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Chair

Mr. Andy Fillmore

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● (1535)

[*English*]

The Chair (Mr. Andy Fillmore (Halifax, Lib.)): Good afternoon, everyone. Welcome to the House of Commons Standing Committee on Indigenous and Northern Affairs. Today we are continuing our study of suicide in indigenous communities.

In the first hour of the committee meeting, we will have with us the Minister of Health, who is going to be speaking with us both on her mandate letter and on the suicide study itself, on those two purposes. Joining her today from the Department of Health are Sony Perron and Simon Kennedy. This appearance will be for the first hour of the committee meeting.

Minister Philpott, you probably have seen these yellow and red card devices before. I'm happy to give you the floor for 10 minutes. At nine minutes, I'll show you a yellow card, and at 10 minutes a red one. Please feel free to share the time in any way you see fit.

There is a second panel with NWAC in the second hour, and we'll have a brief recess between.

Without any further discussion, I'm happy to give you the floor. Thank you.

[*Translation*]

Hon. Jane Philpott (Minister of Health): Thank you very much, and good afternoon to all of you.

I am happy to be here with you.

[*English*]

I thank the chair and the members for the invitation to spend some time with you this afternoon, and I want to thank my officials who have joined me here today.

The importance of the work you're doing in this committee for Canadians can't be overestimated. I want to thank you in particular for undertaking this very serious study, and I very much look forward to hearing the results of all of the hard work you've been doing over these past weeks.

I'll start my comments in relation to the fact that you have been undertaking a study on suicide in indigenous communities. I think it would be fitting for me to express first my recognition of and my condolences to the families and the communities who have been most seriously affected by this issue and who have lost family members, friends, and community members to suicide. They need to be at the forefront of our minds as we have these conversations. I am sure—

The Chair: I beg your pardon, Minister. The bells are now ringing, so I need to ask committee members for unanimous consent to proceed for a few more minutes.

We have a 30-minute bell, so we can at least get through your presentation if we have unanimous consent for that.

Some hon. members: Agreed.

The Chair: I'm sorry for the interruption. Please proceed.

Hon. Jane Philpott: Thank you.

As I was saying, I want to express my condolences to the families and let it be known that, like it is for you, these are the people who are on our minds as we have this conversation. We've all been heartbroken, I think, by the tragedies that we've heard about across the country in so many communities.

I see the high rates of suicide in indigenous communities affecting youth in particular, I think, but it's not entirely the youth who are affected. It's a public health crisis and, therefore, a very important part of my mandate. I join you in the search for an appropriate response, knowing that no single person has all of the answers and that we must work together on something like this.

A number of issues of social inequity form the basis of the challenges I face in my portfolio in Health, but I think that when we look at social inequity in health and in mental health, the stark realities are nowhere more obvious than in the inequities that exist between indigenous and non-indigenous people.

When we look at the matter of suicide in first nations youth, I don't think I need to remind the members here of, for example, the rates of suicide among first nations young people, whether on-reserve or off-reserve, and among their non-first nations counterparts. I brought with me a lot of statistics, but I think you've probably heard a lot of them before. I think that statistics sometimes confuse us and sometimes even take us away from the fact that every single statistic represents a person, a person who is a loved one, a family member, and a community member.

Really, I wanted to focus on the fact that these disparities, the gaps in health outcomes, and the tragic statistics we read about have their roots in long-standing social inequity, and we can point to the causes. I'm not sure if we can say that we can find all of the causes, but I'm sure you've heard what many of them are. Some of them are historical. Many are ongoing. The roots of this crisis lie in colonialism, racism, assimilation, residential schools, intergenerational trauma, poverty, and so many other issues. The ongoing causes behind a crisis include things such as the bullying that exists among young people, issues of low self-esteem, overcrowded housing, unemployment, and lack of recreational activities. These are some of the reasons, which I'm sure you've heard about at this committee, as to why young people turn to self-harm and sometimes suicide.

The traumatic impact of losing cultural practices, losing the roots of communities, and losing languages, and the disruption of family structures and of social support networks, all affect the health and well-being of those communities, and we find that one of the most serious results is the high rate of suicide.

I know that you've heard many moving stories. I've heard many of them myself. I think about this summer, when I spent time in Alberta visiting Treaty 6, 7, and 8, and in one of those communities, I met a bright young man. He was talking about his battle with addiction and the fact that earlier in his life he had attempted suicide nine times. He became addicted to fentanyl. Getting treatment was very difficult for this young man, but eventually, with the assistance of a clinic that was supported by his band, he got the treatment he needed. He's now on Suboxone therapy and is slowly decreasing his dosage of Suboxone. He's on a path to healing. He said to me that he was becoming a better father and a better person, that he wants people to know that there's a way out, and that he wants them to know they can overcome this.

I am convinced that governments have an essential role in the strategies that we need to collectively gather to give hope and to give life to the ambitions of a young man like him. Change is only going to happen, though, when we work in partnership. Of course, that partnership has to include indigenous leaders. It has to include every level of government and, of course, many sectors of society far beyond the health sector.

● (1540)

My mandate includes making sure that I work with indigenous leaders. That includes the National Chief of the Assembly of First Nations, Perry Bellegarde. It includes the president of the ITK, Natan Obed. It includes working with chiefs and councils. Of course, I need to work with my provincial and territorial counterparts and multiple stakeholders to address health gaps that exist between indigenous peoples and other Canadians.

I believe that at its root this requires us to renew relationships in Canada and to ensure that relationships with indigenous peoples are based on a recognition of rights and on respect and co-operation. The healing process that I suspect you are finding your way toward as you have these conversations involves implementing the calls to action of the Truth and Reconciliation Commission.

What can government do? Much of what we are already doing is itself centred on righting some of those past wrongs and on addressing the long-standing challenges that have left this legacy of despair amongst young people. For example, we are supporting an annual assessment and support for the national aboriginal youth suicide prevention strategy. This is a strategy that helps to reduce risk factors through a focus on prevention, outreach, education, and crisis response.

We also have worked to support the national native alcohol and drug abuse program, another community-based program that includes residential in-patient treatment facilities.

We're supporting mental health counselling services through the non-insured health benefits program, through multi-disciplinary mental wellness teams that are driven and designed by communities. We're supporting the Indian residential schools resolution health support program, which has been successful in providing support through some of the residential schools discussions. It helps both former students and their families.

We're investing in research into mental health promotion and suicide prevention. Some of that is done through the Canadian Institutes of Health Research. It includes things such as the pathways to health equity for aboriginal peoples initiative and the Arctic Council initiative.

But we need to have new federal measures as well. As I have learned more about the challenges communities face, I've been deeply troubled by them. Communities face challenges in securing some of their basic necessities such as housing, water, and access to good education. Thus, as with all other parts of health, mental health needs go far beyond the provision of health care. It involves looking at both the causes and the consequences, which have deep roots and devastating effects on families and communities.

All levels of government, and, I believe, all departments of government, have a responsibility to look at the social determinants of health.

Have I already reached the yellow card? My gosh.

● (1545)

The Chair: Yes, I'm sorry to say.

Hon. Jane Philpott: I think a lot of the things that I want to say are going to come out in the discussion. I think the biggest focus that I want to share off the very top is that I come here very happy to share what our department is doing, and I am very pleased to be able to work with my colleagues at the first nations and Inuit health branch, as well as the Public Health Agency of Canada. However, I come here saying that I don't have all the answers, and I look forward to learning, working with you, and, where possible, responding to all the good suggestions that I know will come out of this committee.

I very much look forward to responding to the questions you have this afternoon.

The Chair: Thank you very much for your remarks, Minister Philpott.

I'm going to divert the conversation for a moment in terms of managing the vote. According to my math, the vote will be at 4:07. I expect that most members will be happy to stay in the room until 10 minutes prior to that. Can I just see if that's comfortable for people? We'll have a recess at 3:57, in 10 minutes. With walking back and forth, the vote will probably take, about 15 minutes, and we can be back here by 4:15 to continue.

Is it the committee's pleasure to maintain our 5:30 end time, therefore, shortening the time of one of the panels, either the minister's or NWAC's? There is an alternative. I would draw your attention to one of our routine motions, which is around flexibility of end-of-meeting times when there are circumstances out of the committee's control, which is the situation we're in today. The alternative is that we could simply stay beyond 5:30 for the number of minutes that we will lose for the vote, which I expect would be about 15 minutes.

Let me phrase it as a question. Are committee members willing to stay until 5:45 today to get through all our witnesses in their fair amount of time? I think I see assent there. Fantastic. We have a plan.

We'll have 10 minutes with you now before we go, please, and then we'll come back and continue with you. We'll go right into the first round of questions, starting with seven minutes for Mike Bossio.

Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.): Thank you, Chair.

Thank you so much, Minister, for being here today. We greatly appreciate your input and feedback on this important study.

We recently came back from a trip in which we went to Vancouver's Eastside, visited a friendship centre and UNYA, the youth association across the road, and then went on to Sioux Lookout and visited a hospital and the indigenous health authority.

Everywhere we went, resources were the number one issue that so many are dealing with, especially at the indigenous health authority up in Sioux Lookout, where their building was fairly packed. They were in tight quarters. It was a smaller facility and an older facility.

We were in a brand new hospital up there, a spectacular hospital, which seemed to be providing very good services, but most of the people there were non-indigenous workers. The indigenous health authority is all indigenous workers, and they were in a facility that is not nearly as nice, and like I said, very.... You could tell that there was a lot of frustration and a lot of potential burnout amongst the workers there. This seemed to be a common thread: that they're burning out very quickly, and in some instances, a year or two into the job.

Has your department looked at the numbers that we need to hire and train to properly support places like Sioux Lookout and Vancouver's Eastside, both for counsellors and as health assistants in nursing in these remote communities?

● (1550)

Hon. Jane Philpott: Thank you very much for the question.

In fact, you've actually raised a whole series of issues there. It doesn't surprise me. As I think you've been discovering, you've come up with a list of some of the real challenges.

At the very beginning, you alluded to the programs themselves that are often under-resourced. I think that's one of the realities they're facing, and I'm not here to deny that many programs in indigenous communities are under-resourced. That's something that I'm certainly working very hard to address: the fact that in many areas there has not been appropriate support for programming. It's something I'm working on with the department to make sure that we respond to it.

You talked a bit about the facilities themselves, not just the programming, but what I call the “health infrastructure”, which requires that facilities are available. You may recall that in budget 2016, for example, we were able to get investments of $270 million to help with health facilities for first nations. That was fantastic, but it was actually only a drop in the bucket in terms of what the need is. One of the areas that's been severely under-resourced over a number of years is having the facilities available, but I think the bulk of your question actually related to human resources, which is certainly part of the whole picture.

The programs are not what they ought to be and the facilities are often in need of repair or in need of being built in the first place, but it is the human resources where I think we see some of the serious gaps, both in terms of having adequate people available and in terms of training. If people are there to work, often they feel overwhelmed and exhausted by the very difficult work environment they're in.

I will tell you that every single one of those areas has come to my attention repeatedly and that we are working on them. I've had the opportunity to speak across the country at a number of meetings that involve health care providers and people who work both to educate health care providers and in health facilities. I raise the issue of indigenous health, and particularly human resources for indigenous health, at every single opportunity that I can. That's the kind of thing that we're not going to fix overnight.

You asked a about the data a bit in terms of how big those gaps are. Like it is many other parts of my mandate, we don't have the kind of good data that we should have. We know for certain that whether you're talking about physicians, nurses, or other health care providers, there are challenges in terms of the absolute numbers of human resources that exist in these facilities and often also in terms of people who are not particularly trained in providing care to indigenous communities. Very often, the people who are providing care are not indigenous, which doesn't necessarily mean that they are not able to provide care, but it is sometimes part of the challenge.

Those are all things that I'm certainly working on. I've been very impressed with the work of the Canadian Indigenous Nurses Association and the Indigenous Physicians Association. I've been impressed with the work of the College of Family Physicians of Canada and other organizations that are working hard to find ways to prioritize getting indigenous young people into educational programs so that they will seek careers, and then we need to find the ability to make sure they get to the places where they're needed.

I hope that adequately answers your question.

The Chair: You have one minute remaining.

Mr. Mike Bossio: What we've very clearly discovered in a lot of our witness statements all the way along is the absolute need for long-term and stable funding for a lot of these programs. Yes, it's about getting the necessary data to determine the size of the problem we're dealing with, especially from a human resources and infrastructure standpoint, but also, one of the biggest problems that we've seen through the witness statements is that this really needs to be community driven.

Do you see that? Is that how you're directing your department as well, which is to focus on community-driven projects that have the type of funding necessary in order to bring them forward?

● (1555)

Hon. Jane Philpott: I'm very glad you brought that up, because I think it's absolutely essential that any solutions being discussed are community driven. Again, I really want to attest to the fact that people are working very hard in these communities. I know that the folks in the first nations and Inuit health branch work very closely alongside community leadership to ensure that the programs are in fact designed by communities and respond to the needs of communities. I think we have to underline the fact that they have to be community driven.

The Chair: Thanks for the question and the response. I said we'd go until 3:57. It's just about 3:56 now. I think rather than getting into a new question, we'll suspend now.

Before we suspend, I invite the panellists to come back as promptly as possible after the vote, and I extend the same invitation to the committee members.

Thanks to the members from NWAC for their patience and understanding. We'll suspend and see you soon.

● (1555)

(Pause)

● (1625)

The Chair: We're coming back from our suspension. It looks like the number of minutes we're going to add to the end of the meeting is around 27, so we'll go until three minutes to six.

Mr. Mike Bossio: I have a 5:45 that I can't miss.

The Chair: Well, we'll have to stop the proceedings for you, Mike. I'm kidding, of course.

Mr. Mike Bossio: No, I—

The Chair: We'll go right back to the questions, with the next questions from Cathy McLeod, please.

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

Thank you, Minister, for joining us today.

I also appreciate the leadership that you're going to be taking later this week in terms of the opioid crisis. In British Columbia especially, it's absolutely a critical area that we have to deal with.

My first question is in terms of the fentanyl deaths. Do you have any sense of how many deaths are through injection versus inhalation versus ingestion? What percentage of the deaths relate to the different mechanisms of delivery?

Hon. Jane Philpott: Thank you for the question, and thank you for the raising this matter, because it is an important one. I am looking forward to our meetings on Friday and Saturday of this week, where we will discuss this.

The point you've raised brings up one of the real challenges on the opioid crisis, which is that there is actually not the kind of data and surveillance we would like to have, even in terms of the total overall number of overdoses and overdose deaths. Increasingly, a number of agencies are doing better at that. There's actually a report that came out today from the Canadian Institute for Health Information, which gave some new information, but one of the things we will be talking about is how we can get the appropriate agencies together to get that information.

In terms of types of overdoses, whether they're through injection, inhalation, or ingestion, we don't actually have really good data on that. I think that's the short answer.

Mrs. Cathy McLeod: Thank you, Minister.

My next comment or question is that you talked about someone you met during the summer whose life turned around with treatment. Certainly, my experience is that treatment is not available or is very expensive, so really in terms of our indigenous people who are having challenges, this person was lucky that they had a band member who would support them in treatment.

Would you agree—just a yes or no—that there is a lack of opportunity for people who are looking to deal with their addiction? It's not easily available. Would that be accurate?

Hon. Jane Philpott: I think it would be accurate to say that there is a shortage of treatment facilities and programs.

Mrs. Cathy McLeod: My next area of focus is that the health minister in British Columbia has indicated that it's important that you repeal the legislation we have around communities and the establishment of injection sites.

Again, these questions are going to be for a bunch of yes's or noes, because suddenly the communities are seeing safe injection sites as the cure for these horrific deaths. To be quite frank, with the data I've seen, or the anecdotal experiences on ingestion, I don't necessarily see that people will be going to safe injection sites from a wedding to ingest their drugs, so I don't believe the safe injection sites are going to be a panacea for solving this issue.

I have a quick question. Do you believe—just a yes or no—that a letter from the provincial minister should be part of an application? Again, I'm going to run through a number of these. Should a letter be part of an application?

Hon. Jane Philpott: Well, I'd like to expand, and not give you just a yes or no on that.

● (1630)

Mrs. Cathy McLeod: I have a whole list.

Hon. Jane Philpott: We are currently looking at the legislation around what's required in order to get a section 56 exemption to open a supervised consumption site. I've made it clear that for communities that need them, where they're appropriate and where there's a community desire to have those programs, we need to find mechanisms to make them more available as one of a range of tools.

Of course, this is the kind of thing where there would be collaboration with the community and with provincial health authorities.

Mrs. Cathy McLeod: I believe there are places and times, with proper consultation, obviously, where safe injection sites play a critical role in a number of dimensions.

Again, for a quick yes or no, should local government have the ability to have some input into whether and where? They have input into zoning. Is it appropriate for them to have input? As I said, I have a list. Is this appropriate?

Hon. Jane Philpott: I have always said when we talk about the availability of supervised consumption sites that they are a good tool available in the communities where communities have indicated that there is a need and there is an appropriate demand for it.

Mrs. Cathy McLeod: So the requirement for a municipality is appropriate.

Hon. Jane Philpott: Community consultation is absolutely essential.

Mrs. Cathy McLeod: Should the local police force have any input?

Hon. Jane Philpott: I'll go through the whole list with you, if you like. What I can tell you that might shorten things off is that there are different ways in which you can get these types of required inputs. There was a Supreme Court decision associated with supervised consumption sites that made clear a certain number of criteria that are absolutely essential. There are multiple ways to get that kind of input.

The goal here is to be reasonable. The kinds of things you're suggesting, such as whether local police should be involved, is a perfectly reasonable expectation, and certainly, no matter what the rules are, the Minister of Health has to sign off on a section 56 exemption in order to make these sites available. I can't imagine any Minister of Health who would see that it would make sense to give that exemption if there wasn't community consultation.

Mrs. Cathy McLeod: I do believe that if we went through the list, you would probably agree that we have a reasonable consultation process and that you ultimately can use that information to make a decision. Therefore, I would be very concerned if, as some of the ministers are asking, we were to remove that very critical engagement with communities, municipalities, and police forces as we make decisions. Again, there is a role, absolutely. We have some good checks and balances in place.

Tthank you.

Hon. Jane Philpott: Can I respond to that briefly?

The Chair: Sure.

Hon. Jane Philpott: There are things about the current legislation that are problematic, partly in the sheer volume of work that's required on behalf of communities to document a number of these matters. One of the other challenges that's been raised with me is the fact that I can't even comment and my department can't even respond until this big long list of regulations is addressed.

We need to work with communities. People are dying, and these sites save people's lives.

The Chair: Thank you.

We're going to repeat what we just did here, because the bells are ringing again, so we'll keep on going until 10 minutes before the vote. I'll suspend at the appropriate time.

Let's proceed. The next question is from Charlie Angus, please.

Mr. Charlie Angus (Timmins—James Bay, NDP): Thank you, Mr. Chair.

Thank you, Madam Minister. We're very pleased that you're here today.

I only have seven minutes. There's so much I want to talk about, so I don't want to sound terse, and I don't think it's an issue of talking about what's happened in the past: it's what's under your control that we can change.

We lost a young man today. We lost a 13-year-old boy two weeks ago. We've had 99 suicide attempts in Manitoba in one community, Shamattawa, and every time I talk to people they tell me that they don't have the front-line workers, and they don't have the ability to track to see if children are being protected.

On November 1, you and all of us voted to flow that $155-million shortfall immediately. What does “immediate” look like to get it to those front-line agencies?

Hon. Jane Philpott: First of all, thank you for the question, and I'll thank you, as I have before, for your very important work and advocacy around these issues. I look forward to your further input and good advice.

You've mentioned a couple of things together. One is around mental health resources and the human resources to support that. You've also talked about the response to the human rights tribunal, because that was—

● (1635)

Mr. Charlie Angus: Flowing the money, yes.

Hon. Jane Philpott: Flowing the money.

Mr. Charlie Angus: What does “immediate” look like to get that money out?

Hon. Jane Philpott: “Immediate” obviously is as soon as the money can get out the door. You've heard some of the responses from my colleague, the Minister of Indigenous and Northern Affairs, but I want to say that on the matter of Jordan's principle, which was one of the features that the human rights tribunal spoke about, I'm very pleased that we were able to get funding to be able to fully enact Jordan's principle in the order of $382 million. That has actually been very effectively used by my department. Sony can give you details, but at last count, we know that 900 children have been assessed.

The money is flowing, the work is being done, and kids are getting the care they need.

Mr. Charlie Angus: According to Cindy Blackstock, she's frustrated and is saying that she may take you to court because you haven't implemented the full Jordan's principle. You've implemented your interpretation of Jordan's principle, which is short-term crisis help for children with emergency needs.

We have had doctors who came here last year and said that children were dying. They said they were "falling through the cracks" every single day because of racist and discriminatory—their terms—policies by Health Canada against children. They wrote to you in September and said that your policies were racist and discriminatory, yet those policies are still in place. You might help 900 kids who have special emergency needs, but these doctors are saying that your policies are hurting kids, so why have those policies not been changed?

Hon. Jane Philpott: I think it's important to note that there have been changes in the approach, and I think the work that's been done to date has been helpful. I am not going to say that within health care systems across this country racism/discrimination does not exist—

Mr. Charlie Angus: No, no—

Hon. Jane Philpott: —because it does.

Mr. Charlie Angus: —this is about your department.

Let me give you an example. We have a two-year-old boy. The doctor says that boy needs an audiology test and one of your officials says it's not necessary. That wouldn't happen in any medical system in this country, except under Health Canada. Do you think that's acceptable? Why is that policy still there such that one of your bureaucrats can override a doctor's prescription?

Hon. Jane Philpott: I don't want to respond to the specifics of a case that I don't know the details about, but I can tell you—

Mr. Charlie Angus: But is it right?

Hon. Jane Philpott: I can tell you that we are absolutely committed to the full implementation of Jordan's principle. We have put the money and the resources behind it.

My department...you know....

Mr. Charlie Angus: Okay. The issue, then, is that a two-year-old boy was turned down for an audiology test, not by the doctor but by a bureaucrat. If that policy is still in place, it is still discriminatory.

In terms of the denial of services to children for mental health services, or the delays where kids have ended up falling through the cracks, do you track them? What we hear is that Health Canada turns it down and says to go to Indian Affairs, and Indian Affairs says to go to Health Canada. Do you track those cases?

Hon. Jane Philpott: Mr. Angus, I would encourage you and any of your constituents and others for whom you are advocating.... Once again, I congratulate you on advocating. I don't think we do anybody any favours by blaming officials who are working very hard to address the system. That's not to say that there is not room for improvement—

Mr. Charlie Angus: Okay, but this is not about blame. Do you track and do you keep records of these children? Because you're responsible for them? Does your department track them?

Hon. Jane Philpott: You know what? If there are specific cases, I would like you to bring those to my attention and speak to me at any time and speak to my officials.

Mr. Charlie Angus: Okay.

Hon. Jane Philpott: If there are particular cases—

Mr. Charlie Angus: I'll give you an example, because we had your chief executive director at committee and I asked him that question. He said that of course we track, that of course, if they need service, we track that. I asked if he would pass those records over to our committee so we'd know if this is hearsay or not, and he said he would. Committee testimony is like speaking on the record: you have to be truthful. But when I asked your department, your department said they don't track.

Just because you don't track children who fall through the cracks doesn't mean you're not responsible for them. My question is, how can you then do any kind of financial planning if you're not actually tracking the denial rates of children who are needing these services? If you don't track, how do you know?

Hon. Jane Philpott: It is my understanding that for any requests that are made are there is a tracking mechanism to respond to those. If there's evidence to the contrary, I look forward to hearing that.

I can perhaps ask Mr. Perron—

Mr. Charlie Angus: I don't need names. I just want to know what the percentages are, because I note that in terms of denial rates for special orthodontics it's gone up to 99% appeals. We have that on record. Why don't we have the denial rates for children needing mental health services who are facing the potential risk of suicide? Do you have it or don't you?

● (1640)

Hon. Jane Philpott: I will ask Sony if he wants to comment in terms of whether that's available.

Mr. Sony Perron (Senior Assistant Deputy Minister, First Nations and Inuit Health Branch, Department of Health): In terms of access to mental health services, I believe you refer to the mental services under the non-insured health benefit. Every individual who is a first nation or Inuit person has access to coverage for a certain number of sessions every year—

Mr. Charlie Angus: Yes, I know, but people are told time and time again that it doesn't exist, so I asked your official, "Do you track?" He said yes. I asked, do you have the statistics? He said yes, and then I asked, would you give them to us? He said yes. We contacted your department and we were given a letter saying you don't have any of these records.

How can you tell us that you're actually looking after these children if you don't bother to track and yet you tell our committee that you do?

Mr. Sony Perron: If I can answer this one, we don't track denials, because under this program everybody is eligible—

Mr. Charlie Angus: Ah. So everyone is eligible, but if they don't get served, then they fall through the cracks.

Mr. Sony Perron: But the service is coming from private providers. We don't necessarily have a tracking of whether people have asked for these sessions or have seen the providers; we confirm that we will be covering the cost.

Mr. Charlie Angus: That's like a form of systemic negligence if you don't actually know—

The Chair: I'm afraid we'll have to leave that question there. We've over the time now.

The next question is from Michael McLeod, and we'll have to suspend again after that.

Mr. Gary Anandasangaree (Scarborough—Rouge Park, Lib.): I have a point of order, Mr. Chair.

The Chair: Go ahead, please.

Mr. Gary Anandasangaree: Given the timing and given that we do have another session, I'm wondering if we could see what we can do with NWAC and our guests who are here today, because it may not be appropriate to keep them and have us run out of time. I'm wondering if there's a way to have them speak and maybe not have them wait for another hour only to have us come back and say that we won't have time. I'm wondering if we can deal with that.

The Chair: Okay. I have an idea for that.

Minister, did you want to...?

Hon. Jane Philpott: I was going to say that it may be easier for me to come back another time than for your other guests to come back, so if it's easier to reschedule me—

The Chair: My proposal was going to be for committee members to consider that we keep going through the next question, which we have time for before we have to return to our seats, and that would get us through all of the seven-minute questions. Often, we only get through the top seven. We would finish with your panel at that point, after that question, and then, as soon as we come back from the vote, we'll start with NWAC. Does that sound okay?

Some hon. members: Agreed.

The Chair: Thank you.

Michael McLeod.

Mr. Michael McLeod (Northwest Territories, Lib.): Thank you, Mr. Chairman.

Thank you, Minister and staff, for the presentation. I think you've captured pretty much all that we have been hearing over the last while as we've been doing this study. There are so many things. As you've stated, there is no one solution, and there are so many things that need to be addressed in order to correct and change the trend happening all across the country.

In different parts of the country we see a lot of need, but in the north we seem to see it more than in other parts of Canada. That's where we're seeing the suicide rates go through the roof, especially in Nunavut and in my area, the Northwest Territories.

Also, there's a real need for investment, a real need for catch-up. It's the first time in many years that we have money for housing. We're hitting a crisis level with housing. It's the first time that we have all our land claim negotiations moving again.

Those things are really positive, but at the same time, we still have a lot of other things that have to be looked at in terms of dealing with addictions and with the residential school fallout, yet we don't have any facilities. Our facilities are lacking, as are our staff. We don't have enough people on the ground.

In the Northwest Territories—and I believe that in Nunavut it's the same thing—our funding comes on a per capita basis for the most part, for a lot of the programs, and it really doesn't amount to a whole lot. I remember a housing program being announced. It was on a per capita basis. I think we were able to build two houses.

If health money comes on a per capita basis, it doesn't go far enough. We need base-plus funding. Is that something you would consider as we move forward in the discussions with the Northwest Territories, Nunavut, and the northern jurisdictions?

Hon. Jane Philpott: Thank you for raising this issue and for the work you're doing on behalf of the people in the Northwest Territories.

There are particular challenges—there's no question about it—in terms of the delivery of care in the territories. This is something that's been raised by other members as well. We have a few mechanisms to respond to this. Of course, for health services in general there is a Canada health transfer, but a large part of the health funding for the territories comes out of a territorial transfer arrangement with the finance minister as well.

In addition to that, there is something called the “territorial health investment fund”, which I understand has been helpful to the territories. I will be having further conversations about the ongoing nature of that funding, but we absolutely recognize the need and the fact that costs are higher in the territories because of the long distances.

There's a considerable amount of innovation now being made available in the delivery of care to remote locations, and this is something that I'm also hoping to find ways to support. I spoke last week to a doctor in Saskatoon who is involved in the “doc in a box” program, for instance, which is using remote-presence robotics to support delivery of care.

There are a lot of different ways in which we can support your constituents in terms of making sure they get the health care they need.

● (1645)

Mr. Michael McLeod: We certainly have a lot of catch-up to do. We really didn't get a lot of investment in the last 10 years, so we need to play catch-up. With the crisis happening in the area of suicides, we know that there is despair in the communities, and we know there's a lot of need. I'm hoping we're going to be able to address it through new funding agreements.

Indigenous Affairs is doing a lot of refocusing or review in some of the areas in the urban aboriginal strategy. I have been pushing hard for them to look at what exists there, how we can we enhance it, and how we can do better.

The one piece that's not included is the aboriginal head start program. In our visits to the communities, we've heard that it's something that works. It includes language and it includes youth, yet we don't know where it's going. We don't know if it's going to be part of the discussion about the other aboriginal programs. We've heard through the media and other sources that some jurisdictions, including Nunavut and the Northwest Territories also have not expanded the program since it started and that it might be better served in another department.

Could you talk about whether there is any way we can look at enhancing it or expanding it? We've heard about the need for family centres and cultural centres. Maybe the friendship centres would fit the bill, or maybe aboriginal head start program would fit the bill. I'm just trying to find ways by which we can flow money.

Hon. Jane Philpott: Thank you for bringing up the aboriginal head start program, because it's something that you and I have talked about before, and you have spoken to its power and effectiveness in many communities. I've had the opportunity to visit aboriginal head start sites. It responds to some of the very things that you have been talking about in this committee in terms of cultural continuity and helping people to understand, from a very young age, their language and their heritage. From what I understand, it is a very effective program.

It's run primarily in two particular mechanisms, and in some cases through the first nations and Inuit health branch and INAC, I believe. In our case, in the Northwest Territories I believe it flows through the Public Health Agency of Canada. Maybe Sony can clarify that, but in the Northwest Territories, that's where the funding comes through for the program. We would welcome opportunities to continue to see it expand, but I will ask Sony to speak to some specifics just to programming.

Mr. Michael McLeod: The money goes through Public Health to the Northwest Territories, but the regional representative is from the Yukon. Why don't we have one in the Northwest Territories? We don't have a voice, outside of the MP, to talk about aboriginal head start because the representative lives in Whitehorse. He should be living in the Northwest Territories. Is that something you can look at?

Mr. Sony Perron: I cannot comment on that. Unfortunately, I'm not aware of the structure of how the funding is flowing between the agency and the recipients in the Northwest Territories.

Hon. Jane Philpott: I would be happy to put you in touch with or to look into that—

Mr. Michael McLeod: Yes, because other programs are slowly gobbling up the jurisdiction for aboriginal head start, and it's one of the few aboriginal programs that we have. We're going to lose it if we don't put some more resources into it or pay attention to it.

Hon. Jane Philpott: I will certainly look into the details on that for you.

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

Thank you very much, Minister Philpott, for your time today and for your testimony. It's very valuable for us.

We will suspend and come back after the votes and go from there.

Also, if there are people from NWAC in the room, could I ask you to please identify yourselves to me? Thank you.

● (1645)

(Pause)

● (1715)

The Chair: Welcome back, everyone.

It's 5:15, and I want to ask committee members again if they're willing to stay until 6:15 to give NWAC a full hour.

Cathy.

Mrs. Cathy McLeod: Chair, perhaps we could see how we do with one 28-minute round, with the four seven-minute rounds.

The Chair: Let's test that. How do people feel about getting through the four seven-minute question rounds after the 10-minute presentation? Okay? Thank you.

We very much welcome the Native Women's Association of Canada, and specifically Lynne Groulx, the executive director, and Amy Nahwegahbow, who is the senior manager and partner for engagement and knowledge exchange.

Thanks to both of you for coming and for your patience and understanding about the timing today. I'm going to give you the floor for a 10-minute presentation to share between the two of you as you would like.

Ms. Lynne Groulx (Executive Director, Native Women's Association of Canada): Thank you very much.

Good afternoon, Mr. Chairman, committee members, and distinguished witnesses and guests.

My name is Lynne Groulx. I'm the executive director of the Native Women's Association of Canada. My colleague Amy, who is with me here, is a senior manager at NWAC. She's also a researcher par excellence, and she will probably be able to answer many of the questions that you might have on this subject.

First, I'd like to acknowledge the Algonquin peoples on whose traditional territory we are meeting today.

Thank you for the opportunity to present. I am a Métis woman of mixed Algonquin and French descent. I bring with me the voices of my ancestors, the concerns of aboriginal women from across Canada, and the hopes of our future leaders, our youth.

NWAC is the national aboriginal organization in Canada that represents the interests and concerns of aboriginal women and girls. NWAC is made up of provincial and territorial members' associations from across the country. Our network of first nations and Métis women spans north, south, east, and west, into urban and rural on-reserve and off-reserve communities.

We've all read the staggering headlines reporting the high rates of suicide among aboriginal youth, including some girls as young as nine years old. In light of these recent tragedies, I encourage all of you to join me in picturing someone in your life who you deeply care for, whether it be a family member, a friend, or a colleague. For me, I envision my own daughter, a 17-year-old aboriginal woman full of potential and enthusiasm for life. It is devastating to hear on the news that another one of our communities is struggling with this issue of youth suicide. The thought of losing my own daughter to suicide is absolutely unbearable.

In Canada, we must act quickly and compassionately to address this urgent crisis occurring in our aboriginal communities. We must allow the reality and the impacts of these suicides not only to touch our hearts but to drive us to take action now. I cannot stress this enough. Every single life matters.

The forced assimilation through discriminatory government practices such as the Indian Act, residential schools, the sixties scoop, and Bill C-31 have tremendous negative impacts on the health and well-being of aboriginal people. Socio-economic and cultural factors that contribute to the suicide crisis among aboriginal people include but are not limited to: poverty, unemployment, lack of access to health and social services, substandard housing, food insecurity, and the loss of culture, language, and the land.

Many continue to suffer the impacts of these policies generations later, including my own daughter. Aboriginal women and girls, their families, and their communities continue to experience anxiety, depression, homelessness, post-traumatic stress, and other mental health problems and illnesses that can contribute to harmful behaviours such as drug and alcohol abuse, self-harm, and suicide.

For decades, researchers have been reporting and continue to report various high suicide rates among adults and youth in our aboriginal communities that are several times higher than rates among non-aboriginal peoples. In the past year, the community of Bearskin Lake First Nation in northern Ontario declared a state of emergency after a series of deaths, including that of a 10-year-old girl. Then, the Pimicikamak Cree Nation in northern Manitoba, over a three-month period, had six youth suicides. In the month of March, Attawapiskat First Nation in northern Ontario declared a state of emergency after 100 people had attempted suicide since September 2015 alone.

In the latest news reports, Stanley Mission, La Ronge, and Deschambault Lake in northern Saskatchewan lost five young girls aged 10 to 14 within a week, because of suicide. These innocent children, who should be outside playing and enjoying their youth, have lost hope and are choosing to end their lives. For many isolated aboriginal communities, suicide or attempts at suicide have become normalized behaviour.

Recently, NWAC collaborated with Statistics Canada on an article, “Past-year suicidal thoughts among off-reserve First Nations, Métis and Inuit adults aged 18 to 25: Prevalence and associated characteristics”. Some of the key results do not come as a surprise. At 27%, the prevalence of lifetime suicide thoughts among young adults was almost double that of their non-aboriginal counterparts, at 15%. Most interestingly, aboriginal young women in particular showed a trend towards a higher prevalence of lifetime suicidal thoughts and were more likely than men to report mood or anxiety disorders and a bullying environment in school.

● (1720)

Research shows that high self-worth, strong family ties, strong social networks, and education can help prevent suicide in our communities. Also, in 2008, research by Chandler and Lalonde found that community and individual empowerment, control over personal lives, connection to culture, participation of women in local band councils, and the control of child and family services within the community protect against suicide.

The remote first nation of Bella Bella in British Columbia is a great model for preventing youth suicide by reconnecting the youth with land and culture. They built a youth centre to run youth programming 14 hours a day, seven days a week, which focused on traditional songs and culture, hunting and fishing activities, language revitalization, and education on their history and community.

There's also another indigenous youth program in terms of southern Treaty No. 3, which has identified five key priorities for moving forward. Those priorities are listed in a report and come from the youth themselves: one, the need for support to learn how to be a healthier family; two, crisis support workers; three, support around death, loss, and suicide; four, access to elders and culture; and five, safe spaces. We think this is a very interesting and informative report.

It's time to act on the knowledge and the need for change as voiced by our communities. We need to develop gender-appropriate and community-driven youth programs and services to help build self-esteem and self-worth and rebuild the connection among our youth to land and culture.

We acknowledge the Liberal government's recent commitment of $70 million in new funding over the next three years to address health and the suicide crisis involving indigenous peoples living on and off reserve territories. However, long-term solutions, improved resources, and gender and culturally aware mental health services, both on- and off-reserve, are urgently needed to effectively address the crisis and the underlying systemic issues contributing to the risk of suicide and suicidal thoughts in aboriginal youth across Canada.

It is too often easy for leadership and governments to forget about these matters as long as they do not occur on their doorsteps. If Canada refuses to spend the necessary funds on aboriginal communities, thereby denying children access to clean water, safe housing, education, and equitable health care, Canada is essentially deciding by doing so that aboriginal families and children matter less. This institutional form of racism allows for disproportionate spending.

On January 26, 2016, the Canadian Human Rights Tribunal issued a landmark ruling that found the federal government guilty of racially discriminating against first nations children in its delivery of child welfare services on reserves. The Canadian government was ordered to take immediate action to ensure its program budget responds to the unique needs of first nations children and their families and to apply Jordan's principle to all first nations children on- and off-reserve.

It has been nearly one year since that decision, and still the Liberal government has not adequately responded to the discriminatory underfunding of child welfare services and is also failing to properly implement Jordan's principle. Cindy Blackstock has stated that equity in social services can reduce the tragedy of youth suicide, but still the Canadian government has not acted on this.

Canada is a wealthy country, and our children deserve better. We must continue to work together to realize our children's potential and to help them have hope so that they can begin to accomplish their dreams. That requires us to take bold and immediate steps forward to create the change necessary and to make it a reality.

Let's show them that we are a caring and inclusive society where the future is bright. Thank you.

● (1725)

The Chair: Thank you very much.

We'll move right into questions, with the first question coming from Don Rusnak, please.

Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.): Thank you for coming today.

I'm Ontario's only first nation member of Parliament and a member of Treaty No. 3 territory, which you referenced. I actually worked for the organization as the executive director. It seems like a million years ago, but it was a while ago, and I know about the problem with government funding and the way in which organizations and communities are funded.

You spoke about long-term solutions to solve the problem. Right now, I see it as first nations people and indigenous people across this country having been put in a place of dependency through the Indian Act. The Indian Act was good at what it did; it made our people very dependent on someone else. That needs to stop.

I'm not deflecting the responsibility of the federal government and the provincial governments right now to resolve the problem as it exists. We're in crisis mode. You've referenced the unacceptable suicides that are happening right across the Northwest Territories, Nunavut, northern Ontario, northern Saskatchewan, and right through all of our first nation communities across the country. This is deplorable, and it needs to be stopped.

Over and over again while we've been working as a committee on the study, we've heard about some of the things that you've referenced. One is that youth centres are very helpful in giving indigenous youth some meaning, starting from a very young age, and that goes a long way to preventing these tragedies from occurring.

I'm somewhat familiar with your organization. Again, in the long run, I see indigenous communities and first nation communities across this country building programs to help ourselves, to help our own people. I understand that there is not a lot of capacity in some communities.

My vision in terms of first nations communities would be that we would have our own revenue, perhaps through agreements with the provinces and the federal government on sharing natural resources, so that we don't have to be—I'm careful when I say this, because I think some people misinterpret it sometimes—beggars in our own land.

Throughout history, we've signed treaties and agreements to share this land, and that's not what has been happening. Our land has been taken and we've been marginalized. We've been placed on small patches of land called “reserves”, which are usually scrub land, and then given money from these governments and told how to run our programs and our communities.

That's for the long term. It needs to change. I don't have all the answers for how it's going to change. It's going to have to come from the individual communities across this large land.

My question for NWAC is, what has your organization been doing in the short term to partner with community groups and other organizations to deal with this crisis immediately? What support can the federal government give to your organization and to other organizations that are helping with the immediate crisis?

● (1730)

Ms. Lynne Groulx: I'll start and then ask Amy to give her comments as well.

As you know, NWAC is an advocacy organization. We do a lot of advocacy. We do research as well, and we have been very busy with the missing and murdered indigenous women inquiry and everything around it. Wherever we are, we hear about other issues. This is one of the issues that we're hearing about more and more.

We have a bit of a research unit inside the organization. Amy has been doing some research. In terms of programming or anything like that, we simply don't have any. Unless some specific funding were to be provided to NWAC, we're not engaged at that level. At this moment, we're speaking out whenever we can through our Facebook and Twitter and by doing the research and coming to forums such as this one to raise awareness about it from, I would say, a gender perspective on the issue.

Mr. Don Rusnak: You're not set up, as I understand it, to run programs.

Ms. Lynne Groulx: We're not.

Mr. Don Rusnak: Do you partner with any other organizations or perhaps provide your research to these organizations to help them better tailor their programs for a specific community?

Ms. Lynne Groulx: Yes. I'll let Amy speak to some of the partnerships we have with Health Canada and others.

Ms. Amy Nahwegahbow (Senior Manager, Partner for Engagement and Knowledge Exchange, Native Women's Association of Canada): Just quickly, I want to reiterate that NWAC lost 100% of its health department funding in 2012 and has had no capacity to address any health issue.

Luckily, in 2014 we were funded by the Canadian Institutes of Health Research to start engaging in health research and partnerships. That's why I'm called a “PEKE”, a partner for engagement and knowledge exchange. This funding opportunity allows us to do some work on suicide prevention and mental health.

With the work we're doing right now, we're able to partner with research teams that are doing participatory research with communities in different areas throughout Canada. These are really innovative partnerships, such as looking at resiliency factors through innovative research projects like dance, theatre, and art, working with the youth, and working with the communities. I think these have been really fabulous research partnerships and approaches to dealing with suicide.

We also engage with Statistics Canada. We have no funding to do so, but we partner to do joint publications and to analyze the data. We look at a lot of APS stuff that we have, and I think we're going to be promoting the next APS as well.

We partner with a lot of different organizations that work on mental health through providing feedback on their mental health frameworks for first nations, Métis, and Inuit. It's really difficult, because I'm a department of one. We're looking at suicide and at every health issue. I work on every health issue in Canada, and you know there are many issues that are impacting our aboriginal women.

We're trying to do more. We realized after everything that was happening that we.... It's hard to be able to do. Although we consult with a lot of the women on the ground in our regions, I am not in the communities myself, unless we go to do some of our research collaborations and I get to work with the women. So things—

● (1735)

The Chair: I'm sorry, Amy, but we're right out of time there.

Ms. Amy Nahwegahbow: Oh shoot. There's a fact sheet. We have developed a fact sheet geared towards indigenous women and girls just to talk about where they can phone if they need help and what signs to look for. Things like that are what we are working on currently.

Mr. Don Rusnak: Thank you. I appreciate that.

The Chair: Thank you very much.

Maybe you could leave that behind or get us a copy. Thank you.

The next question is from Cathy McLeod, please.

Mrs. Cathy McLeod: Thank you for coming today and for your patience while we dealt with the bells and the back and forth.

Two weeks ago, a portion of our committee was travelling. Part of our travel included youth panels. We did a few in different locations. One of the most profoundly disturbing things we heard during these youth panels was from some beautiful young girls who were talking about sexual assault. I think we all left those panels feeling very heavy. One girl talked about that and then cutting behaviours.

I notice that there have also been some articles out there recently saying that we need to be talking about this, and we probably also need to be talking about this in the context of the study. I'm just opening that up if you have anything to say. As I say, I think that what these young women and girls were sharing was very profoundly disturbing.

Ms. Lynne Groulx: Yes, when we are out there for our projects, as Amy was saying, we do hear about these other things as well, including sexual assault and even human trafficking. It's something that we are also hearing more about, and we are engaging in some research on that.

These issues are very delicate and sensitive, and I think that's why an organization such as NWAC is very useful, because there is a network across the country. We have the ability to go in and do more kinds of research and help out from that perspective. We are happy to be called on to use those networks when we have them available.

Mrs. Cathy McLeod: It was suggested that perhaps we're not talking about this as much as we should be. Would you agree with that?

Ms. Lynne Groulx: Yes, definitely. They're difficult questions, but we need to talk about them.

Mrs. Cathy McLeod: On the other points you made, I noted that you talked very specifically about both on- and off-reserve support. I know that we have infrastructure on-reserve, although it's far from perfect. I continue to look at where the largest population lives, which is off-reserve, I think it's now 60% plus. I look at the capacity of the organizations, such as the friendship centres. I have the utmost admiration for friendship centres, and I see that their budget is minuscule and that they are having to reapply every year. Some of them have been delivering good service for a long time. In terms of the whole focus on offering support off-reserve, do you have some comments?

Ms. Lynne Groulx: I think it's very important. It's very necessary. Again, maybe there are things that we don't talk about enough. How do we provide the different services that are needed on-reserve versus off-reserve? The capacity to do that is so low, but there's so much expertise inside the organizations. It's historical expertise. NWAC has been operating since 1974.

There's a lot of corporate knowledge there that's underutilized. Unless there's more capacity and more funding.... We're talking about resources and funding. I think we and other organizations are in a unique position to help in a very concrete way, but resources have to flow there in order to have them flow back to the communities in a way that we know can be very helpful.

● (1740)

Mrs. Cathy McLeod: Maybe by the time I finish in my role here we'll have a system whereby you have organizations.... I don't have any trouble with having competitive processes, having reviews, and having evaluations, but for proven programs that have to reapply year after year, sometimes lay off staff, and sometimes give up office space, is the idea of a contract of perhaps a little longer duration something that...?

Ms. Lynne Groulx: Thank you very much for raising that. I would describe it as a crisis. I've been at NWAC only since November 1. I have a long history of working on indigenous issues, but my observation is that we have an incredible amount of requests coming in from all levels of government and from the international level. People want our opinion and they want us at the tables, yet the structure and the funding are not there. The funding that is there is program funding. It's hit-and-miss funding; you get it one year and not the next. We can't stabilize the organizations and we can't participate as equal partners if we don't have proper funding in place.

To be very frank with you, this is a government city, of course, this is Ottawa, and the organization does not have a strategic policy unit. We talk policy—this is what we're doing, we're talking about policy—and there's no stable, strategic, core policy unit within the organization. The funding simply is not there, yet everyone wants to talk to us. I came back from Mexico City last night. The American and Mexican secretaries of state are asking us to give our opinions on human trafficking. How do we do that without the base of funding that is needed?

Thank you.

Mrs. Cathy McLeod: I probably don't have enough time, but I was interested in digging a bit more into those five recommendations. I understand that perhaps we can get that tabled and we'll have an opportunity—

Ms. Lynne Groulx: We'll get you a copy.

Mrs. Cathy McLeod: Thank you.

The Chair: Thank you.

The next question is from Charlie Angus, please.

Mr. Charlie Angus: Thank you.

Thank you so much for being here. I have a great respect for the work of your organization, Ms. Groulx and Ms. Nahwegahbow.

Ms. Nahwegahbow, are you related to David Nahwegahbow?

Ms. Amy Nahwegahbow: He is related to me.

Voices: Oh, oh!

Mr. Charlie Angus: I figured as much because you're so quick on the draw. He is a mentor to me.

I'm very interested in putting the gender lens on the issue of suicide, because we're dealing with issues of inequality. You've raised issues of human trafficking and sexual violence.

This has been raised a number of times, and now we see in it the national media about the sexual abuse of children leading to issues of suicide, but when I call various areas to try to find out about it in talking to police and to the front-line workers, they don't have the data because, they say, they don't have the resources. Have you found that this is the problem? How are we going to protect children if we don't have the teams that are qualified to go in and do this work in the various communities?

Ms. Lynne Groulx: There is no way of doing so. I believe this is the question. There is no way of protecting them unless there are people to do the work. I think it's a question that needs to be addressed immediately

Mr. Charlie Angus: This is one of the reasons why we pushed so hard for the government to finally be in compliance with the Canadian Human Rights Tribunal. That money, the government said, was like confetti, and they didn't want to throw it around, but that's money that goes to the front-line workers who are dealing with child protection right now in communities where we don't have those workers. I'd like to follow up with you on that later.

I'm interested, though, in the issues of what resources there are for women facing sexual violence in communities. We have the murdered and missing inquiry that is under way, which will certainly raise many questions, but I'm looking at the documents the government tabled at this committee. They have planned to build only one shelter a year for the next five years, with nothing offered in the far north for the Inuit. Is that even close to being adequate in terms of the needs of women at risk?

Ms. Lynne Groulx: No, certainly it's not anywhere close to being enough. This is nothing less than a crisis. There are basic services needed immediately. There is enough research. There is enough information. We don't need more pilot projects on this. We need adequate services immediately and the resources for them. How can we ask the women to wait for those basics? These are basic human rights. They're basic services. These are not luxuries. People in the city have access to them and we need those services.

● (1745)

Mr. Charlie Angus: Right.

Because we had the minister here today, I was looking at Health Canada's travel policies for non-insured health benefits. We've had doctors flag to us how many serious issues Health Canada will not cover travel for, and the policy says specifically that under no circumstances will they provide transportation for a woman from an isolated community to an interval or safe house. Why do you think government would identify women in crisis as a category they would absolutely not fund to get them into a safe situation?

Ms. Lynne Groulx: I'm not sure why they would do that, but I think we would see it as a fundamental breach of human rights and a breach of equity in services.

Mr. Charlie Angus: Yes.

I want to go back to the issue of the child welfare ruling and sexual predation on young children. We just saw the B.C. advocate's October 2016 review of sexualized violence among children who were brought into government care. Sixty one per cent of those who they actually found—so the numbers may be higher—were aboriginal girls, even though they were only 25% of those in care. These are children who are supposed to be made safe by the state, who are taken from their families, and who are subject to sexual exploitation. Then, of course, we have the examples of the ones who end up the street and end up in human trafficking.

Can you talk about the importance of getting that funding in, about what it means in this broken child welfare system that young girls are being victimized when they're supposed to be protected, and about the cycle of all the other social problems this leads to?

Ms. Amy Nahwegahbow: Are you asking how critical it is to get that funding in?

Mr. Charlie Angus: Well, yes, just in terms of are you surprised? These are children taken from their families. The government won't put the resources in with the family; they say they'll take them out and put them into foster care, and these children are being sexually abused. We saw Tina Fontaine ending up on the street, and we saw Rinelle Harper, who had to leave home to go to school but was assaulted. In taking children from their homes, the government is supposed to be protecting them, but they're being subjected to this level of sexual violence.

Ms. Lynne Groulx: Again, the Native Women's Association supports Cindy Blackstock's position. We believe that funding is immediately needed. It's a crisis situation. It's a humanitarian situation. The money for protective mechanisms should be put in place immediately to correct these types of problems that are happening. I don't think there's any way other than putting in the money immediately to where it is immediately needed.

Mr. Charlie Angus: The Thunder Bay inquiry into the seven youths who died raised a lot of really disturbing issues of young girls who have to leave home at 14 and live in boarding houses and who end up in conflict with the police. For some of that testimony, I was sick to my stomach that girls and young boys are being put in that position.

What do we need to do in order to protect children if they have to leave home to go to school and they have a run-in with the white police officers? What do we need to do to make sure they are able to live in society safely?

Ms. Lynne Groulx: I was fortunate enough to be in Mexico at that conference, and the three countries, Mexico, Canada, and the United States, all have similar problems when it comes to sexual exploitation and human trafficking. The discussion revolved around prevention and the programs that are needed, as well as exit programs, programs to help once a person is exiting this kind of difficulty. Again, I think it goes back to making sure the resources are there and the programs are there: prevention programs, first-aid programs, and programs for people to exit if they're in any kind of a sexual exploitation type of situation.

Mr. Charlie Angus: Thank you.

The Chair: Thank you for that.

By prior agreement, we're down to the final question, which will come from Michael McLeod, please.

● (1750)

Mr. Michael McLeod: Thank you for the presentation.

I've had the opportunity to meet with the association in the Northwest Territories and have had some good discussions with staff and some of the executive there. I've heard that the issue of funding and resources is a huge concern. I've also heard it from the friendship centres. I've heard it from the band councils. I've heard it from every organization that deals with aboriginal people. That needs to change. We have a crisis situation in our communities.

It's estimated that in the west and in the north we have over 150,000 unemployed aboriginal people in our communities. In some of my communities, up to 60% of the people are not working.

We haven't had investment in housing for a long time. This year was the first year that we've had investment in quite a few years. We don't have any work, so people can't build a house and they can't provide for their children. We don't have a housing program. We're starting to develop one now so that people will have a place to stay.

What's happening in our communities is an out-migration of people to the regional centres, but there's no work there, and maybe, for some reason, they can't find a place to stay, so they're ending up on the streets. We're starting to get quite a few homeless people in our regional centres and in Yellowknife, which is the capital of the Northwest Territories.

We don't have any treatment centres. We have 12 communities that have no RCMP. The policy in the Northwest Territories is that if you don't have the RCMP, you don't have a nurse either, because of the safety issue. There are too many instances of nurses being attacked or abused. We know that we're dealing with the fallout from the residential schools in almost all our communities. I'm one of the people who went to a residential school, but all people my age and younger, and all the elders, went through a residential school, so there are a lot of issues in our communities.

As the executive director from the Native Women's Association said, in the Northwest Territories there are no resources. If there are resources, they're short term, so it's almost a day-to-day operation in cramped little quarters. We know we need to do more. Treatment centres are in the south. We send our residents to the south at a huge cost and, almost a day after, most of them are back in the communities where nothing has changed and they're back to what they were doing before.

We need healthy people, but we need healthy communities first. Could you talk a bit about what it would take to have a healthy community so that we can start developing healthy people and what kind of investment we'd make? You are now in front of us. You have the ability to make recommendations. What do we need to recommend to the government to do to change the situation we're in?

Ms. Lynne Groulx: I'm going to let Amy speak to some of the health aspects of it, but I'm going to speak to the funding part, the money part of it.

Damage has been done through colonization, and we are living with a problem that is systemic. We need multiple layers: short-term solutions, medium-term solutions, and long-term solutions. We need a concrete action plan, not just research again and again. We need investment, and it has to be mapped out.

In the short term, there is a crisis. That's there. As for core funding for the organizations, I don't know, I think that's a crisis as well. If we're trying to fix all these problems that are systemic, who has the answers to the problems? Grassroots people have the answers. The organizations have the answers. We are there to help. We're there to collaborate. We have to be able to do that on an equal footing, so we need that in place.

I would say that it comes back to short-term, medium-term, and long-term funding to get the communities healthy again. It takes money to undo, right? People need access to mental health care. That costs money. Physical care costs money.

It does cost money, and it is going to take time. That's why I would say the plan has to be all three: short-term, medium-term, and long-term. If we only deal with the short term, we're definitely not going to get to the root of the problem, which is very long term.

Did you want to say something, Amy?

● (1755)

Ms. Amy Nahwegahbow: Yes, absolutely.

What I'm going to speak to is the Fort Frances Tribal Area framework that was developed 100% by youth on what they felt about how to get to a healthy community. They listed five areas on how to move forward with this.

The first one is that they need support to learn how to be healthier. Everything they recommended under that first point was all about family: family trips in the bush, family-based treatment programs, family counselling services, sweat lodges for family, groups of families coming together where everyone shares, and family projects. That is number one.

Number two was about needing programs built around the cycle of the life cycle; healing for families; crisis support workers; ongoing workers who don't just walk in and leave immediately; and strong support systems.

Support around around death and loss is number three, but it's about a safe place to go; places to talk to somebody; hobbies; activities; opportunities; and, volunteering.

Number four is access to elders and culture: learn more about your traditions, your language, the sun dance, and ceremonies.

I'm sorry. I'm trying to get through them all, so I'm summarizing quickly.

Number five is about safe places: somewhere to go before a crisis happens; a place where you don't feel judged; a real welcoming; helpers; having pets and animals; healthy activities; crafts; friends; food; and, events.

This was released in August of 2016. This was 100% done by youth. I think the solutions are within the youth.

The Chair: Thank you very much. We have to leave it there.

I want to thank you again for your patience, for your thoughtfulness, and for the thoroughness of your testimony.

Charlie.

Mr. Charlie Angus: Mr. Chair, I want to say that under a difficult situation you managed to get us through two votes, and it was done extremely well. Kudos to the chair.

Some hon. members: Hear, hear!

The Chair: Thank you for that, Mr. Angus. It's much appreciated.

Thank you very much.

Can I have a motion to adjourn, please?

An hon. member: So moved.

The Chair: The meeting is adjourned.

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