COMMISSION ROYALE SUR LES PEUPLES AUTOCHTONES

ROYAL COMMISSION ON ABORIGINAL PEOPLES

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--- Upon resuming on Wednesday, November 17, 1993 at 8:44 a.m.

COMMISSIONER PETER MEEKISON: I would call us to order for the third day of our hearings in Ottawa.

I would like to begin our proceedings by calling upon Elder Noel Knockwood to give the opening prayer.

Elder Knockwood, please.

(Opening Prayer by Elder Knockwood)

COMMISSIONER PETER MEEKISON: Thank you, Elder Knockwood, for giving us the opening prayer.

I would like to introduce the Members of the Commission who are here today. As I had mentioned earlier, the Commission in its fourth round is having hearings in Ottawa and Winnipeg today and in Montreal. So we are sitting in panels.

On my right is Madam Justice Bertha Wilson, formerly of the Supreme Court of Canada. On my left is Mary Sillett who was the past President of

Pauktuutit, the Inuit Women's Association. She was also on the Executive of the Inuit Tapirisat of Canada as Vice-President.

I am Peter Meekison. I am a Professor of Political Science at the University of Alberta in Edmonton.

Our first presentation this morning is from the Canadian Teachers' Federation and the presenters are Mr. Allen Bacon who is the President. He is accompanied by Mr. Damian Solomon who is the Associate Director of Professional Development Services.

Welcome to the Royal Commission, gentlemen. We are looking forward to your submission. We have your brief and we received some additional materials this morning. So the floor is yours.

MR. BACON: Good morning and thank you very much indeed for granting us the opportunity to meet with you.

As you said, my name is Allen Bacon. I am President of the Canadian Teachers' Federation and Damian Solomon who is with me is the Acting Director of our Professional Development Services and has been largely responsible for the drawing up of the brief that you have.

La Fédération représente plus de 240 000 enseignantes et enseignants aux niveaux élémentaire et secondaire à traverse le Canada.

We are very pleased to be here today to present our views to you and in the belief that you do not want us to read a brief that you have already received, I would like just to make a few introductory comments, then ask my colleague to make some introductory comments and perhaps utilize the time more profitably in some dialogue.

The Executive Summary that you have tells you who we are and what our interest in, of course, is education and specifically in this topic that we are dealing with this morning.

In recent years, a number of initiatives have been begun by the Canadian Teachers' Federation, specifically in the last year, where we have addressed in new ways the whole issue of racism, of Aboriginal education and have developed policies that relate to these issues.

I would like to point out that the underpinning of all that we are doing is designed to commit us to developing a continuing awareness and sensitization

and education of our teachers so that they are able to meet the needs of the Aboriginal students who are within our systems. That is the fundamental premise upon which we approach this issue.

In addition to that, of course, our aim is to sensitize other students within the school system.

I would like to point out that in the constitutional debates that took place recently, the Canadian Teachers' Federation took a view that was strongly supportive of the Aboriginal inherent right to self-determination. That, again, is a fundamental premise upon which we base our approach.

The activities which are listed in the brief are by no means intended to be exhaustive. They are indicative of the kinds of things which teacher organizations across this country are doing at both the provincial and the territorial level.

So, in making reference to them in the brief, the idea is not to overwhelm you with what is being done, but to give you a sense of the kinds of activities which are ongoing.

We are committed, of course, to supporting the crucial importance of Aboriginal languages

which we see as fundamental to the preservation of these very, very important cultures and we are committed to seeking ways with other partners within the educational system to find ways in which strategies can be developed which will address the teaching of Aboriginal languages, and more particularly, the issue of teacher training.

It is quite clear to us that at the present time teacher education faculties are not geared up to meet the needs in this particular area and some innovative discussions and strategies need to take place and be developed so that we can address this particular problem.

We feel that that is perhaps one of the first points of attack that we should be working at. We don't have the answers. As in much of education, we know very often what the problems are. We don't know what the answers are. If we did, all of us could go home and we wouldn't need to be meeting in this way, but certainly that is a key area that no doubt we will have some dialogue on.

On the issue of drop-out rates, this, of course, is a contentious issue in Canada as a whole and I always prefer to talk about retention rates and look

at the positive side. However, it is quite clear to us that there is a major problem with regard to retention rates among Aboriginal students.

There are a number of innovative strategies which are already being used. There is one, for example, which we could explore in greater detail which is operating in Winnipeg run by a teacher Joe McLelland which is a program called the "Beatabin Project". It is an Ojibway word for "first light of morning", I understand, and it is a chance for young Aboriginals to make a new beginning in a school system which they have been alienated from.

That is a very innovative strategy -- I can provide you with details later on -- and has had considerable success in dealing with the problems of Aboriginal students in this regard. It would seem to me that that type of strategy applied on a wider scale might very well be one of the ways in which we could begin to address this.

Those are my introductory comments. With your indulgence, I would like to now ask Damian if he would make some introductory remarks and then perhaps we can get into the dialogue.

Thank you.

MR. SOLOMON: Thank you, Commissioners.

As my colleague and our President Allen Bacon has indicated, one of the major initiatives that our Federation has undertaken is to make teachers aware and sensitive and knowledgable about Aboriginals, their culture and their educational needs and their learning styles.

Our teachers have taught Aboriginals in communities where there are Aboriginals in the majority, as in the Northwest Territories. We also, of course, have teacher who interact with Aboriginal students in other jurisdictions who come from off reserves. There is a large percentage of Aboriginals that live in cities and that attend schools that are run by the traditional school boards.

We recognize that for these students their school experience is not always a happy. There have, perhaps, cultural differences in the way they approach their knowledge and learning that they do not find validated in the regular school system.

It is therefore incumbent upon us if we are going to meet the needs of all the students that our

teachers interact with to provide them with the capability and the understanding of how they can best meet the needs of the Aboriginal students.

Ideally, I suppose, the best way for Aboriginals to receive their education is to have Aboriginal teachers who can be role models for them. The importance of role models cannot be underestimated.

We have alluded in our brief to the great barrier of racism as one of the factors which has a large bearing on the lack of success on the part of Aboriginals in the school system.

There are many other factors. We have also touched on the idea of the fact that Aboriginal students come from very poor communities. Poverty does have a bearing on the level of success, not just for Aboriginals, but for other students. Studies have been conducted which show that students who come from either single-parent families or from families that live in very poor circumstances tend to do much worse than students who have two parent families and that come from a better economic status.

The study done for the Government of Canada called "Leaving School" has quite clearly

indicated -- and my colleague referred to the rate of drop-outs for Aboriginals. Forty per cent of Aboriginals, 18 to 20 year olds, will leave us compared to 16 per cent for the population of the same age. Just 30 per cent were high school graduates versus 63 per cent for, again, that same age group, the 18 to 20 year olds for the rest of the population.

The study outlined the factors of single parent, economic status not just for Aboriginals, but for the rest of the population and showed the impact that these conditions have on the rate of success for students.

It makes the observation that while background characteristics may identify a student with a greater chance of leaving, many other factors play a role in that student's educational destiny -- parental attitudes, the school environment, programs to keep young people in school, good teachers, good role models and individual initiatives, determination and motivation.

One of the observations has been that where students are in a school environment which they perceive as being a caring environment, then the chances of them being motivated to stay in school is much greater. This argues for having a large percentage of teachers

who understand Aboriginals, their culture and who are knowledgable about the way in which Aboriginals should be taught.

Our member organizations in the different provinces and the territories have become more aware of the needs of Aboriginals. Two surveys were done by our organization with respect to the education of Aboriginals in the education system. One was done in 1986 and one was done again in 1991.

The one in 1991 took place prior to the establishment of an ad hoc committee which, again, investigated with the teachers across the country what were the best ways we could meet the needs of Aboriginal students in our schools.

One of the decisions of that committee -- among the four people on that committee, there were three Aboriginals, three Aboriginal women, one who was a staff officer from the Saskatchewan Teachers' Federation, the other two, one from Manitoba and one from Ontario, were classroom teachers.

The decision to run a seminar on the topic of racism and education was taken to indicate that this was identified as one of the major barriers.

The seminar was highly successful. One of the speakers at the plenary was Alex Macomba (PH), a principal from the school in Kahnawake, who was able to share with the people who attended the concerns of Native children in the education system.

Along with the seminar, there was also a collection of 12 essays of which you have received a copy, six of which were written by Aboriginals outlining -- and, again, in attempt to convey to those who were not familiar and there are still a lot who are not familiar with the hurt, the terrible experiences that Aboriginals have faced in the school system dating from the time of the residential schools.

These essays have helped a lot of teachers understand some of the feelings of Aboriginals and for other people who are the victims of racism.

Following the seminar, our organization also the importance of reviewing existing policy, updating it, bringing it in-line with the present needs of Aboriginals in the country, especially in the context and with the background of the constitutional talks that had just taken place.

As our President explained, our

organization supported the belief of the inherent right of self-determination of the Aboriginal peoples. It is in the context of that belief that we developed our policies with respect to the education of Aboriginals in the school system.

We believe that the best education for Aboriginals can be done by qualified Aboriginal teachers. We recognize that there are many steps to be taken for Aboriginals to become higher in the school system and to meet the needs of those Aboriginal children.

My colleague referred to the importance of language. It is very important especially in places like the Northwest Territories. Their government has undertaken a policy of having 50 per cent of Aboriginal teachers, I believe, by the year 2000.

Recently, we received a copy of the curriculum document that is put out by the Northwest Territories Government. You will forgive me if my pronunciation is not quite accurate, Denekata (PH). It is an excellent document and which will be of help and perhaps can be a model for other teachers in other parts of the country with respect to a higher education of Aboriginals.

We recognize that there are not going to be many Aboriginal teachers in the school system within too many years. It is important that the school and our Federation make efforts to sensitize the teachers that are presently and will be coming into contact with Aboriginal students in our school system. Therefore, member organizations have undertaken and you received copies of some of the initiatives that they have undertaken from British Columbia to New Brunswick and in Ontario where they have run in-service courses, produced teaching packages for the education of Aboriginal students within their schools.

In British Columbia, there is also a Standing Committee for Aboriginal teachers to give them a voice in the decisions concerning education in that province.

We recognize that it is also important that teachers understand the need to interact with Aboriginal communities. The importance that parents play in the school system has been quite well defined by studies such that I cited before.

Parental support is very important. Therefore, it is important to note that one of our member

organizations from Ontario, the Federation of Women Teachers Association of Ontario, have undertaken several initiatives. Among those initiatives is one to have an outreach program with an Aboriginal community, likely the Aboriginal community in Brantford. This is, again, in support of the idea of sensitizing and making teachers aware of the life of Aboriginals and also their culture and concerns.

It is by teachers working together with parents and giving the parents through their communities an opportunity to have input into the education of their children that we can expect to have some progress in meeting the needs of those students.

Teachers have been concerned about the suicide that takes place among Aboriginals. The help of Canada's youth, of Canada's children has cited alarming statistics about suicide. It is seven times the rate as it would be for the rest of the population. A lot of this is related to the lack of self-esteem and also to the lack of hope that Aboriginal teenagers have.

It is important that we do provide role models, that we do provide the kind of programs and caring environments in the schools given by teachers, both

Aboriginal and non-Aboriginals, to young people to help them become motivated to stay in school.

My colleague referred to one program run in Winnipeg by a teacher. There have been other programs for stay in school initiatives that have been done by our colleagues in Nova Scotia which have been referred to in one of the attachments to our brief.

We also recognize that sometimes Aboriginal young people become very pessimistic about their chances of getting employment, especially employment during the summer and certainly there is a perception that they are going to be the last ones that are going to be hired where jobs are concerned.

It is incumbent on us to devise programs where employers will be made aware of the fact that perhaps they should be reaching out and including Aboriginal students and making opportunities for them to have work experience.

This can be a mutually beneficial experience. Employers sometimes have misconceptions about Aboriginals and what they can do and the Aboriginal students sometimes are not sure whether they can fit into the kind of job that is being offered. This will give

both parties an opportunity to remove some of those misconceptions. It will also give the young people an opportunity to prove to themselves that they can do a job. What they need is the opportunity. What employers need is the willingness who will open their hand and to give a chance to young people.

This can be done through work experience programs that many schools across the country run. What we need to do is to make an effort to help that particular group that needs the help.

These are some of their concerns and these are some of the things that we have, as an organization, identified and are working towards. We know that the job has just begun. The passing of policies is not enough. What is important is that we continue and support our members in their initiatives to sensitize their members, to create materials and resources that will help teachers to provide as good an education as possible for Aboriginals.

Thank you.

COMMISSIONER PETER MEEKISON: Thank you very much, Mr. Solomon, for those comments.

As you can imagine, we have a number of

questions which we would like to put to you both on your material and on your remarks this morning.

Who would like to go first?

Mary, please.

COMMISSIONER MARY SILLETT: Thank you both very much for your presentation. I guess I have had a difficult time adjusting to the role of Commissioner because in this position we are always expected to focus on asking the questions. That is quite different from my previous life because I spent most of my life advocating on issues that have been very important to my community.

As you talked, I couldn't help but remember the presentations that we heard from many, many people, but the presentations on education that were particularly striking for me came from Davis Inlet.

Last night, I was saying, "I am sick and tired of hearing about Davis Inlet," and the reason for that is quite clear. I am from Labrador. It is my next door neighbour and I think that it is almost sad that Labrador has to become known through a tragedy.

We have gone to many places in Canada where they have referred to the tragedy and the sadness and the horror of Davis Inlet.

But having said that, they did do a report or sort of an inquiry into the situation of Davis Inlet to find out why there was such a crisis there. One thing that they documented was the attitude of the teachers in the school towards the children.

When you think about racism, I often think -- I have been thinking that racism only happens -- well mostly happens in cities because Aboriginal people are the minority. We hear much about racism in those areas. We very little about racism in areas where Aboriginal people are the majority, but in Davis Inlet 95 per cent of the people are Inuu and yet they too suffer from racism.

Their children walk into the schools and the teachers have made comments like, "Why are your kids so dirty? Why do you smell so badly all the time?" I remember hearing also from an Inuu leader telling me that as he was going to school he used to always wish he was a white person because they were the ones in the community who had -- there were only four houses in the whole community who had water and sewage. It was the teacher. There was certainly never a doctor, but the priest, perhaps, and the three or four white people who were in

the community.

Every single day you wake up -- these are the people who have the water and sewage. They have the food on their table. They have their kids with proper winter clothes, proper winter boots. They don't have to be hauling water all the time. They don't have scabies on their face all the time. So you grow up thinking eventually that these people are superior, and I think it is known. I think we underestimate the value of role models, but those are extremely necessary.

This guy who was telling me about his own educational experience said, "Yes, the educational department has made a great effort in trying to recruit Aboriginal people. We have had, for example, teacher assistants in our school," he said, "but they were never dressed as good as the white teachers because they never had the money."

So I think those efforts, although they had good intentions, did not serve the purpose. I think it is very necessary that more and more of our communities have our own full-fledged teachers, our own principles, et cetera, et cetera.

So I do really agree with your

observation, your comments about role models.

Having said that, my two questions are these: If we have heard about any one problem in Aboriginal communities, it has been one of jurisdiction. We hear that a lot in the cities. We heard, for example, in terms of recreation and sports yesterday that there is also a problem with jurisdiction.

I was wondering: Are there problems with educational jurisdiction, for example? Is there quibbling between the federal, provincial or territorial governments about who should pay for what service in certain areas? I know that in the provinces education is a provincial responsibility. On the reserves, I guess, education might be a different responsibility and in the territories you see that. That is my first question.

My second question is this: We have heard of some models that are really educational models or school models in various parts of the country that are really effective and we have heard from the people who are usually running the schools.

I am asking this to the Canadian Teachers' Federation. I suspect you are a national sort of operation. You have a global view. You are able to

have a better knowledge of all the models, educational models that exist on reserve or in the city and I am wondering if you could identify the educational models, particularly for Aboriginal education, that are most effective on reserve or in the city and why are they that way?

MR. SOLOMON: Thank you for the questions.

With respect to the funding of eduction and the responsibilities between the different levels of government, we all know what exists at the moment with the federal government being responsible for the education of Aboriginals on the reserves.

We, in the Federation, I believe, look at this looking at the present picture and what we see as being the aspirations of the Aboriginals with respect to their statements about inherent self-government.

The present arrangements that exist for educational funding is something that will have to be negotiated and worked out within the framework of that context of the self-determination. There are band controlled schools. The question of jurisdiction, of course, can occur.

One of the questions that we as a Federation have had to deal with is the question of teachers from band controlled schools belonging in the federations. I won't play games with it. I think there is a certain feeling among some band controlled schools about teachers who teach in their schools not belonging to established federations.

Our Federation has a policy that all teachers that teach in the systems are welcomed to join our provincial or territorial organizations.

The question of funding is going to be a tricky one as Aboriginal peoples work out the constitutional arrangements that they desire.

The Teachers' Federation position is that we will always make membership open to any teacher teaching in whatever system that they happen to be in within the territories or the provinces.

With respect to your second question about model schools, the one that I know of best is the one that exists in the Winnipeg area. I think that it has received a lot of publicity and I believe there is another one that was established recently.

The City of Toronto also has a school

which is run, I believe, largely by Aboriginals.

Why these schools are successful -- I believe it was well illustrated in the high school in Winnipeg. It was successful because it validated for the students their culture and the essence of being Aboriginal. They feel at home. They feel that they have a greater self-esteem because everything in that school environment supports and nurtures their Aboriginal essence.

I think it is not exaggerating to say that students need to have that reassurance that they are seen as young people, as individuals who are respected and whose opinions are also listened to.

In that school, they see their culture being appreciated and recognized. This is not something that happens always in the other school systems. I believe it is that caring environment, that environment that nurtures their self-esteem with teachers who are seen as role models not just as classroom teachers, but in positions of authority. It is something that I don't think we can underestimate.

We hear a lot about violence in the society these days and one of the things that students say about the attitudes when they are asked why they behave

in such a way. One of the responses that has come out is that they say, "Nobody seems to care." I believe this is one of the fundamental roots of some of the problems and I believe that a caring environment is very important in education. Students will look up to people who they can perceive care for them and whom they respect and this will give them motivation.

I don't know if that was as an effective answer as you expected.

MR. BACON: If I could just perhaps add, Mr. Chairperson.

Your initial statement underlines the tremendous job that is necessary in sensitizing people within the teaching force. I can't apologize for those comments, but I can certainly take them as an indication of what needs to be done.

On the question of role models, I think that is one very important aspect of successful school models that you asked about and role models in the sense that Aboriginal teachers would not just be used to teach Aboriginal studies but will be used to teach across the spectrum of subjects within a school.

I think that why some of these projects

are successful is because there is direct participation by Aboriginal communities into the organization, into the curriculum, into the work of the school, and underpinning everything that happens is the application of Native philosophers in the whole approach which nurtures that respect for others that addresses that self-esteem topic or issue, rather, than Damian was speaking of. It is that direct participation.

As Damian has said, I see this as one of the ways in which as we work through this whole issue of self-determination and the structures that hopefully will be established, that this is an area where clearly jurisdictional squabbling will have to be resolved.

It doesn't help that you have that jurisdictional problem and it applies not just in Aboriginal education, but in other areas of education as well. It is certainly something that needs to be addressed. We don't have the answer, but there are some pointers in successful programs that we could perhaps take and run with.

COMMISSIONER MARY SILLETT: Thank you very much.

COMMISSIONER PETER MEEKISON: Bertha,

please.

COMMISSIONER BERTHA WILSON: One of the things that I found interesting in some of the more isolated communities that we went into was the fact that the community leaders realized that something had to be done about the fact that when their children had to leave the community and the supportive environment, their parents and so on, to go to the nearest centre for high school, that they only lasted a few weeks and then headed for home because of the racism they encountered.

In one or two of these communities, the parents, the teachers and the Elders got together and decided that they were going to create their own curriculum for the small children. They concluded that the provincial curriculum was wholly inappropriate and wasn't helpful in doing the kinds of things that they felt had to be done with respect to their children.

So they got together and devised their own curriculum which was extremely impressive. They were well aware that instruction in languages should start very early. So they got these groups of two-year olds together and really, in effect, gave them immersion language, immersion in their own language, and then gradually fed

in instruction on the culture, taught them about the history of Native people, told them about the role of the Elder, all in terms and at a level that small children would understand.

They talked about Native spirituality and the role of the Elder and why the Elder was such a respected person, and then gradually moved on from that to the role of the Chief in the community. It was one of those that -- and they gave us a copy of their curriculum. As a former teacher, I found it extremely impressive that these people had got together to do this.

The whole purpose was to give these kids a sense of identity, a sense of self-esteem and a pride in who they were. The idea was to build this up so that when they had to leave the supportive environment of the community, they could take it. They could confront racism and they could handle it and they could survive in the high schools.

Of course, I found this tremendously impressive. I suppose this was probably their first exercise in self-government, so to speak, in the educational area. But it did cause me to wonder: Is a comparable effort going into getting the children in the

high schools, the non-Aboriginal children in the high schools ready and prepared for the advent of these Aboriginal children? After all, racism is the evil and yet here was all this effort being put into training small children to handle racism and one would think that all of the effort should be going into eliminating the evil.

So that really made me think. We heard a number of presentations by people who had a fair degree of knowledge and expertise on the issue of racism and one or two of them told us that a substantial cause of the racism in Canada was the distorted teaching of history, that perhaps one of the most important things that could be done to combat racism was to have a history of Canada written from an Aboriginal perspective, both an academic history, but also, perhaps more important, a history for use in the schools.

I must say, I think there was something to that, but I would appreciate your views.

We also visited quite a number of high schools and heard from both Native and non-Native children. I was interested in Mary's comment about role models because this was one of the things that the non-Aboriginal children raised. They said, "This is the age of role

models. Wouldn't it be helpful if on the walls of the classrooms and the high school there were Native role models, not necessarily teachers, just permanent Native people who had been leaders for their people and if the teachers took and opportunity to talk about them to the class."

This was coming from 14-year old non-Aboriginal students and I thought, "Well, this is very positive and a very hopeful sign." So I will be very interested to read the material that you have provided on the issue of racism because I think it is a fundamental problem in the educational system.

The other thing I wanted to mention because this came as quite a shock to me and perhaps you can tell me if this is valid or not valid -- I think it was in Manitoba that a number of retired teachers came to make a presentation to us on the subject of Aboriginal students in high schools. These were all high school teachers, retired high school teachers.

They talked about something that they called number crunching and they said that many Native children in the high schools were moved ahead from level to level, grade to grade, whether or not they really should

have been moved ahead, whether they were ready to be moved ahead, and that it had something to do with the importance of numbers. They saw this as a major problem because they said many of these students are graduated from the high schools who are verging on illiterate, and there is no point in their going on with post-secondary education, university or college, because they simply could not handle the reading material.

I was very concerned about that. Is that a valid -- I would be interested in your views as to whether that is a valid criticism or not.

MR. BACON: Your first question was: Is a comparable effort going on in high schools so that students are ready to accept these children.

I would have to say, I think, that it is not a comparable effort. Efforts are being made through various programs to address that and to sensitize children, but we have hardly begun. As a country, in any jurisdiction, to really address that -- Damian will be much more familiar with the programs themselves, but my sense is that we have just started on the road and the sensitization is not going on as quickly as would be appropriate.

I think one of the things that we need to be aware of is that this issue is not a fundamental part of the teacher training programs to the extent that it should be. So if you are not sensitizing your teachers as they are trained, then obviously we simply compound the problem.

So I would have to be honest and say that I don't think that the comparable effort is going on. There are a lot of people trying to work at it and it is a long-term process.

In terms of your second question concerning number crunching and moving students ahead, I would have to be very honest with you and say that this is a problem which is not just that of Aboriginal students, but it is concern that we have.

One of the things that the Canadian Teachers' Federation is trying to do this year is to get a national debate under way about the whole question of what it is that we wish our schools to do and how we should move in the direction to achieve those things.

One of the concerns, certainly, that exists is this whole question of -- being very honest -- great inflation, of moving students ahead within

a system which is not necessarily the -- and I don't want to get into pointing fingers and laying blame -- that is not my intent -- but the individual teacher, very often, is not the final arbiter of whether or not a student moves ahead.

Sometimes it is a system which has unrealistic expectations. Sometimes it is the parental groups who have unrealistic expectations of what students should be doing. We live in a society in which it is somehow unfashionable ever to fail. So with that kind of basic philosophy that we shouldn't fail because we may do lasting harm to a child's self-esteem, we tend to lean towards, "If they are close, let's pass."

As systems, I think sometimes and quite frequently that that is something which is a major concern. It is indeed true that very often instructions are given to administrators that students are to be moved ahead. We apply bell curves and all of those other things which don't make too much sense.

So it is a problem, yes. Those teachers were absolutely right in identifying that as a factor, and I would suspect in the case that you mention that it becomes even more significant because it does raise the

question of, "Why bother?" That is a concern.

Damian, I don't know if you want to add that.

MR. SOLOMON: With respect to the question of making efforts to have students in the school system become sensitized to Aboriginals and their culture, one of the things that I have been heartened by in the last couple of years is to notice in our teacher organizations, in magazines and in articles written how much is being done in individual schools, by individual teachers who have pursued an interest in this topic.

One woman took a year off and did a whole study so that she could come back and be better equipped to infuse her students with an appreciation of Aboriginal culture and a respect for Aboriginals.

So I am heartened by a lot of things that are being done. They may not be done perhaps as a collective force, but they are being done by a lot of individuals within organizations and organizations now are starting to pay more attention to the fact -- as illustrated in the study that was done in New Brunswick recently that I attached to the brief where teacher organizations are realizing that the Aboriginals are part

of their school community whose needs need to be addressed. Therefore, efforts have to be made to help the teachers who are in the system become sensitized, help the students who are non-Aboriginal to become aware and develop that respect and appreciation for the Aboriginal culture.

So I am heartened in that respect. I think my colleague has commented on the other matter quite effectively and it is something that we continue to be concerned about.

MR. BACON: One further thought is the fact that when we are looking at what goes into a curriculum, Aboriginal issues, to many education departments, I suspect, are one constituency among many. So when we are looking, for example, at the teaching of history, the different pressure groups that want input into what should be taught within a history curriculum are many and diverse.

That is unfortunate because there are many very good attempts -- in Ontario, for example, there is a Native Studies curriculum that was developed and the Aboriginal peoples themselves, particularly in the United States in 1992 generated some extremely good teaching materials which I had access to through my contact in

Winnipeg which could be integrated quite easily into the teaching of history programs in our high schools, but they need to be validated and accepted by ministers in order to be used in schools.

That is somewhere where we need to address the problem sitting down with those who devise curriculum at the ministry level which will be taught in the provincial and territorial schools and coming to some agreement as to precisely what the content should be.

Unfortunately, very often, a curriculum is dictated without appropriate input. So that is certainly something that has to be addressed.

COMMISSIONER BERTHA WILSON: Thank you very much for answering my questions. It was very helpful.

COMMISSIONER PETER MEEKISON: One of the first points you raised, Mr. Bacon, is the whole issue of teacher training.

Not too long ago I was the Vice-President and Academic at the University of Alberta. So I had lots to do with the Faculty of Education and other faculties.

I read with great interest the suggestions or questions really on page 7 of the brief about faculties of education exploring teacher programs

that could be done under the hospices of the provincial or territorial teacher organizations or apprenticeship programs between faculties of education and Aboriginal community schools.

I would really appreciate you developing these ideas further because universities are pretty conservative organizations and slow to change. So the real questions I would put to you are: Can you develop these ideas for us? Do you have any specific recommendations in this area which you think the Commission should take under consideration or into consideration?

MR. BACON: I will pass that to Damian if you would not mind.

MR. SOLOMON: I think that it is pretty evident that to meet the needs of having as many Aboriginal teachers in the school communities as we require -- it is not being met by the traditional teacher training model.

There are Aboriginal programs and we are all familiar with those in Saskatchewan and in Manitoba, but there are other teacher faculties where there are no specific provisions or no special programs or no special outreaches being made to attract Aboriginal teachers.

There are certain standards that people feel need to be met and which as a federation we recognize need to be met for having teachers in the school system.

What university faculties have to do is perhaps maybe to consider ideas of: Is there a better way of assessing knowledge on the part of applicants to teacher faculties. We admit to the university community what we call mature students. I don't think that this has been found to have denigrated the level of academic achievement by having participants admitted to university based on their maturity, even though they may not have completed their educational program that most university graduates have, most university applicants have when they apply to go to university.

Something of that sort maybe could be pursued by faculties of education with respect to having applicants admitted, Aboriginal applicants admitted to teacher training programs. It is an idea that would have to be further explored by faculties of education, I think, in consultation with ministries of education and teacher organizations -- the groups that are very definitely implicated in the education of students.

What we are raising here really is trying to get people to look at -- the teacher training officials -- teacher training in a completely innovative way.

There have been some changes made in teacher training and they are in a way that teachers do their internship. With the case of Aboriginal teachers, we should be exploring having teachers who are Aboriginals do their teacher training experience not just in the traditional schools, but also in band schools and in other areas.

Again, the details of this would have to be very carefully discussed and worked out, but we should not close our minds to other ways of meeting the objective of having more Aboriginals being admitted into the teacher training program without sacrificing standards. There are different ways of achieving standards other than the traditional ways.

COMMISSIONER PETER MEEKISON: I would certainly agree that whatever programs are developed, standards should not be sacrificed, but that is doing nobody a favour.

MR. BACON: I was going to come back to

that issue that in saying what we say on page 7 in no way, shape or form do we imply that there is any kind of second rate standard at all. It is just the whole approach to what it is that you want of a person who is applying, what you are willing to take into account as equivalences which may not necessarily be the kind of formal type education which others might have received.

There is another aspect to this as well and I will just touch very briefly on it, and that has to do with legislation. One of the things that we discovered in trying to develop, of all things, a definition of teacher is the fact that in some parts of Canada, particularly in the territories, I believe, there are certain types of teachers who are excluded from the regular definition of teacher.

Some teachers of Aboriginal languages, for example, in the Northwester Territories are not included under the regular definition of teacher. It is almost as if there is a kind of different category. I am not sure whether that is a factor, but certainly it is something that we did notice in looking at the recognition of people as teachers in the fuller sense of the word.

So perhaps that is something which should at least be noted. It may not be terribly significant, but if governments are not recognizing teachers of certain Aboriginal subjects such as languages as teachers equivalent to other teachers within the system, then -- and I don't know the reasons for that, but it is certainly an issue.

COMMISSIONER PETER MEEKISON: If legislation were opened up to change the definition of teacher, to what extent would your organization get involved in that? Is this something where there is a proprietary interest as to what is a teacher and what can or cannot be or who can or cannot be included within that? Is there a sensitivity here that we should be aware of?

MR. BACON: Not specifically, no, but we certainly grapple with the issue of the definition of teacher and try to come up with something which would be all inclusive and found it very, very difficult to do that.

In essence, we accept the definitions that are contained in the appropriate legislation, but we feel that perhaps some of the definitions need to be looked at a little more carefully.

COMMISSIONER PETER MEEKISON: And the

particular piece of legislation that you are referring to would be the Northwester Territories Education Act or equivalent?

MR. BACON: Yes, where teachers of Aboriginal languages are quite specifically not included for a number of purposes, I think including pension, under the usual definition of teacher. It is almost as if they are a separate category.

COMMISSIONER PETER MEEKISON: That is very helpful information.

In terms of the role that the teacher organizations can play in this type of change of direction in terms of the teacher preparation, what exactly do you see their role being? How would they -- I know they would be involved as a profession, but do you see the individual teachers taking on new responsibilities and go back to more of an apprenticeship type of program where all the training, in fact, takes place in the schools under the tutelage of senior teachers? Is this an alternative that we might want to explore?

MR. BACON: That is the kind of approach which would be helpful in all of teacher training. The problem is money, of course. We always come against the

problem of money.

COMMISSIONER PETER MEEKISON: This is a problem, but --

MR. BACON: But if we could ignore the fact that money may not be there, yes, that is an approach which I think would be very effective. I don't think, particularly for beginning teachers, that we are able to provide in the current models the appropriate types of support that are necessary in the first couple of years of teaching.

Certainly, working with a mentor in some kind of an apprenticeship program or serving some kind of probationary period after you have initially qualified where you are working alongside something, that is something which I think would be highly useful.

COMMISSIONER PETER MEEKISON: I know that we have looked at different ways of delivering teacher education programs in northern Alberta. The Alberta Northlands is a very, very large school division and, of course, one of the difficulties is that when potential students leave that area to go to Edmonton or Calgary or wherever they go, there is a tendency to not to go back. This is one of the problems.

So I think it is better to keep the people in the community if they want to stay there and take the university there. We could go on at great length about this and I am afraid I don't really think we have the time this morning. We are already a little behind, but let me ask one final question.

We heard presentations from the national Aboriginal organizations a couple of weeks ago and, of course, one of the things that they presented to us are different models of self-government and particularly in the urban areas.

It is not beyond the realm of possibility that before the end of this century, there will be one or more or a number of Aboriginal school boards or local governments which, among other things, would have education as jurisdiction, but let's just concentrate on an Aboriginal school board, say, for the metropolitan City of Winnipeg or Regina or Edmonton or wherever.

Has your organization done any work on or given any thought to how such school boards might be structured, how they might be staffed, anything along these lines which might be of help both to us and to the different Aboriginal organizations?

MR. SOLOMON: We really haven't, I guess, thought that far into the future. We recognize that it is going to come at some point. Having already supported the right for self-determination, we recognize that this is one of the possible structures that will emerge when all of these negotiations around self-determination take place.

There will be a need for whether it will be structured in the same way as the traditional Board of Education with trustees. We know that there are Aboriginals who serve as trustees as a woman, I believe, in one of the school districts in Winnipeg who is a trustee.

Whether the Aboriginals will want a structure it in the same way is something that will probably emerge when that whole question is settled. It may not be the same traditional structure as we know it. We have heard that Aboriginal peoples see things a little differently than we do in our traditional society here in Canada.

So that is a big question and one that we really, to be honest, have not given any great thought to. There are all sorts of possibilities to emerge from that. I think one thing as a fundamental is that they

will probably want to ensure that they have a larger complement of Aboriginal teachers in the system, at the same time recognizing, especially if they are in a city like Winnipeg, as the example that you use, that there will be both Aboriginal and non-Aboriginal teachers within that system.

From the viewpoint of our Federation, one of the things that we would want to see would be to make sure that there was an equal opportunity for teachers to be employed in such a system.

COMMISSIONER PETER MEEKISON: Thank you.

Mary, please.

COMMISSIONER MARY SILLETT: I am just going to make one final comment on Aboriginal history.

As went through our hearings, one presenter came up to the table and he said, "I went to school and I went to a white school. In school, I learned about how great John. A MacDonald was. I even learned about how great Joey Smallwood was, but not once, never once, not even once was I ever taught about the greatness of my own people and the richness of my own culture."

As I hear people saying that Aboriginal

history will do a lot of good, I do agree with that as a general principle. But I think too that the Aboriginal people that, for example, Inuu learn must be first about the Inuu people because it is relevant to them. If you teach the Inuu people about the history of the Gitskan, it is just like those people are so far away. They are other people.

It has taken me many, many years to become almost what they call status blind. There was one time in my life when I thought the world revolved around Hopedale, Labrador and then I was really surprised at the age of six when I realized there was even Goosebay in the world. That is what happens and I think that as ---

Yesterday, we heard from the Aboriginal Rights Coalition and someone said -- and I haven't heard this said very often, but I believe I have seen it myself -- "It is very easy, for example, to educate other people who are far away from you about yourself, but the people that are the hardest are the people who are next door to you."

In Labrador, where I come from, I have never seen such terrible racism from the Goosebay people toward the Inuu. I have never ever seen it like that.

The Inuu live right next door to them and there is so much racism it makes me ashamed.

I often wonder what effect the educational system will have. For example, if you had an Aboriginal history program in every school in Goosebay about the Inuu, what good would it do to change the attitudes of those children when they go home and their parents are racist too. It is a big issue. It is a big question.

I often think, yes, it could have a lot of influence if their parents are neglectful or aren't an influence. Sometimes the school is a greater influence and sometimes it is not. It depends upon the family situation.

But I would like to thank you very much for having come here today.

MR. BACON: I certainly think, Chairperson, that we can look elsewhere to other countries where they have moved from a curriculum as dictated from on high and from other countries. I can well remember teaching Shakespeare in western Nigeria and wondering what on earth use it was to the children I was teaching to learn about Shakespeare. I am very heartened to see that now

they have moved to their own curriculum in which they are teaching their own history in ways that suit them.

So I think there are lessons we can learn from other countries as well.

COMMISSIONER PETER MEEKISON: I think that is correct.

Do you have any final thoughts or comments that you would like to leave with us?

MR. BACON: Just to thank you, Chairperson and Panel, for giving us the time to meet with you and assure you that if you have further questions and concerns, the Canadian Teachers' Federation will be more than happy to answer those and to work with you.

Merci de votre temps and de votre attention.

COMMISSIONER PETER MEEKISON: Thank you for your presentation and for the material that you have left with us.

I noticed in the "Racism and Education" that one of your authors is Commissioner Chartrand, and I will certainly tell him that the document was made available to the Commission.

Thank you very much.

MR. BACON: Thank you.

MR. SOLOMON: Thank you.

COMMISSIONER PETER MEEKISON: Our next presentation is from the Canadian Association on Gerontology.

I would like to welcome Ms Judith Stryckman who is representing the Canadian Association on Gerontology.

Ms Stryckman, the floor is yours. Welcome to the Royal Commission.

MS STRYCKMAN: Thank you very much.

First of all, thank you very much for receiving this brief. The Canadian Association on Gerontology -- I will speak about it for a few minutes -- has been increasingly concerned about the issue of Aboriginal seniors, Elders and I think that this will be a step in an increased sensitization of the Association.

What you have received in the brief package is a brief that was agreed to and was accepted by the Board of Directors of the Association at the October Board meeting in Montreal. So it has been read and approved by the Association.

Let me tell you a little bit about the

Association. It is a national multi-disciplinary, scientific and educational association established to provide a leadership in matters related to aging of the population in Canada.

The mission of the Association is the development of a theoretical and practical understanding of individual and population aging through multi-disciplinary research, practice, education and policy analysis in gerontology. Right now we have about 1,700 members.

The goals of the Association are to bring together people who are interested in gerontology in the fields of biological sciences, health sciences, psychology, social sciences and social policy and practice.

It is to promote the study of aging in all aspects; to promote improvement of the wellbeing of older people; to strengthen and improve communications between the relevant scientific disciplines and between persons engaged in education research, professional practice and other interested persons; to promote and improve and broaden knowledge about aging at all levels; to actively promote financial support for gerontology,

research and the applications of its findings; and, to print published, distribute and sell journals, periodicals and publications for the professional advancement of the members of the Association.

You will find in your packages examples of the Canadian Journal on Aging that is put out four times a year and that has increasingly become very respected in the community as being a source of very important information on gerontology in Canada.

You have also received, I believe, in your packages a copy of our news letter which is a service to the members about what is going on in the area of gerontology in Canada.

We just had our annual meeting in Montreal at the end of October and there were 1,400 attendants. It was very successful and a large variety of presentations.

We have been instrumental in ensuring that Canada, as it says in one of the news letter, perhaps, that you have, will host the International Association of Gerontology meeting which will be occurring in the year 2000 in Vancouver. So that was a major achievement for the association as well to put Canada on the gerontological

map.

You also have a package with a membership report of the Association so that you will be able to see the breakdown of members according to the different categories, languages and divisions, also the list of the Board of Directors, and a list of the affiliate or associate members. These are the provincial associations of gerontology that are all members of our Association and then, finally, in that same package a list of the gerontology centres that exist across Canada with the names and the particulars about the individuals who are involved in each one.

So the Association, through its President who is Dr. Michael MacLean from the University of McMasters in Hamilton, put together this brief that was inspired by the four touchstones of the Royal Commission and I would like to speak a few minutes about how we see each one of these with regard to elderly Aboriginal peoples and what kind of recommendations we would make with regard to the operationalization in these areas that we have identified thanks to the framework of the four touchstones.

First of all, with regard to new

relationships to be established, the development and dissemination of research, practical, education and policies contributing to the establishment of equality and respect between older Aboriginal and non-Aboriginal peoples in Canada.

To achieve this objective, we are suggesting that the CAG, the Canadian Association on Gerontology, provide a forum in all its future scientific meetings for the presentation, discussion and sharing of information related to older Aboriginal peoples.

I must admit that in the past years -- and I have been a member for about 20 years now -- that there hasn't been many presentations in this area, but I think that we are beginning to see interest among several of our members. The statement of the Association to provide a forum in a specific way will be very encouraging.

Secondly, to encourage increased representation of Aboriginal peoples as members of the Association so that their voices can be heard and new relationships with older Aboriginal peoples can be developed.

Third, to encourage individual members and member institutions. I told you we had the provincial

Gerontology Associations that are member institutions. To establish new relationships with Aboriginal peoples and organizations which represent the views of older Aboriginal peoples.

With regard to the second touchstone, self-determination, the statement is to recognize and support the particular needs, aspirations and contributions of older Aboriginal pole to the process and rights of self-determination and operationalizing this principle.

To invite Aboriginal people in Canada to inform the CAG about how it can contribute to older Aboriginal people achieving self-determination.

The third point is self-sufficiency, declaration to recognize and support ways in which older Aboriginal peoples are working towards self-sufficient with respect to receiving adequate income, housing, transportation, health care and community services in environments which foster cultural identity and the rights of older Aboriginal people.

Operationalization of this principle: To encourage individual member institutions to try to increase the enrolment of Aboriginal students in programs

and courses related to gerontology and geriatrics so these students will be able to become self-sufficient as service providers, educators, researchers, policy makers and community leaders in their fields.

Lastly, the healing touchstone: Recognition of the vital contributions of older Aboriginal people to the process of healing within their communities.

As far as operationalization is concerned, to encourage individuals and institutional members to develop research, practice, education and policy initiatives which will contribute to providing health care and community and social services for older Aboriginal peoples in ways which are sensitive and responsive to the self-determined needs for healing in their communities.

As you will see in the brief that Michael MacLean prepared, he talks about the two studies that were done recently, one by the Alberta Seniors Advisory Council and the other about the Ontario Advisory Council on Senior Citizens, and talks about how they are identifying a number of issues in which special attention is needed for the improvement of the wellbeing of older Aboriginal persons.

For example, with regard to income, I

am sure you have heard many people presenting here before you who have talked about income concerns and obviously Aboriginal older peoples are in their own self-support and the assistance they want to provide to their children very disadvantaged from this point of view.

Housing as well. CMHC has made major efforts to look at housing, but perhaps not with enough consultation with communities, in particular, with the needs of older people in Aboriginal communities. We know that housing is often substandard and many times older persons are more subject to the limitations that inadequate housing causes with regard to their ability to function and be mobile, to have adequate commodities and to function to their full potential.

The health area -- obviously we know the serious health problems that are different in Aboriginal communities and older people are sometimes the accumulation of many of these health problems and, as they get older, have more health limitations than the mainstream Canadian community.

In the area of long-term care, we know that 70 per cent of the respondents in the Ontario survey said that they had to look outside their communities for

the services in long-term care which is in the community or in institutions but that involve seniors who are losing their level of autonomy.

Transportation is another issue that Michael picks up on as being very important because with levels of disability, we know that public transportation and even private transportation is often very inadequate in Native communities.

Elder abuse pointed out the Ontario study showing that apparently 10 per cent of the Native seniors are subject to elder abuse compared to 4 per cent in the mainstream Canadian community. I think that sometimes the Elder abuse stats are questionable, but here the Ontario study says 10 per cent and the Canadian studies say 4 per cent. So it is quite a difference.

The issues of quality of life involve all of the above, but I think that a major concern -- and community and support services, Meals and Wheels services, assistance to people whose children have left the community, perhaps, and who find themselves at a loss for the means of supporting an adequate quality of life for themselves.

So, as a general recommendation, the

Canadian Association on Gerontology recommends to the federal government that a firm base for funding be established for research, practice, education and policy development to focus on addressing these four inter-dependent touchstones for older Aboriginal peoples.

Very briefly, you have also noticed perhaps that we have included in our brief a paper written by Kim Dawson who is a member of the Canadian Association on Gerontology from the Nicola Valley Institute of Technology in B.C.

This interesting document describe the importance of Elders in the maintenance and sustenance of Native culture through what I found to be a fascinating analysis of the temporal perspectives in traditional Native culture to which Elders bear witness.

This is the cyclic or circular time perspective. Dawson relates it to the vast store house of experience and related skills which today's Elders learn from their own Elders when they were young based on the premise their children and their grandchildren would inherent the same environment, their ancestors inherited and would need the same skills to cope with the elements of the environment. Values as well as skills were passed

on through the generations by Elders.

The former speaker spoke about the Native Elders' involvement in school environments and Kim Dawson also speaks about their involvement in the institute in which he works.

Dawson, in his article, quotes the Assistant Crown attorney for Kenora District who contacted the Sandy Lake Elders in discussions about an alternative criminal court system in northern Ontario and who writes:

> "The things that the Elders point to as real accomplishments seem to centre on one particular sphere of human activity. I don't hear much about how people did in school or athletics or even trapping or hunting. Instead, I am told about what each person did to help his parents, to guide his children, to honour his Elders and to respect his traditions."

Dawson also refers to the inter-generational conflict that arises, that may arise when young Natives move away from their families to choose

outside education and occupational opportunities. Traditional Elders may well worry about the future of their culture.

He also mentions the frustration that Elders feel when they develop health problems that they interpret as being related to their loneliness and isolation from their families. He says:

"Now when Elders get very lonely, they may get ill and the family takes them to the doctor. The Elders say, 'This not the kind of healing that we need. We need the family to sit by us.'"

Dr. MacLean also notes that the health care system, as it is set up today, is seriously inadequate, in particular, for long-term care as I mentioned earlier. Some are fearful of consulting the physician because they dread that a serious health problem might lead to their being sent far from their communities and families to be cared for in an environment that is not culturally appropriate for them.

In one instance he refers to in his brief, an elderly Aboriginal man left the dialysis centre because he didn't want to stay there and simply drag out

his life before going back home and to die among his own people. So obviously this is a concern that the health care service is not provided in a way that makes them really accessible as our Canada Health Act stipulates.

Thank you very much for listening to this presentation. I would like to stop here and perhaps we can discuss some of the issues that I have raised or we can offer to provide more information to you about the Canadian Association.

COMMISSIONER PETER MEEKISON: Thank you very much, Ms Stryckman, for your presentation and for the material that you have added to it in terms of the journal and some other documents.

I am sure there are a number of questions which my colleagues would like to put to you. So, if you don't mind answering them, we will start.

Mrs. Wilson, pleas.

COMMISSIONER BERTHA WILSON: In the course of our travels across the country and visits to Native communities, we visited one facility for elderly Aboriginal people. I don't know if it is the only one, if it is unique, but certainly it was the only one that we had the opportunity to visit.

We went there with the idea that we would talk to them about the work of the Commission and explain what this was all about, explain about self-government and so on.

It was quite an experience because it ended up with their telling us all about what we were about and giving us their advice and their views. We had some great dialogue with them about what they saw as the diminishing role of the Elders in Native communities, particularly their diminishing role and influence over young Native people.

We had really a wonderful visit and afterwards we sort of just split up and went around. We were allowed to go into their rooms. These were all elderly people who were ambulatory. They brought in Meals and Wheels and all of that sort of thing. They were functional, but they needed help.

So many of them that I spoke to talked about the highlights of their week in the facility and it was the visits of the school children. Children at different levels in the school were allowed to come and visit them and put on little performances, sing for them and so on. Several of them talked about the relationship

that they had formed with individual children.

But the thing that interested me was that once a month on these children's visits, the children were allowed to bring their pets with them. This obviously was a great event for these people and this is -- when you sat down with them in their rooms, this is what they wanted to talk about -- this cat or that dog that they had become attached to and looked forward to these visits.

So I note what you say about the problem when the elderly have to be moved from their communities and sent south for various kinds of treatment. We heard some very sad stories about the helplessness and the loneliness of these elderly Aboriginal people when they ended up in an institution where no one spoke their language. They couldn't communicate. They couldn't speak English. They really didn't know what was happening to them. We heard several sad stories about that.

We also heard about how a request had been made to government to provide an escort service for some of these elderly people to accompany them to make sure that they got to where they were supposed to go.

There was one sad story about an elderly woman who had to take a flight out of her community to

get to the city and had no escort, did not know what to do when she got to the little airport terminal that this small plane was going to leave from, didn't know she had to go to the desk and identify herself and so on, and was subsequently found outside the terminal dead. That had prompted the request for funding for an escort service which was refused on the basis that it would be too expensive. Government couldn't afford it. Of course, we heard that from a great many people.

I am really wondering about two things in connection with research that you do. I am wondering if, number one, you have done any studies on the relationship of pets and the elderly and I am wondering if you have done research into the abuse of the elderly which seems to be -- and I don't know if I am right about this, but it seems to be a modern more recent development. I am wondering if you have done any research into the causes of this.

So those are my two questions.

MS STRYCKMAN: Thank you for sharing those experiences with me. I am sure that that was extremely interesting.

Specifically, to talk about the two

issues you raised about the pet visits or what we call pet therapy or zoo therapy, I have not personally done research, but I have been aware of what has gone on in the Quebec province, for example, where they have a service. The Animal Protection Association has a service where they bring pets to nursing homes and found that the -- with children, it is additional icing on the cake, I suppose. Bringing the pets was found to be very beneficial to bring people out of a state of non-communicativeness because for a lot of them who weren't communicating very much, the pets were like a stimulus to remind them of their youthful experiences and also because of the pet being not demanding anything really, except simply a caress, not caring what you look like, how old you are, whatever.

The relationship between animals and people obviously is very interesting from that point of view, but the animal anomaly is simply there for you, especially certain animal more than others perhaps. It has been found with the research that pet therapy can be extremely, as I say, very useful in giving people also small responsibilities.

For people who have very little option

to make choices in their lives because of their level of disability and their situation, perhaps, in an institution where there are not many decisions they can make about anything or be responsible for something, having an animal or even, to that point, having a plant has been shown to be very -- to make them more connected with what is going on around them. It has been seen to be very useful.

From the point of view of nursing homes in general, right now, Native elderly persons are sort of caught in a crunch because all the provinces without exception have introduced in the last year or two years long-term care reform programs that mean they are cutting back on institutional care and trying to keep people in the communities as much as possible because they have said they prefer it and also because, of course, it costs less.

Although that is not proven that at whatever level of care it is really cheaper to keep people in a community, if you need 24-hour care around the clock, it might really be better to be in an institution. It can be cheaper.

However, people prefer being in the home and the lower levels and the medium levels of nursing care

certainly are less expensive when they are provided in the community.

So here we are saying that we are now refusing, in a sense, or cutting back on this option of institutional care at the same time as perhaps Native communities, not that they prefer that much either, but that in fact the basic work hasn't been set up to allow them to have places that are really appropriate for their needs and where, inevitably -- we are never going to not need institutions, I don't think -- people are going to need it.

So the ones you visited certainly are the very lucky few that in fact do have an institution of that sort. I know that the Ontario study showed that many of the communities that set up committees to put a nursing home or a home for the aged and then it was refused at the last minute because the government said, "We have cut back on all of those things. We are not building any more. We have more than we need." We have more than we need for perhaps the general population in urban settings in the south, but certainly not elsewhere.

So I am hopeful that the Canadian Association will remind and perhaps your Commission will

actually remind the provinces that in doing their necessary long-term care reforms, they should be cognizant of the fact that it is not all of their residents of their provinces that have in fact benefited and are able to say, "We don't need any development in the area of institutional long-term care."

The issue of abuse -- as I said as I was speaking, I think that there is -- it is a very difficult area to study because the abuse -- physical, financial, mental, neglect, considered as abuse. How is that to be measured and delimited?

Also, there is a reticence in general, I think, of older people to recognize the fact that they are being abused, especially when it might lead to them having to leave their community because they will be taken away from the situation in which they are in and which they perhaps, despite the abuse that they are victims of, and also for the older person -- it is a reflection on their own ability for many individuals -- they see it that way anyway -- as having raised a children, "How could I have raised a child who abuses me?"

So when people admit or do not admit to have been a victim of abuse, it is often to be taken -- a

lot of caveats about those declarations. It is for sure that there is more abuse now than there was before.

From what I have read, most of the explanations are issues of stress in society in general, unemployment and problems of stressful situations with regard to the high cost of housing, people having to live in smaller spaces and also changes in value.

In Native communities, there are also issues of the poverty that exists in many Native communities, the housing shortage and inadequate housing and also the alcoholism and drug problems that are certainly related to the abuse.

I think that there is a lot of activity in the federal government right now to look at the issues of family abuse and violence and a lot of efforts that are being made to put into place programs that will help combat and have service providers in the community that are very attentive to what they might be able to pick as instances of Elder abuse.

But then once you pick up on it and offer a solution which involves leaving the situation, similar to perhaps wife abuse, there is a reticence sometimes to do that because that is not in the best interest of the

individual either.

So it is a very delicate problem.

COMMISSIONER BERTHA WILSON: In relation to the provision of nursing home type facilities for Aboriginal people, two of us sat down in one of the communities in Saskatchewan with a very dedicated group of women who were anxious to get such a facility going in their community.

They had a building and they had a number of people who were prepared to be involved with some nursing care giving experience, and so on.

But when they applied for a licence which you have to have to operate such a facility, they were told that as long as there were available spaces in the non-Aboriginal nursing homes, that they would not get a licence.

These women showed us the exchange of correspondence that they had with both the federal and the provincial government trying to explain how putting an elderly Native person into an all white institution where nobody spoke their language or new anything about their culture really was not providing proper care.

However, that fell on totally deaf ears.

So I suppose that is what we are up against.

MS STRYCKMAN: Yes.

COMMISSIONER BERTHA WILSON: Can your association do anything about things like that?

MS STRYCKMAN: As I say, I think the Association -- we are developing a policy document in this area, but making recommendations to the provinces -- it is fine to turn to the community, to shift the costs, in a sense, to the community rather than have them covered by government-funded facilities. That is understandable, perhaps, considering the budgetary problems that we are having in Canada, but there are communities that really will be seriously affected by these cutbacks.

Now, I think you are absolutely right. Things move slowly in the Association, but it is certainly one of the things that I am pushing for -- that there will be suggestions to provinces. Being a national association, we can do that sort of thing through our provincial affiliates to sort of flag that as being an important issue.

COMMISSIONER PETER MEEKISON: Mary, please.

COMMISSIONER MARY SILLETT: Thank you very much for your presentation.

As President of Pauktuutit, we heard much on the issue of family violence and I guess we heard much about violence against children. These were women who were coming to meetings and I think they felt their responsibilities as mothers very, very seriously. Of course, you become very emotional about issues related to children.

So we heard much about violence against children. We heard more as well about violence against women. We rarely heard about violence against the elderly. We heard some.

I know that family violence is something that a lot of people don't necessarily talk about anyway. They talk about it more in 1993 than they did 20 or 30 or 40 years ago.

We have, for example, heard about the residential schools recently. These were children who while they were going through it, didn't talk about it. They were in situations of powerlessness and throughout the years, they have been able to come to terms with it. I think that is generally a pattern. When people leave

a sense of powerlessness or when they leave the situation or when the threat is no longer there, they feel free to talk about family violence.

But I have always wondered with respect to violence against the elderly why this wasn't an issue that comes out very often. We hear once in a while in our meetings about someone is treating someone badly, but we rarely hear from the elderly people themselves. They rarely talk about it. Maybe they are in situations of powerlessness. Maybe if they had been abused all of their lives, as an older person, you just accept that. Everyone knows about it anyway in your community. There is sort of an acceptance.

But I don't understand that if you haven't been abused and you are getting older and you are getting sick, that you start becoming abused and you don't talk about it.

Have you got any observations with respect to that?

MS STRYCKMAN: No, I think that you are absolutely right in your observations that abuse is often -- not an inherited characteristic, but I think that we know that women who are abused often had mothers who

were abused and saw the dynamics within a couple and then afterwards sort of saw that as perhaps their normal fate in life to also be abused and afterwards, because of their frustration perhaps and their lack of parenting skills, would abuse their children as well.

I think you are absolutely right that a lot of older people don't want to talk about it. As I say, I don't think we should exaggerate the instance of it. In Ontario, they say 10 per cent, but the -- and also that includes all kinds of abuse -- financial abuse, taking your cheque; physical abuse; neglecting to provide adequate care.

But I guess the issue is: What are the options? If there is not much home care, what are the options? What else can the person look forward to as far as a solution expect being taken out of their community which is not what they wish in most cases?

So it is an issue of saying, "What is worse? Accepting the abuse, I suppose, and perhaps working with the individual and trying to insight them to drink less or to whatever or to actually make it known with all involved as far as stigma and community reactions or stay in the situation.

I recall reading about one instance where in a community where there was a very high level of alcoholism and what sort of broke the camels back, in a sense, what the realization on the part of one of the leaders of the community who was also very alcoholic, that in one of his drunken states, he did abuse his father. It came to himself when the father was going to the hospital and then saying, "How could I have done such a thing? It is so much against the values of my community that I grew up with." That was sort of like the factor that set them off into a healing process.

It is certainly not a hope that that would happen in that way, but, in a sense, it shows to what extent Elder abuse is not part of the Native culture, not part of the traditions, but does occur in situations of serious stress and social deterioration of values.

COMMISSIONER MARY SILLETT: I guess when I have heard Inuit talk about the Elders, there is an incredible sense of guilt about having to send them away. They feel that these are their parents. They have to give back to their parents. They have to take care of them in their old age.

Sometimes, because of life's

circumstances, it becomes increasingly difficult to do that. So everyone is faced with the decision of: Where do we send them?

In the northern areas, the only place you can send them is to central areas that are miles and miles away from your own community. There is a possibility that the staff will not be able to talk to your mother or to your father because they will be, in all likelihood, unilingual Inuktitut. They might not have the country food.

So for the family, there is a lot of guilt and for the Elder person there is a lot of trauma because there is that separation. There is that loneliness.

In many cases, they have no services in their community. That is a reality and so they have to go somewhere else. I have always found that very, very sad, especially -- now in Labrador, in Goosebay, they have a senior citizens facility where everybody goes, but before they had that, they would be sending senior citizens, Inuit senior citizens from Nain, Hopedale right out to St. John's and there would be no way that anyone could talk to them. I thought that was really too bad.

So I am just wondering what role you

have, for example, to play in the area of -- I guess you answered that to some degree in the area of service, but I wanted to emphasize that that is a real issue in many Aboriginal communities.

MS STRYCKMAN: The jurisdictional issues of who provides those kinds of direct services to people are very much discussed now and many provinces have contracts with the federal government, a contract with many provinces to provide provincial, through provincial facilities, homecare in different Native communities because perhaps they have more experience not in Native communities, but in other communities where they are providing these services.

Perhaps that would be a recommendation that there would be more of that sort of contracting out and agreements between the federal government and the provincial government in that area. I am sure that you will discuss that in your Commission later.

COMMISSIONER MARY SILLETT: Just one final comment. I can't resist.

When I was President of Pauktuutit, we were in northern Quebec and we were having a meeting. The meeting was opened by an Inuk Elder and she was talking

and talking and talking. The time was going on and she was talked for an hour. Time was going on and she was talking for an hour and a half.

I was the Chair at that meeting. The Vice-President was sitting next to me and she said, "Listen, could you please tell her to stop talking." I said, "I value my life. She is in an institution. If I tell her to stop talking, I will never be allowed in northern Quebec again. It doesn't matter. You are not going to be here for a long time."

I think there is a different perception of Elders, but I think that we have to always keep in mind that, yes, there are a lot of Native communities which hold a lot of respect for Elders.

There are, for example, Elders who will say that there is a real generation gap now. The young people don't respect the Elders like they used to and I think that there is another dimension. Elders are like anybody else and I think that they should be accountable for all of their actions at all times. They should be challenged just like any other leader because, essentially, that is what they are.

Thank you very much.

COMMISSIONER PETER MEEKISON: In looking at the information that you sent out, I see two of my colleagues at the University of Alberta. Alan Dobbs and Nora Keeting are very actively involved in your association. I have worked with both of them.

MS STRYCKMAN: Exactly.

COMMISSIONER PETER MEEKISON: You have some very fine people there.

MS STRYCKMAN: Yes.

COMMISSIONER PETER MEEKISON: One of the things that struck me in the presentation is the statement that there is very little research that addresses the health and health care for older Aboriginal people in Canada.

I note in the presentation made this morning that your general recommendation is that there is a need for more research and firm base of funding for research be established.

My question really goes to this issue of research and research funding. Basically, is there any funding that is specifically dedicated to gerontology or is this funding tied up in general funds from the Medical Research Council or the Department of Health or other

federal agencies? How does that funding come and what is its status?

MS STRYCKMAN: The National Welfare Grants and the NHRDP have joined forces and provided a basis for funding and what we call the Seniors Independence Research Program which is part of the seniors' initiative that was just renewed before Ms. Vezina ended her mandate as the Minister of State for Seniors.

That group, in fact, is offering research funds in areas that are really related to seniors' needs, and certainly Native communities -- I think that it would be important, perhaps, for the CAG to make the people that are interested in research in Native communities aware of the fact that this money is available and that there is no stipulation that it would be more directed to Native issues than any other issues.

They have just come up with an offer, call forward proposals that have just come out about -- when the CAG had their meeting in October and that offers substantial funding for programs of research in the area of health care delivery and programs and models of health care delivery across the country with stipulations that it be multi-disciplinary if possible and with several

researchers involved if possible. They want to fund, as most of the federal government agencies do, programs of research and not simply individual research projects because they want to see them as being more substantial and more pertinent to policy orientations.

So that does exist and Nora and Al Dobbs are very well aware of it. But I think that perhaps the CAG would have a role to make that more well known and people that are interested in these kinds of issues.

Also, those people that put together the requests for proposals -- if perhaps there could be some stipulation that there would be included in these requests for proposals an opening, maybe not a criteria, but an opening to say, "This could include" -- it has always said that it would involve the normal populations in Canada, but perhaps involving this area of Native issues because it is so crucial, I think, right now.

So that is certainly a recommendation that I will take back to the Association.

COMMISSIONER PETER MEEKISON: This funding that you were talking about --

MS STRYCKMAN: Yes.

COMMISSIONER PETER MEEKISON: How much

money is available?

MS STRYCKMAN: As far as I know right now, for this next time, it will be about $200,000 a year for major programs for, I think, four years.

COMMISSIONER PETER MEEKISON: I noticed the word "a firm base" which means that it is --

MS STRYCKMAN: Yes, I think you can always ask for more, but I think it is very generous and substantial. The fact that Health Canada has this as one of their major areas of concern as seniors' issues, I think that it would be very appropriate -- I am sure that this will be maintained for quite a long time.

COMMISSIONER PETER MEEKISON: Thank you.

Are there other questions?

I would like to thank you and your Association for making a presentation. You have certainly put a lot of thought into it.

It is interesting that in the paper by Kim Dawson, the Nicola Valley Institute of Technology -- that also came up in another presentation from the Aboriginal Forestry Association. They have special programs there. So it is interesting to see how

different institutions -- names keep recurring in our hearings.

So thank you very much for your time this morning.

MS STRYCKMAN: Thank you.

COMMISSIONER PETER MEEKISON: We will take a 15-minute recess for coffee which is over there if you are brave enough to try it.

After the break, we will then welcome the Canadian Public Health Association.

--- Short recess at 10:55 a.m.

--- Upon resuming at 11:11 a.m.

COMMISSIONER PETER MEEKISON: I would like to welcome the representatives from the Canadian Public Health Association.

As I mentioned to you when we started our break, we do have a habit of running behind, but we found that the briefs are informative and people who have put the time and energy into putting them together want to have an opportunity not only to present their material, but also to engage in a dialogue with the Commissioners. So I appreciate your patience.

I would like to welcome to the Commission

Elaine Johnson, who is a member of the Preliminary Study Advisory Committee, Janet MacLachlan, who is the Assistant Executive Director of National Programs, and Kathryn Tregunna, the Preliminary Study Coordinator.

Welcome to the Royal Commission. We are looking froward to your presentation.

MS MacLACHLAN: Thank you very much. I am Janet MacLachlan and I will just do a brief introduction and then let the program people with the content take over.

We are basically here today to tell you about and to present the work and findings of a special project that we are currently involved in. The title of the project is "The Training and Recruitment of Aboriginal Public Health Workers" and this is a special CPHA project in collaboration and consultation with Aboriginal organizations.

It began about seven or eight months ago. It is supported in partnership by the federal government of Canada and those people from Health Canada and what was Employment and Immigration Canada have been very involved in this study as well.

First of all, though, I would just like

to very briefly tell you a little bit about the Canadian Public Health Association.

We are a national not-for-profit independent voluntary association incorporated in 1912. I believe we are one of the oldest health organizations in Canada.

We are a membership organization with over 2,000 members across the country. Our membership are comprised of over 25 health disciplines and the general public. We are multi-disciplinary and I think this is something that we bring to issues that perhaps other associations don't which come with the single professional focus.

Being multi-disciplinary, we represent and work with public health and community health workers from across the country.

We are advocates for the improvement and maintenance of personal and community health according to the principles of disease prevention, health promotion and healthy public policy.

Our members believe in universal and equitable access to basic conditions which are necessary to achieve health for all Canadians.

This particular project started -- it actually was the result of a recommendation of a previous program that we had. In 1987, CPHA signed a memorandum of understanding with Health and Welfare Canada to undertake a public health human resource planning program which was to look at public health workers and community health workers and issues across the country.

It ran from 1989 to 1982. It was a three-year program and was guided, as all CPHA programs are, by a volunteer Advisory Committee. This Advisory Committee came up with a number of recommendations, most of which were related to general aspects of public health and human resource planning in Canada.

The important recommendation which led to the current study which we are involved in right now is recommendation no. 4 which you have before you and which is up on the overhead here. It basically -- I won't repeat it, but the Program Advisory Committee for the study felt that the health status of Aboriginal people would improve over the long term when Aboriginal communities have access to effective health promotion services.

The introduction of these services is obstructed by the shortage of necessary public health

workers. The preferred avenue for the improvement of the health status is an increase in the number of qualified and skilled Aboriginal public health workers in Canada providing public health services to Aboriginal communities.

To implement this recommendation, CPHA had received seven months ago funding from Human Resources and Labour Canada, formerly Employment and Immigration Canada, to pursue the study for six months. During that six months, a number of consultations took place, an Issues Paper was produced and a major meeting was held with Aboriginal groups. Kathryn Tregunna will speak to that in a minute.

Recently, the study was extended to the end of this fiscal year, the end of March, in order to allow us to complete the consultation with Aboriginal groups. The study is not to implement a program at this point in time, but, rather, to scope out the issues and to identify the stakeholders that will need to be involved in the next phase which we hope to be undertaking next year if that is what the Aboriginal consultation results in.

Right now, what I would like to do is

just hand the mic over to Kathryn Tregunna who is the Preliminary Study Coordinator to describe what this study has involved over the past seven months.

MS TREGUNNA: Thank you.

I understand that the speaking notes have been given to the Commissioners so that you have the overheads.

I just want to spend a very short time looking at the purpose of this particular study so that we understand the context of where we are and where we want to be going.

The overall purpose of the preliminary study -- and we do stress that it is a preliminary study because what we are hoping to do is to move forward into Phase 2 where we would have a committee look at the chronic shortage of Aboriginal public health workers and also to identify and recommend measures for addressing those issues.

So we are very aware that the Commissioners would like to talk about strategies and recommendations and moving forward. We can also talk about that, but we are at the point right now of scoping what the issues are, of identifying the breadth of the

challenges that face us in terms of increasing the number of qualified and skilled Aboriginal people.

The Aboriginal groups that are working with us have requested that they have a longer period of time to review the Issues Paper and some other documentation and then come to a meeting in February where we will make recommendations in terms of an Advisory Committee that could be set up to move into Phase 2.

So the purpose of the preliminary study, as it shows here, is to look at the possibility of establishing a committee for Phase 2 and then to move on to addressing the various issues.

The founder was also asked us to take a special look at the issues in remote communities. So many people who have reviewed the Issues Paper, the large document that you have been given, have commented on the need for more information on urban Aboriginal people and the need for urban Aboriginal public health workers.

We certainly understand that that is an issue and it is addressed within the report, but our focus was to be on the remote and rural areas.

I would like to introduce Elaine Johnson who is a member of our Advisory Committee and Elaine will

lead us through the major findings of the study to date.

MS JOHNSON: Good morning.

My name is Elaine Johnson and I am Ojibwe. I am a member of the Advisory Committee on the Canadian Public Health Association.

As Kathryn mentioned, this is just the preliminary study and so we don't really have -- we are going to be making some comments about what has come out from discussions that we have had and we may not have the actual recommendations fine-tuned as far as how we are going to go about that because we haven't gotten to that stage yet.

What we have done is that the four touchstones for change that were developed by the Royal Commission on Aboriginal Peoples helped to focus the dialogue during the public consultations. The CPHA brief on the Training and Recruitment of Aboriginal Public Health Workers focuses mostly on the health touchstone for change and touches on the relationship between Aboriginal and non-Aboriginal people, the self-determination issue and the self-sufficiency.

As far as the scope and focus, as was discussed earlier, because this is the training and

recruitment of Aboriginal public health workers, we recognize that development of the preliminary study -- it became that the scope and focus of the project needed to encompass many different groups of Aboriginal peoples.

So we are looking at Aboriginal public health workers that focuses on the Indians, Inuit, Métis, on reserve, off reserve, status, non-status, the urban centres, remote areas and across geographic boundaries. That is a large task and I am sure you recognize that as well.

Aboriginal public health workers that we are looking at is very broad and encompasses a wide range of public health workers' occupations. Each occupation is unique and requires an array of skills, functions and training.

As you can see, we have a number of Aboriginal public health workers, community health nurses, community health reps, daycare workers, dental therapists, environmental health officers, health care planners and administrators, homecare workers, midwives, medical officers of health, mental health workers, national Native alcohol and drug addiction program workers, nutritionists, physicians, social workers, new and emerging workers.

The Issues Identification paper describes the following issues affecting the availability of Aboriginal public health workers. These issues were the health status demographics, labour market issues, Aboriginal public health workers -- and there we are looking at numbers and types -- elementary and secondary school issues, post-secondary school issues and recruitment and retention issues.

There were major themes that emanated throughout the key informant interviews and the literature review and, as a result, these themes are highlighted as follows in the Issues Identification paper:

The first issue is health status. We were looking at Indian Métis and Inuit health services that are needed in every province and territory of Canada, including the remote and isolated areas in urban centres. There is more information that is needed regarding demographic and health characteristics of non-status Indians, Métis and Inuit.

Aboriginal peoples are among the most disadvantaged groups in Canada and this is reflected in their health status and social conditions.

A number of different types of

Aboriginal public health workers offering health services which encompass health promotion, disease prevention and illness treatment are needed to improve the health status of Aboriginal peoples of Aboriginal peoples across Canada.

The other issue, "Labour Market Issues", which is in your brief on page 7 -- initiatives to keep Aboriginal students in school are paying off in terms of a number of students going on to post-secondary education. However, the school drop-out rate is still very high in Aboriginal communities. Labour market interventions affecting Aboriginal people need to be well-publicized and coordinated and need to involve the full range of stakeholders.

With self-government, land claims, health transfer and other changes occurring within Aboriginal communities, health care is only one of the many exciting and important career choices available to those in or entering the labour market. Careers in public health will need to be promoted.

Another issue is the Aboriginal public health workers numbers and types. This is on page 8 of your brief. More Aboriginal public health workers are needed across the country to meet existing needs and future

demands.

To undertake appropriate health human resources planning for Aboriginal communities, complete and comprehensive data sets are needed regarding the current number of and projected need for trained Aboriginal public health workers working in the field.

Complete data sets on the number of Aboriginal students enroled in health-related professional and para-professional programs are also needed for health human resource planning.

Another issue is the elementary and secondary school which is on page 8 of your brief. Education is a life-long process beginning at birth and continuing through the formal school system and throughout one's life. Elementary and secondary school curricula need to provide a culturally relevant and technologically sophisticated foundation for exploring careers in the science and math-based health disciplines.

Health careers need to be promoted as attractive viable options throughout the school system and in the community. Information regarding health careers needs to be widely disseminated throughout Aboriginal communities.

Post-secondary training issues which is on page 8 and 9 of your brief. Existing and new bridging programs and preparation programs are needed to provide upgrading opportunities and support for Aboriginal students preparing for post-secondary training and the dominant culture.

Post-secondary funding levels for Aboriginal students need to adequately reflect the growing demand and a need for a post-secondary education. Issues regarding the eligibility of Aboriginal people, other than status, on-reserve Indians and Inuit, for post-secondary funding need to be resolved.

Multi-year flexible funding is needed to develop and deliver training programs for Aboriginal students. A complete inventory of all professional and para-professional health-related training programs for Aboriginal students is needed to assess the availability, accessibility and relevancy of these programs. Such an inventory would be useful to Aboriginal communities across the country.

All training programs should be culturally relevant and provide students with the necessary knowledge and skills to delivery appropriate

and needed public health services to Aboriginal communities.

Recruitment and retention issues which is on page 9 of your brief. While not all Aboriginal public health workers will choose to work in an Indian, Inuit or Métis community or other Aboriginal setting such as an urban Aboriginal health centre, increasing the number of Aboriginal public health workers will increase the probability that more workers will choose to work in an Aboriginal setting.

Attractive working conditions will influence an Aboriginal public health worker's decision to accept a position and to say in the job. A number of important issues must be addressed to ensure that the expectations and needs of both the community and the Aboriginal public health worker are being met.

Career laddering opportunities are needed in all professional and para-professional fields to provide the greatest scope for advancement within a chosen field or for movement to another health-related field. Among other things, this will require that training programs be standardized and accredited.

Continuing education opportunities are

needed for Aboriginal public health workers to stay current in their chosen field and to be relevant to community needs.

Following the development of issues, the Issues Identification, a workshop was held in September of this year to identify the priority issues regarding the training and recruitment of Aboriginal public health workers. From this, a workshop report focuses on four major themes and related issues which the workshop participants identified as priorities to Aboriginal health and Aboriginal public health workers.

These themes and priority issues are: (a) Aboriginal communities in crisis, value, holistic healing. Under that, we have: promote healing and break the negative cycles; provide adequate and flexible funding for needed interventions.

The second theme is breaking down walls and addressing jurisdictional issues; ensure community consultation and control and to create a cohesive Aboriginal public health strategy.

The third issue is improving access to all levels of education; develop culturally relevant and culturally based curricula; assess alternative models for delivering training programs; adequately fund Aboriginal

students and training programs; and undertake a comprehensive analysis of training needs.

The fourth issue is sharing information of network and share information informally and establish a clearing house of Aboriginal health information.

Qualified personnel with a wide range of skills are needed to meet the health and social needs of Aboriginal communities. Aboriginal public health workers and not simply workers sensitive to Aboriginal issues are needed to facilitate the healing and rebirth of many Canadian Aboriginal communities.

As I have stated before, these issues -- we are still in discussion. We are planning on having a meeting in February to address some of these issues and all of the Aboriginal groups are invited to this meeting in February.

Thank you.

MS MacLACHLAN: I just wanted then to thank you for listening to our presentation at this point in time, particularly on behalf of our Association, but also on behalf of Dr. Jean Goodwill who is the Chair of our Working Committee for this particular project.

We are working very closely with

Aboriginal groups to come up with recommendations by March of this year and we would hope to then be able to present you with some very concrete recommendations which will stem from the kind of information which has been presented here to you today. I don't think there will be a big difference.

We would certainly be pleased, any of us, to answer any questions or to have a dialogue with you.

COMMISSIONER PETER MEEKISON: Thank you very much for your presentation and for the report which is filled with a large number of thoughts, recommendations and policy questions.

You did mention this February meeting and while I think of it -- you have already said this, but I would like to underscore this -- whatever comes out of that meeting we would certainly like to have because, in the spring, we will be going through our -- we are going through issue identification right now and clearly personnel and training is a critical issue.

However, as we try to refine it and get ready for our final report, the more information we have and the thoughts of professional organizations such as

your own who are really taking a hard look at this question, anything you have on that, any thoughts or recommendations, even if they are only tentative at this time, we would certainly appreciate that and it would be very, very helpful.

Colleagues?

COMMISSIONER BERTHA WILSON: This is not a question, just a comment that I am absolutely delighted that you are doing this study because, as we have gone through the various communities, one of the things that we have been told over and over again is that there are very few health care workers in the community to look after the people and that most of them are suffering from burn-out and the problem has become how to care for the health care workers.

So I am just delighted that you have this study going and I would be very interested in the results of it.

MS TREGUNNA: If I could just make a comment about that.

The title is "The Training and Recruitment of Aboriginal Public Health Workers", but we found very early on in the study that we needed to include

retention, that a number of Aboriginal public health workers would go back to their communities but not be able to stay either because of burn-out or for other reasons.

So one of the major findings that we have to date is there needs to be a clear understanding of the expectations of what the person is trained to do and what he or she is able to provide to the community and what the community is expecting from the public health worker.

Just as another comment, Monique Godain-Beers (PH) was at our workshop in September and she is one of the staff people with the Commission. So we can keep in touch both in writing, but also in person.

COMMISSIONER BERTHA WILSON: One of the areas that people in the community spoke to us about was the area of mental health. Indeed, many pointed out to us that there was very little in the way of statistics or knowledge of the extent of this problem.

The same kind of comments were made about the absence of statistics or knowledge of the number of Native people with physical disabilities who required special attention.

I am wondering if, in your training, projected training, those areas will be covered.

MS JOHNSON: I would like to say that that is one of the issues that has come up and this is while we talked about many new public health workers emerging.

What is already happening right now -- I am a community health nurse and I have worked up in northwestern Ontario. We do have mental health workers in some of these communities, but what was happening is that you weren't getting the training.

So when you talk about burn-out, that is a very big issue with a lot of these workers. So there are more issues as well as training to look at these public health workers.

I know in my experience with the community healthy representatives, the training is not standardized across the country. So there have been a lot of issues about that as well.

So those kinds of issues also have to be looked at and I agree with you. Mental health is one of the issues that has come out.

COMMISSIONER PETER MEEKISON: Mary, please.

COMMISSIONER MARY SILLETT: Thank you

very much.

On page 5, you refer to midwives and I think that is something that is important, I guess, in your part of the country, in northern Ontario, and in my part of the world.

I am just wondering: What is the status of midwifery? I know that there has been -- it is an issue that has generated a lot of debate between communities and various levels of government. There are some places, for example, like northern Quebec where they have a pilot project where they have actual Inuit midwives there, but that is a unique project.

I am wondering: In the Canadian public health section, what is the status of Aboriginal midwifery?

MS TREGUNNA: In discussions with representatives from the Ontario Midwife Association who have been involved in training Aboriginal midwives, we had a lengthy discussion on two sides of the coin.

One was that they would like to see more Aboriginal midwives involved in training programs. On the other side of the coin, they are saying, "We don't want to institutionalize the training that is available." So some of the issues came down to the same kinds of issues

that are facing all midwives right now across the country as provinces are certifying or recognizing midwives as a professional standing.

They are also requiring four years of university preparation and grandparenting existing midwives who are able to pass a short exam.

In the discussions that I have had, there is a woman in southwestern Ontario who is interested in setting up a separate Aboriginal training centre for Aboriginal midwives. The other woman I was talking with has established -- I think she was part of the group that established the Inuit training program in northern Quebec and has travelled throughout the Northwest Territories talking to traditional midwives who just wouldn't fit into the existing pattern of institutional training.

So I think there is still a real issue not only for midwives, but for many of the training programs of providing appropriate and technological programming, but at the same time recognizing the way things have been done in the past, the more traditional approaches.

MS JOHNSON: I would also like to comment on that.

I know that Ontario, for example, does

have a midwifery program and they do have Aboriginal representation on the Advisory Committee for that program. There were discussions about the local midwives and how they were going to be recognized. I think that discussion is still ongoing and it has something to do also with the provincial legislation and how they are going to recognize that. I think that is still a discussion and it needs to be resolved probably across Canada.

COMMISSIONER MARY SILLETT: Thank you very much.

My second question is this: On page 9, you refer to the Aboriginal public health workers. There are more and more of them being trained now. Some of them will go back home. Some of them will go back home and actually work in the field that they are trained in. Some of them will go back to their region and work with other organizations. Some of them will not come back.

In my region, we only ever had one nurse and she never did do nursing. She became the first President of the Labrador Inuit Association, but I have seen that happen a lot of times where people don't -- especially Aboriginal people where there are so few people who are qualified in certain areas.

If anyone has any bit of skills, they are grabbed up. So they have so many job opportunities, they have a hard time making a decision and it is usually not the one that they are trained with.

Do you have any figures on how many of the Aboriginal public health workers are trained actually go back to their regions or to their areas and work and how many go away?

MS TREGUNNA: That is one of the recommendations that have come up so far. We don't have a good handle on the number of Aboriginal students or trained personnel. So the first question is, "How many are trained?" and the second question is, "What do they do after their training?"

We don't have the numbers, but as you have reflected, there is a very strong understanding that many of them do not go back to their communities.

One of the things that we have been focusing on in this study is that in some ways, that is okay because they do go into other positions where they can still influence or improve the health status of Aboriginal people in their other positions. But we still see the need for Aboriginal public health workers going

back to their communities, and that is why we started to focus on recruitment and retention issues.

I think there are a couple of things that we started to identify and that is that for man people, leaving their communities for training provides them with a new community where they go to train and they may not want to come back to their home.

So we have been starting to look at alternate ways of delivering training programs in their communities where they also have hands-on experience where they are.

However, as I said earlier, there is also the question of: Why would they go back to a community where the demand would be so high and they would have burn-out and some of those other issues? So there are a lot of issues to look at within the question of why or why not go back to your community.

It was an important learning for some of us early in the study, though, because we started by saying, "We will just increase the number of Aboriginal public health workers and won't that be great." We certainly see that there is a huge need for looking at the recruitment and retention issue as well.

MS JOHNSON: I would just like to comment on what you just said too.

As an Aboriginal nurse, I belong to the Aboriginal Nurses Association and we have been discussing as a group and saying, "There is a shortage of jobs for nurses in general for nurses in Canada. However, as Aboriginal nurses, we don't have a shortage of jobs at all."

As a matter of fact, we are being asked by many people to come and work in their communities or do special projects or whatever. So, as far as an Aboriginal nurse, I have no problem getting a job.

MS MacLACHLAN: I would also just like to very briefly address the other part of your point which was numbers and how many and how do we know. You can fill in if you like, Kathryn.

From the workshop that I attended in September, the conclusions at the end really started to list, "We need research in this area. We need an inventory of this. We need data on this." It simply doesn't exist in any one place and even in terms of schools that people may go through and Aboriginals may go through and come out with a degree or qualifications to go back and work,

they may not have self-identified as an Aboriginal person. So even there, they are not listed.

So we have to go back and look at ways in which we can get some of the data that will help us to understand the complete situation. It just simply doesn't exist.

COMMISSIONER MARY SILLETT: Thank you.

The other day we heard from a GNWT Department of Health official. I guess he was Deputy Minister. In the NWT, they are looking at the issue of Nunavut and what will happen, for example, to health in the event of Nunavut.

I noticed that -- I don't know where, but you do have a representative from the north sitting -- you have Rhoda Grey, actually, who was involved in some of the preparation.

I am just wondering if you have looked at the issue of what will happen -- what are the implications for Aboriginal public health in the event of Nunavut?

MS TREGUNNA: We haven't looked that particularly. One of our major focuses has actually been in health transfer and just for status on-reserve Natives.

That has really been the area in terms of government involvement. That is not the only focus of the study. We also looked at health service needs and public health workers for Métis and Inuit, both in urban and remote areas.

But in terms of government transfer, we have only really looked at the MSB scenario to date. I think there could be some really good learnings from the MSB experience and health transfer, and there has been a substantial evaluation done of the program to date and there is another one scheduled to occur in 1994.

Some of those issues probably would be transferrable to what is happening in the NWT.

COMMISSIONER MARY SILLETT: Thank you.

COMMISSIONER PETER MEEKISON: Your brief raises just a range of questions in my mind.

Before I left Edmonton, I talked to the people in our Faculty of Medicine who are involved in certain programs and I got the data from the University of Alberta, and I thought I would share it with you.

At the moment, we have 12 students registered in the MD program and it is equally divided between male and female students. We have graduated our first student, a Mohawk from Kahnawake. He is in the

family practice residency or internship program at the Ottawa General, I think.

We have graduated one student in health services administration which is a graduate program. We have one student in the medical lab technology program. We have one student in the dental program and no graduates to this point. We have two students in the dental hygiene program and two have graduated.

Last year was another first. We graduated our first student in pharmacy who is now practising on the reserve that he came from in southern Alberta. We have two other students in pharmacy.

In physio-therapy, we have two students and have graduated two. In occupational therapy, we have two students. In nursing, we have 21 students, but we don't know the number of students who have graduated.

So that is a total of 43. That is an impressive number and when I consider where we were, it is a tremendous leap forward. On the other hand, when I consider just how representative this is of the Canadian population, it is still small and we have the largest number of students registered in an MD program in Canada.

I also found out that as of October 18,

1993, we have 12 applicants to get into medical school which I believe is the highest number we have had thus far. So while it is encouraging, it tells me that we have a long way to go.

The other thing that my colleagues informed me of -- and this, I think, is interesting. You get into the question of what I would call critical mass. If you are the only student in the whole medical faculty, it would be kind of lonely. With two you are less lonely, but as the numbers grow, then there is a basis here for getting together and, in fact, educating your colleagues.

What they told me is that the Native medical students have, in the past, hosted traditional sweats with Aboriginal Elders for faculty and their non-Native classmates. For the second year this fall, they are organizing a student retreat, this year at Powmaker's Lodge, in order to encourage an interest in Native health and culture.

They have also organized film evenings and presented speakers under the hospices of the Student International Health Association which is open to all medical students.

The point here is that they are trying

to -- it is the students themselves who are taking the initiative to establish these cross-cultural boundaries.

I won't go on about what we are doing, but I thought I would share that with you because, to me, it is indicative of the fact that universities are cognizant of the problem, but I still feel we have a long way to go.

One of the issues which I would certainly be interested in your reflecting on and is something I know that my colleagues have raised at other times is the blending of what I would call western medicine and traditional medicine. When I look at the long list of health care workers, basically, to summarize, it is westernized, although the last category which is new suggests to me that there may be just a slight crack in the door to different ways and innovative ways of blending the two.

Would you perhaps care to comment on how you as a profession look at this and see what possibilities there are and what advice you might have to give to us with respect to how the two might be blended?

MS TREGUNNA: At our first Advisory Committee meeting, we had a long and interesting discussion

about how many of the other types of public health workers we would include, given the traditional healer and some of the other people who are out there providing health care.

I think that one of the things that has come up throughout the key informant interviews I did over the summer and also at the workshop, a number of Aboriginal people were saying, "We respect and want to have the traditional ways as part of our health system, but we also want to be sure that those are the best ways of providing the care." There seemed to be striving for some balance between honouring and learning from the traditional healing practices and, at the same time, integrating some of the more western medicines into the practice.

So there was a sense of not wanting to give up the traditional, at the same time, not wanting to focus solely on the tradition which I found an interesting perspective, that there wasn't kind of two camps. There wasn't the western medicine and the traditional healer camp. There was kind of a trying to see whether they could take the best from both worlds.

Certainly, Dr. Jean Goodwill who is the Chair of our Committee, has been very involved in

traditional healing and there is an international conference coming up some time in the next year that she is involved with. There was a meeting recently in Winnipeg where the nurses looked at how they can integrate western and traditional healing.

I would like to just make a few comments also about what you had said in terms of what is happening at the University of Alberta. One of the suggestions that was made by key informants was that there should be spaces reserved within training programs for Aboriginal students, and I think that is one of the ways that the University of Alberta's Medical School has been so successful.

A number of provinces, including the Royal Commission on Health Care and Costs in B.C., has also recommended that it is one way of increasing the number of Aboriginal students in the professional schools.

Also, you mentioned that you had had a graduate from the health services admin program. As a planner, this was kind of my little way of getting something into the study, but also the public health workers do include administration and management and it was seen as one of the emerging needs as you develop an Aboriginal public health system. As you have more and more Aboriginal

public health workers, you also need to have managers and administrators who understand the health system and the Aboriginal traditions.

I just wanted to comment on U of A's success.

MS JOHNSON: I just wanted to comment about traditional medicine. I think that discussion has come across that we did want to respect our tradition, but we haven't come across any strategy of how we were going to actually do that.

There were discussions also raised about students that go down in the States because there is a program down in the States where there is that recognition of traditional medicine, but I really couldn't tell you what the product of that is and how successful it is and if these people have actually come back to work in their communities. I really can't comment on that.

COMMISSIONER PETER MEEKISON: I might add that the Medical Faculty was the first faculty to do this. I Chair the committee which makes it a requirement for all faculties now -- dentistry, rehab -- all the quota faculties have spaces set aside for Aboriginal applicants. Of course, if they are not filled, then they can be filled

by other people, but that goes right across the university in all quota faculties -- law, business -- but it also applies to all of the health care faculties as well.

In looking at the long list of health workers -- I don't want to put you on the spot, but I am going to -- where is the greatest priority? I don't mean one, but if you had to -- universities, governments, everybody is under financial restraint.

If you had to channel resources, if you had to say, "Well, we have to start building these programs first and the others are important, but they will come along later," where would you say the greatest needs are, assuming all are worthy and should be promoted? There is no suggestion that none of them aren't, but where would you --

MS TREGUNNA: Are you asking which occupational group or which strategy needs to be --

COMMISSIONER PETER MEEKISON: We will start with the group and then we will work on strategies. I have some questions on that too.

MS JOHNSON: Having worked in the communities, I think if we are going to look at a specific worker, we haven't really heard out there as far as what

particular worker would be more appropriate because we certainly haven't gotten to that stage.

But having worked in communities, I think it would have to be a community health worker, whether that be in community development or whether that be -- I think it would be based on that particular need in that community.

You mentioned about mental health. It may be a need in that community for mental health. So I guess it depends on what the needs of the community are and they vary across the country.

So for me to say that we need nurses, I am bias because I am a nurse.

COMMISSIONER PETER MEEKISON: We are all bias.

MS JOHNSON: That's right. So I think it would be depending on the community need.

MS TREGUNNA: I would like to just add to that that a number of people in reviewing the Issues Paper said much what you have said in terms of, "That is nice. Those are the existing professional groups and we need those people."

But there is an emerging occupational

group which is multi-disciplinary. They have training in a wide variety of backgrounds and they are seen as kind of not all purpose, but a broader scope. So they have some background in mental health and disease prevention and health promotion and community development and can work in some of the communities where they would be the only professional provider available.

So I am not sure that we are ready yet to say which of those groups is the most needed, but certainly health promotion and community development has come up to the top in terms of the discussions that we have had with key informants and at our workshop.

COMMISSIONER PETER MEEKISON: You mentioned at the beginning that much of the study focuses on rural and remote areas and that the issue of urban has surfaced as well.

We do know that there is both a very large urban population and we also know that there is a migration. So I see a looming problem. The demand, therefore, is rural, remote and urban. You need role models. You need Aboriginal health care workers.

I suspect that the problem is not confined to the health care professions, but also, I think,

teaching. The demand is in the cities as well. So I see a problem for training all of these people and there may be an inclination in terms of internships, residencies or whatever training, they might be tempted to stay in the cities where there is a need and a demand -- and no one can question that -- and not go back home.

So my first question would be: Do you have any thoughts on that on how we can not ensure that they go back home, but encourage them to go back home?

My second question is one of the things that you touch on and we touched on earlier this morning with the Canadian Teachers' Federation. It is alternative methods of training. In other words, the training doesn't take place in the urban centre. It takes place somewhere else.

For example, another program that I am very familiar with -- we have a nursing program which is offered at Red Deer. The students don't have to set foot on the University of Alberta Campus. All the work, training and everything is done in Red Deer.

So we have this type of model and I am just wondering if there are others that you might think

of because I can see the problems of the rural and remote areas continuing. We all think we are doing a great job in turning out health care workers, but they are not necessarily going back to the places where there may be a greater need.

MS TREGUNNA: That has been a real issue and it has been discussed by a lot of the key informants.

Some of their suggestions included, as you have just mentioned, training back home, whether it is by having -- I know that there are some Native groups like the Prince Albert Tribal Council has made an arrangement with one of the colleges to actually come to them and provide the training on site, or there could be distance education programs where it is either a satellite program or it is some kind of telecommunication where a lot of the work happens in the community.

Now, there has been some discussion about that from the professionals who feel that that is okay for basic understanding and education, but it is not a good place to learn some of the communication skills and specific how do you sew somebody up or some of the more technical things.

So then they suggested having the

emphasis of providing most of the training in the community, but then coming out for short periods of time. That is a real issue for many of the Aboriginal people who -- the students tend to be a little older and also have families. So you are not only uprooting yourself, you are uprooting a whole family system and structure when you do that. So there have been suggestions of shorter time out of the community and then back in.

Another suggestion has been to make a concerted effort to get summer jobs for the students back in their communities so that they have made contacts. The Inuit and Indian Health Careers Program of MSB does do that as part of their mandate. They try to do summer placements for their health students.

We have also talked in terms of recruitment and retention in terms of having incentives or -- I think it is Newfoundland. It might be Nova Scotia. The reserve will pay for the education of the student to attend health training, but then they must give back the equivalent years within the community. They hope that within that time they stick around after the contract is up.

There was another idea. There have been

a number of discussions around how to do that.

I sound like a bit of a broken record, but I heard throughout the summer that if a child grows up seeing the nurse or the CHR burning out and it is not a fun thing to be doing, then, one, they are not going to be interested in going into that profession, but if for some reason they go into the profession, they are not going to be interested in coming back to their community.

So there is also a need to look at the scope of practice and the community expectations for the public health worker within an Aboriginal setting.

MS JOHNSON: I would also like to comment on this because I didn't start out in my community or even working for an Aboriginal community. I graduated from college in nursing and went to an urban setting and worked in an urban setting for about eight years until I went up north to work for an Aboriginal community.

I think what I have experienced while working up in the Aboriginal communities is a great sense of accomplish, feeling that I helped people, but at the same time, a lot of frustration on my part. There was also a feeling that when I finally left the communities, I knew I was burnt out because I was very tired of trying

to deal with a lot of the health issues in the communities and trying to be everything to everybody.

As a community health nurse, I was also considered a nurse practitioner. So I was a little bit of everybody in the community. I was the pharmacist. I was the nurse. I was the physician. I was the social worker. I was the mental health worker. I was everybody that you could consider.

I think, though, the thing that I also realized is that I was trained as a nurse. I was from a college and what Medical Services had done for me was we had an opportunity to do a public health certificate through MSB which allowed us to go out for two weeks and go back into the community and work plus do our assignments and so back.

We did this for eight months which allowed me to get my public health certificate, but it still did not bring me the qualifications to actually work in that community because, as I say, I was everything to everybody.

I learned how to suture while practising on oranges. Those are the kinds of things that I learned on the job about how to do things. As I say, when you

are doing a lot of these things and being a lot to everybody, you do get burnt out and that is why I left the communities and came back down to the urban centres. So I am still working for Aboriginal people, but in a different capacity.

There will probably be a time when I will go back and work in the communities again, but I need to revitalize myself to go back and do that because you are -- you do a lot for your people because there are so many health issues in the community.

So there are some programs out there that are looking at training in the community so that you can stay in your community, but there are not a lot of programs.

Also, I have seen in my travels, as a nursing manager, I was a zone nursing officer. As far as the community health reps, they were also very burnt out because they were in that community 24 hours a day, seven days a week where they never had a social life to themselves because they were on call 24 hours a day, seven days a week, and a person can't live like that.

So there are lot of issues that have been discussed when we have been in a group amongst Aboriginal people.

As far as when Kathryn talked about

retention, how do we keep these people in our communities? How do we keep them working with Aboriginal people? That is a big issue and I think that discussion is still ongoing.

COMMISSIONER PETER MEEKISON: If you reach any conclusions on it or have any further thoughts, please share them with us because I think it is critical.

My last question gets into one of the great challenges that Canada faces and that is the issue of standardization and accreditation particularly across provincial boundaries. I know that you say that it will require training programs that are standardized and accredited.

Now, there are two different issues there. Could you sort of outline your thoughts on how standardization might be achieved and what problems you either have encountered or expect to encounter with respect to accreditation? These are things that, again, we can certainly reflect on.

MS JOHNSON: I can certainly give you some comments about standardization and accreditation. I talked about the community health worker which is already in existence in some communities.

Training is not standardized for the

community health worker across the country. There are some that have some training. There are some that don't and they are still called community health workers, and they are supposed to function as a community health worker. However, they may or may not have training.

The other thing that has also happened with the community health worker is that they are not recognized as a profession. They are called para-professional or there are some people who even say that they are not a profession because they are not accredited, they are not recognized. They don't have any status as a professional.

So they are having problems and they are going through a lot of growing pains and they are trying to define how they are going to do that.

There is legislation, as you know, across the country as far as what professionals, the Health Disciplines Act. So some of that has problems for these community health workers or any other worker that we are going to -- when we talk about the new and emerging workers, how are they going to fit into that legislation? That is a big issue.

MS TREGUNNA: I think the issue of

standardization came up for us, one, because of the CHR experience. People have three weeks to three months of experience. Also, the dental therapists who work for the federal government are recognized in terms of accreditation, are recognized only by the federal government.

No provincial government will let them work on their land. So they must work on federal land. That is an issue just in terms of career laddering and moving on to other professional groups.

This probably sounds really basic, but one of the ways that we could start looking at standardization would be to have a sense of the inventory of what training programs already exist and to take the best of the various programs and come up with a more standard approach.

MSB has been successful in doing that to some extent, I think, for the community health nurse and the out-post nursing that -- they have a standard program that they provide to all nurses across Canada who are currently hired by them. They go to Dalhousie University and get trained at two different levels of nursing depending on what kind of nursing station they

are going to.

There are all kinds of issues about MSB and all of that, but they were able successfully to standardize the kinds of training that is available for that higher level of need.

One of the workshop participants in September made it very clear to us that we will never get things standardized because people won't talk to each other. So we understand that this isn't going to be an easy thing to do, but we felt that it was important to try.

In terms of accreditation, I think where we are coming from on that at this point is more in terms of recognition of the various occupational groups, not wanting to use whether they are professional or para-professional, but recognizing the work that they have done, the education they have, the experience they have in such a way that we know the training that they have and what they are able to do and that that recognition can also lead to other kinds of credentialing if they chose to move on and go up within their chosen field or move laterally to another field in health care.

We haven't spent a lot of time talking

about accreditation in terms of the minefield of trying to actually get it done.

COMMISSIONER PETER MEEKISON: You are right, it is certainly a minefield.

Those are all my questions. Do either of you have any follow-up?

Mary, please.

COMMISSIONER MARY SILLETT: One final question.

I think that the issue that were raised by Mr. Meekison, the one of traditional medicine versus modern medicine, is one that I find quite interesting. It was an issue that was raised, that was discussed at length at our healing workshop or health and wellness workshop.

I have always that it is a similar kind of argument to the one that we hear, for example, on: How do you still be a Native person in the 21st century? The one that Mrs. Wilson raised yesterday -- the whole issue of heritage versus culture. The issue of: Let's get a justice system that takes -- let's go back to our traditional justice systems. It is a very similar kind of debate.

When you talk about it, you talk about -- if you don't have any idea of traditional medicine, you almost talk about it in terms of a vacuum or, if you talk about it in terms of traditional medicine, you don't really know what it is. You have only heard what it is. You can become unsure.

I think that when I first heard Inuit women talk collectively about traditional midwifery, I was shocked to hear some of the kinds of things that they were wanting to do, especially the older women. They were talking about delivering their babies and having a two-by-four in your back and you lean on that. I remember the reaction of many Inuit women at hearing this and, "God, we don't want to go to her. We will never go to her. We are going to have our babies in the hospital."

When you hear -- I have even heard older Inuit men saying -- a testimony from an older Inuk man that the Human Rights Conference in Baffin many years. He said, "When I was being born, I had twins. I was delivered by a traditional midwife," and he said, "My brother died and I always think to this very day that had I had a nurse, my brother would have been alive." That may or may not be true, but you can't help but -- you know,

those kinds of things you talk about them. And if you don't have anything to base your experience on, you have certain ideas.

But midwifery, I always had that sort of fear in my head and then one day I heard about the Inuuticivik (PH) Birthing Centre which is operational in Bavunituk (PH) in northern Quebec. I have seen films about it. I have had an opportunity to see how it actually works.

I am convinced now that there are benefits to midwifery. There are benefits, for example -- the reason that it is such an issue in Inuit communities is because women don't want to have to leave their children and sometimes their babies, other babies for weeks at a time in order to fly out somewhere south and have their babies.

When I see Inuuticivik and see the emphasis they put on, for example, the holistic model of treatment, they encourage the fathers to be there at the birthing. They provide all of their services in Inuktitut. They have available Inuit food. When you really see it, it works and it is better than, for example, what Inuit women have had in the past.

So this whole discussion of traditional

medicine versus modern medicine, it is something like that. For me, when I think about traditional medicine, I don't know what that is and when I hear -- I have heard, for example, Indian nurses talk about some of the bad parts of traditional medicine.

I think they are really there, but I think it is our responsibility, particularly your responsibility, that if you see those kinds of thing, to challenge the debate and not stand back and have a romanticized version of modern medicine or have a romanticized version of traditional medicine. It is more our responsibility as Aboriginal people to stand up and to say, "Hey, what about this?" I haven't seen much of that.

MS JOHNSON: I would just like to comment. I would have to agree with you about midwifery.

My grandmother was a local midwife and she had a working relationship with the physician where he knew her capabilities and he had seen her deliver babies and he felt quite comfortable that he didn't have to be there every time she did a delivery. And if she got into any problems, then she would usually give him a call and say, "Look it, I need you to help me."

So I certainly understand the whole issue of midwifery and when I was a community health nurse up north, I tried to involve the local midwives as much as possible. It was quite a difference when they were there, I must admit, because the ladies were much more comfortable. It seemed to be a happy experience. It was a different experience as opposed to when they weren't there.

I think the Aboriginal Nurses Association has looked at traditional medicine and how -- they just had a first conference in Winnipeg this summer and to say, "How do we incorporate that?" I still think it is an ongoing discussion.

I know that we have looked at other areas like tuberculosis. How do we incorporate traditional medicine? My grandmother has also told me that we had used traditional medicine when we have tried to treat TB and I have certainly encountered that.

It comes up, but what has happened, though, is that when you are talking about policy making, it is not included in that. I have been challenging Medical Services in different areas saying, "Look it, you haven't looked at traditional medicine when you have been

making these policies, for example, on tuberculosis, on any kind of policies regarding health."

There hasn't been any Aboriginal input that. So that is why there hasn't been any traditional medicine included into that.

COMMISSIONER PETER MEEKISON: On behalf of my colleagues, let me thank you very much for your presentation and for your thoughtful answers to our questions.

Your Draft Report is certainly both comprehensive and I just can't say enough of how much I appreciate the effort that has gone into it. It is very, very obvious in the presentation and in how it is put together. I look forward to hearing more from you on the status moving it from a draft to final or interim or whatever one might call it.

Do you have any final remarks or anything you would like to add to your comments, any questions that we didn't ask that you would --

MS MacLACHLAN: No, other than to just say that we are certainly willing to -- if anything comes up in terms of special questions on this issue, either before we come out with the final report and

recommendations or after, ourselves at CPHAN, the members of our Advisory Committee would be very willing to come to speak with you again or correspond with you or speak to any of your staff.

This is an important issue for us and we would really like to see it move forward. I don't think that there are necessarily any short-term answers for it. I think it is a systemic problem situation. The issue is systemic and we have to work at this sort of step by step over a period of time and hopefully we will resolve the situation.

Thank you for letting us speak with you.

COMMISSIONER PETER MEEKISON: Thank you very much.

We stand adjourned until 1:30.

--- Luncheon recess at 12:19 p.m.

--- Upon resuming at 1:32 p.m.

COMMISSIONER PETER MEEKISON: Ladies and gentlemen, if we could come to order now.

Our next presentation is from the National Aboriginal Network on Disability. Our presenter is James Smokey Tomkins who is the President of the Native Aboriginal Network on Disability and he will be making

the presentation this afternoon.

Welcome, Mr. Tomkins. I understand from the letter that you have distributed to us that this is the second time that you have made an appearance before the Royal Commission.

So the floor is yours to make your presentation.

MR. TOMKINS: Thank you very much, Mr. Chairman.

Normally, on the 17th of November, I wouldn't be in the Ottawa area. I would just be coming back from Winnipeg. Normally, on the 16th of November, I am in Winnipeg just to pay my respects to a Métis leader who on November 16, 1885 was executed for voicing some of the injustices that had happened to the Aboriginal people of Canada.

I hope in your recommendations that you are more lenient in my particular case because I think I am also voicing some concerns for Aboriginal people.

I wish to thank the Commission for inviting me to speak on disability issues and its effect on Aboriginal people who have a disability.

This is the second time I have been

invited by the Commission to participate. The first time was in Vancouver when the Commission was conducting its cross-Canada discussions on Aboriginal health.

In Vancouver, I was told by the person who was chairing the round table discussion on disability that due to the time allocated, I was not to speak on disability issues but, rather, I was only to ask questions. I was very surprised and disappointed that the Commission would absorb the costs for an individual to travel to Vancouver from Ottawa and pay for this individual's accommodation and meals just to have him ask questions on disability.

My question today is: If the Commission has the answers on disability questions, why are the disabled Aboriginal people in Canada still deleted from any development of an agenda by many of the bands and tribal councils? And why has the Commission not made any achievable, creative and effective recommendations to responsible or implicated government departments? Do we need another study?

As President of the National Aboriginal Network on Disability, I speak for many disabled Aboriginal people across this country. We have chosen NAND to expose

the issues of disability and the lack of effective policies and programs to address our concerns. I am sure I speak for all Aboriginal people with disabilities when I say, "No more studies. Let's get on with the solutions".

Unlike Vancouver, I am not here to ask you questions on disability. I was to be here with my colleague to share with you the information which has been brought to our attention in the hope that you would use this information to help better the conditions for our disabled brothers and sisters who for so long have been ignored and neglected.

Unfortunately, my colleague, June Delisle, of Kahnawake cannot be here today. So I am here as the collective voice of many and with the spirit and support of June Delisle.

Our organization, NAND, has a very difficult time getting out "attention getting" messages. People in government don't listen to us maybe because we are not attractive enough. We don't have the funds to develop a national or international action plan. We don't even have funds to sustain a national office or to pay for staff, yet our issues are as important to us as they should be to you. That is the reason we keep

struggling along and why we are here today. Hopefully you will hear our story and make recommendations on our behalf.

We planned to have hearings on disability issues and listen to disabled Aboriginal people from across Canada, but we are not as powerful as you. Our plans are just dreams. So we studied your interim report and, regretfully, we did not even see the word "disability" mentioned let alone discussed.

We felt that hearings held across Canada would be necessary for a true national perspective. We received $22,000 from you but with that we could only provide you with a small local perspective.

Is that all you need? If so, why did one of the other major Aboriginal organizations receive over $400,000? What does their report say about disability? Does it say anything at all and does it report on all disabled Aboriginal people regardless of their status? Is this fair? You and I both know the answer!

Understandably, I am not pleased. As leader of my organization, I am disappointed with the lack of progress on the issue of disability for Aboriginal people. In September of 1991, when the federal government

made the announcement of the "National Strategy", I, along with many of the disabled Aboriginal people, were optimistic and looked to the future with hope. Nothing has changed.

The Commission has been given a large mandate and budget to examine and review the Aboriginal issues including health. We are not even a footnote to such a repressive portfolio.

I will appeal for your understanding in the following remarks noting particularly the overdue need for a funded National Aboriginal Network on Disability. The Aboriginal disabled people in Canada need a voice which is long overdue and one with which we can identify and by which we can unite for a common cause.

We are no different from you. We need acceptance, recognition and an opportunity to prove our worth. If it is equality you are concerned with, remember we just want equality of opportunity -- nothing more, nothing less.

I would now like to provide you with the historical background of NAND. I will tell you of our accomplishments and the issues affecting disabled Aboriginal people. I will also provide you with

recommendations which we expect to see discussed and reflected in your final report.

A background of NAND. In 1981, the Special Committee on Parliament of Disabled and for the Handicapped released a "Follow-up Report: Native Population" of which I have a copy of and which I can distribute to anyone who is interested. I have two copies, as a matter of fact.

This report described the needs and concerns of Native people with disabilities, focusing on the key areas of Natives' lives where federal government action was necessary. The report set out 12 recommendations covering such topics as consultation with Natives, the development of special information packages for people with disabilities, the promotion of health and social services and the reinforcement of the Community Health Representative Program.

Thus, the disabled Aboriginal people waited for something to happen, but little or not action was taken by the departments responsible.

Finally, in the fall of 1988, the Department of the Secretary of State took the initiative to bring together in Cornwall, Ontario 26 Aboriginal

people. Many of these men and women had disabilities and a few were the parents or guardians of persons with disabilities.

The purpose of this "think tank" was to discuss the issue of disability as it affected the Aboriginal community. Many eyes were opened at this meeting and for the first time I saw and heard that the issue was at the bottom of the priority list of many government departments, but, more sadly, this issue did not even exist on the agenda of many of the bands or any of the national Aboriginal organizations.

Because of the interest which was created, the "Cornwall 26", as this group was later to be called, appointed a spokesperson, Chief Henry Delorme from Broadview Saskatchewan. We then obtained funds from the Secretary of State and held exploratory meetings in Montreal, Winnipeg and Calgary. At each of these locations, we invited disabled Aboriginal people to come forward and tell their stories.

They all faced a continuous struggle with such factors as: inaccessible buildings, including band offices, schools, churches and even homes; inaccessible places of activity, for example, hockey

arenas and meeting halls; lack of community recreation and activities that bring people together; jurisdictional disputes over which government should pay for services; the agony of decisions concerning whether to stay on-reserves or leave their communities to seek help away from relatives and friends and familiar surroundings.

The group also obtained funds to write a needs assessment. From the needs assessment, it was decided that a national organization must be established. We created the National Working Group on the Status of Disabled Natives in May 1990.

In October of 1990, at an international non-Aboriginal conference in Victoria, we officially launched what is now known as the National Aboriginal Network on Disability, NAND.

We had been invited to participate at that conference and to put on a one-day workshop. Our entire workshop was televised and shown in Canada and various countries in the world. I think NAND stole the show at this conference because we haven't been invited back to any subsequent conferences.

Because of this televised workshop, NAND has received letters of support from England, Australia,

the USA and of course from many Canadians as well. It was then that the issue of disability among disabled Aboriginal people came out of the closet.

Let me tell you some facts about this issue.

For disabled Aboriginal people, life is seldom easy. They struggle with being perceived as different, yet, their aspirations do not differ substantially from those of neighbours, friends or other community members. Like everyone else, they rely on their community as a point of contact for identify, support and a sense of purpose. Like everyone else, they have an essential and unique relationship with their community. Their most basic and determining needs are met only through this relationship.

Because of bureaucratic filters, programs which should help often fall short of their goals. Disabled Aboriginals feel powerless in the shadow of overwhelming authorities. Some say that they are frozen out of the decision-making process and this inevitably contributes to mistrust, apprehension and scepticism.

In addressing the concerns of disabled Aboriginal people in Canada, more questions emerge than

answers. Just what is the nature of the problems facing disabled Natives? How serious are the questions of jurisdictional responsibility and accessibility to care and information? Are services relevant to unique cultural, social and geographic needs? These are questions that your Royal Commission should be asking right up front.

Many questions have to be addressed and disabled Aboriginal people have many of these answers. Now, if we could only get people to listen to us.

I want to quote Chief Henry Delorme: "In Cornwall, we began to shape a new voice for disabled Aboriginal persons in this land. First of all, my feeling is that Aboriginal governments close to the people should be the audience for such a voice. It is the voice of a disabled Aboriginal person that I raise. It is Indians I want to influence. And eventually it will be Indians who develop the political will to meet the needs of my disabled brothers and

sisters."

Our group was faced with the task of getting the attention of those in charge. This was the reason a National Aboriginal Network on Disability was needed.

The disabled Aboriginal people, with the help of individuals in government, thought we could influence change in government policy, but more important, changes in the agenda of the national Aboriginal organizations.

We did this by appearing before the Standing Committee of Parliament on Human Rights and the Status of Disabled Persons in November of 1990. Representatives of the National Aboriginal Network on Disability reviewed progress in the areas specified by the 12 recommendations of 1991. They concluded that little had changed for Aboriginal people with disabilities.

We discovered, however, that consultation from any bureaucrats means telling Native people what you are doing. On the other side, there are also a lot of Native people who think consultation means our telling you what should be done. As a consequence,

all we really do is polarize views and we do not find a common ground.

In the last five years, very little progress as been made in terms of increasing the number of Aboriginal employees in the federal government.

Those of us who have experience in working with reserves know that Health and Welfare has not provided resources to Indian reserves to run health and social services committees. They have promoted them only as a volunteer group and have not given them the resources to carry out their jobs.

Community health representative programs now exist on reserves in the United States and in Aboriginal communities in Australia. Unfortunately, very little has been done to develop the program in Canada so that it can focus more effectively on the concerns of disabled Indian people.

The objectives of NAND are: to establish Aboriginal disability as an important issue within all National organizations; two, to review and improve major programs affecting Aboriginal people with disabilities; three, to establish an effective, adequate resource national network of autonomous organizations of

Aboriginal people with disabilities.

Our goals are: to remove the obstacles to full participation in community affairs which currently restrict Aboriginal people with disabilities; and, two, to create opportunities for Aboriginal people with disabilities to improve their quality of life and to contribute meaningfully to the development of their community, their region and Canada.

We also have five guiding principles to ensure the responsible involvement of persons with disabilities in all community affairs. These principles are:

First, all activities related to indigenous people with disabilities must be directed by and meaningfully involve those people.

Second, these activities should build on the capacity of these indigenous people with disabilities to contribute to their own community and to their own society.

Third, these activities should be based on genuine partnerships that respect legal, financial and ethical relationships of equality.

Fourth, these activities should serve

to empower indigenous people with disabilities individually and collectively through improved skills and knowledge and through more effective associations that enable them to influence the policies, programs and services that affect their lives.

Fifth, these activities must respect the political and cultural diversity of indigenous people without comprising their sense of autonomy and goal of self-determination.

These five principles were submitted to the United Nations Committee on Discrimination against Indigenous Peoples in 1991.

It is understandable that on occasion the concerns of community members with disabilities are not addressed as priorities by indigenous governments pre-occupied with their struggle for recognition and equality. Nonetheless, individuals with disabilities seek full participation in community affairs. Like everyone else, they want to contribute to and benefit from the richness of community life.

For indigenous people with disabilities, the issue of education, housing, health and social services have become overwhelming barriers to

equality. Employment and economic integration may be a key to progress, but dignity and self-worth will only be achieved when ignorance is replaced by understanding and discrimination is replaced by acceptance.

In the final analysis, the real measure of the human family is determined not so much by the independence of its members as by the extent to which interdependence has meaning for each individual.

NAND has progressed slowly in spite of some challenges we faced. Some of these milestones are: the establishment of a national organization in January 1990; presentation to the Standing Committee of Parliament on Aboriginal Affairs in June 1990; presentation to the Standing Committee of Parliament on Human Rights and the Status of Disabled People in November 1990; CBC television feature production in 1990-91; consultation in Statistics Canada's post-census survey and Aboriginal survey in 1991; submission to the United Nations Committee for Independence '92, which was UN sanctioned; report on the abuse of Aboriginal women with disabilities in 1992; Prince Albert Hearing on Disability issues reported to the Royal Commission in 1993; "Little Mountain" and training video in 1993.

I must say at this time that the "Little Mountain" training video -- we presented at the Dream Speaker Film Festival in Edmonton in August and I am proud to say that the National Aboriginal Network on Disability won first prize at that film festival on this particular video. It is available to you for review. I have one copy in my office.

Finally, the Pathways to Success Training Initiative in 1993.

Obstacles. There was no reliable data on Aboriginal disabilities available except what we have prepared.

Funding. Even though the federal and provincial governments have recently allocated dollars for disability, most of these dollars are being absorbed by other well established Aboriginal organizations. I doubt it involves my disabled brothers and sisters or even reaches them at the community level.

Many of these Aboriginal groups are unfamiliar with the issues facing Aboriginal people with disabilities.

Many of NAND's membership are wondering why there is a sudden interest by bands, tribal councils

and other Aboriginal groups in the issue of Aboriginal disability. Maybe I am cynical, but I wonder if the availability of money attracts attention and not the issue of disability itself.

Statistics. As mentioned previously, there are few reliable statistics available. NAND has used statistics taken from reports written by people like Dr. Shah from the University of Toronto School of Biostatistics.

In 1990, NAND participated with Statistics Canada in developing the post-central survey and the Aboriginal survey. It will be interesting to see the results of the 1992 census.

We do know that 25 per cent to 30 per cent of Canada's Aboriginal population is disabled; that about 40 per cent of all children in Aboriginal communities are likely to develop permanent hearing impairment; that 90 per cent of all Aboriginal people living on reserve have incomes below the poverty line.

We also know that about 70 per cent of Aboriginal people with disabilities have low literacy skills; that disability of low literacy skills strikes doubly at Aboriginal people with disabilities and as

Aboriginals, they are more likely than the average Canada to have low literacy levels.

We also know that education is more important than any other factor, including the nature of the sensitivity of a disability, in determining the income and lifestyle of people with a disability.

But what do these statements mean? They mean that the door to full membership in their communities and society is closed to more than half of all Aboriginal people with disabilities. It also means that more than half of all Aboriginal people with disabilities do not have power over themselves or sufficient say in their destiny.

The National Aboriginal Network on Disability is committed to working towards change in this situation. We want neither pity nor paternalism. Rather, we want responsibility and a chance to share in the future. We seek for all Aboriginal people with disabilities empowerment literacy skills, the attendant capacity to take charge of their lives and control their own affairs. We know how urgent the situation is in our communities, and we know that literacy and education have never been as important as they are today.

NAND is further committed to working toward these changes in ways that respect our people and our culture. We know that people acquire literacy skills most quickly and effectively if taught in their mother tongue. We also know that this type of learning has not been the general experience of Aboriginal people in this country.

And so above all else we seek for Aboriginal people with low literacy skills learning experiences that both in process and in the end result empower all involved.

A lot of things have happened since 1981, but they seem to be window-dressing types of things. Disabled Aboriginal people are still frozen out of the processes that most effect their lives. They do not participate in community affairs. They still operate in the shadows of the bureaucracies. They live a life of isolation, a life of loneliness. It does not have to be this way if we could just help them to get organized and to raise a voice.

They need to know that somebody cares and that there is a way of changing their lives. We are not experts. We are not the charismatic leaders that the

media presents in the news at night. We are not involved in sexy or threatening issues that attract attention from the public. A lot of people will not join our parade. You see, we are ordinary people. We are not very well organized and we are not very confident. We know the problems and we want to be part of the solutions.

Hopefully, the recent omnibus legislation called "An Act to Implement the Equality Rights of Persons with Disabilities, Phase 1, 1991" will be the vehicle by which all disabled people in Canada will be able to participate in all aspects of ordinary Canadian lives.

There is no quick cure-all, no magic formula to make the problems go away. Will you join us and survey this country, visiting Aboriginal communities and individuals with disabilities to discover firsthand how serious and regrettable our dilemma has become? Will you help us to make this great country a better place for all who come after us?

That is the challenge we face as insignificant little people caught up in the oppressive world of obstacles. It does not have to be that way. Together we can make a difference, and together we must

make a difference.

In the Parliamentary Report called "Completing the Circle" -- and I also have three copies of those -- tabled earlier this year, recommendation No. 6 said that your final recommendation "to improve the lives of Aboriginal people" we should deal with disabilities. How do you intend to do that? Would you at least review the recommendations of that Standing Committee and, noting their importance, restate and confirm them? You have the power and opportunity to capitalize on their impressive work.

You have an obligation to us, your constituents, to give us a reason for hope. Use the Parliamentary Committee Report as a basis for a national strategy on Aboriginal disability. Don't let that work die like the last Parliament or collect archival dust like the 1981 Native report. We are counting on you for leadership, understanding and vision. We are committed to helping you in this important work.

Thank you very much.

COMMISSIONER PETER MEEKISON: Thank you very much, Mr. Tomkins, for your presentation and for actually the two parts of your presentation.

You mentioned that you have two documents. I would be most grateful if you would leave them with us or at least one copy of each. I don't want to take your only copies.

I don't know whether or not the Commission staff have them, but you can be assured that they will see them. As you know, we are working in the area of health and the issues that you raise are very germane, not only that issue, but to our overall mandate.

In your opening presentation or letter, say, "If the Commission has the answers". We don't have the answers. We are looking for the answers as well and our hope today and throughout these hearings is to hear from you not only your problems, but some of the solutions and ideas that you have to make your life a better life.

I think these reports -- the recommendations that they contain in them, I haven't seen them, but we will certainly look at them. It may give us some important ideas and you certainly conclude your remarks with that in mind.

So I would like to really spend the rest of the time with you this afternoon going through not only what you said, but entering into a dialogue with you on

the important questions you have raised.

MR. TOMKINS: Getting back to the follow-up report in December of 1981, I am not sure if the Commission has a copy of that or not. I presented it to one of the past Commissioners, William Blakeney, in Vancouver and he was surprised that such a report had been published and that he wasn't aware of it at the time.

It makes 12 recommendations and I don't think any of these recommendations were acted on. As I said earlier, I hope the same thing doesn't happen with this recent report.

NAND is quoted throughout this particular report. I would certainly like to see the Commission review this, examine it closely and make the recommendations which the Parliamentary Committee has made.

COMMISSIONER PETER MEEKISON: One of the policy analysts who is working on that is in the audience and I am sure that as soon as your completed, she will make sure that she takes them with her so that they will not be lost and they will be looked at. I can give you that assurance.

Anyway, we can get into that and, at some

point during the course of the afternoon, you might want to highlight some of the -- there are 12 recommendations in that report. You might want to highlight some of the critical ones that you think we should be looking at, and that means that that gets into the record for today as well.

But, anyway, I will turn it over to my colleagues and I know they will have some questions. So who would like to go first?

Mrs. Wilson, please.

COMMISSIONER BERTHA WILSON: Yes, I would just like to say, first of all, that having regard to the fact that you have only been in existence since 1990, it is incredible what you have been able to achieve and the things that you have listed there.

What I would like to ask -- I noticed in reading the material that a great many of the obstacles and barriers that you describe are clearly ones that are shared by non-Aboriginal people as well. This prompts me to ask: Is there a comparable national organization to yours for people with disabilities?

MR. TOMKINS: There are a number of organizations in Canada that deal with disability issues,

but there has never been one to deal specifically with Aboriginal people probably because of the jurisdictional disputes.

Our organization is a -- we are a cross status. We don't care if you live on the reservation. We don't care if you are status Indian. We don't care if you are Métis off the reserve, non-status Inuit. We have no barriers against gender or education or anything else. Whereas, these other major disability organizations are limited as to what they can do. They can't -- from what we understand, we have never seen any documentation of them being able to go on the reservation and speak for the status Indians.

So, for that reason, even though there are other -- and they are very major disabled groups and they have done excellent work, but they have never really benefited the disabled Aboriginal people. That was our main reason that we had formed it.

Why recreate the wheel? If they are doing a good job and they are helping us, why form another organization? There was a need for a disabled Aboriginal people and that is why we started it.

COMMISSIONER BERTHA WILSON: Yes, I

realize that and I suppose my thinking was that because many of the things that you raise are the same sort of things that non-Aboriginal disabled persons would be raising -- and, presumably, if there is a national organization, it must be lobbying for the kinds of things that your organization would be wanting to lobby for.

I was just wondering whether there was any relationship between the two or was yours formed because there was no relationship? What caused the need? I think there is no question that a lot of the things you have mentioned here would be equally applicable to non-Aboriginal disabled persons.

MS TOMKINS: What you are saying is absolutely true. Some of these issues that we are confronted with are similar to those issues that affect non-Aboriginal people.

It is not that we don't want to work with them. We work with them continuously. I am on a number of boards in Ontario and at a national level as well working with disability programs.

I learned from them. We don't really have the experience. We are not sophisticated. We don't have the education of a lot of these people and that is

why some of our members are on these boards to work with them.

But even though some of the issues are different, there are issues that are so far, far different than we can't even comprehend why it is an issue for them. For example, a non-Aboriginal disabled person in the city will have an issue that he or she can't get on public transportation. In some of these Aboriginal communities, there isn't even public transportation. So that is not an issue.

So there is a vast difference in some of the issues.

COMMISSIONER BERTHA WILSON: Yes, I am quite sure that there are some issues that are unique to disabled Aboriginal people living in communities.

I was just thinking that usually the thinking of the strength of the lobbying position that a larger comprehensive organization can sometimes carry more clout and achieve more than a smaller one, although every evidence from what you have here indicates that you have been making some remarkable achievements.

We are very anxious. I detected from the letter that you haven't, as you say, been completely

happy with your relationship with the Commission and I feel very badly about that because there is no way that we can come forward with recommendations that are going to be truly helpful unless we get all the information and all the help that we need from the groups that are affected.

So I would just like to say that we desperately need the help of people like yourself or we are not going to be able to make intelligent recommendations on behalf of Aboriginal disabled people.

So whatever went wrong there, I hope that we can get it corrected because we are most anxious that our recommendations will meet real needs and they will be workable and that they will be the right ones. This is one of the reasons, in fact, that later on we are going to be holding testing seminars so that when we have some idea of the kinds of recommendations that we think are appropriate based on what we have heard at the hearings, we would like to put them back and test them and get the views of Native people who are knowledgable in the particular areas as to whether they are sound and whether they are workable before we put them into our final report.

So I can't stress enough that we desperately need input from organizations like your own.

So I hope that we can -- I would like to make that clear that we need that.

MR. TOMKINS: I appreciate what you are saying and I hope you didn't receive the wrong message in my presentation.

It is true that I am not very happy with what the Commission has done in regard to funding. We know that one organization got over $400,000. We know that a provincial organization got $75,000 just to do a provincial perspective, and we are a national organization and we got $22,000.

These are some of the things that upset our membership. They come back me as their President pretty heavy and say, "Well, why only $22,000?" I don't have the answer. The Commission has the answer. They know why they have done that, but I don't and I am disappointed in that.

Perhaps, as I keep saying to people, perhaps we are not as sophisticated as we should be. We don't know how to go about -- we don't spend a lot of money and time in lobbying. We feel that if we just give you the information, that should be enough to act on policies and programs that will benefit us.

I don't think anyone in our organization knows anything about lobbying. If we take anyone to dinner or buy them a beer, it is for alternative reasons. It is certainly not to benefit the organization.

COMMISSIONER BERTHA WILSON: I appreciate what you are saying and I certainly hope that it has nothing to do with the level of sophistication.

But perhaps we should -- I don't know whether you are aware of how the intervenor funding program was conducted. So I should perhaps explain that right at the beginning when the Commission was created, it was decided that we should have an independent entity distribute part of the money that the government provided to fund intervenors so that they could do their research and make their presentations.

This was necessary, in part, because we had Aboriginal people on the Commission and we non-Aboriginal members of the Commission were very conscious of the fact that the Aboriginal Commissioners would be extremely vulnerable to criticism from Aboriginal groups if they were involved in the decision-making process of which groups would get how much money.

So it was decided -- and I think it was

the right decision -- to have a separate person in charge of the distribution of funds, and that was David Crombie who was appointed by the government to administer those funds. He did that. We did not make those decisions. He made those decisions.

I am not disclaiming responsibility. I am just saying that those were the mechanics that were used. So that is how the funds were allocated.

But I would have thought, like you, that the national political Aboriginal organizations would, in their extensive submissions, have included recommendations on behalf of all aspects and all groups for which they had some responsibility.

So I do agree with you on that that would have been a vehicle and they did get large amounts of money and that would have been a logical vehicle through which representations from your group could have come. But obviously, as you say, they didn't.

MR. TOMKINS: Unfortunately, the reality of the whole situation is that these major Aboriginal organizations are responsible only to their constituents and they can't venture off that and do reports or studies on the different Aboriginal people if they live

in an urban area or off reserve or on reserve. They only have to be responsible to their constituents and that is all they look after.

Even if they have a relative or a close family member who is not part of the group that they are responsible to, they are isolated and left out and that is the reality of it. It is unfortunate, but that is how it is.

COMMISSIONER BERTHA WILSON: Thank you.

COMMISSIONER PETER MEEKISON: Mary, please.

COMMISSIONER MARY SILLETT: I would like to thank you very much for your presentation.

I had the opportunity to see Little Mountain when I was in a public hearing and I was really struck by that film, by that video. The mother was there. She showed it to us and I was really struck by the fact that Little Mountain -- she was not born with a disability. She had an immunization shot. Things went wrong and she became disabled and her mother -- and I can share this as a mother, too.

I think you want to do everything possible to make sure that your children have every single

opportunity in life, and I think that is what Little Mountain's mother did and the video explains the kinds of real difficulties that people have, particularly if they are living on reserve, to provide a certain level of care for people with disabilities. I think clearly that video shows that.

If I say that we have heard about disabilities many times, it is not to undermine ever what you have said. I think we have heard it not enough times, but whenever we have heard it, ti has really affected me because of the emotion that people tell it with.

I would like to thank you for adding to that voice and to remind us that we do have responsibilities to address the special issues faced by people with disabilities.

My question is this: In your document, you say that 25 to 30 per cent of Canada's Aboriginal population is disabled and I was wondering if you knew in that percentage how many were born with disabilities and how many weren't born with disabilities?

I will tell you why I ask that question. We have heard something about, for example, the kinds of disabilities that children are born with because of

FAS. We have heard of disabilities that people have gotten as a result of family violence or abuse in their communities, disabilities that people have gotten through drug and solvent abuse.

So I am wondering if you have an idea of how many actually are born with that and how many have gotten or have become disabled after birth. I suspect that there might be differences in how you approach those disabilities and I am wondering: Is there a difference and are there actually different approaches to those disabilities?

MR. TOMKINS: The statistics that I quoted are taken from Dr. Shaw's studies that he had taken in Ontario and some in the Northwest Territories, and this was taken quite some years ago. Up until the time that we were studying these statistics, there was no other data that we could rely on. Dr. Shaw was the only one who was available.

As I said earlier, we also participated in the questionnaire for the post-census survey of the Native population. That particular report is not out yet and we are very interested in looking at it.

As far as your question goes, Dr. Shaw

did not mention in his report whether some of these disabilities were genetic or by accident and we don't have any data on that at this particular time, but I would be interested in knowing why you asked the question.

COMMISSIONER MARY SILLETT: I was wondering, for example -- I guess there is a public education function like, for example, fetal alcohol syndrome. I know that Public Health is very, very interested in giving -- they are trying to address -- trying to make healthier populations and trying to give that information to the general public, trying to teach healthier lifestyles.

I am just wondering for example, if that is the case, if there are situations where disabilities can be prevented, is there a role for organizations like you to play in the area of prevention?

MR. TOMKINS: I don't know. I am sure there are some information, but I don't have access to it at this time.

If it would be all right with the Commission, I would ask permission -- when the National Aboriginal Network was formed, of course, we were a bunch of disabled Aboriginal people, a lot of us, as I say, we

weren't educated and there is a reason for that and I will explain that very quickly.

In the early days when a child was born with a disability, there was no provision for that child when they grew up to school age -- there was no provision in some of the convents for that particular child. So they stayed at home and they didn't go to school. Therefore, they never got any education. Some of our members are still in this particular category. Some of them can't read or write, but they are our members and they have a disability.

Because of some of the difficulty and obstacles that we were bumping into as we were starting out, we needed some expertise. We needed some advice. So, therefore, we asked for an we solicited and got some help from different people who had an interest.

One of these people is in the room now and if it would be allowed, he is our Technical Advisor, Mr. Skip Brooks. If there is no objection, I would ask him to come up here.

Mr. Brooks has been involved with disability issues for a number of years and he has a lot of background. If it is okay with you, I would ask him

to come up.

COMMISSIONER PETER MEEKISON: Mr. Brooks, please join us.

MR. TOMKINS: Don't nod your head. What are you getting paid for?

MR. BROOKS: I am on holiday today. Thank you very much.

If you don't mind, Mr. Chairman, I would like to back up to a question that Mrs. Wilson asked earlier and then get on to Mary's questions too.

I have been involved with the disability issue and with Aboriginal people for close to 20 years and I certainly share a lot of the views that Smokey presented this morning. I have never heard them quite expressed so articulately and I think this is something that we should really be using a lot more to make a number of Indian, Aboriginal leaders and the Canadian political leaders a little more aware of too.

One question I would like to point out, though, to Mrs. Wilson very quickly when you asked about whether there are lobby groups. There certainly are. There are over 2,000 lobby groups working in disability and coalitions of them too.

But in order for them to really generate any kind of change, they have to work with the political decision makers. In most instances, as Mr. Delorme said in a quote that Henry had, it is an Indian voice I raise. It is Indians I want to influence and ultimately it will be the Indian leaders, my brothers and sisters who will make the changes. That is why there has to be a national Aboriginal Network on Disability because it is those Indian governments and those Métis governments, and not only the political governments, the culturally-oriented ones, the collections of people who care for each other as a community, not just the geographic community, but, again, the cultural community too.

So I think while bureaucrats and caring individuals and citizens in this country have spent a number of years and a number of institutions, the churches, the schools, all of them have tried to effect some kind of change. There really hasn't been anything consistent. There hasn't been a momentum generated. There has been a lot of hope, but the track record is rather abysmal.

I think there was a lot of hope expressed when this Commission was appointed that perhaps in doing the work that you do, you will finally hear the voice of

a very conservative estimate of 25 per cent. It may well be considerably more than that.

A question that should be asked, for that matter, is: How many people are we talking about? If you start relating the questions of disability to geographic isolation lack of service -- and I hate referring to medical services because I think they do yeoman work, but there still is a tremendous deficiency in the kind of service that is provided.

If you relate that to poverty, to the family violence that Mary has referred to, all of these kinds of things, I would suspect that 25 per cent is a very conservative estimate and I think that most people who are in the business of providing services and particularly paying for them are really reluctant to find out what the true picture is.

You have quite a challenge ahead of you, then, if you have to try to determine that.

So I would like to suggest respectfully that there may be a need for a much stronger voice than you are hearing this afternoon. In fact, I personally think there is a need for a much, much stronger voice and perhaps your voices can generate that kind of leadership

amongst the Aboriginal leaders as well as amongst government leaders at every level.

Back to the question about 25 per cent and Donna Good Water and Little Mountain, before we even knew what fetal alcohol syndrome was, there were tremendous reflections, at least in communities of people who were disabled, but people who were very much marginalized -- and I guess I can say this because I am non-Aboriginal, but I worked a lot in Aboriginal communities.

It was obvious when you held meetings, people who were disabled were pushed aside. Their voices weren't raised. There may have been a lack of confidence. There may have been a lack of accessibility.

A fair question might be to ask this Commission as it has travelled across the country: How many times did you ensure that your hearings were accessible, being held in accessible places, that information about your hearings were in fact being heard by people who were hearing impaired or by people who couldn't read.

They are very important questions and it is not a criticism I am levelling. It is a challenge, I think, I am throwing out at you to really make a mark

this time to show how hearings and consultations should occur in this country and to hear the voice of maybe more than 25 per cent of the people who may not yet have been heard.

I think you are very fortunate to have the views of Smokey and his colleagues and it is a very small smattering of people across this country, but they are people who are really appealing with hope to the kinds of futures, I think, and the directions that you represent.

Before I misrepresent the view of a number of caring non-Aboriginal people, let me point out that it is not a criticism I am levelling at Indian leaders or Aboriginal leaders anywhere either. I know how full the plate is. You can see it in the six o'clock news. But I am saying that we are really talking about human issues and we are talking about community integration and involvement. It is all there.

If I can, the reference made to completing the circle and to your policy advisory here and your writer -- if you look at recommendation no. 6, it was based on hearings with some of your fellow Commissioners by the Parliamentary Committee members, the members of Parliament. They basically said, "These are

really complex issues and they are integrated into the employment issue, transportation, housing, self-government, land claims. All of these things are mixed together. They are very complex issues, but they are human issues."

If anything is going to happen Aboriginal people with disabilities, then the Royal Commission, almost an abrogation of responsibility by MPs, is going to have to provide that leadership. Recommendation 6 says, in effect, "Don't make any recommendations unless you have given some consideration to the concerns of Aboriginal people who are disabled. What are the implications for them? How have their views been integrated into the recommendation?"

Anyway, i just dropped in today to see how the hearings were going. I am really pleased I did and I am glad I had a chance to make those two points in any case.

One last thing, Mr. Chairman, to Mary. In talking about the statistics, I think a more telling question might be: Why haven't you got those statistics or why haven't you heard of those statistics from Stats Canada who are empowered by law to gather that or from

the Medical Services Branch of Health and Welfare, although it is not only a medical question, or, if you like, from Indian Affairs which I think ten or eleven years made a public commitment to gather that kind of data?

I don't know the answer to that question other than it would be a difficult task to do, but if that is going to be the reason for not moving ahead with just common sense, then I think you should raise that question with those kinds of people.

COMMISSIONER MARY SILLETT: Just two comments.

One of them is: When we were in Whitehorse, we were embarrassed. We were embarrassed because we were told, "You didn't make this hearing accessible to people in wheelchairs. You didn't make this hearing accessible to" -- I think all of us sitting at the other end of the table were wishing for a second we weren't there and feeling that we should be more sensitive. That has happened sometimes.

With respect to the figures, you're right. The figures are a big job and why didn't, for example, DIAND gather those figures? They may well have.

Whenever someone talks about DIAND figures, I think how many Aboriginal people does DIAND really represent? We have heard over and over that the majority of Aboriginal peoples are now not living on the reserves. We hear that, for example, DIAND doesn't have accurate figures for the Inuit or for the Métis, and so they do exclude. So I do have problems with that reference, but you're right.

I was sort of wanted more to know if there were -- are there a lot of preventable disabilities? That was really my question. And if there are, what should we be doing?

MR. BROOKS: I will give you a quick and dirty on that, Commissioner Sillett, and straight forward.

I think that Medical Services over the last certainly quarter century has made tremendous inroads in the prevention of postnatal death and prenatal care so that many, many more people are living than were living previously.

There still is an incidence of disability that is genetically caused. I am not a medical expert, but we have heard this from Dr. Shandra Kanshaw (PH) and a few other individuals who have done that kind

of research.

But I do think that when you start talking about quality of life and lifestyle, you will see a greater incidence of disability. It does relate to the isolation factor. It does relate to poverty. It does relate to violence, whether it is family oriented or not. I think that is all probably true. This is only common sense talking here.

Having said that, then it makes sense that much of this should be preventable. There are mechanisms for doing that kind of thing. There is a tremendous focus on FAS now, as you know. There will probably be an even greater focus on drug abuse. Certainly, there are people in place, band administrators, people handling welfare issues, social assistance issues, the community health representatives who really do a lot of preventive work, and if there was a way of even focusing their attention on how to deal with disability.

Your reaction when disabled people appeared at your meeting was not unnatural. That is how we all are. That is exactly how I got into this too. I was kind of embarrassed into saying, "Gosh, there has to be something that I can do," and there is. I think

Smokey said it. We are no different than anyone else, those of us who are disabled. We have the same dreams and aspirations, the same need for understanding and support from our community. It just takes a little bit of that human interest to generate that reaction and response.

So I think, in practical terms, if you had some community health representatives in front of you, they could give you some ideas on how to work at this, so could other disabled people just in identifying in concrete terms the problems they have -- problems leaving a disabled child at home when they are trying to go off some place to work, that kind of thing.

The long and the short of it is that I think the incidence of disability is greater in Aboriginal communities. I think much of it is preventable. Certainly all of it can be treated in a better way than it has and it starts with a basic understanding, a willingness to be vulnerable to the view of the other person and to listen to what they have to say and work with them. I think that is a great start.

COMMISSIONER MARY SILLETT: Thank you.

COMMISSIONER PETER MEEKISON: I would

like to continue, but unfortunately our time is up. We have other presenters who would like to make presentations.

There is one comment which I would like to make. I noted at the beginning of your presentation, Mr. Tomkins, you said that your organization represented all Aboriginal peoples. The thing that bonded them together was the fact that they were disabled and there is an important message there because we have heard other presentations in terms of the delivery of services. It should be status driven or status blind and there is a conflict there.

The fact that you were working together to bring the message not only to your own members or the members of groups, really, to the different organizations, I think, is something that should be noted. I would like to thank you on behalf of my colleagues. Your dropping in was fortuitous. Your timing couldn't have been better. I am just glad you were able to do so. I am glad that you were able to add some comments.

I found it most informative and I found your presentation very eloquent. Certainly, I would echo Commissioner Wilson's point that you have done a lot in a very short time.

You did mention that you had the Little Mountain training video. I certainly would hope that we could get a copy. I think it might be quite important for us and certainly the staff that we see it. We do have opportunities to look at these things during our meetings.

MR. TOMKINS: How much money do you have?

COMMISSIONER PETER MEEKISON: How much do you need?

MR. TOMKINS: We are in the process right now of developing a marketing strategy where we can get it to -- we want to distribute the film.

There is also a training aspect behind the Little Mountain and it is called "If they would only listen".

The intent of this particular second part is to give it to people in government departments, people who work on disability issues, the Royal Commission. We want to give this film to people who are in a decision-making capacity so that they can make some changes.

We are presently negotiating now for some funds where we can market this thing and get it out

to the people, but perhaps for those who do have money, we are just going to solicit some production costs for that particular one film. So we will get one to you anyway.

COMMISSIONER PETER MEEKISON: Thank you very much. I thank you for spending the time with us this afternoon.

The policy analyst is Karen Green. She is behind you and I know that she is not going to let you out of the room without getting her hands on some of the documents.

Thank you again fro your time this afternoon.

MR. TOMKINS: Thank you very much.

COMMISSIONER PETER MEEKISON: Our next presentation is from the Canadian Medical Association.

Our presenters are Dr. Richard Kennedy, Dr. Chris Derocher. Dr. Kennedy is the President of the Canadian Medical Association and Dr. Chris Derocher is the Chair of the Canadian Medical Association Working Group on Aboriginal Health, and Dr. Margo Rowan is a Ph.D., the Research and Project Coordinator for the Department of Health Care and Promotion.

I would like to welcome you to the Royal

Commission. As you can see, we are running just a little bit late. We have run a little bit late throughout the three days of our hearings. We have found that the presentations have been very thoughtful and thought-provoking and we have erred on the side of stretching the time a bit given the amount of time and energy and effort that has gone into the preparation of these presentations.

So I apologize, but please be assured that you will have the time that you need to make your presentation. The floor is yours.

DR. KENNEDY: Thank you.

Commissioners, ladies and gentlemen, the Canadian Medical Association welcomes this opportunity to present its views to the Royal Commission and we thank you for providing us with the time that we will require. We shall try to be succinct and to the point with reference to our recommendations.

As you mentioned, joining me this afternoon is Dr. Chris Derocher who is Chair of the Canadian Medical Association's Working Group on Aboriginal Health, and Dr. Margo Rowan, Research and Project Coordinator in our Department of Health Care and Promotion.

The CMA's mission is "to provide leadership for physicians and to promote the highest standard of health and health care for Canadians". As a national health organization, we strongly believe it is our responsibility to contribute to the efforts being made by the Royal Commission to address the serious problems confronting Aboriginal peoples in Canada, many of which, as you know, directly affect their health.

The issues surrounding the health of Aboriginal peoples are complex and intertwined with many others. Our Association is well aware of the profound social and political aspects of health problems affecting the lives of Aboriginal peoples. The Canadian Medical Association is also sensitive to the obstacles they have in achieving health and wellness.

As physicians, we believe we can be of assistance to Aboriginal peoples as they strive to improve their health and wellbeing.

A key role for physicians is to provide culturally-sensitive, basic and emergency health care, including the promotion of health, the prevention, diagnosis and treatment of illness.

Physicians also have another important

role to play as advocates for Aboriginal peoples in seeking to improve their health and social conditions. As Commissioners, you should know that Aboriginal peoples have asked for our support in building partnerships to solve these social problems that dramatically influence their wellbeing.

The CMA has had an interest in Aboriginal health issues for many years. We are acutely aware of the depth and urgency of the challenges facing Aboriginal peoples in contemporary society and we have passed a number of resolutions at our Councils that reflect this concern.

One recent initiative is our special bursary program for undergraduate Aboriginal medical students. This program was implemented in 1992-93 because Canadian physicians were concerned that Aboriginal students are often financially disadvantaged. They find it difficult to pursue prolonged post-secondary education. The CMA will be allocating $100,000 over four years to this special bursary program. In 1992-93, eleven bursaries were provided to Aboriginal students from across Canada.

A second important initiative undertaken by the Canadian Medical Association was the

establishment of a Working Group on Aboriginal Health in the fall of 1991. The mandate of this Working Group was to develop an awareness and understanding of Aboriginal health problems so that it could respond to your Commission.

A number of key project activities have been completed over this past year. As you are aware, the "Background Paper on the Health of Aboriginal Peoples in Canada" was commissioned to examine the history of Aboriginal peoples, their political setting, socio-economic environment, health conditions and health care delivery systems.

With funds from the Royal Commission's Intervenor Participation Program, a workshop on Aboriginal health was held on April 23rd and 24th of 1993 to try to answer the question: What do Aboriginal peoples require of the Canadian Medical Association and its members in helping them to achieve their health goals?

With input from Aboriginal stakeholders, we were able to identify possible directions to folow in helping Aboriginal people to achieve these goals and several other importnat barriers. Our twelve divisions and our other affiliated societies have also

been active in this area.

Furthermore, individual physicians belonging to our Association have taken respective leadership roles in Aboriginal health within their community, province or territory.

Our studies have resulted in eight key principles on Aboriginal health which we present for your consideration:

The degree of ill health in the Aboriginal population as it stands and is reported is unacceptable.

The health status of Aboriginal peoples in Canada is a measurable outcome of social, biological, economical, political, educational and environmental factors.

There remains a challenge to the Canadian government and the people of Canada to fulfil their responsibilities towards the Aboriginal peoples in both settling land claims and meeting their fundamental needs.

Four, it is recognized that self-determination in areas of social, political, and economic life improves the health of Aboriginal peoples

and their communities. Therefore, the Canadian Medical Association encourages and supports the Aboriginal peoples in their quest for resolution of self-determination and of land use.

Culturally-responsive and holistic health care delivery and health promotion are prerequisites to improved health for the Aboriginal peoples. This requires: fostering community development, including community-based health initiatives; an openness and respect for traditional medicine and traditional healing practices such as sweat lodges and healing circles; an increase in the number of Aboriginal health care providers which could be aided by facilitating access and support programs for Aboriginal students.

In this area, in the area of education of physicians, we have to recognize the current cut-backs in medical school enrolment and I think we have to be sure that there are no cut-backs as far as Aboriginal students in the future.

There has to be improved cross-cultural awareness in physicians which could be facilitated by greater contact with their local Aboriginal communities, better understanding of local Aboriginal cultures, history

and current setting, and by development of cross-cultural communication skills; use of an interprofessional collaboration or a multi-disciplinary team approach; and, increased representation of Aboriginal peoples on health facility boards where there is a significant Aboriginal population.

With a creation of health boards in certain provinces across this country, it is mandatory, I think, that Aboriginals be represented on these boards.

Six, information about the health status and health care experience of Aboriginal peoples, which is essential for future planing and advocacy, is incomplete. Additional health research should involve Aboriginal peoples in research design, data collection analysis, and the results should be fed back to the community involved.

We recognize today that the research funds are not widely available and have been, rather, contracted across the country. I think we have to be sure that a certain commitment of research funds is available for these studies.

The CMA recognizes the problems of Aboriginal peoples associated with a lack of access to

health care and determinants of health and particulary recognizes the problems of the elderly, disabled and youth.

The principles that we have identified for improving access include: equity of access to health care and other determinants of health, such as housing, nutrition and employment; clarification of jurisdictional responsibilities, with a goal a simplifying access to service delivery; and, improving access to information, for example, about one's medical condition and how to access services that are available.

Eight, the CMA, in its stated aim to improve the health of all Canadians, will continue to be involved in issues of Aboriginal health and social problems.

The CMA is currently actively exploring: (a) providing support to the Native Physicians' Association in Canada, including offering affiliate status to the CMA; (b) nationally coordinating and building consensus among CMA divisions and various affiliated and associated societies involved in Aboriginal health; and, (c) developing educational initiatives in cross-cultural awareness and other Aboriginal health issues for Canadian

physicians and medical students in collaboration with other stakeholders.

As a result of our studies, the Canadian Medical Association recommends that the Canadian government -- and I will list these recommendations:

One, acknowledge that the degree of ill health in the Aboriginal population is unacceptable.

Two, settle land claims and land use issues expeditiously.

Three, work towards resolving issues of self-determination for Aboriginal peoples and their communities in areas of social, political and economic life.

Four, simplify and clarify jurisdictional responsibilities with respect to Aboriginal health at the federal, provincial and municipal levels.

Five, improve provision for essential needs of Aboriginal peoples that affect their health, such as housing, water supply, nutrition availability, waste disposal, employment, education, and health care.

Six, increase culturally-relevant, holistic and community delivered health care and health

promotion, recognizing that mental health is one of its fundamental components.

Seven, increase access and support programs to encourage Aboriginal students to enter health careers.

Eight, support Aboriginal peoples and communities in the development of Aboriginal research and the means of interpreting its findings.

Nine, improve public communication regarding health research results in order to facilitate their use by Aboriginal communities.

Ten, develop educational initiatives in cross-cultural awareness and other Aboriginal health issues for the Canadian population and, in particular, health care providers.

As indicated throughout my remarks, the Canadian Medical Association is deeply concerned about the health status of Aboriginal peoples in Canada. We wish to commend the Royal Commission on Aboriginal Peoples for emphasizing health and social issues in its terms of reference.

Our Association strongly encourages the Commission to ensure that health issues and the social,

biological, economical, political, educational and environmental factors that influence health remain a priority among the many important concerns to be conveyed to the federal government.

Findings solutions to the complex health problems facing Aboriginal peoples is a challenging task requiring collaboration amongst us all. Aboriginal peoples must have priority in determining their solutions.

Through the Canadian Medical Association and its divisions, Aboriginal peoples will have a ready link to organized medicine and a forum for consideration of policy and programs that influence medical care in Canada.

We look forward to progressive collaboration in building many bridges to health with Aboriginal peoples. The CMA will maintain its commitment and its continued interest in the area Aboriginal health and we will support Aboriginal peoples in their efforts to improve the health of their communities.

I thank you once again for having afforded us this opportunity to present to you and discuss with you.

Dr. Derocher, Dr. Rowan and myself are

ready for questions or further dialogue. Thank you.

COMMISSIONER PETER MEEKISON: Thank you very much, Dr. Kennedy, for your presentation and for the material that you have given to us which accompanies the presentation.

You were in the audience earlier during the last intervention. So I am sure you can realize and appreciate that there will be a number of questions and comments from the Commissioners here.

So let's begin. Who would like to start?

Bertha, please.

COMMISSIONER BERTHA WILSON: One of the interesting things about the presentations that we have had from national non-Aboriginal organizations -- and I would like to ask you about this because we have heard from the Teachers' Federation and various other bodies. I suppose my question is this -- and, of course, we welcome the information and the suggestions and recommendations that you are making and that we can reflect through our report.

But I suppose the question that has been developing in my mind as we have gone through this process

is whether these national bodies, yourself included, feel any obligation or whether, in fact, you do make representations and submit briefs directly to government where you see a situation, for example, like this where there is a tremendous about the state of health of Aboriginal people in Canada.

I am wondering whether, in fact, the Canadian Medical Association makes representations directly to government on behalf of people in a case like this, I suppose, to processing your concerns and your recommendations through a body like us.

It seems to me that it would be tremendously effective if the Canadian Medical Association was picking up the cause of a whole segment of the Canadian population.

I had the same thoughts about the Teachers' Federation, but many other organizations that we have heard from.

DR. KENNEDY: Mrs. Wilson, the problems that have arisen over the years have usually come from the grassroots, from physicians in practice.

We have recognized many of the problems that we allude to in this brief. In past years, we have

made recommendations through our general counsels and when it is applicable, these recommendations have been sent directly to governments either at the provincial level through our divisions or CMA to the federal government and the Department of Health or the Department of Indian Affairs.

This is a process that has gone on over the years and probably, you can say, has been escalating if you look at the recommendations from general counsel that are included in the report.

We think this is an ideal opportunity to present to you, but whenever the opportunity arises to make comments, to make recommendations or to present to government directly, the CMA does take that opportunity.

COMMISSIONER BERTHA WILSON: Thank you.

I somehow have the feeling -- and I may be wrong about this -- that representations made directly would be more effective than representations made through our Commission. I probably shouldn't say that, but I think that it may be correct. That is why I asked the question.

COMMISSIONER PETER MEEKISON: Mary, please.

COMMISSIONER MARY SILLETT: I would

like to thank you very much for your presentation. I think that clearly there has been a lot of work done by your Association.

Wherever we have gone, I guess we have heard that for people without land claims, there is a feeling that when you get land claims that all will be well. We have heard that a lot especially from groups that don't have land claims.

I am just wondering -- I notice that your second recommendation deals with the whole issue of land claims, and I am wondering if your Association has done any studies or do you know, for example, how self-government affects the health of Aboriginal peoples?

For example, let's just take the James Bay example. That has been one of Canada's first modern day agreements. Is there any information that would allow us to conclude as to whether or not self-government has been beneficial to the overall physical and mental health of the Aboriginal peoples there?

DR. DEROCHER: We haven't done any original research with this project, but we have listened to people from the Aboriginal communities and from physicians working in Aboriginal communities. It comes

across as very clear to us culturally appropriate, culturally sensitive health care, community controlled health care is greeted with much more enthusiasm by the local people. We learned that very clearly at the round table on health that the Royal Commission sponsored.

Again, my own experience as being a physician, a general practitioner in the Yukon has borne that as well, that where a program where there would be an alcohol treatment, fetal alcohol prevention, parenting education, a whole host of different activities -- when it is developed and provided by the people from within the community, they understand the needs of their community.

Sometimes it is very difficult for me as a physician coming from a large city, a large medical school to really understand the cultural angles, the spiritual angles. Over and over again, we heard from the people themselves as you have, I am sure, that this is what the people want and this is what they find effective.

So you can look at it in terms of studies and I am sure these are now in process, but I think there is also the question of what do the people find satisfying.

COMMISSIONER MARY SILLETT: One of the

things that I keep on thinking about is that we have heard very often that with the introduction of western medicine, there has been more -- the infant mortality rate, for example, is not as bad as it was before we had doctors and medicine. That is quite true. We know that there are more children who live these days than they did a lot of times.

There are many people whose lives are saved by modern medicine, but we also know that people, particularly children, are taking their own lives now. The suicide rate in Aboriginal communities, as we heard, for example, this morning, seven times the national average.

So I just wondered -- I guess there are other stresses that are in existence these days than there were a long time ago. With the land claims, there is a lot of development. The pace of development is very, very fast. We heard that, for example, from the Crees that in terms of physically the lives may have been proved, they were similar to Davis Inlet and now they are not, but there are other problems that are coming in as a result of really fast development. There are other issues that didn't exist and so there are some downsides.

I am just wondering if you had any information that would be able to tell us: Do land claims improve the overall physical health of the people or not? I guess you have answered that to the best of your ability.

DR. DEROCHER: Could I interject with a comment?

COMMISSIONER MARY SILLETT: Yes.

DR. DEROCHER: Just that I think we are approaching the limits of what western-type medicine can do for the Aboriginal people. Obviously there are specific areas that need to be addressed -- diabetes, HIV -- I just lost my thought there, but there are a number that we can improve on.

The thing is that the other aspects that affect health, such as a person's employment status, whether they are living below the poverty line, what their educational level, what the level of sanitation in the community is, what the level of housing is, what the degree of crowding is in that housing. All of these are the factors that now need to be addressed to bring the standard of health up to that enjoyed by the rest of Canadians.

We are saying that Aboriginal peoples need high-quality health care just as all Canadians do,

but these other areas must be addressed.

COMMISSIONER MARY SILLETT: The other question is with respect to training. We have heard a lot of times that we don't have a lot of Aboriginal doctors. With the Inuit, anyway, we only have two that we can think about, both Joyce and I putting our heads together and thinking about how many Inuit doctors we have. We probably have two and I understand from Mr. Meekison that there is one now at the University of Alberta.

When I ask myself, "Why don't we have any more doctors?", I could think to myself maybe a long time ago or even now many Inuit never believed that they could be doctors. We didn't have any role models in many of our schools. It is very difficult to get the kind of sciences that you need in order to pursue a higher education.

I am fairly aware of the barriers and I know that I guess you have considered that in some of your discussions. How do you overcome this problem now that you have bursaries available to people who want to pursue a medical career? I am wondering if you could from your knowledge, for example, identify what are all of the obstacles?

I know that you have said, for example, that bursaries are something that you have been doing, but are there other things that need to be done in order to allow our people to have more doctors?

DR. DEROCHER: I think our understanding of this comes from people who are involved with the university programs. Again, there was a very good presentation at the round table on health. So my understanding and our working group's understanding really comes from the papers that were submitted to you.

But, again, it is a whole host of factors. It is pretty difficult for somebody to achieve a high education when they are struggling against poverty, when they are struggling against alcoholism, when they are struggling against all of the other diseases and illnesses that are prevalent in some communities.

Specific things such as having maths and sciences encouraged in the young Aboriginal people would be one particular area that stands out. It is hard to get a good scientific background, a good math background when you are living in a remote community.

So there has to be attention paid to bringing students up to a level where they can take higher

level science courses such as in medicine or nursing or pharmacy.

Again, some of the programs that I am aware of, for example -- some of are science programs that are now being sponsored by some of the universities for Aboriginal students -- really are generating a lot of enthusiasm amongst the young people and they see what scientists are doing. They then go back to their community and perhaps dive into their studies with a little more energy.

So there are positive things happening, but there is a whole host of factors that contribute to it.

DR. ROWAN: One of the things that could be looked at is the existing physicians in medical schools -- and we know that there are 22 physicians currently enroled in medical schools -- and evaluating what keeps them there and what got them there. So looking at the factors related to success in medical school in those physicians, those Aboriginal physicians who are already there.

What the CMA is considering is looking at evaluating the scholarship program, the bursary program

over the four-year period. That potentially is one factor that we might be examining -- the reasons for success at medical school and those factors that got them there.

COMMISSIONER MARY SILLETT: My final question -- and I know that this is something that Mr. Meekison would have asked had I let him -- is related to your recommendation no. 4. It says:

"Simplify and clarify the jurisdictional responsibilities with respect to Aboriginal health at the federal, provincial and municipal levels."

I am just wondering if you could explain that to me. What is you talking about in terms of the jurisdictional responsibilities and could you give me an example of what that recommendation means?

DR. DEROCHER: Again, for example, with the federal government, if you have two different ministries who are involved with very different aspects of funding, you have the Medical Services Branch under Health and you have DIAND.

If, for example, you have a social issue that dramatically effects health, where does the funding come from. Is it a health responsibility? Is it a social

issue?

So there is that angel to it, but there is also the fact that it really is a -- there are so many complexities for obtaining funding for finding the particular program that is applicable to some initiative that you want to start.

I remember talking to a band worker in the Yukon who was trying to get a vehicle that would be able to bring people with disabilities to the hospital or doctors' appointments, and the amount of work that he had to do just to find who would be willing to fund that -- the last time I talked to him, he still hadn't found somebody who was willing to address that specific issue. It was constantly being passed to other departments.

It has been suggested that there be one-stop shopping, that if you have an issue or program you want to develop, that you take it to one place and it is addressed.

COMMISSIONER PETER MEEKISON: Mary is correct. She did ask one of the questions that I wanted to ask.

What I would really like to focus on,

though, are the various recommendations or comments under principle no. 5 which, for the sake of simplicity, are found on page 3 of your presentation, Dr. Kennedy. It really gets into the question -- and I think, Dr. Derocher, you touched on this -- that western medicine has gone about as far as it can go in certain areas.

The statement, for example, "the openness and respect for traditional medicine and traditional healing practices," and how western medicine, as we understand it, and traditional medicine and tradition healing factors -- how, in fact, they do co-mingle.

Does the Medical Association, for example, have a position on changing or making a recommendation on the curriculum of medical schools to incorporate this in, and if they do incorporate it in, to give it greater emphasis to give students who are going through, both Aboriginal and non-Aboriginal, some exposure to other aspects or approaches to medicine?

DR. DEROCHER: There are a number of initiatives that are going on through the country to do that. The University of Toronto has a program under way incorporating some education about Aboriginal issues. The University of British Columbia is now working with

the British Columbia Medical Association and their group on Aboriginal health to incorporate an understanding of traditional values, traditional healing, land issues into the medical school curriculum.

I now am in British Columbia and working with the British Columbia Medical Association and their Aboriginal health group. I know there is a lot of interest on the part of the doctors there to move this into the medical training.

It is interesting that the more that there are Aboriginal people in the medical school as students, I think they will bring some of these values to the program.

COMMISSIONER PETER MEEKISON: You are absolutely right. I was mentioning earlier in the presentation this morning to the Canadian Public Health Association that the University of Alberta Medical School has 12 Aboriginal students in the four years, and last year we graduated our first graduate and we also graduated last year our first Aboriginal pharmacist.

But in talking to my colleagues at the university who are responsible for the program, the idea of the critical mass came up and the memo I got from them

said:

"The Native medical students have in the past hosted traditional sweats with Aboriginal Elders for faculty and their non-Native classmates. For the second year this fall, they are organizing a student retreat, this year at Powmaker's Lodge in order to encourage an interest in Native health and culture."

So I think you are absolutely correct that the larger the number of students, the greater the synergy amongst them and the willingness to say, "There are these two traditions and we will learn from you and maybe you can learn from us." It seems to be working from what I have read and seen at my own university.

The other point which I would make in response to one of your comments, Dr. Kennedy -- and when you made it, it sort of dawned on me that we should check into this -- is that while the number of spaces in medical schools are in fact being reduced, we must make sure that the number of positions which are either set aside for Aboriginal students aren't in fact cut out. I have made

a mental note of that to make sure that that is not lost.

The next point you talk about is improved cross-cultural awareness in physicians. I am wondering, again: Leaving aside what might be done in medical schools, which I think is critical, is the association or the different provincial and territorial associations -- do they have programs which improve cross-cultural awareness?

DR. DEROCHER: There has been a number of initiatives. Immediately, in the next few months, we intend to publish the background document and circulate that to the medical community as an educational tool.

There is some hope in the future that the CMA might coordinate some national workshops, educational workshops.

There has already been a number of venues on the national level. At the annual meeting in Regina in 1991, there was a half-day dedicated to looking at issues of Aboriginal health. Ovide Mercredi spoke to the doctors at the annual leadership meeting in 1992. There was a session at the leadership meeting this year where two Aboriginal physicians directed a workshop. I believe it was Dr. Marlin Cox and Dr. Michael Montour who had a

workshop on Aboriginal health.

There are some initiatives on the part of some of the provincial divisions. The Manitoba Medical Association has had two very well attended workshops on cross-cultural training. I believe the first one had almost 250 people including physicians and other health care workers and they were learning about the medicine wheel and other aspects of the traditional or the local culture.

It was designed to be relevant to the local people, and this is something we have to be careful of as a national organization. We are dealing with different cultural groups with different spiritual views and different traditional concepts. This is where it lends itself quite well to local medical organizations to develop that. What we might consider as a national organization is to help that along.

COMMISSIONER PETER MEEKISON: You mentioned a report or a manual that might be coming out in a month or so?

DR. DEROCHER: Actually, it is the background which is in your document. This is the one produced by Dr. Postal and his associates at the University

of Manitoba.

COMMISSIONER PETER MEEKISON: All right. We already have that then.

The other point you mention here which, again, I think is critical -- and elaboration would be helpful. That is the use of inter-professional collaboration or a multi-disciplinary team approach to the delivery of health care.

Clearly, in the urban areas, you may get one model, but I am thinking in terms of rural and remote areas where clearly the delivery of services is going to be very different. The inter-professional collaboration is going to be critical to the delivery of health care in these areas.

Again, do you have any thoughts in terms of how this is going to work or models that we might really want to focus on? I would be grateful for your comments.

DR. DEROCHER: For example, the community health representative program has been very successful in terms of being not only a means of community development in health, but also as a cultural interpreter for physicians.

For example, you might have a Native

Elder who is ill who isn't able to come into the doctors office. Well, the CHR might start the initial investigations, find out what is going on, maybe bring the physician to the home, act as a translator for the physician.

The physician has to have a degree of comfort with the skills of the CHR. The CHR has to have a degree of comfort with the physician, that the physician is going to be understanding of the culture. We held a workshop in the Yukon about two years ago now where at our annual general meeting we had the CHRs, some of the community nurses, a Native physician all together in the same room and we were able to come to some understanding of what each of our roles might be.

So I think it starts with communication. I think it starts with respect that people have for each other. Physicians cannot serve all the needs of the Aboriginal peoples.

By the same token, CHRs don't have some of the training and skills that we as physicians have. We can work together.

COMMISSIONER PETER MEEKISON: Are there other groups that you would extend this inter-professional

co-operation with nurses, other deliverers of health care?

DR. DEROCHER: I think in the area of mental health whether it be family violence, parenting skills, alcoholism. Some of the most successful programs for alcoholism are Aboriginal run, and I think it is an area that if physicians are aware of these services, are willing to lend a hand when they are asked, that would be another situation. So mental health is a big area.

COMMISSIONER PETER MEEKISON: The last point you talk about is increased representation of Aboriginal peoples on the health facility boards.

We had a presentation earlier this week from the Government of the Northwest Territories and they showed the territorial division or the division of the Northwest Territories into a number of health districts and the Aboriginal representation on these boards. According to the Deputy Minister, this is going to have a tremendous impact in terms of not only health care delivery, but in terms of the overall health of the community.

The time is running by. Let me just ask two more questions.

The first one goes to your sixth

principle and that is the fact that data is incomplete. We have heard this. We heard it earlier with respect to disabled Aboriginal people. We heard it earlier with respect to health care workers, the numbers and the needs.

Have we just failed to collect the data? It is something that we have ignored or what is the cause of this? This is a common thing in many of the presentations we have heard. The presenters think we just don't have the information. We need more.

Where has the failure been there?

DR. DEROCHER: Two large groups that seem to be under-studied or under-represented in studies would be the urban Aboriginal population and also the Métis population. It is simply because there hasn't been a good way of collecting the statistics as services are provided because the services haven't been provided. So you are in a bind there.

I think in all of these areas, efforts have to be made to generate the information, but, as we have specified, it has to be done in co-operation with the people.

I am sure you have heard over and over again that people don't want to be studied any more. They

have been studied over and over again. It is time to get on with things. But on the other hand, I think if people see that the studies are done with their participation under their guidance with the recognition that the results are under their control, then I think you would find a resurgence in interest in research because it will be a useful tool.

COMMISSIONER PETER MEEKISON: That is a valid point.

My last question relates to one of the resolutions that you passed in 1991. The CMA lobbied the Government of Canada for additional funding for Aboriginal medical students.

Is that funding to be continued? What is its status. My understanding is that it terminates in 1994. Do you have any information on that?

DR. DEROCHER: Is this with regard to our bursary fund?

COMMISSIONER PETER MEEKISON: No, not your bursary fund. This is the Government of Canada's funding or assistance to encourage Aboriginal students to get into medical school. It is from the Medical Services Branch.

DR. DEROCHER: I am not aware of the specific issue that you are referring to. I will say, though, that our program -- we are looking for a means to continue our program if it is seen to be of benefit beyond the four-year lifespan.

COMMISSIONER PETER MEEKISON: The bursary program? I can assure you that that is of benefit. I don't think there is any question about that, particulary if the number of medical students increases.

DR. DEROCHER: I am not sure exactly of the funding program that you are referring to.

COMMISSIONER PETER MEEKISON: There has been a program funded through the Medical Services branch to assist faculties of medicine in terms of recruiting students and to give them additional support while they are in medical school.

DR. DEROCHER: Our Council on Medical Education is looking at some of these issues in a broader sense and they may well be aware of that. But if not, then we will bring it to their attention.

COMMISSIONER PETER MEEKISON: Thank you.

Mrs. Wilson has one final question.

COMMISSIONER BERTHA WILSON: I just wanted to get a quick response to this question because it is one that comes up in relation to all the services that Aboriginal people need, and that is the concept of equity of access which appears in most of the briefs.

I am wondering what you think is an assessment of the reasonable length of time that it would take to achieve equity of access of Aboriginal people to health services?

DR. DEROCHER: In terms of services as in the conventional western model of thinking, in some parts of the country, we are almost there, that there are high quality health services as we usually think of them. But, again, they may well be lacking in the ancillary aspects of health delivery or in terms of alcohol treatment, mental health treatment, addressing some of the other social factors that directly impact on health that we have spoken about earlier.

For example, in the Yukon -- I refer to the Yukon because that is where I have been -- there is a good quality health delivery system and then you would have to ask yourself, "Why then are the mortality and

morbidity statistics so much different for the Aboriginal population?" It is because of the other factors.

With political will and, yes, some extra money, I think that a good number of the medical type problems can be addressed in some parts of the country quite quickly.

However, in other areas such as urban parts of Canada, I don't think we have even begun to look at the specific needs of the people in those communities.

There is also the Métis community which, again, has not been addressed anywhere near to the same degree that other Aboriginal populations have.

So there is no one answer. In some areas, we are close and in some other areas, we are a long way off.

COMMISSIONER BERTHA WILSON: I posed the question because of the concept of the rights of citizens to have equal access to various services and just trying to think how long that is going to take in light of all the presentations that we have heard in the health area.

It sounds to me as if we are looking at a very long time looking at the whole scene in Canada,

including the remoter communities and thinking in terms of services for the previous presenters, persons with disabilities, blind people, deaf people, hospital services, all the kinds of things that I have access to and you have access to. It looks to me as if it is a long-term project.

DR. DEROCHER: I would agree, but that shouldn't discourage us. There has been some major strides that have been made even within the last few years and I think there is room for optimism. I think the Aboriginal peoples are assuming control of many of the services and they are providing exemplary care, and they are also setting standards for the rest of us.

So I look forward to a brighter future.

COMMISSIONER PETER MEEKISON: I am glad that you are optimistic because I think in terms of where we were and where we have come and when I have read some of the briefs, clearly there is a lot to be done, but a lot is being done at this moment.

I am afraid that that is all the time we have this afternoon to discuss this important issue. Do you have any concluding observations or comments or remarks that you would like to make?

DR. DEROCHER: One very brief thing.

COMMISSIONER PETER MEEKISON: By all means.

DR. DEROCHER: I think that we would appreciate in the Commission's deliberations some feedback to the medical community in terms of how we might participate if there are specific roles or ideas that you have learned about. Your investigations have been far more extensive than ours. We would appreciate some consideration to that in your final recommendations.

COMMISSIONER PETER MEEKISON: We will certainly take that comment into consideration and give it further thought and get back to you on that because I am sure there are ways that we can work.

We are in the process of trying to narrow down all of the material we have had from this type of presentation, from the hearings, from the research, and there will be a document, for example, on health. We will be entering into testing seminars. I don't know when the health is, but it is some time in the spring. I am sure there will be opportunity for us to test ideas with you on some of these very important questions.

What we are trying to do is get as much

input as we can as we prepare the final report. So you can be sure, now that you have offered, we will be back to you. We do appreciate that and on behalf of my colleagues, I would like to thank you for your presentation this afternoon and for the effort which has gone into the report and the accompanying material. It is very, very significant and I know it will be very helpful to the Commission as we go about finalizing our report. So thank you very much.

We are going to skip coffee. So people who are of a mind to have coffee, it is over there.

Our next presentation is from the Canada Council. I would like to welcome Dr. Paule Leduc who is the Director, Dr. Louise Dandurand who is the Secretary General, and Ms Angela Lee who is the Equity Coordinator.

It is a pleasure for me to welcome a former colleague, Inter-Governmental Affairs Deputy, and a fellow political scientist.

The floor is yours. I know you have limited time. So what I thought we would do is make the presentation and we will star the questions and answers and then if you have to go, please do. But if we haven't finished, I hope your colleagues can stay to complete the

questioning.

MS LEDUC: Sure.

It is a real pleasure for us to be here because I suppose that the culture for us and for you is very important. It is the basis of a society and we are very pleased to speak about that and to speak about what the Canada Council has done during the last few years for making sure that it will be able to help the development of culture everywhere in the country.

So, first of all, I want to present Dr. Dandurand who is Secretary General of the Canada Council and Angela Lee who is our new Equity Coordinator. She was just appointed last week. She began last week her week.

We have with us too three interns: Rocky Paul-Wiseman who is working at the Canada Council, Ahasiw Maskegon-Iskwew who is also an intern at the Canada Council, and you have Mr. John William who has accompanied us.

I will explain a little bit better later what is the intern in our own vocabulary.

For the counsel, this appearance before the Commission is important and timely. We are gratified

to see that the Commission is considering the arts as part of its broad reflection on cultural issues of concern to Aboriginal peoples.

Within the larger context of culture, the arts are essential to every society's intellectual and spiritual well-being and sense of identity, for it is the artists who, by giving voice to their dreams and visions, stimulate our imagination and enrich our perception of the world.

The achievements of Canadian First Peoples artists are a source of pride and inspiration both within Canada and abroad, and the new generation of artists shows great promise for the future. For these reasons, we wished to share our views with you at this time.

In the past two years, the Council has been working in consultation with the Aboriginal arts community to develop ways in which we can assist First Peoples artists -- status, non-status, Inuit and Métis -- to achieve their goals in developing, maintaining and promoting their art forms and practices.

I would like to inform you of these initiatives and answer any questions you might have, as well as hearing your views about our plans.

The Council has assisted the work of Canadian Native and Inuit artists over the years. The Canada Council Art Bank has from its inception in 1972 purchased works by at least 120 Aboriginal artists for its collection which is displayed in public spaces across Canada.

The Council's Explorations Program has a long history of supporting projects by Aboriginal artists to develop new work and carry out research on new and traditional art practices. Its regional jury system, which includes a jury for northern Canada, has enabled Explorations to facilitate access to the Council for artists living in remote communities as well as artists in urban centres.

As well, the Council has undertaken special initiatives, one example being the Native curatorial residency, created jointly in 1989 by the Council and the Canadian Museum of Civilization. The residency was admirably filled by Lee-Ann Martin whose report "The Politics of Inclusion and Exclusion" received wide distribution.

In its long-range planning process, the Council committed itself to the principle of equitable

access to its programs for Canadian artists of all cultural and racial backgrounds.

Recognizing that First Peoples artists have particular needs that are being only partially addressed by existing programs, it established the First Peoples Advisory Committee to advise it on the development of policies, programs and practices that would facilitate their access to Council.

One of the Committee's members, Carol Geddes, a filmmaker from Whitehorse, has subsequently been named to the Council's board. The Committee's Report and the Council's plan of action were published in June 1993 under the title "The Canada Council and First Peoples Artists". Upon publication, it was presented to Mr. Erasmus and Mr. Dussault, Co-Chairs of this Commission.

The Council's action plan is founded on several principles. I have already mentioned our commitment to equitable access to the Council for Canadian artists of all cultural and racial backgrounds.

We have undertaken a number of measures to achieve this goal including the Internship Program, by which five arts administrators of culturally diverse backgrounds, including two of Aboriginal background, are

perfecting their skills at the Council and enriching the Council with their knowledge and experience.

Their Internship included a variety of tasks in the Council's Arts Sections as well as external placements in arts institutions or arts councils in Canada or abroad.

In the case of the First Peoples Interns, Rocky, who is with me, carried out a short-term residency with the Aboriginal Arts Unit of the Australia Council for the Arts, and Ahasiw spent his short-term residency at the Saskatchewan Indian Federated College in Regina.

Also, within the framework of our equity policy, we have reviewed the eligibility criteria of our programs so that artists of all backgrounds will have access to them and have developed human resources and communications strategies to enable wider participation by First Peoples and people of colour.

Second, in building its strategy, the Council recognizes the unique and fundamental contribution of First Peoples artists in the development of Canadian culture. It recognizes that First Peoples artists have specific needs, both in exploring new areas of artistic

expression in maintaining and renewing the diversity of their historic artistic practices, and in developing their arts organizations.

It agrees that policies and strategies to respond to their requirements should be developed, implemented and evaluated in consultation with first Peoples artists and arts professionals.

Third, the Council will be working in partnership with First Peoples artists to develop its strategies, recognizing that the board of the Canada Council has the ultimate responsibility, entrusted to it by Parliament, for policies, programs and disbursement of funds.

Fourth, the Council reaffirms its commitment to the principle of freedom of artistic expression and to the principle of artistic merit as the basis for evaluation and funding decisions.

A fundamental operating principle of the Canada Council is its commitment to peer review, whereby professionally recognized artists work with the Council to define program priorities and the artists' professional peers assess grant applications.

The Council has traditionally made every

effort to ensure that each jury possessed the specialized expertise necessary to evaluate the applications before it. In recent years we have increased First Peoples artists' representation on our juries and advisory committees, and this practice will continue to grow as their participation in council programs increases.

The Council's action plan evolves out of two of the principle recommendations of the First Peoples Advisory Committee which was endorsed by the Council.

The Council has approved the establishment of a First Peoples Committee on the Arts for a two-year period. The Committee will be composed of artists with a body of work to their credit or experienced arts professional who have established reputations in their field among their peers. They will have extensive knowledge of First Peoples communities across Canada and will have been actively involved in issues relating to equity and arts.

The Committee will be constituted with regard to balancing gender, regions, First Nations, arts disciplines and language -- French and English. The Council's board will also be represented on the Committee

and the Committee will report to the board.

The Committee's mandate will be to address issues that have an impact on the development of First Peoples arts. It will assist the Canada Council in researching the most effective models of assistance to support the work of Canadian Aboriginal artists.

As part of its mandate, it will examine the proposal for an Aboriginal-specific unit with designated resources within the Council. It will also study other approaches including ways of making existing programs more accessible by First Peoples artists. We are hoping to have the Committee established by the end of this year.

The Council has also approved the creation of an Aboriginal Secretariat to carry out the work of the Committee and to work with the staff of the Council in implementing policies and strategies relating to First Peoples equity issues in the arts. We are currently preparing the competition for the Aboriginal Equity Coordinator's position.

The coming years present the Council with great challenges. This is a challenge we welcome. Working in a creative and constructive partnership with

First Peoples artists to help them pursue their professional development can only enrich and revitalize the Council in its mission to foster and support artistic excellence wherever it occurs, whether it be in Inuvik, Natashquan, or the urban communities of the south.

Je voudrais remercier spécifiquement la Commission d'avoir bien voulu entendre parler des arts et de la culture. Je crois que nous oublions trop souvent que la culture joue un rôle absolument essentiele pour l'identité d'un pays et je comprends tout particulièrement le désir de nos collègues des premières nations de vouloir exprimer haut et fort leur propre culture. Le Conseil des arts considère qu'il est de son devoir et de son mandat de faciliter l'accès des artistes des premières nations à nos programmes, mais de permettre aussi aux artistes des premières nations de pouvoir exprimer leur propre culture de la manière dont ils le désirent.

Je suis tout à fait prête à répondre à vos questions et à vos commentaires si vous en avez.

COMMISSIONER PETER MEEKISON: Thank you very much for the presentation and for the additional material that you brought in this afternoon.

I am sure my colleagues have questions.

Who would like to go first?

Mrs. Wilson, please.

COMMISSIONER BERTHA WILSON: Could I ask because I am quite ignorant for what kind of programs Aboriginal artists would be eligible?

DR. LEDUC: For every program we have at the Council, we are supporting First Peoples artists in every discipline of the arts -- music, theatre, dance, literature, cinema and so on.

We are supporting to our organization -- it means a dance company or a theatre company or music company, a small ensemble, a large ensemble -- and we are supporting that in other disciplines, writing and publishing. So the artist will have access to all of our programs.

As it is being evaluated by their peers, in the past, we were probably less aware of the necessity to have peers coming from the First Peoples, but now we have enlarged our peer review system to make sure that we have a representative for these communities to make sure that they understand and they know what is going on in the visual arts or media arts or theatre or dance or writing and publishing in these communities to have a good

judgment and a good evaluation for our funding practices.

COMMISSIONER BERTHA WILSON: One of the things that we heard about when we were travelling in the northern areas was the concern that the Inuit had about the copies of Inuit sculptures that were flooding the market, and this was raised in a number of communities.

Does the Canada Council have any involvement with that kind of thing?

DR. LEDUC: The legislation on copyright normally applies to this too, but we know that in the past we have been using some of the, I would say, archeological artifacts from our Aboriginal communities without looking very much to their copyright and their signification in their own community.

In discussing with the First Peoples Advisory Committee we have put in place, this question was raised and we had a discussion with them about having some kind of copyright policy, but we felt at this time that because of the legislation which is in place about the copyright for artists, it is probably a better practice to try to work with the people responsible for putting in place the legislation to make sure that this question will be looked and will be covered very clearly in the

by-laws within the legislation.

It is certainly a very important issue, but I would say that it is an issue of important concern for all artists in this country. But in the First Peoples communities, it surely was very important.

If I can use an example, in my other capacity as President of Social Sciences and Humanity at the Research Council, we have to try to develop some kind of strategy and policy about the practices of using a religious tradition for research.

My sense is that in the arts we probably will be able to look more clearly when we have some applications which use some arts work coming from our community. But normally the legislation -- and you know who must take care of that, but we all know that it is not easy to apply this kind of legislation related to copyright.

COMMISSIONER BERTHA WILSON: It doesn't seem to be working from what we heard.

The other thing I wanted to ask you about because, again, it was something that was raised by many Native people was the repatriation of Native artifacts. Is that something that is within the Council's mandate?

DR. LEDUC: We don't have a lot to do with that. My sense is that it will probably lie in many of the museums' responsibilities we don't have ourselves any artifacts which is our own property, but it is more related in the museum.

We only have the Art Bank who has arts work and which is our own property, but these works by and paid to the artist in a very fair way. So we don't have a lot to do with that, but we know that there is a lot of concern in the museum community about that.

COMMISSIONER BERTHA WILSON: Yes, there was one group who received some funding to research the location of artifacts in various countries where they were. We were told that they completed that task. They appreciated the funding for that purpose. They completed that task and they, in fact, located all over the globe where there were to them extremely important artifacts, but, of course, they could not get any funding for trying to bring them home.

So it sort of reached a dead end with just the location. That was the end. That was as far as they could go with the funding that they received.

DR. LEDUC: The Canada Council is not

funding archeological research. It is funded by another body in government and a body I know very well.

We have been giving grants to -- not Canada Council, but the other body -- researchers and archaeologists who wanted to look at artifacts, but unfortunately we are not paying for bringing them back to the country.

My sense is more related to some kind of agreement between countries because you know that many, many countries now are very -- related to arts work and artifacts coming out of their country. My sense is that it would have to be looked at at more the national level, government level with other governments and we want to do that.

It is probably an issue which is possible to negotiate with other countries.

COMMISSIONER BERTHA WILSON: It struck me, hearing about it, that it was such a meaningful thing to the Native people to be able to do that. They were experiencing a high measure of frustration.

DR. LEDUC: In Canada, there are a great deal of archaeologists who are working on the archeology of this country including people in the Native regions.

Particulary in the west, in B.C. and in Alberta, we have a very extraordinary collection of these and works done which gives us some kind of sense of the so long history of this country, longer than the one we know as an occupant of this country.

My sense is that it enriches a lot the knowledge of what we have about our history, but it enriches a lot the knowledge of what the First Peoples themselves have about their own roots and their own history. I hope that we will be able to continue to help them to look at and discover their own history through this archeological research and discovery, and I would say also an exhibit of that.

COMMISSIONER PETER MEEKISON: Mary, please.

COMMISSIONER MARY SILLETT: I would like to thank you very much for all being here. I would like to apologize, too, for the wait that you had to endure.

Nevertheless, I was trying to remember -- we have heard over 2,000 presentations by now and somewhere along the road I remember -- maybe it was Toronto. We had heard from a number of Native artists and I think

there was a clear sense of frustration that there wasn't adequate recognition given to the artists, Native artists. They certainly had a difficult time getting funding for initiatives that they had wanted to start.

I remember sharing with them the kind of frustration -- emphasizing with them and feeling that everything that they said was truly legitimate and certainly, goodness, there must be a way of providing ongoing financial support for these very important activities.

I am wondering -- I guess you are the experts, really, in the area of arts and music and talent and theatre and drama. What is the answer to this issue?

DR. LEDUC: I would say that we probably were a little bit late to recognize their needs and probably we were a little bit late to inform them about the possibility of support that they can have from the Canada Council.

But as I said before, even though the linkages between the Canada Council and the artists for funding were not as great as we must have expected in the past, we have at least have in our collection -- a lot of arts were coming from our colleges from First Peoples

communities.

But my sense is that with the program that we have called "Explorations" -- it is a fairly new program in the Canada Council history -- where we go in each region and we have juries in this region for meeting the artist and trying to see if we can help them. It will probably bring a better relationship between the Canada Council and the artist in every region of our community.

My sense, too, is that we probably need to explain a little more how it works, what kind of process we have to follow for asking for a grant and, as you know, it is not always very easy. We are often too bureaucratic in our relationship with the community.

The fact that we are trying now to go out and to go to them will probably bring a better answer. I have to recognize, though, that the Canadian Council budget is not very large and we have been through a very difficult time. We were cut by 10 per cent last year, for example.

So given the sense that we have a very extraordinary project for opening the door to more artists in our environment, we decided to pursue the project we have for the Advisory Committee and the Aboriginal

Secretariat, and so on, because we felt that it was absolutely essential to do so.

Unfortunately, though, the budget we had didn't give us a lot of flexibility on the development side. My sense is that with the help of our people here, we will be able surely to develop a better relationship with them and probably to open more of the doors to that.

It is clear that it is a question of information as well as a question of money.

COMMISSIONER MARY SILLETT: This explorations, I guess, program that you have -- is that just specifically targeted for remote and rural communities or is that as well for urban?

DR. LEDUC: It is for every community in every part of the country, but it is targeted to provinces -- instead of the programs that we normally have which are national programs, it is a program with the competition which is taken nationally.

This program -- it is a program with regional objectives which is totally different than the national program we have. So we have special jury and regional programs for the community in the north, for example, and for those who are north of Vancouver or in

Alberta. We have juries only looking at applications coming from these groups instead of looking at them at the national level with the different standards and competition.

So my sense is that with kind of regional programs, it will probably bring more awareness about our program and probably will bring the information to the right place.

COMMISSIONER MARY SILLETT: I don't want to open a directory of funding sources all over Canada that are available, but could you give me just a general idea of: Are there many funding sources available for Native artists and people wishing to pursue the arts?

DR. LEDUC: At the federal level, we have the Canada Council. We have $110 or something like that of budget. I know that in each province where they have an Art Council, they can have access to the program of the Arts Council in each province.

I don't think the Indian Affairs Department has a lot of programs for helping the artist. A very, very small one. We have tried to convince them to come with us to make sure that we may be able to gather to help them to develop their own artistic work in the

community.

I would say that last year we have been successful to bring the Indian Affairs Department to participate with us in some kind of endeavour having that in mind, and I would say that I am somewhat surprised to discover that the Indian Affairs Department didn't look at that more carefully because it is a very important part of your expression and expression of your identity when you can show your writers or your theatre or your dance or your visual artist.

My sense is that probably it will be easier and I hope that the Commission will stress a little bit the importance of this part of the cultural expression of the cultural identity of these communities. We know that they are very rich and very diverse.

COMMISSIONER PETER MEEKISON: Throughout your presentation, you talk about First Peoples artists. Does the Canada Council work with particular organizations such as the AFN or is there communication between the Council and the different Aboriginal organizations?

DR. LEDUC: We have our Advisory Committee on First Peoples. We have tried to bring some

kind of people coming from these different origins and through this Advisory Committee, we tried to catch some kind of relationship with them. I would say, too, that I have urged myself our colleagues in the Advisory Committee, who are all artists from the First Peoples communities, to try to develop more linkages with their own representatives.

I was told that on the question of culture and arts development the relationship and probably the objectivity interest was not as well developed as in other issues. We hope that it will be possible to go a little bit further in this direction.

We have some kind of relationship with the Foundation of John Campbell, for example, to helping him to put in place these programs for training. But it was not directly like that. It was through the Advisory Committee where we have tried to put that in place.

COMMISSIONER PETER MEEKISON: One of the things we heard yesterday, I guess, was the -- and this came from the cultural groups. I don't have the exact title of the organization. But there concern that by the year 2000, other than three Aboriginal languages, the rest will be on, as they said, the endangered language list.

I know that the Council is a granting agency. Do you have any policies or programs or is there anything that can be done to give some encouragement to these languages? Is anything that is being or that we should be doing with respect to the preservation of Aboriginal languages which we were also told are not heritage languages? They can't be funded that way. Therefore, they are sort of all by themselves.

DR. LEDUC: I would say that the Canada Council -- we don't have a specific program for encouraging publications, for example, in Native languages. We mainly found books, for example, in French or in English and maybe it will be possible in the near future to see applications coming in with poetry or novels in Native languages.

But I would say that SSHRC, though -- excuse me, I am wearing two hats now in the government. So it is difficult for me to separate them. We are funding research on Native languages and we have a very extraordinary researchers now working with the Native communities for writing grammar or a dictionary, for helping them to maintain their Native language which, for me, is extraordinary. Through this kind of research, we have a Native researcher who did a very extraordinary

thesis and research project on this, and we hope that it will continue to develop.

We know that in Canada we have a very large community of linguists who are very involved in looking at other languages than the ones we know better in the world, I would say.

Through that, we hope that the Native community will be able to use their language for publishing their arts work and, I would say, their research, but it is not often the case now. We all know that some of these languages don't have any written tradition.

So the fact that researchers are working with the Native community themselves to help them to try to see if it is possible to have some kind of written tradition, at least dictionary or grammar, it will be possible to teach a little bit better and to use them as a language for transmission by written word or arts word.

The Canada Council has not done a lot on that and we haven't seen a lot of applications coming in Native languages.

COMMISSIONER PETER MEEKISON: We were clearly reminded of the very, very close link between language and culture and how the two sort of reinforce

each other.

Along those lines, do you have any suggestions and/or recommendations to the Royal Commission with respect to language policy?

DR. LEDUC: I would say, as you have just said, that the linkages between language and culture is very important. I would say -- I am not an expert on that, but I have the impression that the Native community were totally able to keep their culture with their visual arts, their dance and the theatre. They can show now which is totally extraordinary.

I hope that the Commission will look at this whole issue of cultural expression including languages. My sense is that if we want to look at maintaining the tradition of the languages and, I would say, a living condition of the languages, we will have to go a little bit outside of the cultural sector because it is mainly in the education sector and, I would say, in the research sector. Then we may help to maintain really a vibrant cultural language, and we need that.

So it is for the art and I would say that if we can encourage our colleagues in the Native community to publish in their own language, it will surely be a very

great improvement and I am sure that the Canada Council would receive with great respect this kind of policy. But my sense is that we will have to work in a larger framework if we want to look at that. You probably will have to direct some kind of recommendation to the Research Council on this side.

COMMISSIONER PETER MEEKISON: We will certainly take note of that and also your comments about the lack of funding of the Department of Indian and Northern Affairs with respect to some of these issues.

The other thing you mention in your presentation is at the end, that the Council will examine a proposal for an Aboriginal-specific unit with designated resources within the Council.

One of the presentations we had earlier this week was from the Aboriginal Rights Coalition and they had two recommendations -- they presented them to us, but they are really directed to the Canada Council. One of them is that the Canada Council be given additional funding which would be earmarked for projects which present the history and culture of Aboriginal peoples to the wider community. Funds would be set aside for Aboriginal artists, writers and researchers.

The other one was more Canada Council funding be made available to publishers of Aboriginal educational texts and television programming and that these materials be distributed more widely and intensely through Canadian school boards and educational television programming.

I don't know whether or not should such a division be created that that is the kind of thing that would fall within its ambit, but I really had a couple of questions.

One is: How would the Council react to very specific recommendations such as that, that you do this and you do that? I know that you are responsible to Parliament and you mentioned that in your brief.

DR. LEDUC: If we have to respond to this kind of request, it will probably enlarge a bit our mandate because our mandate doesn't extend as far as that.

But my sense is that in looking with the Advisory Committee and in looking at the possibilities of answering to the needs of the First Peoples artists and arts communities, maybe we may discover that it is probably some kind of basic need. My sense is that if the Canada Council wants to answer to this kind of request,

it will be a good idea to make that in with a consortium of agencies including a research agency and maybe some departments who have the responsibility to do so.

So it may be a good idea to have some kind of partnership for helping this kind of support because normally the Canada Council doesn't fund this kind of request. But if it is felt as a very important need, my sense is that we can look at that within ourselves and to see how we can fulfill.

COMMISSIONER PETER MEEKISON: I think your point is critical because you mention that certain things might not fall into your mandate. Other things might fall into the mandate of the Social Sciences and Humanities Research Council.

DR. LEDUC: Or on the mandate of Multi-Culturalism Department.

COMMISSIONER PETER MEEKISON: Exactly.

DR. LEDUC: Or in the Heritage Department.

COMMISSIONER PETER MEEKISON: Exactly. It seems to me, as we start to think about this, that there may be a need for some agency which pulls a number of these things together.

One of the things that we have been told time and time again is the need for cross-cultural awareness. Having talked to a number of my colleagues, not about this, but I know that a number of get frustrated and say,

"Well, this doesn't really fit into this council's mandate or that council's mandate," and sometimes things fall between the cracks.

DR. LEDUC: Mr. Meekison, we tend in the government to look at our own territory and say, "This is not my job. This is your job and that is it." I have been so long in the government that I know that it is often the case and the barriers are more fights within that department than with provinces and even countries.

My sense is that in the government at the federal as well as the provincial level we will have to make sure that when we have an issue to look at, we will be looking at that all together, many agencies and we will have to find a solution together instead of sending the responsibility to another one and washing our hands about that.

I am totally committed to do that and am trying to do that within my own responsibilities now.

It is the future of the governments, if I can use that term, and if we have any issues in front of us, my sense is that it will be totally incredible.

If one agency said, "This is not my job," I would say, "It may not be my job, but it is as important because we may be part of that to try to seek collaboration of other people."

My sense is that it is possible if we want to do so.

COMMISSIONER PETER MEEKISON: That is very good to hear because I think that these kinds of things are going to require inter-agency co-operation and collaboration when you get into the whole issue of training and research and things like that.

I just want to ask one more question and I know you have to go. I am going to get you to put on one of your many hats or former hats. This is a question that keeps coming up.

Do you see any jurisdictional or federal/provincial dimensions here that we should be aware of? When we start talking about culture and things cultural, there are some other sensitivities out there and I am wondering if, putting on one of your former hats

when we were colleagues together, you have any words of caution that you would like to give the Commission?

DR. LEDUC: I don't want to enter into a constitutional debate, but my sense is that if we speak about fulfilling the needs or helping the development of the culture communities in the Native communities -- my sense is that if we need to have collaboration of provinces, without speaking about constitutional issues, I have always felt that it is possible between arts councils to have a collaboration and a partnership.

We are trying to develop that now and many issues relating to the arts. We can speak to each other and we can co-operate together. We can collaborate together and it doesn't need to have a very large constitution to do so.

My sense is that if it needs that, we will have to do that. If it is related to the First Peoples arts development, we will do that. But I haven't seen as many problems related to this question than other questions, for example, that we have in the Council.

However, we know that there is in some provinces some arts councils with programs for Native people. It is not very well developed, but as we are now

beginning some kind of formal discussion with our colleagues, I am calling our partners -- so arts councils in other provinces.

We will be putting these kinds of issues on the table as the very important issues for the future and we will see how we can build together collaboration or a joint program or joint objectives for helping the development of the culture in this country.

So what we are calling in our jargon the "equity question" is one of our priorities and it will be brought to the table with other arts councils to see how we can build it together. I don't see for now any question of overlap because we can develop together some kind of partnership and collaboration, and it is probably the better way to solve constitutional issues.

COMMISSIONER PETER MEEKISON: I agree.

Mary, please.

COMMISSIONER MARY SILLETT: Very quickly, I just looked at the membership on your First Peoples Advisory Committee and I noticed the Inuit who are sitting on your Committee are recognized as artists in their own community.

When I looked at that, I remembered a

debate that goes on often in Aboriginal association is: Should you get political people involved in certain committees? The response has always been, "No. If you are, for example, on an arts council, you should get the artists because they are the people who have the expertise."

Having said that, we heard from the Métis, the Métis National Council. They gave us a presentation and I guess they talked about the Canada Council and they said that they weren't represented on the First Peoples Advisory Committee. That was a real source of concern to them.

DR. LEDUC: You mean the Métis?

COMMISSIONER MARY SILLETT: Yes.

Of course, you probably are as aware as we are of the concerns that they have.

Are they represented on the Committee?

DR. LEDUC: Margo Cain is Métis. So there was a representative, but you know as well as I know that there are many groups on that and it is very difficult to have every group represented in this kind of Committee.

However, I had the sense that we had some kind of fairly large representation and we will continue

to try to be in touch with all of them.

COMMISSIONER PETER MEEKISON: Let me thank you once again for your presentation this afternoon and for the other materials.

Again, our apologies for keeping you waiting. We have been running late throughout the last three days because we found that each presentation warrants more time than we allotted to it. So we were on time when we started at 1:30 this afternoon, but we rapidly lost time. We do appreciate your patience.

DR. LEDUC: We understand that.

COMMISSIONER PETER MEEKISON: We appreciate your time this afternoon and we look forward to further things from you. If any of these policy developments take place in the next few months, anything that we should have, please fire it into the Commission because, as we start to finalize our report, any additional information that you have or documents would be very helpful. Thank you again.

I would call on Elder Knockwood to give our closing prayer.

(Closing Prayer by Elder Knockwood)

COMMISSIONER PETER MEEKISON: We will adjourn until tomorrow morning at 8:45 a.m.

--- Whereupon the Hearing adjourned at 4:28 p.m., to resume on Thursday, November 18, 1993 at 8:45 a.m.