the cultural component of their heritage. This is our way of recognizing, again, “You are a person; you matter.”

Mrs. Cathy McLeod: Thank you.

● (1105)

The Chair: The next question is from Jenny Kwan.

Ms. Jenny Kwan: Thank you to all the witnesses for their presentations.

I'm interested in getting a fuller understanding of the service gaps that exist. There is a myriad of them: not being able to get assessments done in a timely manner; not having access to trauma counselling, even by picking up the phone to get crisis-line support; lack of training; and so on. I think there is a difference in the urban context versus the smaller, rural communities context.

What are those service gaps, and what are your recommendations for action?

Ms. Cassidy Caron: Service gaps for Métis people in British Columbia are absolutely massive. To my knowledge, there are very few to no Métis-specific services for mental health and wellness for our community members, especially our youth.

Sorry, what is the second part to the question?

Ms. Jenny Kwan: The first part of the question was the service gaps, in the urban context versus the smaller, rural communities context. The second part asked what action needs to be done. If you were to say to the committee and to the government, “here are the top five things that you need to act on today to move this forward,” what would your recommendations be?

Ms. Cassidy Caron: My very first recommendation is community engagement, beginning with the Métis governing bodies across the nation. We need to have the resources to engage with our communities so that the communities can identify these gaps for themselves, as well as identify the specific resources that they need. No one knows better what they need than the communities themselves.

Tanya, I'm sure, can speak to this further.

Ms. Tanya Davoren: I certainly agree with Cassidy's recommendation that we need to speak to our communities. We're so under-resourced.

Just so you know what the ministry of health looks like for Métis Nation B.C., there are 70,000 self-identified Métis. I'm the full-time director of health, and I have a three-quarter-time assistant.

Since the Daniels decision, we've logged and tracked over 171 direct inquiries around assistance with MSP, drug and alcohol counselling, auditory needs, visual needs, etc., for people who are really struggling to get by.

That was no different when Nicholas Lang's father called me. We are trying to connect with community services as best we can, trying to make those connections. But, of course, as one person serving an entire province, it's really hard to know what every health authority is up to.

We make a point of sending people to the emergency room to ask what crisis services are available right now in their community because we don't have all the answers. It's impossible for us to know them because we're so under-resourced.

We definitely make linkages with the friendship centres as much as we can, as well. We always figure that they have infrastructure in place and that they have some community programs that are appropriate for Métis people. But in the case described in the RCY report about the loss of a beautiful blonde-haired, blue-eyed Métis boy, that boy was looking for Métis services and did not find them.

It would be amazing, definitely, for the federal government to commit to the promises made in their platform. Then we could meet some of the needs and outcomes from the Truth and Reconciliation Commission around addressing the jurisdictional dispute concerning aboriginal people who are not on a reserve, and around recognizing, respecting, and addressing the distinct health needs of the Métis people.

● (1110)

Ms. Jenny Kwan: Eric, do you have anything to add?

Mr. Eric Klapatiuk: Friendship centres across B.C., and really across Canada, are one of the largest, strongest social service providers for urban aboriginal people. Across Canada we have 126 friendship centres and provincial and territorial associations that work hard for the people in their communities. One of those things that really adds to that service gap area is there's a lack of multi-year funding. A lot of times what we see is, we'll do this initiative for one year. You can't have sustainable change and impact in a community on a one-year basis. You can't have a lasting impact for that community for a one-time-only payout for one year.

When we look at what's lacking, it's that sustainable funding. In one year, for the majority of your year you're out trying to make that connection and bring those people in just to turn them away at the end of the year because you can no longer provide that service. That's one of the biggest things when it comes to the service gap, there's no sustainability. At the friendship centre, one of our biggest pushes right now is in regard to the urban aboriginal strategy. There is no sustainability to this strategy. We are in a bit of a crisis. The urban aboriginal strategy came from an amalgamation of the aboriginal friendship centre program, the cultural connections for aboriginal youth program, and the Young Canada Works.

With that amalgamation, that was the cease of cultural connections for aboriginal youth, and the cease of Young Canada Works into the new urban aboriginal strategy. Those Treasury Board authorities for cultural connections for aboriginal youth and Young Canada Works were not for the full length, and now we're looking at these service delivery program dollars not having a life come this new fiscal. That's how the new amalgamation works. This is one of those gaps. This is one of the challenges friendship centres have going forward, that is, how we are going to be able to continue having these program service dollars when the certainty is not for sure.

The Chair: Thanks for that.

The next question is from Don Rusnak, please.

Mr. Don Rusnak: I'm going to continue on that line of questioning, the funding for friendship centres right across the country.

Yesterday we heard from the head of a friendship centre here on the lower east side. He said, for 42 years they had received funding from Heritage, sustainable funding, they knew what was coming and they were able to do all the things that they do. A couple of years ago the funding was transferred to INAC. I've dealt with INAC in my previous life many times when I was executive director of Grand Council Treaty No. 3. They're sometimes cumbersome, they're sometime disorganized, they're sometimes punitive; they're, I think, a problematic organization.

When you have good organizations that had been running well for a while and you now link them to an organization that is most often or sometimes in disarray then it affects the organization that has to deal with them. I don't know the time frame of your involvement with the friendship centre in Prince Rupert, but have you noticed the change in the relationship since you were there, or if you know people who were involved with the organization, have you noticed a big change since the changeover from Heritage funding to INAC funding?

Mr. Eric Klapatiuk: I could speak to the work I've done with the Quesnel Tillicum Society Native Friendship Centre.

One of the things that has been difficult with this changeover and this new relationship is the uncertainty of knowing if those dollars are going to be there come the new fiscal. I've seen in my work with the Quesnel friendship centre as a board director that come March 31 we don't have the dollars there and we have to start giving notice of layoffs. Then that individual who has made all those connections and has been there for a long time, and has had that long-term relationship, has now been told they won't have a job come March 31 and they need to be finding new employment. Six months later, the dollars come through and that person already has new employment, and now we're having to start back from scratch virtually making those same connections with a new employee.

Like I said, the relationship has been difficult, and that's coming from the uncertainty of whether or not their funding is going to be flowing through.

● (1115)

Mr. Don Rusnak: To your knowledge, does the friendship centre receive funding from any other sources within the province or across the country?

Mr. Eric Klapatiuk: Yes, my program in Prince Rupert is funded by a provincial ministry, and I'll leave it at that.

Mr. Don Rusnak: Something we heard yesterday was that the friendship centre and organizations that were working there had other not-for-profit businesses they were getting into. They were using a lot of catering services, so they decided to start their own catering company and the profits off some of the not-for-profits go to the operations of the centre. I believe they had some other business operating. Is the centre in Prince Rupert doing anything similar?

Mr. Eric Klapatiuk: This is an action that a lot of friendship centres across B.C. and across Canada really have been striving toward: social enterprises. Williams Lake has a painting company. They go and get quotes, and they paint across B.C., and locally within Williams Lake. The Prince George Native Friendship Centre has its own catering company. One of the things that a lot of friendship centres are moving into now is social enterprise to help maintain that sustainable level of quality service that we provide within the community.

Mr. Don Rusnak: I have a quick question for you.

Gathering Our Voices...I think I understand it. We have a similar thing in Ontario. It's not really one event. It was a series of youth meetings called Feathers of Hope. Are you familiar with Feathers of Hope, and is it equivalent to or similar to Gathering Our Voices?

Mr. Eric Klapatiuk: From my understanding, they are similar. Gathering Our Voices is a one-time annual event, and I believe the kind of overarching theme is the same. I'm not overly familiar with Feathers of Hope. I've heard it in passing in my conversations with some of the centres within Ontario. Gathering Our Voices is a conference where we bring youth together for youth.

Mr. Don Rusnak: The history of the Métis in the B.C....I forget where you mentioned you were from in Saskatchewan. I'm just not familiar with this, so I want to understand the history here. What is the history of Métis in B.C.? Are there established communities?

I worked for the crown prosecutor's office in Alberta, and there are communities, which are almost like reserves, set up in Alberta, I believe, that are funded by the Alberta government, or partially funded by the Alberta government. We have, in Ontario, Métis identified communities, in Manitoba, most definitely, and I'm sure in Saskatchewan. Can you explain to me and help out the committee with B.C.?

Ms. Cassidy Caron: Métis history in under one minute is impossible.

We, Métis Nation British Columbia, are a governing body for our provincial citizens here in British Columbia, and we are also a governing body under the Métis National Council. There is the Métis National Council and then there's also the provincial government. Our government is composed of an elected board of directors. There are seven regional directors here in British Columbia, and there are 36 or 37 chartered communities throughout British Columbia. The chartered communities are divided into those seven regions in British Columbia. We have a regional director, who sits on the board of directors, we have a provincially elected president, a vice-president, myself as the provincial youth chair, and we have our own Métis youth governing body, as well, with provincial youth representatives. We also have a Métis women's organization with a provincial women's representative and regional women's representatives, as well.

More than a minute, I'm sorry.

● (1120)

The Chair: That was very impressive. Thanks, Cassidy.

We're moving into the five-minute questions. We have time for just two of those.

The first is from David Yurdiga.

Mr. David Yurdiga: Thank you, Mr. Chair, and I would like to thank the witnesses for taking time out of their busy schedules to share with us today.

I'd like to expand on Mr. Rusnak's comments about Métis settlements—that's what we call them in Alberta—which are funded in large part by the province and also partner with industry. It seems they have a lot more programming available to the people who live there. I believe we have seven settlements in Alberta, and I think it's 1.25 million acres they all encompass, so they occupy a large land mass.

Do you think it's important for the Métis people to have a land base? I know it's really important in Alberta. A lot of people tell me they feel as if they have something that's really theirs, their own community. I understand B.C. doesn't have that sort of makeup. Do you think it's important in B.C. that some sort of land base is established?

Ms. Cassidy Caron: Yes. Having a land base is directly tied to cultural connectiveness, which is directly tied to mental health. So the lack of a land base here in British Columbia does contribute to challenges. The Métis are spread across our province so we don't have that connection to the land.

I was speaking with an elder recently who said that because we don't have that land, we don't have that connection, which disrupts our identity and our mental health.

You said Alberta has Métis settlements. It's so completely different here in British Columbia, because we don't have that. I think that answers your question.

Mr. David Yurdiga: Yes, it does. Thank you.

Things have been changing over the years as far as technology goes. Communication is different from what it was when I was a young man. The youth communicate through multimedia. Does any of your programming involve stuff like Facebook, Snapchat, or whatever else they are using nowadays to reach out to youth at risk?

Ms. Cassidy Caron: It doesn't directly involve youth at risk right now. At the youth ministry, we use Facebook, and it has been our number one connector to the youth across the province. However, that's not the same as Gathering Our Voices, gathering our Métis youth in one place for a weekend.

In November, we will be having our second provincial youth forum. When these youth come together and spend a weekend—there are going to be 35 youth; that's all we were funded for—they crave that engagement. They want to be engaged in their culture. When they leave, they are so proud of their identity. They are so proud of their culture and knowing there are other youth like them. Imagine 35 youth of different corners of the province here in British Columbia.

So, yes, we do engage in social media to connect the youth. However, it's not the same as being together, and that's what's missing as a land base as well. If all of our youth were together on our land base, that would connect them to their identity. However, we don't have that here in British Columbia.

Tanya wants to speak to that as well.

Ms. Tanya Davoren: May I make a further comment on the land base question? Certainly, as Cassidy has said, Métis have been in this province since the late 1700s. We do have a connection to the land. We do have people who are harvesting regularly. We have a mapping program of our Métis harvesters through the B.C. Métis Assembly for National Resources. Protection of the land is one of the things we definitely strive for, as well as using the animals and harvesting for our community and things like sharing community freezers. Certainly, even though we don't have a land base to say that this is our traditional territory, we definitely are users of the land, and we have that connection through various hunts and similar things our communities take part in.

● (1125)

Mr. David Yurdiga: Do the friendship centres work in a collaborative manner with the Métis nation and first nations as far as developing programs?

Mr. Eric Klapatiuk: The B.C. association has an absolutely strong partnership with them in B.C.

The Chair: The final question of the session goes to Mike Bossio.

Mr. Mike Bossio: With respect to Gathering Our Voices, I want to follow up on what Don was talking about, the Feathers of Hope we see in Ontario and eastern Canada. If I understand correctly, Gathering Our Voices is an annual conference youth created for youth. Does it go beyond the conference as far as delivering any kind of connectiveness outside of the conference itself, or is it used as a springboard to create programs or to expand upon existing programs and services?

Mr. Eric Klapatiuk: I would say it goes beyond the conference. What we see a lot around the communities is that as soon as Gathering of Voices ends, they are already starting to fundraise for the next one. We see youth groups and youth councils within friendship centres already planning how they're going to next year's conference.

Mr. Mike Bossio: It is friendship-centre driven.

Mr. Eric Klapatiuk: It's friendship-centre driven, but it's open to all communities. We actually have a pretty large Métis population come to Gathering Our Voices, as well as on-reserve first nations, urban aboriginal people, and even representatives of the national council. We've had youth from the Native Women's Association of Canada attend. It's open to any delegate wanting to register.

Mr. Mike Bossio: The friendship centres are open to Métis—

Mr. Eric Klapatiuk: Yes.

Mr. Mike Bossio: — as well as any other indigenous group. Is that right?

Mr. Eric Klapatiuk: An open door policy, basically, is the mentality we have. We're not going to turn you away. We're going to help you. Also, you can continue coming. That's the reality. We're here to help the community, but we're here to help urban aboriginal people.

Mr. Mike Bossio: Originally it had long-term, stable, core funding associated with it, so it was one avenue in which Métis did have some funding, and that was pretty much the only avenue that had incorporated Métis into the funding aspect of the core funding. Is that right? As you mentioned earlier, on the Métis side there are so many areas that aren't services specific to Métis needs. Am I correct on that? Were friendship centres really the only connection you had into any kind of core funding?

Ms. Tanya Davoren: That's a really good point you're making, for sure.

To the earlier question around partnerships with the B.C. association, Métis Nation B.C., and First Nations Health Authority, I would say we have lots of great relationships we're building at the provincial level. I can sit and speak with Leslie Varley, who is now the new ED, or the senior staff, Harmony Johnson at First Nations Health Authority. However, those relationships have not trickled down to our communities.

We go back to those schools where those kids are not connected to community. They're learning about first nations culture, not Métis culture. Every door, even though it may be open, is not the right door. When we think about some of the friendship centres, they are called first nations friendship centres. That is a pretty clear message as to who the programming is intended for. That may not be the case once you get through that door, but it's being strong enough to go to the door and open the door, and feeling welcome.

We know the mandate for the friendship centres is for urban aboriginal people, but Métis people have specific needs and specific cultural differences that aren't understood. So at the community level, what the communities look like versus what we look like provincially, is a very different story. We're trying to trickle down and role model really great behaviours where we say we can work together; let's see what we can do with the Canadian Partnership Against Cancer; let's do a B.C. initiative; let's see how we can affect all of our communities. At the community level, it is a different relationship and I think we need to be aware of that.

● (1130)

Mr. Mike Bossio: The 36 chartered communities are mostly urban—

Ms. Tanya Davoren: Yes.

Mr. Mike Bossio: —centres.

Finally, although I know I don't have a lot of time and this is an unfair question, we've often talked about long-term stable funding and self-governance. Looking at the self-governance model, how do you deliver that in an urban setting? On a reserve setting, it's finite because it's land-based. How do we do that in an urban setting? What becomes the central body that is a self-governance body and is also setting the priorities as to what programs need to be delivered to all indigenous communities within that, including the Métis?

Ms. Tanya Davoren: For our Métis chartered communities, many of them will work with us to develop proposals to submit to health authorities to do their own health programming in their communities. It's important to remember that our Métis chartered communities are not funded together, so they do bake sales and they literally have offices in people's trunks, and they continue to meet because they are a resilient community.

Also, when they're working with the indigenous communities, there are many areas where that happens very well. Kamloops is a great example of communities working well together, but that's not everywhere. That gets a nod. We have some really great work happening there, but not every community experiences that, and Métis communities can certainly determine what their health needs are and what they need for better health outcomes.

The Chair: Thanks for that concise answer. I appreciate it.

That brings us to the end of this panel. On behalf of the committee, thank you very much indeed for all that you have brought to us and shared with us today. It will have a wonderful impact on our study. We have a lot of gratitude for that.

As you may have heard me mention previously in the day, we have created a portal on our committee's website where if there's more you would like to share, and I'm assuming there might be, we would love to hear more from you to add to the study before it's published.

We'll suspend. We'll start promptly at 12:30. Thanks.

● (1130)

(Pause)

● (1230)

The Chair: It's 12:30 p.m. right on the mark, so we may as well stay on time here.

We're back with the indigenous and northern affairs committee and the study of aboriginal suicide.

Welcome to the First Nations Health Authority. With us we have Patricia Vickers, the director of mental wellness, and Shannon McDonald, deputy chief medical officer. Welcome to you both.

We have an hour, so I'm happy to offer you each 10 minutes, if you can use that, or as much of the 10 minutes as you would like to use. We'll fill the remaining time with questions from committee members.

Patricia, you have the floor for 10 minutes. Thank you very much.

Ms. Patricia Vickers (Director, Mental Wellness, First Nations Health Authority): I thought it was going to be 10 minutes split between the two of us.

The Chair: You don't have to use all the time, if you don't want. You can use it for questions as well.

Ms. Patricia Vickers: Okay.

Distinguished leaders, I'm from the village of Kitkatla. I'm from the Eagle Tribe. I'm from the house of Gilaskmx. It's an honour to be here today. I'm especially looking forward to our discussions.

In 2007, in Hazelton, B.C., in Gitxsan territory, the hospital staff recorded 57 suicide-related incidents, including completions. In 2006, I was asked by the First Nations Summit and the children's commission to gather information from youth in Haida, Tsimshian, and Nisga'a territories following a number of suicide completions and attempts in Tsimshian territory. In 2005, matriarchs of Ahousaht directed the hereditary and administrative leadership to address the drug dealers and bootleggers, giving them an ultimatum of treatment or banishment. The chiefs and community set up a six-month treatment and cultural rehabilitation program and 22 of the 23 identified community members chose to attend the community-based treatment program. During the six months—it was a six-month treatment program—there were no suicide attempts in Ahousaht. During the six-month treatment program, the drug dealers and bootleggers disclosed that they had sexually assaulted others. The victims were brought in and included in the healing program.

Mental health services, through non-insured health benefits, has its roots in the Indian problem. The results of that conditioning is the challenge that we, as Canadians and North Americans, need to take on because we are human beings. Suicides in first nations communities are not random acts, but rather, there is a thick line that connects suicide with intergenerational trauma through physical, emotional, mental, spiritual, and sexual atrocities and violations against first nations children. Mental health has been described as the scarcity model that focuses on disease rather than historical facts that are now published in the Truth and Reconciliation Commission and the “Report of the Royal Commission on Aboriginal Peoples”. The scarcity model makes a covert statement that the situation will not change. They are Indians after all. This is a terminal disease. However, we have heard through commissions like this one of violence against first nations in Indian residential schools, federal day schools, Indian hospitals, foster care, the justice system, and through land loss.

The decisions to be united as Canadians must be founded on human values and principles that are the foundations of the First Nations Health Authority, gathered from ancestral law. They include respect, discipline, relationships, fairness, excellence, and honouring our ancestors through following traditional protocol. The strength of first nations people is in the simple fact that we exist today. We live knowing and learning our traditional songs, dances, protocol, art, and understanding the importance of the unity of heart and mind. The First Nations Health Authority is working to respond to the youth, who clearly said at the Prince Rupert gathering in 2006, “We want the abuse, addictions, and violence to stop” in our families and we want culture. Prevention comes through facing facts with compassionate understanding in families, tribes, communities, and nations, with seeing the past clearly, without the distortion of believing we are the Indian problem. This is a Canadian endeavour and requires commitment and unity of all.

● (1235)

In the previous panel I came in near the end and there were discussions around prevention. Prevention comes from a disease model when we look at prevention, and we need to work towards preventing.

If we're looking at families, we'll see that working with families is in itself prevention. When we look at the fact that cultural protocol already exists in the communities, we're not really accessing that yet as first nations people here in British Columbia, for many reasons, but they all relate to our history as Canadians.

Probably one of the biggest issues that we're facing today is sexual abuse; it's intergenerational incest. So, getting to that is not an easy task because, as I mentioned earlier, it's a matter of looking at these facts and how these facts have impacted us as a people.

First, what we're looking at is connecting with the values and principles that come from our ancestral teachings, or what I say is ancestral law. As we do that and follow that, then that's our responsibility as first nations people.

We're looking to our partners, the Ministry of Health, in mental wellness particularly, to be working with us in doing this, not to fit the indigenous protocol into the mental health model, but for us to be working as partners, so that when they come in, they're following cultural protocol, or when we go into a community, we're following cultural protocol.

Here I am. I'm Tsimshian and I'm in Coast Salish territory. I want to recognize that because I'm not from this territory. My last words are for peace in all of the Coast Salish territories here.

Thank you.

The Chair: Thank you very much for that.

Shannon, please go right ahead.

Dr. Shannon McDonald (Deputy Chief Medical Officer, First Nations Health Authority): My name is Shannon McDonald. I am a Nishnawbe Métis from southern Manitoba and I live as a guest on the territory of the Coast Salish people in Victoria. Prior to joining the First Nations Health Authority a year ago, I had worked for the Ministry of Health in B.C. as the executive director of aboriginal health, and prior to that as a regional medical officer with Health Canada. So I'm well aware of all the different ways in which we have tried to do this work.

Personally, my family has been deeply touched by suicide; two of my immediate family members have taken their own lives. For me, this is more than just a file.

Suicide needs to be understood in a broad context of mental health and wellness. The First Nations Health Authority has worked very hard to develop a perspective on wellness that includes social determinants of health, that includes environment, partnerships, but most importantly, the family and community. The work that we do reflects the things that Patricia has said in supporting those individual families and communities to find wellness.

It's a different way of looking at things. After medical school, I trained in psychiatry as part of a residency, and I lasted two years because the model that they were teaching was strictly biologically focused. It was all about medication; it was all about incarceration, for lack of a better term. It really wasn't about teaching people to find their own wellness. I really struggled with that. Is that a cultural statement for me, that this doesn't fit with the culture of my understanding of healing? I went to see an elder, and the first thing the elder said went after my ego, “It took us 500 years to get this sick; what makes you think you're going to change that in a short period of time?” I said, “Oh, okay.”

The second thing that was said was that you need to learn the difference between curing and healing. The western medical model is very based on curing—here, there's something wrong; cut it out; give it medication changing it biochemically. That's not about healing the spirit, healing the person, or healing the family or community in which they live.

We understand that our work has to be culturally grounded. It has to be guided by the ancestral teachings. However, we also have to work in partnership with an acute care system that will serve those individuals in our community who need that curing care, who need biochemical support, who may need safety in a place where they can heal without hurting themselves or others. We understand that we are part of a much broader continuum. The acute care system starts from here and goes to discharge or sending people back to the community. Our work is intended to wrap around people, long before they get to the hospital, and definitely after they've gotten out.

The work that we do with our provincial partners is challenging. The work has to do with providing culturally safe and humble services to individuals as they enter the system, understanding the history that may have brought them there and truly listening. That hasn't always been my experience. There are systemic barriers within our health systems, and a lot of people have grown up to believe that indigenous people are just going to be that way. I trained at Health Sciences Centre in downtown Winnipeg, and for those of you who don't know that area, more than 60% of the patients in that hospital are indigenous people who come from elsewhere in the province. The only indigenous people that my colleagues ever met were the sickest of the sick. They never saw families who were well; they never saw communities that were intact; they never saw cultural celebrations or elders teaching, so they never understood the rest of the holistic picture.

I can sit here and quote suicide statistics in the province; they have improved slowly. The numbers are small, thank God. We know that about 10 years ago, Chris Lalonde did a study that tried to connect community strengths—solidarity, self-determination, and some of the things that provided strength in communities—to suicide.

● (1240)

He found that 90% of the suicides in the youth in B.C. happen in 10% of the communities. The assumption that there's a suicide problem in every community is incorrect. That tells us that there are things going on in those communities, in those families, that we need to support. We need to support change.

Since the transfer of responsibility for health from Health Canada to the First Nations Health Authority, we've created regional mental adviser positions to work with communities and to act as a liaison between health authority services and those we provide at a community level. But those people are stretched very, very thin. We have some new funding through Health Canada programs to increase our ability to respond to the mental health needs in communities, but communities continue to identify to us at every opportunity that they need more. They need more at home. They need more available in the school. They need more available in the health centre, and they need it available in their homes.

Since the transfer we've also created a program called hope, health, and healing. It is a tool kit that supports communities in understanding the resources and strengths they already have to identify what they may need to come to a fuller place of wellness and ability to support those people in distress. We're also working with the B.C. Ministry of Health, the Ministry of Child and Family Development, and other cross-government groups to ensure that whatever programs are out there are culturally safe for the individuals accessing them.

But the stories don't always work. Not so long ago I was called to support a family who had a really disturbing incident occur. They had cut down one of their family members who was trying to hang himself. They called an ambulance. The individual was taken to a hospital about an hour away from the community where he waited for four hours. The family weren't there with him. He waited in triage. He was seen by the emergency doctor, cleared medically, and sent home. He never saw mental health workers. No arrangements for follow-up were done. He had no coat, no shoes, no money, and no way to get home. The family was horrified, and rightly so. The doctors in the emergency room all looked at each other and said, “I thought you did that.” It was obvious at that time that the wraparound service that we talked about in all of our partnership accord discussions wasn't quite hitting the ground yet. So I do work now with doctors in B.C. helping them understand what the situation of those patients is before they walk in and how they need to walk out in way that they are supported and headed towards wellness.

In partnership with the Ministry of Health, we now have 30 projects going on in our communities in the province through something called joint project board, and it was part of the partnership agreement with the Ministry of Health. Many of those projects have a mental wellness focus. We are looking at developing a trauma-informed program to make sure that all of our front-line staff have had significant training and are able to provide trauma-responsive care.

Last, but not least then, as I have very little time left, I just want to say that the services that are available are woefully insufficient, and I am always being called by communities to come to help. But there is only one of me, and there are 203 communities in the province. We need to be able to do this in partnership with our provincial and federal partners, but we need to be able to do it in a systemically organized way and a culturally safe and responsive way that reflects the actual needs of the communities and the people we serve.

Thank you.

● (1245)

The Chair: Thank you both very much for that. We'll move right into questions from the committee members with the first coming from Mike Bossio, please.

Mr. Mike Bossio: Thank you, Chair.

Thank you both so much for being here today. I've been going first all day, and I have to say I'm trying to listen to what you're saying, and then trying to devise questions in my mind as I'm going along. So bear with me as I kind of meander through this.

How many resources do you have?

Dr. Shannon McDonald: How many resources...?

Mr. Mike Bossio: How many bodies do you have working on the initiatives that you are—

Dr. Shannon McDonald: Specifically on mental health?

Mr. Mike Bossio: Yes, mental health or mental wellness.

Ms. Patricia Vickers: We're growing.

Mr. Mike Bossio: I'm glad to hear that.

Ms. Patricia Vickers: My position was vacant for two years, and I just started on December 1, 2015.

Mr. Mike Bossio: It was vacant for two years?

Ms. Patricia Vickers: Yes, looking for someone who, from what I understand, had cultural knowledge and was also a psychotherapist. I had both.

Mr. Mike Bossio: How many staff do you have as part of your organization?

Ms. Patricia Vickers: I didn't get that far.

Mr. Mike Bossio: Sorry.

Ms. Patricia Vickers: In Indian residential schools, we have Virginia Toulouse, who is the head of that, and Yvonne Rigsby-Jones, who is the addictions specialist and works with the treatment centres in the province. We have Pamela Watson, who's working with youth suicide and also addictions, and right now Meghan Kingwell is on contract working with us on crisis response. We also have five mental wellness advisers who are in the five regions of the province.

● (1250)

Mr. Mike Bossio: You're not responsible for feet on the ground, but you're responsible for helping to devise the programs that then are delivered through other partnerships with different organizations.

Ms. Patricia Vickers: Right, but that's slowly changing.

We have the Interior region, which is now hiring counsellors to work in the community, but largely we're referring to services that already exist.

Mr. Mike Bossio: How many of the people in your organization have an indigenous background?

Ms. Patricia Vickers: I don't know, I think it's about 20%?

Dr. Shannon McDonald: Oh no, it's more than that, we're almost 60 now. One of the other things that happens through the first nations health benefits program, or NIHB, in transition, is that there's also some money for mental health crisis support. Unfortunately, it only allows for 10 one-hour sessions for individuals. Many of the individuals we're speaking of are people who have been really traumatized, and 10 sessions is often only enough to open the door and leave people really vulnerable and without a solution.

Mr. Mike Bossio: To open the wounds.

What about feet on the ground in mental wellness in B.C.? You said that you are woefully short of resources in that area. Where are we at, and where do you feel we need to get to in order to truly address the problems today and to continue with that wellness path in the future?

Dr. Shannon McDonald: I couldn't quote numbers for each of the regional health authorities. They each have a mental wellness or a mental health department much more clinically focused. I do know that our youth wait an average of six months to a year for services from that side of the world, and that treatment beds and beds for individuals in mental health crisis are very difficult to access. My experience has been that most of our individuals who are in a mental health crisis, or early psychosis, or some other severe depression will present to an emergency room, and if they are lucky, then they will get a referral to a follow-up crisis team in the community.

We have funded a province-wide, 24-hour crisis line. It started in one group of communities on Vancouver Island, and it is now available across the province. They do really good work, and they try their hardest to access local resources where they are available, but it is really challenging. The wait-lists for anxiety and depression programs such as cognitive behavioural therapy, are very long—

Mr. Mike Bossio: Once again, though, a lot of the stuff you're pointing toward is really—how did you refer to it—preventative, and institutionally oriented rather than culturally consentative, right?

Dr. Shannon McDonald: Yes.

Mr. Mike Bossio: One of the things that we're constantly dealing with is long-term stable funding, self-government, self-defined programs, indigenous-defined programs, and community-defined programs. Today it sounds like none of it is being community defined except for, as we heard this morning, a very small program that started, that has $160,000 in funding, and that is really focused on the youth cultural aspect of a community-defined program.

We know that it's in a very bad place today, but are people starting to get it? Are they starting to understand that this is the direction we need to head in?

Ms. Patricia Vickers: Shannon spoke to one thing, the immediate needs we're facing at the First Nations Health Authority. At the same time, we're doing groundbreaking work in mental wellness, in that we have to develop what we understand mental wellness is in line with our cultural teachings. The entire protocol for crisis intervention is based on culture and working with hereditary leadership in communities.

Mr. Mike Bossio: Do you feel you're moving in a direction now? Is there a mandate today that says we have to hire 50% of indigenous people delivering services directly to indigenous communities? Is there a mandate that even says that's where we want to get to?

● (1255)

Dr. Shannon McDonald: I think the mandate is as many as possible, recognizing that it took 13 years for me to finish my training. I don't know, Patricia's probably close to the same amount of time. Having people come out of whatever it was in communities that challenged them in the first place to become strong enough, and then to go through a program, takes time. We understand that the natural helpers in communities are often hired as community health workers or work in the band office or do other things, and take on those roles. To provide the level of education that's really needed for people to succeed in those roles without burning out, to have the support they need to be able to do the work, is very challenging.

The Chair: Thanks for that.

The next question is from David Yurdiga, please.

Mr. David Yurdiga: Thank you to the witnesses for participating in our study.

We have heard from many indigenous youth that hospitals are ill-equipped to deal with attempted suicides, and in many cases they sit there for hours and hours and hours, waiting to see a mental health professional. Once they see them, they are given medication. It doesn't seem as if there's follow up. They're sent off on their own.

Can you describe how you feel the program should work after an individual is released from the emergency room? Can you describe what you'd like to see happen? Obviously it's not happening. As Shannon mentioned earlier, they're left to their own devices, and sometimes, or in most cases, it's not a good situation.

Dr. Shannon McDonald: One thing we're working on with our health authority partners is increasing the amount of communication. We have been very limited. I won't go through the technicalities, but between a public system and a private system, with regard to privacy legislation, it gets very complex. Often community health services, even if there is a mental wellness worker in the community, aren't informed that somebody in the community has gone to the hospital, is suicidal. No discharge abstract gets sent to the community with follow up that says this person has an appointment on Tuesday afternoon, can you make sure they get there and they have a family member with them, or provide them transportation? That whole piece is missing.

One thing we have to do is make sure there is a continuity of service between what we support at the community level and what's supported in the acute care system, and that those blend to support the individual so they don't fall into those gaps in between. Then if things aren't going well in the community, they have a way to go back to the acute care system, requiring a higher level of support.

Ms. Patricia Vickers: I could give you an example of something that worked well. There was a suicide attempt. He was 26, from the Interior, and was in the hospital in emergency in Vancouver and Surrey. I'm not certain who it was; it might have been the aboriginal liaison who contacted his family member from his community. That person, who's a community leader, mobilized the family in Vancouver. Our mental wellness adviser worked with Fraser Health to ensure that emergency let the family in, notified them. He went from there into treatment. There's an example of when it works well, and that we're working with the protocol of where he's from, even though he was living in Vancouver.

Dr. Shannon McDonald: It's very common for our folks...the terminology we use is at home and away from home, and we're working very hard with our partners to help work with the community members who are away from home. Like me; I'm here in B.C. my family are all in Manitoba, but there may be other ways to support me through some of the programs like the aboriginal patient liaison program.

● (1300)

Mr. David Yurdiga: Another challenge for the medical profession is privacy. A lot of times in my opinion they're gagged, they don't have the freedom to notify family. How do we deal with that? That's a big challenge. With a young adult parents don't have the right to know what kind of treatment they're getting. Is there a way we can go around that? Obviously, you just mentioned that in certain cases families were notified, which is good. But in most cases nobody is notified because of the privacy issue.

Ms. Patricia Vickers: I think it's also because we're really just beginning to follow cultural protocol. Once our people understand that's what we're doing at FNHA and hopefully as well our partners, the Ministry of Health, when they understand how we're working, we'll have more co-operation.

Dr. Shannon McDonald: There's also risk. In some individuals it may be the family members who are part of the problem. It takes some sensitivity in working with an individual in crisis to know, and to ask, who their supports are, who the positive people in their lives are, and have a conversation about communicating with them. There are exceptions, and often people who are very unwell will just say, no, I don't want anybody to know. It's something we have to work through.

Mr. David Yurdiga: For example, a young individual comes in who has attempted suicide. Would a mental health professional ask the pertinent questions of who can we contact, and say, if you have nobody we can recommend this group to assist you? Does that happen, or are they just in and out?

Ms. Patricia Vickers: The example you gave was about in and out.

Dr. Shannon McDonald: Ideally, yes, that happens. Does it happen every time? No.

Mr. David Yurdiga: Another thing is you mentioned a six-month treatment program that was developed and implemented. Is that an ongoing program, or was it a one-time program?

Ms. Patricia Vickers: No, it was a one-time program in Ahousaht and it was funded by the Aboriginal Healing Foundation and Vancouver Island Health Authority. They're developing another program for the youth I believe.

Mr. David Yurdiga: I'm very interested in it. If there's any documentation about the program and how the program worked and outcomes, I think it would be very important for this committee to see that type of report because maybe it could be duplicated in other communities.

Ms. Patricia Vickers: Definitely. The contact there is Dave Frank from Ahousaht.

Dr. Shannon McDonald: It's really interesting because that community where the treatment occurred was on a island, and the island used to have a residential school on it. That's the building they're using so in some ways all things come around. There have been several circumstances over the last while where a single elder has gone out to the island with individuals in crisis and stayed out there for weeks at a time, but there isn't a formal program anymore.

The Chair: Thanks for that.

The next question is from Jenny Kwan please.

Ms. Jenny Kwan: Thanks very much, Mr. Chair, and thank you to both of our witnesses for your presentation.

Ms. McDonald, you mentioned a need for a continuum of services, and right now we have certain gaps and certain missing elements within that. Can you explain to this committee what that continuum of services looked like right from the beginning to the end, and then within that continuum which are the pieces that are missing?

Ms. Vickers, feel free to also jump in to answer that question.

Dr. Shannon McDonald: That sounds like a Ph.D.

Ms. Patricia Vickers: I can give you another example. Frank Brown was his name. He's from Bella Bella. It's the *Voyage of Rediscovery.* Frank Brown is now in his fifties. When he was a teenager, he broke into an elder's home, assaulted the elder and stole. He was identified and confessed he had done it. He went before the judge. His uncle also went before the judge and said we would like to discipline him in our Heiltsuk way. The judge agreed. Frank was taken to an island where we had to survive for six months. His uncle went to visit him. Whatever it was he knew or didn't know, he was going to have to say in order to survive.

During that period of time he had a spiritual awakening, and Frank Brown now is one of the leaders of Bella Bella. If you've heard of the Qatuwas canoe journey, you'll know he's the organizer of the Qatuwas canoe journey.

That's also an example of culture and people stepping forward from the community. It's also continuous care in the sense that Frank is now helping others in the community.

● (1305)

Dr. Shannon McDonald: One of the things that we're looking at is a life course model. For example, on the health promotion, population health point of view, we're looking at young parents and helping them to parent better, to maintain programs in schools that are free from bullying, and that present cultural activities and language and some of the other things so that self-esteem is built up very strongly in the community.

And it's early identification. Part of that hope, health, and healing program is to help individuals in the communities, leaders and caregivers, to identify people who are headed towards a crisis where substance use is an issue. Early identification is absolutely critical, and it's bringing people into some kind of care early on before things are really challenging.

We know, for example, that almost half of the women incarcerated in the province of B.C. are aboriginal and first nations women, and a lot of that comes out of those social determinants of health. How did they get to the point where they were in a crisis that was bad enough that they ended up incarcerated? I think we missed lots of opportunities on the prevention side.

The closer we can get to communities with the services we provide, the better off we are. In B.C., because of the geography and the rural and remote nature of many of our communities, the provision of high levels of care are very challenging. Even primary care is a real challenge to get to those community levels.

It's working with people who are going to the community, our remote certified nurses or nurse practitioners and the itinerant physicians and other caregivers, and helping them to identify individuals who may need help and to set up a helping plan for them in the community. Then, if the community-level services can't provide the care that's needed...to be able to bring people out. In the past a lot of people were brought out and never went home. They came out, were institutionalized, and never had a chance to go home. So we need to make sure that whole circle is there.

Ms. Jenny Kwan: Do we have a clear understanding of the community's need in terms of an assessment of the capacity of the community, all the way from cultural and traditional infrastructure and support for indigenous people and Inuit and Métis, to the medical model of intervention?

We've heard from witnesses who said that, for example, when they have a suicide crisis on their hands, they have to phone 911. They would much rather not phone 911, but phone perhaps the council or some other agency to come in to provide support so that it doesn't create a situation where the person who is in need will no longer reach out for help because he or she would just be institutionalized in a different way.

I'm just wondering. Have we looked at the capacity of our communities across B.C., and what their status is, or what situation they are in?

Ms. Patricia Vickers: I started my presentation by speaking to conditioning, the conditioned mind, and so the first thing we really have to address and that we are addressing is dependency. What you're speaking to is dependency.

When we look at oppression, dependency is going to be one of the biggest issues that we have to deal with, and that's what we are.... If we look to see cultural protocol, it exists in all of our communities.

As far as capacity goes, it's there. Our biggest challenge is letting go of internalized oppression.

● (1310)

Ms. Jenny Kwan: Are resources not an issue?

Ms. Patricia Vickers: Of course resources are an issue, but I'm saying the larger problem we have to face is that, and then those who do assist us, their having that understanding—

Dr. Shannon McDonald: Each of the regions in the province has developed in partnership with the health authority a crisis protocol, and in that crisis protocol there is an opportunity not only to have the 24-hour crisis line responding, but also to have RCMP, education, mental health services, both ours and the health authority services brought in. Unfortunately, those responses tend to be very short term, so it's time to cover the crisis. The issue is what happens after the crisis.

The Chair: Thanks for that.

The next question is Don's—

Mr. Don Rusnak: —at reduced time.

I read an article a couple of days ago and it was in the *Sun*, of all places. I don't read the *Sun*, it was just in my Google news feed. It had to do with spending on administration in health and it compared northern European countries and Canada. We're spending more or the same, but we have worse health outcomes. Part of the argument in the article was that the bureaucracy in our health care system here in Canada is so massive that it takes so long to make decisions and it takes so many layers just to get anything done.

I see in my province of Ontario, LHINs, local health integration networks, which I thought was a horrible idea because I spent a little bit of time in Manitoba Health at the aboriginal health branch years ago. Before I was there, the creation of the regional health authorities of Manitoba took place. I didn't understand why they were created. I understood why they thought it was a good idea but one of the regions, the Winnipeg Regional Health Authority, essentially became Manitoba Health.

Why did we have people at Manitoba Health doing the same things? They became a monster. They kept on growing. They expanded into different office buildings and we had our health budget going to bureaucrats.

The problem I hear in Ontario, and it's from the first nations health directors—again another layer of bureaucracy, if you will—maybe, but they're on the ground. They know what the immediate problems are in the community. I'd rather see that than have someone in Thunder Bay at an LHIN making decisions. What I'm hearing from the first nations and the health directors and the health providers is that the LHINs are making bad decisions. I think we're going to hear this in Sioux Lookout tomorrow. They're designed to make local decisions because they're supposed to be local experts, but they're making bad decisions on all kinds of things that affect the health outcomes of people from northern first nations, from urban aboriginal populations in northwestern Ontario.

I like the idea of a First Nations Health Authority, to get rid of some of the bureaucracy, but to link that more with the communities and the health directors, and having them with you, having one oversight body for all first nations.

I think that would clear up a lot of the duplication that's everywhere. We heard from the Provincial Health Services Authority, an excellent program, but it is a program that the First Nations Health Authority should be delivering on, indigenous mental health, because you guys should be the experts on that. It's just duplication.

What do you see your future becoming? What are your aspirations for the First Nations Health Authority? Was I on the right track with reducing bureaucracy and having you do part of that?

● (1315)

Dr. Shannon McDonald: There are risks and benefits to the First Nations Health Authority.

I came to B.C. six years ago from the federal system, so I had an understanding of what they were trying to get away from. Everything that the regional office of first nations and inuit health had been doing—the funding, the building, the people, everything else—was part of the transfer agreement. We are just getting through what organizationally we are calling transition, sort of coming from that system to a transformative system where we have an opportunity to do things very differently.

At the same time, our funders have huge accountability requirements, so that's always a challenge, and because of that, you have to create a bureaucracy to be able to do that work of the planning, the response, the data, and the surveillance, those pieces. There's an element of bureaucracy you can't really avoid.

When the First Nations Health Authority was created, one of the strongest statements that came through from our communities was that everything we do should be community driven and nation based. We have a commitment to engage, and engagement is expensive. We have regional offices and we have regional caucuses. There is constant communication between regional leadership and regional health directors and the organization. But we also have to fit within this broader system and interact within the broader system, so my world is meeting with doctors in B.C., the B.C. coroners service, the provincial Ministry of Health, and some of our federal counterparts, and, and.... Even though we are working very hard to transform to be community responsive, to put as many resources in the region and community as available, it's inevitable that we're going to have some kind of administrative structure to support that.

It takes time to figure all that out. It takes time to unravel how things have been done in the past, how decisions have been made in the past, and how we might want to change the way those decisions are made.

My friends in Ontario would tell you that the chiefs in NAN, the chiefs of Ontario, and others don't necessarily agree on what those priorities are. We were really lucky that the 203 communities in B.C. came together with a single vision and continue to support that.

Mr. Don Rusnak: There's no time left.

The Chair: It's not the favourite part of my job, believe me.

We'll move into the five-minute questions, and the first is from Cathy McLeod, please.

Mrs. Cathy McLeod: Thank you for the presentations today.

I want to keep going at the 100,000-foot level, and hopefully, if my time master allows, I'll have a question or two sort of on the ground.

The creation of the First Nations Health Authority, the coming together of 203 chiefs with a vision was an extraordinary step. You said there are benefits and negatives, obviously. Is it something that indigenous communities in other provinces are thinking of, or is it really so unique to every province that it's really a creation that works for each community?

Ms. Patricia Vickers: I'm from B.C.

Dr. Shannon McDonald: There are elements that are universal. I think the primacy of first nations and aboriginal voices in what we do is definitely the most important, but the contexts and the needs are different. Part of what we do is trying to balance the fact that those 203 communities are very diverse in size, in needs, in geography.

There is always competition for scarce resources—anybody working in government knows that really well—there's never enough money. Part of our role is to find new ways to do things with the resources we have.

There is universality. There are things we continue to share. My boss is Evan Adams. Some of you may know who he is, another first nations physician from B.C. He spends a lot of time travelling across the country talking to other first nations organizations, as does our CEO, Joe Gallagher, to say this is what we did, this is how we do it, this is how we're continuing in this work, and offering them our lessons learned for them to apply or not apply according to their context.

B.C. is unique in that, except for Treaty No. 8 territory way up in the northeast and a couple of the old historic treaties, like the Douglas Treaty on the island, most of B.C. is not in treaty.

Treaty changes the context. There is a lot more structure to the conversations between the crown and the nations. We're here. This is unceded territory and, how do I say this gently, the Supreme Court seems to agree that the government has gotten a few things wrong.

I think in a resource-based economy where that dichotomy existed it allowed for a really different conversation between province and first nations about how we are going to move forward together.

● (1320)

Mrs. Cathy McLeod: Both treaty and non-treaty are part of the First Nations Health Authority. There were no exclusions?

Dr. Shannon McDonald: Except for the Nisga'a.

Mrs. Cathy McLeod: I have two questions, and hopefully I'll have time for both. One is when you mentioned 30 projects. I both love and hate projects because projects show amazing results and then you have the very significant challenges of either funding or moving it out. Talk a little more about the 30 projects that were mentioned in the opening.

Dr. Shannon McDonald: We're talking back and forth projects. They are sustainably funded, which is unique. They are part of an agreement between the province and first nations around medical service plan premiums. It was one of the big sticking points on the transfer agreement. First nations had MSP premiums paid on their behalf by Health Canada. First nations' perception was that this was a tax and not a fee, so all kinds of stuff was going on around that.

The agreement was first nations' money that was paid to MSP would be designated to serve first nations communities. Most of the projects, mental health and primary care, focused instead on end-to-end integrated primary care projects in all the regions across the province.

The MSP money pays for the first two years, and after that the province is committed to continuing the sustainable funding.

The Chair: Thank you.

The next question goes to Mike Bossio, please.

Mr. Mike Bossio: We've had a number of anecdotal examples—Frank, the drug dealers, and bootleggers—around cultural heritage, language, restorative justice, values and principles, and ancestral laws.

In all of this, trying to take a wraparound approach to a number of issues, mental health and health.... None of this relationship of the wraparound is formalized. We've had anecdotal evidence of the wraparound and how it can work, but none in a formalized fashion.

How do we formalize it? Where should it come from, especially when you have so many different groups, organizations, partners? How do you coordinate the available resources and formalize the relationship so you can establish this wraparound process of dealing with mental health issues?

Ms. Patricia Vickers: If you can get your mind around ancestral law—

Dr. Shannon McDonald: Part of this is memorandums of understanding and letters of understanding and all kinds of things in the political world because that's how the province runs, but that's not how our communities run.

Ms. Patricia Vickers: I was just saying you're trying to get your mind into ancestral law and cultural protocol. It also connects with 203 communities, and who we connected with was a federally imposed leadership. Sometimes those leaders are also hereditary leaders. On the coast in particular, our hereditary leadership is still very strong. We still have our chief. The guiding force for us is that cultural protocol.

● (1325)

Mr. Mike Bossio: What I'm getting at is that you have the cultural protocol and then you have the provincial and federal health authorities. It's kind of going in and out of the relationships along the way to create this wraparound service. You deal with it at the front end when children are very young. These are the social and economic determinants that impact your lives, and this is the violence and blah, blah. You're educating them on that front and then if they do get into a crisis situation, a suicidal situation, you deal with that, and then you deal with the post side of the wraparound to try to come full circle, to bring them back around.

How do we formalize this relationship of starting at the beginning, going through educational forces, mental health forces, and then dealing with the provincial-federal forces, and then coming back around again to the cultural protocol? Do you know what I'm saying? I think it's so important. We need to formalize this so that we have some process, some method.

Dr. Shannon McDonald: This is in the B.C. Tripartite Framework Agreement, in the memorandum of understanding that preceded that, and in the regional partnership accords between health authorities and the B.C. First Nations Health Authority. We have those structures in place. What we've done historically, however, is a little bit of this, a little bit of that. The first 15 years of my career were year-at-a-time funding and special projects. Then I went back to medical school and got a job. The historic way of dealing with this has always been very reactionary. There's been northern Saskatchewan—

Mr. Mike Bossio: That's why I'm trying to figure out how we get out of that so we can formalize a process.

Dr. Shannon McDonald: We need long-term, sustainable, predictable funding.

Mr. Mike Bossio: Thank you. That's exactly what I wanted to hear.

And we need structure around that, right?

Dr. Shannon McDonald: Yes.

Mr. Mike Bossio: We need to formalize the structure. Once we formalize the structure and the relationships, then we can determine the resources that need to be brought to bear to make that formalized process a reality. This takes long-term, stable funding and self-governance.

Dr. Shannon McDonald: Right now you're only seeing it from a western, government point of view. What Patricia is talking about is that we also need that other point of view, the cultural point of view.

Mr. Mike Bossio: Yes.

Dr. Shannon McDonald: We need the structures that existed historically, the responsibility to care for the people in the community.

Mr. Mike Bossio: That's what I'm saying. That's the wraparound piece. It's community driven, and the western piece exists in the middle, but how do we transition through that? It has to be community-driven.

Dr. Shannon McDonald: It has to work in partnership.

The Chair: Thank you.

Dr. Shannon McDonald: I warned you about the soapbox.

The Chair: That's true.

The final question for the panel goes to David Yurdiga.

Mr. David Yurdiga: Based on our committee round tables and various discussions with the youth, there seems to be this need to identify with their language and their culture. Are any of the services provided in their mother tongue? Do you think it's important that it be implemented within the program?

Ms. Patricia Vickers: Not in my home community, they're not. Within the last 30 years, there has been despairing language loss. I don't speak my father's language. However, there are Ts'msyen who are going to UNBC to study Sm'algyax to become language teachers. In a way, this is really unfortunate, because the best way to learn is in your family and in the community, to be immersed in it, which is the way it was when my mother, an English woman, went to Kitkatla in the 1940s. Everyone was fluent in Sm'algyax—everyone. In a really short time, there's been enormous change.

Yes, that's what we're working towards also in mental wellness, to look to the language Those of you who speak more than one language know that you lose some meaning when you translate to English. That's one of the things we're doing, looking to our fluent speakers to define what it is we need to describe in mental wellness, to understand what spiritual balance is.

● (1330)

Dr. Shannon McDonald: Again, in B.C., there are more than 30 languages. It's a big piece of work and it's not just ours. It's education. It's social welfare. It's all of those pieces. They have to come together to do that work.

Mr. David Yurdiga: I can see there's a huge challenge, obviously, with 30 languages, but I thought that would be appropriate, considering how the youth are reaching out. They want to grasp on to their heritage, which includes language. Working toward that is a very positive thing, in my opinion.

Moving forward, I know mental health is a big portion of your program. What portion of the budget is dedicated to mental health?

Dr. Shannon McDonald: We'd have to pull pieces from a whole bunch of things. Some of it lives in primary care, some of it is direct service, and some of it is in these project pieces of work, so I don't know that I could land on a particular number. With direct service delivery, I would probably say close to 30% to 40%.

Mr. David Yurdiga: That's a huge number.

Dr. Shannon McDonald: Yes, and it's still not enough.

Mr. David Yurdiga: Ideally, what kind of budget would you like to see? Would it be a 20% increase to do what you have to do to deliver a program that meets the needs of the people?

Dr. Shannon McDonald: It's not just mental health programming that is going to make the change. It's all of those other pieces, as well, in the social determinants, in housing, in employment, in economic opportunity, and in education. When all of those pieces are moving forward, then there won't be as much need. Does that make sense? That's the long-term vision.

In the short term, the whole envelope is constantly a challenge in trying to balance all of the needs within it. Ideally, more would be good, but realistically that's probably not going to happen in the short term.

Mr. David Yurdiga: I have one more question. We hear so much about elders being involved in some way. There's a lot of respect for the elders. Are elders involved at all in developing programs and implementing programs, and can you give me an example of that?

Ms. Patricia Vickers: Yes, in a number of ways, with the elders advisory committee and when we have any events happening. There was the missing and murdered indigenous women event that happened here, and there were elders available all day long. Often, because they hold the language, that aspect is really critical for us, especially in mental wellness.

The Chair: Thank you both very much for that. The time always goes so quickly. Your testimony is extremely valuable to us, and on behalf of the committee, we're very grateful that you've been able to spend the time with us today.

If there is more you would like to share, there is a website that Grant can connect you with.

Dr. Shannon McDonald: No problem, we'll get you the information.

The Chair: Wonderful.

There's also more of a check-box survey that we're trying to push out as broadly as we can to health care providers. Grant will also connect you with that, and we'd be very grateful if you would take some time to complete it and share it in your health network, as broadly as you could as well. The more people who fill it out, the better the data is, obviously.

Thank you so much.

Dr. Shannon McDonald: Will do. Thank you.

The Chair: We'll suspend for about six or seven minutes.

● (1330)

(Pause)

● (1345)

The Chair: We'll come back to order here. Welcome back.

Thank you very much for joining us, Chief Joachim Bonnetrouge, from the Deh Gah Got'ie First Nations. We're very happy to have you here. We're with you for the next hour. I'm sure we'll find lots to talk about.

As I said earlier, all the microphones and everything look intimidating, but we're all just ordinary people here and looking forward to having a nice conversation with you, so thanks for being with us. I'm happy to offer you the microphone for about 10 minutes, after which we'll ask you some questions.

With that, Chief, we'd be pleased if you'd share your thoughts with us for the next 10 minutes.

Chief Joachim Bonnetrouge (Chief, Deh Gah Got'ie First Nations): *Mahsi*. Good day. I bring greetings from the Deh Gah Got'ie First Nation. We are part of the Dehcho First Nations in the Northwest Territories. I am honoured to be in this part of the country to honour also the Coast Salish territory as we are here today.

Respectfully, I offered tobacco to the grandmothers and grandfathers of this land outside of this hotel this morning for guidance for this committee in working on the youth and suicide issue.

I've been working for my community and people since I was 23 years of age. I attended 13 years of residential school in the Northwest Territories. Youth and suicide in our native community is a very serious issue. Knock on wood, we've had little pockets of suicide occasionally happening in our northern region thus far. I am quite aware of what has been happening in Lac la Ronge recently.

I want to focus my presentation to you today on the legacy and impact of residential schools on my community and the Dehcho region.

The Roman Catholic mission was first established in my community in the 1860s by the Grey Nuns, first as an orphanage, and then as Sacred Heart Mission school built in 1930. I attended there beginning when I was six years old, for about seven years; then I went on to Grollier Hall in Inuvik, Lapointe Hall in Fort Simpson, and Grandin College in Fort Smith. All that time we were taught the golden rules of "don't talk, don't trust, don't feel" in all the schools that I attended.

When brought to the mission school, you were basically abandoned by your parents and community, hoping that, in the name of God, you would be cared for. One of the biggest impacts and results of the residential school is that many of us did not have a clue about proper parenting. Hugs, kisses, and nurturing were foreign to us. In our community today you can barely see evidence of this nurturing that I want to speak to today.

Personally, I have suffered at least two, or maybe three, bouts of depression, which eventually will lead to suicidal thoughts and suicide. I've learned that "depression" is defined as anger turned inwards. Suicide is the result of spiritual wounding. In the residential school, you completely abandoned what you were just beginning to believe in. Then we were indoctrinated in Roman Catholic practices and doctrine.

It has been about 30 years now, and I and others have sobered up and have begun our journey of recovery and healing.

● (1350)

I am fortunate to have relearned my Dene language, and to have had an accelerated learning of Dene culture and beliefs over the past 20 years. I am very grateful to elders and my community for this.

Elders advise us that all of the solutions we're seeking are embodied in Mother Nature and on the land. On-the-land education is key for us and for our communities that are seeking recovery.

It is also critical that we have parenting workshops and training for young parents. What a child learns and experiences from zero to six years old is paramount.

The sense of belonging has to be restored in our community. Renewing Dene culture through workshops is so critical. It's a requirement.

We need to complete the residential school work that was started 16 years ago in our community. Some of my people who I work with have a question: are we prepared to deal with youth suicide in our community? Right now, the answer would be no. Do we have the resources and plan in our community? The answer is probably still no, but we're working like the dickens to get there.

Cross-cultural training for front-line workers, social workers, and mental health workers has to be mandatory, especially if they come to our community. This has to be implemented as soon as possible by all governments concerned.

We always believe that Dene culture, beliefs, and values are based on relationships. These have to be restored if we're going to get some kind of a foothold on how to address and begin searching for the solution that all of us in Canada are seeking.

Sometimes I share with some people the fact that over a year ago, on October 19, I voted for the first time in a long time in the federal election. That morning, before I went to the polling station, I told my wife that I would vote that day for healing to begin for all native communities and also for the rest of Canada. I wanted to share that with you as part of my presentation.

I also included in my document a brief history of my community, and also a second page outlining the typical characteristics of a residential school survivor.

Mahsi.

● (1355)

The Chair: Thank you very much for that, Chief. It's much appreciated, and we're very grateful.

Before we get into the questions, I also wanted to thank you for your offering of tobacco earlier. We're very grateful for that, as well.

Also, for Ray and Gertie, if you are going to speak with us afterward, one of my colleagues, Roxanne, who is outside the door, wants to keep a list of who's going to speak. If you have a moment to leave your full name with her, that would be very much appreciated, if you're comfortable doing so. Thank you for that.

We'll move into a series of questions from the committee members. Each one is about seven minutes.

The first question is from Mike Bossio, please.

Mr. Mike Bossio: Thank you so much, Chief, for being here.

I had an opportunity to meet Steven Nitah. He came to speak at our environment committee about the Thaidene Nene protected lands that were happening in the Dene territory. He gave us a very good view of the importance of the land and the rangers, formed to help protect the land and monitor the land, very similar to what the watchmen have done with the Haida people and now the guardians are hoping to do in northern Quebec and in Ontario.

You focused a lot on the cultural heritage, on your closeness to the land, on your souls being attached to the land, and I guess the big question is how we go about embedding, in a formalized process, this connection of your souls to the land.

The last speakers who were here talked about this full circle, about the wraparound process of trying to move the cultural heritage, starting at a very young age, into the education of our youth. In that heritage you're giving them that hope and that pride where, if they do reach a crisis situation around suicide, you're helping them get through that depression or the difficulties they're experiencing from whatever direction they might be coming. Then, coming through the other side, you're reintroducing them to their cultural heritage.

How do you see that happening on the ground at the local level?

Chief Joachim Bonnetrouge: In my community, anyway, the majority are still first nation. The school about 10 or 15 years ago really started on-the-land teaching in their classes. I guess that's part of their curriculum. Those things have started, and they're beginning to make a real big difference now. Before, for the longest time, to be native or Dene in our neck of the woods was not a very good thing.

I originally sobered up 30 years ago. Twenty years ago I really wanted to do something after 10 years of sobriety. The elders simply told me, “Joachim, go out on the land. Go with one of your uncles. Go with one of your friends.” It was what I had always wished I could do.

Once you're out there—I've learned this especially from a lot of colleagues and friends I've worked with over the years—just by general osmosis, or whatever you want to call it, Mother Nature takes over. That is where you begin to discover and feel what we are striving for all the time, that peace and serenity. I really did experience that. Holy man, that's a lot of nurturing for anybody. I really admire people who can go out in the mountains, go hiking, go skiing. I see them on the news and when I travel to different places. They're out there, and that's the way to be.

● (1400)

Mr. Mike Bossio: As you said, there are some areas where there's suicide, but for the most part your community has come through this time in a good way compared with what many indigenous communities are going through. Do you kind of attribute that to the school? Are you getting more and more of your youth engaged in this school that has this connection to the land?

Chief Joachim Bonnetrouge: I really believe that's what the school has been doing. A lot of our teenagers did experience a few days, maybe a few weeks, out on the land. Still, when you come back to your community, I guess that community living is an environment that is still so very powerful because you have the bar, all the things that go on in the community. We fought for the longest time to have a treatment program or a centre out on the land, but governments had difficulty with it. It's very costly.

Mr. Mike Bossio: At what age are you taking them out on the land? At what age do you initiate them onto the land?

Chief Joachim Bonnetrouge: They're about six years old.

Mr. Mike Bossio: Good. So at that age, or do you feel even younger, it really starts right at the very beginning of their lives, that consciousness?

Chief Joachim Bonnetrouge: Yes.

Mr. Mike Bossio: Thank you so much, Chief.

The Chair: The next question is from Cathy McLeod, please.

Mrs. Cathy McLeod: Thank you very much, Chief, for coming today.

Could you tell me a little bit more about your community, how many people, do you have your own school, your own health centre? I haven't had the honour of going to your community, so I'm just trying to picture it.

Chief Joachim Bonnetrouge: We're primarily a first nations community. We're about three hours south of Yellowknife, where the Mackenzie River begins. We're about 900 people. We're about 800 Dene, and we have about 100 Métis, and the rest are teachers, nurses. Yes, we do have our own health centre and we have a kindergarten to grade 12 school. Sometimes we have a difficult time graduating students. We lose them when they're 15 or 16 years old.

We still consider ourselves fortunate. A lot of our people are still practising the traditional economies: hunting, fishing, and trapping. At the same time, I'm starting to say to people that no matter what they're going to go into, education is key. The elders are telling us the land and the culture will always be there, so I'm telling young people, “Get your grade 12. Go out to college, university, and then come back, because we'll always be here.”

● (1405)

Mrs. Cathy McLeod: When they come back to your community, are there good jobs available for your young people?

Chief Joachim Bonnetrouge: That's a real challenge. We are one of the communities that are still negotiating a claim. We're still in a claims process. If we wanted more jobs, we would have to open up some of our land. Some of you may understand what I'm saying. Governments are saying we need land to be opened up for taxes, and that would bring in revenue, employment.

A lot of our young people would go to Yellowknife, work for government, or they would go to the diamond mines. They'd probably join...at home, working on highway maintenance, but I keep telling young people, “Keep going to school. One day, if we ever get a claim within the next year or so, we're going to need a lot of managers.”

Mrs. Cathy McLeod: For your health centre, when your care providers came, you said that cross-training should be mandatory. How would you envision that? Would it be the community, because of course every community is so different? How would you see that the cross-training should be done in order to really help people both to come to your community....? Does the community have a role in terms of that training of caregivers?

Chief Joachim Bonnetrouge: About two years ago when the government built a new health centre we were all excited, the whole community, and it was going to be a new thing, but they were still bringing in mental health workers, social workers, nurses. The minister at the time didn't say it, but in our presentations we were celebrating and saying that we were going to have cross-cultural training for all the new government employees. It was very exciting two years ago, but it never turned out that way. We're still waiting.

And yes, there are people like me, at the band office, and the elders who are still active who can do the cross-cultural teachings or workshops to orient, because a lot of our caregivers are still coming from Edmonton, Toronto, and so on.

Mrs. Cathy McLeod: So you're still finding that the people who are coming to your community to work are not employees of your community, they're employees of the government, and they're not having as good training as they need in terms of being able to work in the community. Is that accurate?

● (1410)

Chief Joachim Bonnetrouge: Yes. A lot of it is to do with just being aware of a totally different culture, with what the people are like, and I guess there is always that disconnect when you have service providers who don't really know the culture, so that is still a challenge.

Mrs. Cathy McLeod: Thank you.

The Chair: The next question is from Jenny Kwan, please.

Ms. Jenny Kwan: Thank you, Chief, for your presentation.

I just want to go back to clarify a point. When you were talking about the new health clinic that was developed and then the health professionals and different people who were supposed to come, you said it never happened. Is it the case that the health professionals never came, or is it that they came, and the cross-cultural training never took place?

Chief Joachim Bonnetrouge: Yes, they arrived in the community but the cross-cultural orientation and the training never happened, so we're still waiting.

Ms. Jenny Kwan: I see, and the staff are still there at this juncture?

Chief Joachim Bonnetrouge: Yes, they're good people but still....

Ms. Jenny Kwan: Okay. In terms of resources in your community, do you feel that you have sufficient resources by way of counsellors, for example, mental health support workers, wellness professionals, that kind of infrastructure? Do you feel that infrastructure is in place or do you feel that there are some areas where you could use additional resources?

Chief Joachim Bonnetrouge: Especially in my community, and there are a lot of others in the same situation, sometimes it seems that we never get enough good caregivers, because there is such a big need. About 10 or 15 years ago, we had a group who were not well educated. They weren't highly educated, but they were all local women who responded to a tragedy, or a funeral, or a situation that happened in town. They were a group of women, about 10 or 15 of them. Two years ago, we also put together a proposal for that group of women. We said, “Let's give them some training”. We sent that proposal to Health Canada or somebody in Ottawa. We never got approval, but the need is still there. I still have a copy of that proposal.

Ms. Jenny Kwan: If you can send a copy of that proposal to the committee, that would be very helpful. Maybe you can take a look at it from the perspective of areas where they need to be updated. For example, additional gaps might not have been identified, or the service at this current time could utilize attention. That would be, I think, very useful for the committee to take a look at, as well. That would be what we would call soft infrastructure.

On the flip side of it, what about the infrastructure facilities? A lot of the witnesses who spoke to us, particularly from the youth, talked about the issue of connectivity. I think connectivity can have many meanings. Most certainly, I think the ones to which they were referring were the cultural aspect, the traditional aspect, and the historical aspect, but also the connectivity to family as a support network.

One youth, in particular, talked about how he's going through a process now of sobriety, how he's going to sweat lodges, and how it's helped cleanse him in that process. I'm wondering about that infrastructure, sweat lodges for youth, and particularly youth recreational centres or activities used in that regard. What's that infrastructure like in your community?

● (1415)

Chief Joachim Bonnetrouge: In our community, we have a real need for a youth centre. Of course, as soon as you get a facility or a building, then it has to have staff and programming. I guess that's where we are challenged. Some other communities are a bit more fortunate. I can see it, but even when my own kids were growing up, and this would be about 25 years ago, we had a terrific hockey team. Jordin Tootoo came to live with us for a couple of years. My sons were playing with him. It was because some of us parents, mothers and dads, did fundraising. We went to Super Soccer. All the exciting stuff happened. Those things are just no more. It's a big void there right now in the community.

Ms. Jenny Kwan: I have one last question about language.

You opened with your language, I think. People talk about the importance of language, as well. Do you have elders in your community who can pass on the language? If there were programming and supports in place for that to be supported and passed on to future generations, is that something that could be done?

Chief Joachim Bonnetrouge: Yes. I guess we are fortunate that we still have a number of the elders who can do that. I am also reminded that even a person like myself had better start practising and learning to be an elder too, sooner rather than later.

Ms. Jenny Kwan: Fair enough. Thank you.

The Chair: Thanks very much.

The next question is from Don Rusnak.

Mr. Don Rusnak: Thank you for being here today, Chief.

I also want to acknowledge that we are welcomed here on Coast Salish land. I'm from Anishinaabe territory in Ontario, quite a distance away.

I was the executive director at Grand Council Treaty No. 3. In terms of the long-term issues with suicide, one of the things I've said over and again is that we're never going to be out of the cycle of dependency, the cycle of depression, or the cycle of low self-worth if we're always beggars in our own land.

I don't know what the situation is around your community. I was just looking at where it was on the map. I worked for a brief time in Yellowknife—actually north of Yellowknife—at a gold mine called Colomac, which became defunct a long time ago. I worked with some of your community members there, and with people from Rae-Edzo.

As I see it, one of the options for first nations is to have a real stake in the resource revenue sharing. In the western provinces, generally that would mean that the money the province would normally collect would go to the first nations. I've been struggling with this for years. When the resource runs out....

Where you are, I know there aren't many trees, but there's probably a mining industry. There's probably a huge mining industry right across the whole Northwest Territories, so looking at ways of doing it....

In my area of the country there is an 80-year turnaround for softwood trees, but it's a so-called renewable resource. If we can get real revenue sharing where we collect the resources for our community, then that's long-term, sustainable, predictable funding to allow us not to beg for money in our own land through contribution agreements. You must know what those are like. INAC bureaucrats or Health Canada bureaucrats dictate what we do in our communities, whereas we know—or should know—what to do best, because we're on the ground living it every day.

Is there any potential? Has your community looked at the option of getting into negotiations with the Government of the Northwest Territories or the Government of Canada regarding resource revenue sharing ?

● (1420)

Chief Joachim Bonnetrouge: Yes.

For providence I guess, we're part of the Dehcho First Nations, and we've been at the negotiating table for well over 30 years. I hope that within the next year we will conclude. We keep saying that it's for the future, and some people are advising us that all the social problems and negative stuff are a matter of economics for first nations, whatever that definition of economics would be.

We have a very good idea in the negotiating package about royalties, and that has to be another key, it is hoped within the next year or so. But governments per se, as we understand them, are stingy, or they don't get it.

Mr. Don Rusnak: That's just entirely the problem. We shouldn't have to go to government, because I hear my friend's party in the House often saying we need to spend more money or we need to put more money at this. But ultimately it's a department telling us where the money needs to go, and not our having our own money to do what we need off our land. And ultimately, I see that as a long-term solution, where a bureaucrat in Ottawa is not making a decision for the health needs of people in your community. And that's where I would like to see our governments go to attain self-sufficiency, because the way we've been doing it in the past.... Even with this new investment by our government into first nations health, first nations infrastructure, it's still an investment in a broken system. It's good because we need these things immediately, but it's almost addressing a crisis again. We need to look at the long term. How are we going to not make these mistakes? How are we going to make sure these communities are sustainable and our people can actually govern?

Chief Joachim Bonnetrouge: I was told a couple of weeks ago that the unemployment rate in our community is 54%. And you mentioned self-esteem. Boy, if the band or a band company could create some jobs.... If you have a family and a father, and they could give him a job, holy man, you'd see that would make a big difference in anybody's life.

● (1425)

The Chair: Thanks.

We're out of time there, Don.

We're moving into five-minute questions which tend to move very quickly. The first question is from David Yurdiga, please.

Mr. David Yurdiga: Thank you, Chief, for joining us here today. Your wisdom is appreciated. And all our passion is for the next generation, our children and our grandchildren. We see that with the economic climate on many first nations, they are struggling. I know that 54% unemployment in your region is devastating. It doesn't give any hope for the next generation.

If you had the ability to be responsible for developing your own resources, what types of resources do you have within your community that could be developed?

Chief Joachim Bonnetrouge: We have projects that we've been working on, logging; but our neighbouring communities are saying be careful because we're in the boreal area of Canada, and the boreal caribou has got to be considered.

Another idea that we have is gravel, because we're beginning to build roads to resources and all that stuff. Gravel is going to be something we can easily get into.

Our people are also talking about tourism, because people from Europe, or the Americans, out in a van, want to have an experience. The experts are still guys who are harvesters and they're in the community. Boy, if you could just make that connection and give them a little boost to get started, that would be magnificent.

Mr. David Yurdiga: As I mentioned earlier, the youth are our future. What challenges do they face in obtaining a post-secondary education? Because education, as you mentioned earlier, is very important. Obviously they have to leave the community to do that.

Chief Joachim Bonnetrouge: You have to be truthful. You have to be honest. The high school students are the majority in our community and in our region. The home environment is just not there. An old teacher said to me years ago, “Joachim, if you're going to get anywhere, you need to do at least one hour of homework at night at home.” He kept saying that. Today, I believe that.

If we can get that kind of situation for a kid who is 17 years old, so he doesn't have to worry about a party or his friends knocking and asking him to go out, I think that would make a big difference.

I did not mention it, but the other thing is that a lot of our communities are still devastated with alcoholism and now drugs are in our community. I've been in leadership and in politics long enough that I am not scared anymore to say that. If I said that in a big community hall next week and there were a few hundred people, and I talked about the drinking and the drugs, people would say, “Why has the chief said that?” Then maybe after next election, I may not be around, but I'm not scared of that kind of stuff anymore.

● (1430)

Mr. David Yurdiga: Thank you very much.

The Chair: Do I understand, Mike, that you have given Don your time?

Mr. Mike Bossio: Yes, Chair. I would like to pass my time to my very good friend, my Anishinaabe friend, Don Rusnak.

Mr. Don Rusnak: I appreciate that from Hugs Bossio.

Over the last little while, or over many months actually, we've heard some very sad stories, some not so good things coming from the communities, but because it's fresh in my mind, yesterday we were at UNYA. Sure, we heard some sad stories, but we heard some very positive things, like that the kids have a safe place to feel like they can talk to people and they can be open. I just wanted to end on a high note.

Why don't you tell us about the positives in your community, the good things that are going on with the youth, the good things that are going on with the elders, and just the positives in your community.

Chief Joachim Bonnetrouge: Yes, that's a good point because I was reminded just recently, “Chief, talk about your strengths, the good things”. For how many generations have we been negative? I guess we still have the land. The water is still good. The culture is still very strong. I started drumming 20 years ago. When I heard my grandfather singing, I was four years old. I prayed enough, and I wished that one of his songs would come to me. I think the spirit in Canada and in the communities, is still there. The other thing is that my wife reminds me that we, as natives and as Dene, are very intelligent. The other thing that some mothers are reminding me is that we come from very powerful people two, three, four, five generations ago. Holy man. Those people who lived in our communities were a hard act to follow, but we could strive to be just like them They were very intelligent. It's kind of interesting because sometimes I wonder what the people did 500 years ago. They were okay 500 years ago. My people were okay, and your people were okay. They were having a very good time then. We come from very powerful people, and we need to remind each other of that, and that will take away all.... It's so easy to get down and negative.

Thank you.

The Chair: The next question is from Cathy McLeod.

Thank you.

Mrs. Cathy McLeod: That would have been a good place to.... with the positive that....

The Chair: Maybe you can find another one.

Mrs. Cathy McLeod: You talked about having great hockey and rinks and playing with Jordin Tootoo. Is the rink gone? Is the rink that you had no longer part of your community? You talked about the children and hockey and the teams. What happened?

● (1435)

Chief Joachim Bonnetrouge: I think our generation, we had our kids and then the next generation just did not do the trail we made for them. Even though sometimes I never had a job, we still made do. We had a lot of fun when our kids were 12 years old and 15 years old. We did a lot of things in our community. Even as a group of parents, we became like a little groupie. We stuck together and did a lot of things together. Sometimes I wish and pray that the generations coming after us would have seen it or tried it. I guess that's part of the challenge.

Mrs. Cathy McLeod: So, you still have a rink.

Chief Joachim Bonnetrouge: We still have the hockey rink.

Mrs. Cathy McLeod: You just don't have the sort of spirit behind....

Chief Joachim Bonnetrouge: Yes, it was only last year, I think, that there were a couple of people trying to regenerate minor hockey. We're fundraising and, hopefully, that will be the rebound for hockey.

Mrs. Cathy McLeod: I know sports for youth can often be such a positive part of their life and their world.

Chief Joachim Bonnetrouge: Even Wilton Littlechild mentioned that. I'm also part of that generation where, "If it was not for sports, I don't think I would have made it through school", that kind of thing. That might be another key: recreation.

Mrs. Cathy McLeod: You talked about how important learning parenting skills is, and that there needs to be support for moms and dads. Is there any support at all that's available through the elders? What's there right now, and how does it need to be supported?

Chief Joachim Bonnetrouge: There is none right now. We need to create an awareness or say that there's a real need. It's doable, but I guess the trick would be how we can connect with the counsellors, the elders, the facilitators, and those young parents. Even those young parents right now, I think, feel some sense of abandonment, never mind their own little children. That would be part of the challenge.

It's a social, human thing to make that connection. I also mentioned that relationships need to be mended among family groups and even within the family. I know that in my own family there's a certain bit of disconnection with my brothers and sisters. All of those things can only happen through recovery. It's hard work, and you have to get through the pain and the tears, but it's doable.

Mrs. Cathy McLeod: Thank you.

The Chair: That closes this panel. Thank you so much, Chief Bonnetrouge, for spending the day with us, really. We're very grateful indeed for that and for you taking the long journey that you took to get here. You've helped us in a tremendous way.

I'm not going to suspend the meeting. I think we're going to go right into comments from the floor. We have about half an hour. Then the committee needs to pack up and get on an airplane because we're going to do this again in Sioux Lookout.

In that half hour, it looks like we have four people who would like to speak, and that's wonderful. I'll ask you to sort of self-regulate to fit the four of you into that 30 minutes. You'll each have about seven minutes or so. That way everyone will have their chance at the microphone. We're very obsessed with time, it appears, and for that I apologize.

I'd love to welcome anyone at all who would like to come up to the standing microphone in the aisle there. If you would prefer to pull up a chair, that's wonderful as well. We'd love to have you at the table.

● (1440)

Mr. Sam George (As an Individual): My name is Sam George. I come from the Squamish Nation.

We all know the suffering of the suicide, one who leaves suddenly and unexpectedly. I came late, but I look at my grandparents. They didn't drink, they didn't do drugs, and they lived off the culture. My parents turned to the alcohol. My parents were residential school survivors, and then my generation turned to alcohol and drugs. My children's generation—I'm not saying everybody—but that generation got into the alcohol and drugs too. Now I'm seeing, so to speak, the grandchildren going into the drugs and alcohol. I was once drug-and-alcohol dependent myself, but I've been without now for going on 27 years. I was taught by my grandparents. I went to the culture. My grandparents didn't have any funds or government sponsors. All they had to go on was what their parents left them. I'm finding out, being a drug-and-alcohol survivor, that I want to get back to my culture—drumming and singing, the sweat lodges. It's not my culture, but I adopted it. I had to find something to go back to.

Funding from the government helps, but it has to be put into regenerating our culture. I really feel this strongly. I am a residential school survivor—I went there for nine years. I was forced to abandon what my grandparents taught me. When I finally straightened out my life, I went back to the culture and what it had to give us. All it cost was some hard labour—cutting wood, building a sweat lodge, and finding the creator. I needed to find something to give me hope.

I also went to prison and finished seven years at the age of 15, because of my alcoholism. I wanted to find something different, to find something meaningful in my life, and that meaningfulness came from my culture, in an adopted culture. We need to get back to whatever we had before. I think it's so important to find out what my parents did, what my grandparents did, even if I have to go back three generations.

My grandfather was sort of like a policeman. He walked around the reserve when it got dark, and he had a stick. He never used it on anybody, but we always thought he did. When we saw him coming, we all went running inside. When it got dark, we were all inside. It's things like that. When I look at my alcoholism...you don't look at the drugs, the alcohol, the gas sniffing, the glue sniffing. We do it because there's nothing else; we don't know anything else. We have nothing to do. I look at my generation. I have a grade 10 education, and my Dad had a grade 3 education, and the ones I was brought up with had a grade 7 education. I know where it stands now, but you have to have something to believe in, something to do.

● (1445)

I had a sweat lodge. I had a young man come to me on a Friday night. He said, “Sam, are you having a sweat tonight?” I said, “No, I'm not.” On Sunday, he jumped off the Lions Gate Bridge. I don't blame myself because I didn't have a sweat lodge that night—but he asked me. You know, if I had had that sweat, would he have done that? He was looking for something. He wanted something.

It's okay to give them education. It's okay to say, “Let's put some funds in this, let's put some funds in that.” I know that's what you are here for, to find out what they need. What do these kids need? What does anybody need who takes their own life? Why do they get stuck there in their pain? Why are they stuck there?

I've been stuck there. I thought of suicide. I'm glad.... The only thing stopping me was my fear. The only thing that kept me back in this world was a belief in something to give me back some of my self-respect, to give me something I needed, and that was my culture. All it takes is to make a drum. Maybe they don't use drums. Find out who they are, where they're from. I'm glad you are here to find out and try to help. The strongest thing is to find out what they believe in.

I worked in an all-native treatment centre. You see so many. The treatment centre was trying to give them what to believe in—to find something, to find themselves—to give them some hope, and to teach them to love themselves. Maybe you've heard it all before and you all know that, but that's so important.

Even on my reserve in North Vancouver, there are a lot of people who have nothing, or they think they have nothing. We've had one too many.... Even one suicide is too many. They walk around at night, three or four in the morning, thinking they have nothing, and they go home and....

I've done it all, and I've seen it all. I just can't stress how culture plays a big part in our lives, to readopt it, to strengthen it. That's what I really believe in.

Thank you for listening.

The Chair: Thank you very much, Mr. George. It's very much appreciated.

Who would like to come and join us?

Ms. Gertrude Pierre (As an Individual): My name is Gertie Pierre, and I am from the Sechelt Nation.

I work for the residential school society, and I am one of the committee members for the study on murdered and missing women. I have travelled to Manitoba, Prince George, and Williams Lake and listened to the stories of grandmothers, mothers, sisters, and children about their mothers having been murdered and gone missing, and now there are men who are going missing and being murdered.

I think about what it is going to take for the government to start doing something. They say that they've hired all these commissioners to start doing something about the murdered and missing women. We had one meeting with the commissioner, and I don't even know where their office is. I don't know when they'll have another meeting in regard to the seriousness of what's going on.

I always say that the people in Downtown Eastside weren't born to be living Downtown Eastside. They're there because they came from residential schools or they're the product of residential schools. My children are products of residential school. I went to residential school for 10 years, and my husband went for 13 years. My daughter said to me, “I didn't have to go to residential school because I was raised in one in the home.” Everything that we did.... We disciplined them just like they disciplined us in residential school. There was no love, there were no hugs, and there was no caring for them because I wasn't healed at that time.

I look at all these young girls who are running away from home and ending up in Downtown Eastside, or they're being murdered, or they're going missing, and it's because of that. In the home that they lived in, there was no love. We were never taught that in residential school. All we were taught was a lot of anger and hate. We were put down, and we were never praised. I could never remember a nun, a brother, or a priest praising me for anything. They just made me feel like I was nothing and I was going to end up as an alcoholic, which I did. I was an alcoholic for 35 years, from 15 until 35, and then I decided enough was enough. I tried to commit suicide a lot of times because I just couldn't stand myself because of the way I was brought up in residential school. They made you feel lesser than....

I decided I couldn't kill myself by overdosing on my prescription sleeping pills, Valium, and drinking, so I had to start to look at sobering up. I had four children at that time. They were taken away by the ministry, and I was all by myself, so I decided to sober up. I sobered up in 1981. My husband was an alcoholic, and we decided to go through a treatment centre. We went, and we've been 35 years clean now.

I have to say that the children are really suffering. In my community, they start young. They are 12, 13, or 14 years old, and they're already into drinking and starting to experiment with coke, crystal meth, and marijuana. We've heard that it's peddled in elementary school. They have dealers outside of an elementary school to sell drugs to the children. In the high school they're up there peddling their drugs.

I really believe that they need to look at more treatment centres, programs, and services for our youth to make them come to realize the dangers of what drugs and alcohol are doing to them.

● (1450)

They're becoming alcoholics and addicted to drugs at a younger age, and we don't have treatment centres for younger children who are addicted. They land up in the city, and they're living on the streets. I walk in Downtown Eastside and I see young children down there. It really concerns me: parents are looking for them because they are missing, and they don't know where they're at. I believe the government has to look seriously at what is going on with our younger generation because if they don't we're going to keep on losing them. They're going to go missing, and they're still going to be murdered.

My niece was brutally murdered in 1992. They started the march because of my niece because she was so brutally murdered. Now the murderer is trying for parole. The family is trying to prevent him from coming out because he's such a horrible person. I'm hoping he doesn't get parole and that he won't do again what he did to other women on the streets.

Thank you for listening; I really appreciate it.

[*Witness speaks in an aboriginal language*]

● (1455)

The Chair: Thank you so much for that, Ms. Pierre; we're very grateful.

Mr. Thunderchild.

Mr. Ray Thunderchild (As an Individual): [*Witness speaks in Cree*]

In my culture, it's appropriate for the elder to speak the language before he addresses people of authority. I'm going to assume you're the people of authority here.

My name is Munjuice, my nickname is Ray Thunderchild. I come from the Thunderchild Cree Nation, in Saskatchewan. I've made my home here in Vancouver for 25 years. I always let my elders come speak before I do. These are my colleagues, both of them, Gertie and Sam George. We work for the Indian Residential Schools Survivor Society as cultural support workers/elders.

My big thing in the overall picture is to keep the elders alive, keep them talking, keep them talking to the young people. Suicide, yes, it's a big thing in not just the first nations culture. Sometimes we need elders to open up, to talk to the younger people. I wrote a proposal here maybe some 15, 20 years ago to start a culture camp, sometimes even once every three months, to educate the young people. I carry my drum with me at all times. This is how I grew up. This is the way I was raised. Knock on wood when I say this, and I'm very proud to say this, I'm a 60-year-old man today, and have never ever been in jail because of this. I'm very proud to say that. My grandfather trained me and my father trained me before they passed on. They're both gone now. I often wonder what I am going to say, but I take my drum with me. My drum helps me. My feather helps me. The story of that eagle feather, this is what we walk on. We walk from the bottom. We have these little furries because we're just learning here yet. We have this walk to walk on. The one side is kind of small. We notice that a lot of people don't recognize the acknowledgements that they have created for themselves. Too many fall to the other side, the wide side. It's too easy. That's why suicide happens, so we need to prevent that. We need to bring elders forward to teach the young people.

First of all, the language is very important. I grew up in residential school, but I somehow maintained my language. I went to a day school, but even at day school it was really rough for me. I'm partially deaf because of day school, I'm crippled because of day school, but I'm still alive. That's the main thing. I continue to teach, but my grandfather taught me about this, the drum, the eagle feather. As I said earlier on, the road it gets narrower as we walk. We begin to understand sometimes, as we get halfway maybe. Some elders say they never make it to the top. Even if they're old, they never make it because sometimes they choose the other side and it's too easy for them. We need to educate a lot of these elders.

When they were talking about education earlier on, I don't even have a grade 5, yet I have two degrees. Somehow I maintained the ability to continue to do what I do today: teaching young people, educating elders about some of the stuff that they didn't know. I need to, we need to, our society needs to also, find some places where they can teach the young people, because suicide is too easy a way out for a lot of these young people.

Today there was the funeral for a young man everybody looked up to. We never thought that he would be the one to do it, but he hanged himself.

● (1500)

He's come a long way in that culture, that borrowed culture. Like Sam was saying, “I come from that culture, we've brought it over here.” My drums and my style of singing are my culture, the powwow is my culture, and the sweat lodge is my culture, everything in that way.

I'm very fortunate to also say that I have taught a lot of young people to come to that circle with me. Every Tuesday night, we sing powwow at the Vancouver Aboriginal Friendship Centre from seven o'clock until 10 o'clock. We don't just teach them when they're that small. We have young, small babies even sitting with us. We're training them already.

After 25 years of being here, some day I would like to invite all of you to come and see the evidence at that friendship centre. It's keeping everybody alive in that way. We can keep the Residential School Survivor Society going that way, helping the elders to educate more young people. I think that survival from suicide would be a lot better.

I want to continue to work on that behalf. I am not of this culture here. I'm here as a visitor, but I'm Canadian. I'm Cree. I'm very proud of it, very proud of what I do and where I go.

I'm also a very well-established first nations actor. I've been in major movies, where a lot of young people watched me and how I walk. This is how I walk. I bring them with me, and even the elders I bring them with me. I teach them. I am one, but I'd like to say that I want to thank you, each and every one of you, for hearing what I have to say and just to help out society in the best way that I can. I am only one, I wish I was more.

[Witness speaks in an aboriginal language]

The Chair: Thank you, Mr. Thunderchild.

Ms. Rigsby-Jones.

Ms. Yvonne Rigsby-Jones (As an Individual): Good afternoon. My name is Yvonne Rigsby-Jones. I'm Snuneymuxw First Nation. My mother was from the white family and my father was first generation born in this country. My other grandparents came from England on a ship, a mixed blessing. I've had lots of gifts from walking in both worlds. I've worked in the addiction field. I retired from a treatment centre after almost 30 years. I'm currently working as the addiction specialist for the health authority.

However I'm here today as a wife, a mother, a grandmother. Following up on what I've heard today, I have three comments. One is Shannon McDonald commented on the trauma-informed schools, and I think so often over the years, people have worked in silos at whatever organization they're from. The trauma-informed schools are making a great difference for our children. Kuujjuaq has 14 trauma-informed schools and their completion rates have gone up immensely. Three states in the U.S. work with trauma-informed schools from kindergarten right through.

My daughter is a teacher in our school system and for the children who are living in violence or are hungry at school, they're living a lot of the residential school behaviours and issues in their homes. The majority of the staff do not know or understand their struggles. I'm an advocate for looking for solutions. I think that could be a part of one.

The other one that I want to bring forward is not very popular but we need to also figure out how to help and work with our sex offenders in communities because so many times one of the root causes of suicide is sexual abuse. To date no programs are running. I think if somebody is federally sentenced, the provincial justice system has excellent forensic programs in the individual towns but our nation doesn't have a safe way or a forum for people to receive help. We're going to continue to have victims of sexual abuse if we can't figure out how to help the offenders. I don't know if that's been brought up to you very often in this tour but I think it's a really important piece that is difficult to bring up and difficult for people to hear or scary to try to start to address. I'm just putting it forward.

The other piece that I heard Elder Sam George address is the lack of pride and identity. It's a huge piece of healing at the centre that I worked at for so many years. It was very common that people didn't know who they were as an aboriginal person. So many had no pride in being who they were. That part of the healing is always very beneficial. When your parents have grown up or you've grown up being called a stupid Indian, it is so inbred and stuck in your whole being.

My husband is a survivor of Alberni Indian Residential School. He was one of the pioneers and leaders in going forward with a court case. Where I worked, he did trauma healing for survivors of residential schools. Change is happening but not fast enough sometimes. We're still losing too many of our youths, and I echo what I heard just recently, one loss is one too many.

I thank you for your time and for listening to me.

I wish you a safe journey.

[*Witness speaks in an aboriginal language*]

● (1505)

The Chair: Thank you very much for that; we're very grateful.

Nice to see you again, Mr. Kenny. Welcome.

Mr. Cody Kenny (As an Individual): Thank you for having me.

My name is Cody Kenny and I work for Aboriginal Sport BC. I represent an organization called BCAAFC, which is the BC Association of Aboriginal Friendship Centres. I've been working as the regional coordinator for the Vancouver coastal region for over a year now. I develop sport in our region for aboriginal youth, as well as for adults, through coaching clinics.

Before that I was working as aboriginal cultural programmer for the Carnegie Community Centre in the Downtown Eastside, which is a very highly populated aboriginal area and a very highly vulnerable area, so I can speak on behalf of that vulnerable section of Vancouver.

Moving into my new role, I got to experience a lot of things first-hand in terms of sport and where we're at in British Columbia, and I think we do need a lot of work.

Currently, the thing we do well is hosting large tournaments. In British Columbia there's a lot of aboriginal youth soccer tournaments in the spring and summer. Once they end, teens kind of end and there's no continuation, so I do really believe we need established commissioners and established leagues. We need to support through funding to bring our players to higher levels of competition.

One thing we did in the summer was host aboriginal soccer championships, and the winning team of these championships did go on to represent Team BC at the North American Indigenous Games. It was on me to put together U15 and U17 teams for men and for women. We lost, but forming these teams formed friendships and identity. It's sad that this only happens once every two years, that we have this tournament only once every two years.

Another thing we do really well is the All Native Basketball Tournament in Prince Rupert. Teams practice all year long, then they go up once a year to play in an all-native tournament, but once it's over, it's done.

What I truly believe is that we need continuation of programs like these. We need funding to bring our athletes to the next level, and supports so they stay together.

That's the bulk of it. Are there any questions?

● (1510)

The Chair: Mike.

Mr. Mike Bossio: Something Don and I were talking about earlier was that in non-indigenous communities we have so many opportunities for our children to find their passion. We see that in so many indigenous communities that doesn't exist, so I really commend you for the work you're doing and I hope you continue to expand. Hopefully, we can make that part of a recommendation in this report.

Mr. Cody Kenny: Yes, that would be awesome.

Mr. Mike Bossio: Whether it's sport, art, music, drama, or whatever.

Mr. Cody Kenny: A really cool initiative that just happened was that we come out with an equipment grant once a year. One of the communities that applied for it was Bella Bella. They wanted mats, because they haven't had appropriate gymnasium mats to do any sort of wrestling or gymnastics, or anything where they go on the ground. They were successful in getting their equipment grant.

I'm going to be working with them in sending up a jiu-jitsu black belt. He's totally keen on it, and I really think they can develop something cool up there.

The Chair: Thank you so much for that, Cody.

I also want to say thank you to everybody who stayed to chat with us. We're very grateful, indeed. I also wanted to offer that if there is more you wanted to say and didn't have time, part of our study is to receive written statements. If anyone would like to submit anything to us, please see Grant here and he'll tell you how you can do that.

It's my regret that we're out of time today. As I mentioned, we have to pack up and move along to Sioux Lookout this evening.

Again, our sincere thanks for helping us do our job better.

The meeting is adjourned.