PRINCE EDWARD ISLAND LEGISLATIVE ASSEMBLY

Speaker: Hon. Francis (Buck) Watts

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Standing Committee on Health and Wellness

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LOCATION: LEGISLATIVE CHAMBER, HON. GEORGE COLES BUILDING, CHARLOTTETOWN

SUBJECT: BRIEFING REGARDING HEALTH ISSUES AND POLICY RECOMMENDATIONS FOR OFF-RESERVE INDIGENOUS COMMUNITY MEMBERS

COMMITTEE:

Hal Perry, MLA Tignish-Palmer Road [Chair]
Dr. Peter Bevan-Baker, Leader of the Third Party
Hon. Jordan Brown, Minister of Education, Early Learning and Culture
Hon. Richard Brown, Minister of Communities, Land and Environment
Kathleen Casey, MLA Charlottetown-Lewis Point
Darlene Compton, MLA Belfast-Murray River
Sidney MacEwen, MLA Morell-Mermaid
Hon. Chris Palmer, Minister of Economic Development and Tourism

COMMITTEE MEMBERS ABSENT:

none

MEMBERS IN ATTENDANCE:

none

GUESTS:

Native Council of PEI (Lisa Cooper, Jonathan Hamel, Matthew MacDonald)

STAFF:

Joey Jeffrey, Committee Clerk

Edited by Hansard

The Committee met at 1: 30 p.m.

Chair (Perry): I'd like to call this meeting to order and welcome everyone in here today to the Standing Committee on Health and Wellness. We have all our regular members here today which is really good; no substitutes.

Everyone had an opportunity to see the agenda that was circulated prior to today. Are there any additions to it?

I'll call for approval.

Ms. Casey: (Indistinct)

Chair: So called by Kathleen. Thank you.

On our agenda number 3, we have a briefing by Lisa Cooper, who is the Chief and President of the Native Council of PEI regarding health issues and policy recommendations for off-reserve Indigenous community members. I'll invite Lisa to the floor, along with Jonathan Hamel and Matthew MacDonald, who will be giving us a presentation today.

Welcome and I'll give you a moment to settle in. Lisa, how long is your presentation.

Lisa Cooper: As long as I can make it.

Chair: We're on –

Lisa Cooper: I'm just joking; about a half hour or 45 minutes, but then there's question periods right?

Chair: Yeah. What we'll do is we'll allow you to do your presentation and then we'll hold off questions until the end.

Lisa Cooper: Okay. I'm okay with that.

Chair: You can begin whenever you're ready. I would ask – a few housekeeping questions. Make sure that your phones are either turned off or on vibrate. Before you speak, if you could just say your name and for the very first time, what your title is, so that we have it for Hansard.

Lisa Cooper: Lisa Cooper, President and Chief of the Native Council of Prince Edward Island. On my right is –

Matthew MacDonald: Matthew MacDonald, Policy Analyst with the Native Council of PEI.

Jonathan Hamel: I'm Jonathan and I'm the Intergovernmental Affairs Coordinator.

Chair: Thank you.

From now on, if someone is speaking and then someone wants to speak afterwards, just say your name before you start speaking so that they can turn your mic on.

Thanks.

Lisa Cooper: Thank you.

So I can start?

Chair: Yes.

Lisa Cooper: Perfect.

(Indistinct) thank you everyone for providing the Native Council this opportunity to present; I really appreciate it.

What we want to present with you today is some very important issues affecting our off-reserve Indigenous communities. The purpose of the presentation is to introduce you to the Native Council of Prince Edward Island, talk about some health issues affecting off-reserve Aboriginal community members and offer policy recommendations going forward to improve health and wellness for the off-reserve Aboriginal population in PEI.

We sent you a portfolio, each of you – we have given you each a portfolio, so I'm only going to be briefly touching on some of these policy documents that are in front of me, but I really encourage you to read them after because they are directly from our community.

One of the things we do find is a lot of the reports that are coming out from the Province of PEI, or even Canada, seem to omit the off-reserve Aboriginal population. We focused a lot this year – Matthew is our policy analyst – on going out into the community and finding out what are the needs in the community. These policy papers for us are really important and I think they should be a working document for this

group to look at when you're looking at a policy, creating policy or programs or services.

With that, the Native Council of Prince Edward Island is the official democratic political self-governing authority for officer of non-status Aboriginal Peoples residing on Prince Edward Island. I'm Mi'kmaq myself, so I am a directed descendent of the Treaty Right Holders of the Peace and Friendship Treaties from the First Nations. My mother is – both my grandparents are First Nations.

As part of our mandate we promote political, social, cultural, economic interests in rights of PEI's Aboriginal people living off-reserve. We represent a diverse range of off-reserve Aboriginal Peoples in PEI, including the Mi'kmaq, Métis, Inuit, Mohawk, Saulteaux and many other nations.

We are the voice, as I said; we look at Aboriginal and treaty rights. Many of our members are section 35, like myself; direct heirs. We look at improving, I said, the social, educational, employment and health and housing conditions, self-government. Very much, we are leaning towards self-government, self-reliability; hopefully someday we'll get there. We look at provincial/federal government relations. We want to improve them; we want to look at how we can work together, how we can meet the needs of the off-reserve. We feel it's a population that's very invisible and very vulnerable.

The Daniels court case did say that we are in this jurisdictional waste land and I'm hoping that we, combined, can take our community out of that jurisdictional waste land and decolonize Canada. We do a lot of public information, dissemination, which is what you see in our policy documents there. I provide it to our community members that are in your general assembly. They're provided to our board of directors at every board meeting we have and they're also provided to many politicians that come to the Native Council and sit down and want to learn more about us.

Our membership data; you can't see it there. Well I guess you can see part of it there, but some of the questions that are asked about us are: Who are we and who do we represent? What's our membership like?

First I wanted to show you this is our constitution bylaws which are probably in your kits. If I read the eligibility for membership; because who are we, who do we represent? Membership in the Native Council is open to anyone who is of Aboriginal ancestry, self-identifies as being of Aboriginal ancestry in acceptance into the Aboriginal community and is a permanent resident of Prince Edward Island who does not reside on an Indian reserve within the meaning of the *Indian Act* of Canada. If you look at those three definitions and you if you know about court cases, you'll see that they follow the (Indistinct) decision and that's what we do. So you have to be Aboriginal ancestry, you have to self-identify and you have to be accepted into our community.

When you do an application for our membership it comes before our board of directors. Our board of directors review the membership application and if you meet the criteria – and it has to be like a genealogy record or a birth certificate showing your ancestry back, that has to be a connection. If it shows that, then you're a member of the Native Council once it's approved by the board.

As part of our membership data which is here, in your kits you'll also see something that looks like this and this is our database of our membership. The top part of it is straight from Stats Canada, so anyone can look up Stats Canada and get that information. You'll see here, the on-reserve, the population was 510, off-reserve is 2,230. We have the potential of representing and advocating and we do advocate for the 2000. If you look down below you'll see the Native Council of PEI's membership in 2017 is 988 members. Currently we are over 1,000.

What I've done, is I've broken it down into zones, so this would be in your riding. It might be of interest to you. We have 477 in zone one and that's what this shows here: zone two; we have 331 and zone three we have 180. We also have the youngest and fastest growing population which is also in line with Canada's national statistics. We've broken them down into each zone. Our elder population is 55 and over and that's a growing population as well. We know that looking at Canada stats that it's that older generation that's now soon to retire. If you

turn it over you'll see that we also broke it down into top regions, so this might be off interest to you guys as well; 160 in zone two, 81 in O'Leary, 65 in Summerside, 46 in Bloomfield, 42 in Montague, 40 Souris, 37 in Georgetown.

The next section, NCPEI's top nations; we are on Mi'kmaq territory, 634 Mi'kmaq members. Of those, there are 260 that are a section 35 rights holders. They are broken down further to 95 being status – which is like myself, I carry a status card – there is also 165 that are non-status. That would be like my granddaughter is a non-status right now.

[phone ringing]

Lisa Cooper: That's not my phone; I turned it off.

But with the Descheneaux case coming out, we know that Descheneaux, that she will be status. That's the 165 non-status; those are the members that cannot be represented by the band because they're not on a band membership, but there are still rights holders. My granddaughter is still a direct descendant of me, the Mi'kmaq treaty right holders.

Continuing, we have 374 that are Mi'kmaq from other provinces; that could be (Indistinct) New Brunswick, Nova Scotia, Newfoundland. Some of the nations that I mentioned earlier – they're listed there, I'm not going to go down all of them – but you see Métis, Mohawk, Saulteaux (Indistinct), so PEI is very multi-diverse cultural-wise even within our Indigenous communities. A lot of these community members come to the Native Council looking for us to represent them. That's a bit of an overview on our membership.

Programs and services; I'm not going to go through each program and service because you all have that piece of paper in your portfolios in front of you. But these are the different programs and services of the Native Council.

Our SAFE program, Strengthening Aboriginal Families Effectively works with families whose children are involved in the child welfare system. We have our Elders Program project which is Bridging the Gap from elders to make sure that they're always engaged in our programs. We address isolation, we address elder abuse, we have a Pre-GED Program that's running in January, it speaks for itself, success is our skills youth link, so we prepare youth for jobs.

Acting Out! Program is looking at domestic violence and there is going to be – in completion of that there will be an act that will actually be performed by our community and I hope most of you will be able to attend. Indigenous Health and Family Wellness Family Program, Expanding Fisheries Opportunities, anyway, that's all of our programs. Later on you can ask me about.

The Aboriginal Mental Health and Addictions Program, AMHAP for short, is being covered by our L'nu Fisheries Limited right now. We're hoping that after this presentation and some support from groups like this, or you guys, that the Premier will decide to keep his promise of helping us find a goose egg and fund our program. That's our hopes for the long –

What I want to talk about is the written submission that we've done provided to everyone here, so I'm not going to go over it page by page, but I just want to give some rough notes. I do have some rough notes on that. I'm just going to line myself up with the findings. I can just skip over that. I'm no good at notes; I'm good at just talking off the top of my head.

So slide 5 is the findings. Where did we get these findings when we provided this written submission? Well, Matthew has done a lot of work with the Public Health Agency of Canada, Stats Canada, any research that's been done out there. It's doesn't matter if it's the Province of PEI, Canada-wide. We also did a NCPEI Community Mapping Survey from 2017-2018, we created a Community Mapping Survey which we provided to all our members in our community and this is what it looks like. It's basically an internal document that we have and we asked questions about everything from health, mental health and addictions to housing and that. We had a total of 283 offers or participants responded. It was an amazing project for us**.** We worked with (Indistinct) Smith, consulted and many of

you might know her. So she created the Google, monkey –

Matthew MacDonald: Oh, Survey Monkey.

Lisa Cooper: Survey Monkey. She did a Survey Monkey, so we had a total of 283 participants that responded to that. The Aboriginal NCPEIs and addiction services and mental supports needs assessment; we had 74 respondents that took part in that.

What I really want to know between those two; this one because it was on line, this one was also on line; but if you looked at this one and you asked about addictions, the number would be zero. We know, and we all know, that's not the case. When you're looking at opioid addictions or alcohol, Aboriginal people are probably one of the highest rated right now. We have it in here though. What I want you to know from that is, when you're looking at doing studies and that, if you're doing them just generic on line and if you're thinking that the general public is going to fill it out, that's not going to happen. So you're missing such a vulnerable population of people that you really need to hear from.

It wasn't until we did this survey where we had our frontline workers sit down with the participants in jail and treatment centers and youth facilities, did we actually get a really clear picture of what the demographics are. I'll make some reference to these back and forth as I go along the slide because they're not in the findings.

But we do note in 2017-2018, NCPEI conducted a Community Mapping Survey Project with the offices of community members from the needs and vulnerabilities focusing on issues including, housing employment, education and health and wellness; 283, as I said, off-reserve community members completed the survey in total. There's a lack of data on Aboriginal people residing off-reserve exclusively for PEI, but NCPEI Community Mapping Survey fills these gaps. We also did the addiction ones that I commented on that, so I'm going to on next slide because I already talked about that.

What were the main issues or main key points that came out of this material that we did, or the research that we did? We found there were three. In our finding here we just kind of lumped some together. Self-reported overall health was the first; rates of chronic disease, mental health addictions was the second and access to cultural sensitive health and wellness supports was the third. So we're going to discuss each of these ones in detail.

Self-reported overall health: the rates of self-reported overall health for off-reserve Aboriginal people exceed the rates compared to non-Aboriginal people. In the national data – Matthew did you want to read some?

Matthew MacDonald: Sure.

Lisa Cooper: Yeah, go ahead.

Matthew MacDonald: Okay.

Lisa Cooper: And I'll just speak after you're done. Say your name.

Matthew MacDonald: We wanted to show national statistics we found, but also some of the information flushed out through the Community Mapping Survey that we conducted recently. Nationally there's a rate of almost double for Aboriginal people residing off-reserve indicating fair or poor health. In terms of health outcomes, self-reported overall health is an important outcome to look at and one of the good first ones to look at so that you know that rate.

For a lot of things we're going to be mentioning in these couple of slides you'll find in the written submission. So yeah, so that was a big one. Also, in terms of the national data for food security – food security is an incredibly important measurement in terms of health outcomes and 2.7 times higher for Aboriginal people residing off-reserve in terms of food security when compared to non-Aboriginal people.

At the provincial level, through the Community Mapping Survey, we found that 24% of respondents indicated fair or poor health so it's a rate just a bit above the national one we found, but going back into food security for the province, the province recently released a backgrounder. I think it was tying in with the ongoing poverty reduction action plan planning, and we

found that 13% of food bank users were Aboriginal in urban areas in that document that was released by the province.

Again, nationally in terms of chronic disease, rates of chronic disease are quite high for off-reserve Aboriginal people. National data indicates that off-reserve Aboriginal people have been found to face high rates of chronic disease such as diabetes or high blood pressure, just as examples; diabetes with a rate of 8.2 and high blood pressure with a rate of 22%. These rates are typically lower for non-Aboriginal people and looking at the provincial numbers through our Community Mapping Survey, we found that off-reserve Aboriginal respondents indicated that they face chronic diseases and issues like high blood pressure with 33% and diabetes with 18%.

Going back to mental health, this is a really huge issue for all Islanders, but we found especially for off-reserve Aboriginal communities. In terms of the national data, we found self-reported fair or poor health, mental health, for Aboriginal people off-reserve in Canada is 9.3, close to double the non-Aboriginal rate. Rates of mood disorder and anxiety disorder are about double the rates of all residents of Canada with 15% and 14%, respectively.

Going back to the Province of PEI, our Community Mapping Survey found that 30% of respondents indicated mental health issues such as depression, anxiety, or PTSD.

Lisa Cooper: Okay, I want to pick up from there.

One of the things when we looked at the community mapping – but I also looked at the needs assessment for our AMHAP program, the Aboriginal mental health, and when we talk about PTSD, depression, anxiety, I don't think a lot of people realize with so much coverage on the news of the Sixties Scoop, of the residential school, of child welfare, so much out there that the PTSD in our community is getting higher and higher.

I just had a member come in this morning, and I'm not going to mention a name, but she said to me, she said: You know what, every time I turn around on Facebook there's something about the residential schools, something about the Sixties Scoop, something about that. She said: I don't think people realize even at trying to do something good or to raise awareness – she said it would be like somebody losing somebody in 911 with the Twin Towers. You lose somebody in the Twin Towers, five years later you may be able to move on and not think about it much, but if every time you turned around there was something about a plane crash, 911 would come back, right? If you lost a child in a car accident, drunk driver – every time somebody was in the news drunk driving, boom. That flashback will come back.

Think about over this past year with the TRC, truth and reconciliation that we're talking about and the decolonization and all this funding that is going out, our community members are hearing this over and over, and I've seen a number increased in mental health and addictions coming through our doors because of that. These community members are dealing with anxiety and depression from the Sixties Scoop, and one of the answers from the adoption agencies of: Who are my parents? Then, when they are coming here from the Sixties Scoop they're coming from an unhealthy situation trying to bond with a family that's unhealthy. That's a clash.

We have families, on-reserve or off-reserve, that are unhealthy themselves. Their child is part of the Sixties Scoop trying to come in, that's unhealthy because they have not had a healthy upbringing, trying to blend now with a family that's not healthy.

No supports are ever put in place. Nobody has ever said: You know what? We need to have a wrap around these two families. We need to wrap around the Sixties Scoop and we need to wrap around this family that they're going to be meeting and we need to do some work. We need to do some healing. We need to do some counselling and we need to do some work to bring these two families together in a healthy way, or at least in a way that they can do it respectfully and culturally and with the support of the community. That's not happening.

Because of everything that's been on the news, people are researching where they belong or coming back into the community

and it's just been such an uproar lately in our community with this PTSD and anxiety. For me, I think that's one of the things that we have to look at when we're addressing policies and looking at why the Native Council is best situated in many aspects to be dealing with a lot of the Sixties Scoop, PTSD, depression, anxiety and mental health and addictions.

For addictions, the rates of addictions issues affecting off-reserve Aboriginal people are high compared to rates for non-Aboriginal. Every statistic shows you that. Every national data will show you that. Use of illicit drugs, excluding marijuana, among Aboriginal youth, off-reserve show 34.8% response rate, while the non-Aboriginal rate is 20. Aboriginal people off-reserve face higher rates of heavy drinking, 29% compared to non-Aboriginal people, 18%; NCPEI's community mapping, 24% of the respondents indicated addiction issues.

But if I looked at some of my reporting and compare the two, like I said earlier, if I look at the community mapping here and it says addiction substance, stimulants and opiates 0% of my population is what came back, 0%. But if I take that now and I look at the mental health and addictions report that was done, of the 75 respondents who completed the survey, 34%, which is 25 of the 74, were involved in the NNADAP program offered through the Native Council in the past.

Now, the NNADAP was the National Native Alcohol and Drug Abuse Program when we lost our funding in 2015. Oops, you guys have been an off-reserve organization; we funded you for 40 years. We shouldn't have funded you so we're going to cut you and the province cut right after. But, 74 of our respondents – now out of 74 of those respondents, 25 were involved with NNADAP. They're not coming to the NNADAP program to play cards. We know that. They're coming for addiction support.

What were the supports they used? One-on-one support was 92%; 92% of support provided by NNADAP was one-on-one. AA meetings, 72%; help with transportation, 64%; help accessing other support services, 60%; cultural teachings and events, 56%; help with random screening in Mount Herbert, 20%; help with the methadone maintenance, 12%; afterhours support was 8%.

Like I said if you looked at this – and then again, keeping in mind when you do any research in the future, you need to involve the Native Council in your research. We need to be partners because you're not going to get this group that we know is the most vulnerable.

Number 11, off-reserve Aboriginal people do not have full access to cultural sensitive health care and wellness supports. I would argue they have no access, zero from this province, zero. Why? Cultural competency does not include the off-reserve group. Cultural competency only encompasses, like most research, First Nations living on-reserve, and we see the data for the off-reserve right now is different than on-reserve so again, it's not including – so they don't have full access.

The Royal Commission on Aboriginal Peoples, the federal and provincial health policy, needs to support cultural sensitive health and wellness supports. Aboriginal organizations and service agencies are severely underfunded, often operating on an ad hoc or short-term project-fund basing, which is what we do; project to project. The resources, allocation of staffing that we have to do for projects, we write our butts off and the project ends March 31st, and we have to write our butts off – project ends March 31st, and we can't do the same project twice. How many different ways do you service mental health and addictions, right? It's a challenge.

A good example is a disappointing federal/provincial funding cut of NCPEI's National Native Alcohol and Drug Abuse Program, NNADAP, that took place in 2015 despite the community needs. When I'm looking at that slide, 11, some of the things I want to talk about, again, cultural teaching, I mentioned that earlier.

What were the supports used for cultural teaching? Some of the other ones that they mentioned here: A total of 49 community members with no past experience with Native completed the survey. Of those 49, 84% know of someone in their community who suffers from addiction issues, such as alcohol or drug.

If the NCPEI receives funding to provide addiction support services to community members, the type of supports that respondents would like to see in place are outlined below. One-on-one support, again, 84%; help accessing other supports, 82; cultural teachings and events is 78%. AA is 76%, and I can keep going on with the statistics that we have.

I think I read that one already. I read that one, or maybe this one here. The types of supports respondents would like to see in place for the Native receives funding to support community members with mental health – cultural teachings and events that support mental health, 85% – help with life skills and managing daily life, 88%; transportation, it keeps going down and going down, but I guess what other findings we found also with our native program is, it has to be trust.

One-on-one support, you have to trust the people you're working with. You will not get my community members trusting a lot of the workers that are with Health PEI right now because they don't feel that Health PEI acknowledges the need for the cultural support, or acknowledges the challenge that they have, because many of them don't fall under FNIHB, First Nations and Inuit Health Branch. They don't access funding. They can't access funding because of where they reside.

One of the other things that I wanted to mention, because I often do hear that well, you know, the Mi'kmaq Confederacy is putting up programs and services. Well, last year – and it will happen again this year – we had Indian and Northern Affairs come down and talk about the Descheneaux case. So they're going to be coming back down to do a collaboration, talk about the Descheneaux case, and how is that going to change the non-status. My granddaughter, how is that going to change?

One of their slides – I find is interesting – and its implications for programming, and it says two federal programs directly linked to registration will be impacted as a result of the increase in the number of individuals becoming newly entitled to Indian registration. Two things will be affected for sure: post-secondary, non-insured health benefits. That's the two.

Since many on-reserve – now here's where it's important to know the difference between on and off and who can access what – so since many on-reserve federal programs are residency-based and linked to band membership, which is tied to Indian registration, changes to entitlement for Indian registration may also impact these programs over the long term.

Indian government support, elementary and secondary education, special education, income assistance, child and family services, assisted living, land and environment, housing and community infrastructure, those are all controlled by the bands because they're federally funded; however, the impacts for on-reserve programming are contingent upon the number of newly entitled individuals that become eligible for membership and take up residency.

So where does that leave us, of the off-reserve? Even though I'm status, where does that leave me? I can't access the program. I'm not residency-based. I can't access programs. That's the challenge we have with our community. That's the part that most people don't realize, the difference between on-reserve and off-reserve.

They say: Well you know what, they're status; we represent them. No, you can't. The federal government's clear: federal funding, residency-based, Indian band-based, must by on-reserve. So you then leave 988 people, potential 2000 people, without programs and services, a jurisdictional wasteland. That's where we sit.

Recommendations to improve the health and wellness of off-reserve Aboriginal people in PEI, and we've talked about this: increased access to cultural sensitive health and wellness approaches, supported navigation and existing health care facilities.

Did you want to go on that one?

Matthew MacDonald: Sure.

Yeah, so recently, Lisa mentioned the different studies that we've undertaken. Also, myself and some other staff members undertook community engagement sessions where we gathered a lot of feedback from the community across all three zones, across

Prince County, Queens County and Kings County, with over 50 participants; and what we found with the engagement sessions was a wide range of suggestions on how to go forward.

We asked questions like: What areas of health and wellness concern you the most for off-reserve Aboriginal people in PEI? How can the off-reserve Aboriginal people of PEI overcome barriers in accessing culturally sensitive health care in PEI? How can the provincial government and Health PEI strengthen health care outcomes for off-reserve Aboriginal people in PEI?

With those types of questions, we got a wide range of suggestions, and the recommendations in the red submission you'll find widely reflect the outcomes that we found with the statistics, but also the specific suggestions we got from the communities across PEI.

Looking at suggestions like racism and discrimination prevents Aboriginal engagement in the health care system, need for off-reserve community-based health care services, alternative medicine support. So, the thought about some sort of access to smudging in health care facilities would be a really great first step, and I think it's in the Yukon's health act that they have respect for traditional healing in there, so that would be a really great step forward, I think, and the community would definitely benefit from that, as we've heard.

Also, of course, like what Lisa was already speaking on, was more mental health addiction support due to needs of community, expand on AMHAP program, so our existing Aboriginal Mental Health and Addictions Program, which is currently funded through L'nu Fisheries.

Jurisdictional silo barriers for those residing off-reserve means that many are left behind in most cases. Monthly health and wellness meets, which we currently can't provide because we don't have a mental health program right now, exclusively, so that's another issue. I could go on and on as well, but it's – and you'll find this in the appendices in the portfolio that we've shared with all of you today, of the Native Council of PEI health and wellness research analysis summary report, off-reserve Aboriginal communities in PEI.

At the end of that report, you can find all of the suggestions that we have annotated, that the community has shared on health and wellness needs and how to go forward; but largely on increased access to culturally sensitive health and wellness approaches, I think it speaks for itself, but again, access to smudging would be a great step forward.

Also supported navigation: For those who might – like Lisa was saying, speaking of trust, having access to a navigator who'd be able to assist in navigating health and wellness supports offered through the province would be a great step forward as well.

Lisa Cooper: I think that one for me is key, too, because like I said, you need to know the difference between on-reserve, off-reserve. You need to know who qualifies for FNIHB, who doesn't qualify for First Nations and Inuit Health Branch. So if you're looking at treatment and they can qualify for FNIHB, then it's just a matter of arranging that treatment across.

But the other thing – and I think it's been in your report, it's under health, and kudos to you guys for saying it – is that people don't want to have to tell their story over and over and over again. How many times do we need to traumatize these people? So if you have somebody dealing with mental health and addictions, or you have somebody that has PTSD or something, we need a navigator within the Native Council. We need somebody to help that client navigate the health system, but we need to indigenize PEI's health system, and that that's what the navigator can help do, too.

We know the stories of these community members because they've been part of – many of them have been part of the Native Council for over 40 years, like myself; so we have generational information on the family. We know what the struggles are with them because we know what the struggles are with the family. They've been involved for over 40 years.

The other one I mentioned: the coordination of research and approaches in light of the 2016-2026 Mental Health and Addictions

Strategy, an inclusive Aboriginal advisory committee going forward. We hope that we can work together to move forward on the overall goal number 6 in the PEI Mental Health and Addictions Strategy from 2016-2026, namely to ensure improved mental health outcomes for specific, diverse populations – for example, First Nations, Métis, Inuit, people in conflict with the law or refugees.

NCPEI would welcome the establishment of an approach such as a provincial Aboriginal health advisory committee that includes off-reserve representation. Other provinces like Manitoba or Saskatchewan have implemented provincial Aboriginal health and wellness committees.

We need to be more involved, I think that's the bottom line. There's a whole population up there, well over 2000, that's being excluded from your policies and your initiatives, initiatives that you really feel can change things, and I know that's the aim of this committee, is how do we put policies and programs in place to make a healthier PEI population.

What you're missing, like I said with the studies, you're missing a whole population, and we're here to help you get that population, to engage that population and to reach that population.

Funding for culturally sensitive mental health and addiction support with an active caseload of over 40 clients. In 2016, we started with eight clients under our Aboriginal Mental Health and Addictions Program. We're hitting 40 clients. We can't do it anymore; we just can't. We know we need that program separated, we need a mental health program coordinator, we need an addictions coordinator. There are so many issues that don't fall with both. Somebody can have PTSD but not addictions. It's too much for one.

Currently the AMHAP program is funded by L'nu, it was a resolution that went through our assembly and we have another assembly coming up, so any of you want to come you're more than welcome to. It was a direct resolution that the Native Council approach L'nu, which is our own source revenue fishing company, to fund AMHAP until the Native Council can work with the province to fill the Premier's promise in 2016 in helping us to find funding for the program to replace our native program. We're still advocating working with the province to do that so that we can finally have two programs; one looking at the Aboriginal mental health, one is looking at the addictions and then they work in tandem. That's what we're hoping.

(Indistinct)

Matthew MacDonald: Yeah.

Lisa Cooper: (Indistinct) Oh, look at that.

Funding for culture essential mental health and addiction support, that was the last one. So that's my presentation – or ours.

Chair: Great, thank you very much, Lisa.

Now we'll open the floor to questions. I do have two on my list and I'll populate as we go along.

Sidney MacEwen.

Mr. MacEwen: Thank you, Chair. Thanks Lisa and Matthew and Jonathan.

Did the survey give you any insights into the level of family doctor access for members of the Native Council?

Lisa Cooper: We have one here that's meant as a coverage provider, Indigenous Northern Affairs, it was 28, (Indistinct), so it would be 20% Blue Cross, 15% and then you starting naming insurance companies at 7%. I don't think we have specifics on that question. Ask that again?

Mr. MacEwen: Just about the level of access to a family doctor. I'm wondering if you have any data on members that might not have access to a family physician.

Lisa Cooper: I did read that somewhere.

Matthew MacDonald: Right here.

Lisa Cooper: Altogether, 82%, 233 of the 283 of respondents have a family doctor and 17% – which is 47 – do not. The other 1% did not answer. Fifty one per cent of those who do not have a family doctor have contacted Health PEI to be put on a waiting

list; the other 49% have not, citing such reasons as they would prefer to go to the walk-in clinic. They do not go to the doctor often enough to need a family doctor. They do not know how to get on to the waiting list or they feel the waiting list and wait time is too long. An additional 17% noted their family doctor recently left and they are waiting to be assigned a new doctor. The remaining 26 did not answer this question.

Chair: Sidney MacEwen.

Mr. MacEwen: Thanks, Chair.

It's disturbing numbers – like I was looking at some of the other ones, about 2% of our population access food banks and 13%, I think is what the number was for the Native Council, so it's even worse for access to a family physician and I was wondering if there's any program directed towards trying to get those people, especially that aren't on waiting lists, or are just not going on the list or do anything like that. Is there anything that's coming back or anything within the Native Council that's trying to get those people a family physician?

Lisa Cooper: We don't have, like I said, we're project-based. We get core funding, which is our BOC funding, which is Basic Organization Capacity which funds the four people and the staff, which is myself and these two that are with me, for the most part. The rest is all project-based. We may get a Health Canada proposal for a year looking at things like that, health and wellness right now. So it's chronic disease and how do we address that or mediate that. That's where that would come from but we don't have regular stats because we don't have full-time employees, so we go project by project by project.

I do know that I hear from a lot of community members who can't afford the medications just don't take it and that's not good either. That's not good.

Mr. MacEwen: I'm guessing that's one of the roles an officer of health care navigator position would probably help work on.

The other one that's obviously quite concerning is the mental health access, and I know our province has an agreement with the health accord for the federal government and it's about mental health. Do you know of any resources that are dedicated to mental health services for off-reserve First Nations?

Lisa Cooper: None.

Mr. MacEwen: Is it something that you're –

Lisa Cooper: We want to take on? I can't say none; the Native Council has been doing it for over 40 years. The history with the NNADAP program I think is a history that should be told.

The Lennox Island Band and the Abegweit Band were not fully established back in the 1980s when the Native Council was approached by the federal government to create the NNADAP; I'm going to call it the NNADAP program because you all know what it means now, the NNADAP program. So it was us they approached because the bands weren't situated.

We went into an agreement with them and over the next three years – and I can show you the overview that I did on that when we did the research – they helped train people in community. They went out and they did research in the community. They needed to find out what the community wanted, what kind of services they wanted, what kind of training we needed, and then they trained our people. Then, they created the NNADAP program and off we went. Not an issue for 40 years until suddenly when I came in in 2015, I got a letter from the government of Canada, I guess, saying: Oops, you're a NNADAP program. They're for on-reserve so we're cutting your funding, and then the province just cut right after.

We had asked the Premier to keep our funding coming because you already have it earmarked for the Native Council, don't cut us. At least give us that until we figure out something, but that was gone. MacLauchlan at the time, the Premier, said that we would sit down and we would find – in fact, we couldn't find that goose egg, we will find another. I've been on a goose chase ever since and I haven't found any egg yet.

Like I said, at our assembly, a resolution came forward that L'nu Fisheries – the problem with that is L'nu Fisheries is our

own source revenue, absolutely part of our self-government, but it's not there yet. It's not there. When I took the organization over in 2015, it was not in a healthy place. We are now, very much so that L'nu Fisheries paid, not only our driveway at the Native Council, it paid Portage, our satellite office. We now own the satellite office. We paid it off, so we're there. But, one of our boats sunk shortly after fishing so guess what we have to buy. That's running us $200,000 some. We don't have the money because we need to invest in L'nu to grow from L'nu.

So for it to turn around and say: Well we'll give you $50,000 a year for your Aboriginal mental health and addictions work; it tells you my community says that's a priority because we don't want our children raised in unhealthy homes. We don't want that. That increases child welfare. We see it, right? That increases mental health and addictions, it increases – it's intergenerational. There's no breaking that cycle until we work together and that's what the Native Council wants, is to work together.

We know through people that have been in our NNADAP program for the past 40 years that there's a third generation that exists today that is healthy because of the NNADAP program. We worked with the grandfather in mental health and addictions 40 years ago, kept him clean. Then when his daughter came, we wrapped around her like crazy at the Native Council and provided opportunities for the cultural events, for the youth events, for dancing and that. She is now a school teacher, who has a daughter, two daughters actually, and they are healthy and they're involved in the community in a healthy way. She teaches high school. That's what we're about.

We have three generations now and we want to make many, many more generations, but we need help from the province. We need help from you guys because we can't keep carrying the program. It's really starting to drain – one of our workers with 40 clients. How do you do that? I don't know how she does it. I don't. I don't know how she does it, and any help we can provide her is always project-based, so that in itself, is a big challenge and you'll probably notice there's been a lot out there for jobs.

Why? Any proposal that we see an opportunity, we're nailing them. We're writing them. We've brought in probably $1.5 million to this province last year in project funding that went out to our community, but it's not money that we can say we're rich, right, because it's always money in and money out. We're probably going to bring about that much this year, but it's only until March 31st, or, for two years to March 31st. So what does that mean? We have a hard time hiring people because they don't want to work an eight-month project when they can get a full-time job. How do you keep them? We can't. We can't guarantee you employment. We can't guarantee that, so we are constantly turning around staff where I'd like to, at some point, have a health navigator work in my office to say every funding we get under health goes under that person and that person will allocate it out, and everything that goes under mental health and addictions will go under this person. Everything that goes under youth program will be this person.

We have programs, not projects. If I can move from a project base to a program base, we'll have a healthier off-reserve Indigenous community. Until then, we're very much project based.

Mr. MacEwen: You're right. I mean, I guess the way I was looking at it is, until we can secure that funding that you've been asking for for mental health, specifically directed towards there, the family physician act says, to me, is screaming at me. We need that as well. When we're talking about 17% maybe or higher that might not have access to that family doctor.

Then, I'm not sure if you said 50%, but a significant portion of that 17% aren't even looking, that's a good first step for mental health. It's not the answer and it's not everything that you're looking for, but I think that's one place to start as well while all those other things are going on lobbying for that specific mental health funding, and maybe a slice of the health accord funding.

Thanks, Chair.

Lisa Cooper: If you look at the merit and the worth and the capacity of our community, what message are they getting from the province when they see us fighting

for funding and they see us in the news saying we need funding, or there's a high rate of unemployment and a high rate of youth in custody, high rate of overrepresentation in the jail system and child welfare?

For us, we see this millions of dollars going to AFN, MNC and ITK, the three national organizations. We're working on a political accord with the Congress of Aboriginal Peoples; we're close to signing one. But I did ask the Government of Canada outright: Are we one of the five Aboriginal representative organizations? Because for me, that was important; and they said yes.

Absolutely, it's not a matter of, if we'll ever be recognized, it's a matter of when we're going to be recognized. It could be an influx of money. I don't know, or it could be what Daniels said in his case, that we're going to continue to be in a jurisdictional wasteland where both levels of government know we're in need of programs and services but are denying that.

It's still that buck passing and I don't know what the hold off of the province is. Are they waiting for the political accord? Are they waiting to see what Canada does with us? Is that what we want to happen? Who is suffering until that happens? Why isn't the province stepping up? Off-reserve pay taxes; are we not entitled to say where some of our money goes? We want it reinvested in ourselves and our programs, and our services.

Chair: Darlene Compton.

Ms. Compton: Thank you, Chair.

Thank you for coming today, Lisa, and Matt and Jonathan. It's good to hear what you have to say.

Just on the mental health portion, the last year there had been mental health walk-in clinics launched throughout the province. I'm just wondering if there was anything indicated in the survey of how the members are using those walk-in clinics, or if they are.

Lisa Cooper: Our survey kind of went a little bit before that so we wouldn't have had any data on that.

We have met with Kim Critchley, we met with the province. We met about having a mental health worker because we are only asking for equitable treatment and we know there is one that people can walk in on Lennox, and we know there's one that people can walk in on Abegweit, and we asked for one and we haven't got it yet. I'm not sure where it is, but then I was told: Well, it's not really for the community. It's for the worker, our AMHAP worker, or anybody that's working with AMHAP.

For me, it's a little bit of frustration because it's so much on our – vicarious trauma. If you're working in that area so much, vicarious trauma is definitely an issue. Would we like to see a drop-in mental health person in our community? Absolutely, but it has to be trust. It has to have trust because, again, it's that trauma. They're scared of racism. We already hear it all the time. Even in the hospitals when people go in the waiting room, automatically if they are Indigenous and if they look Indigenous, they feel like they're being pushed to the back because they're saying: There's another Indigenous person drunk, or there's another one that's high on Lord knows what, oh they're just coming to get their methadone, their weekly travel. Just comments like that heard in the community is enough to discourage them from accessing the help so then they come to us. We arrange for all of that to happen.

Ms. Compton: Just on that, in the PEI mental health and addictions strategy, one of the goals was improving mental health outcomes for specific diverse populations. Has there been any work done by the province with your group regarding that?

Lisa Cooper: Not with us. Everything is focused, again, at the national level on First Nations.

Ms. Compton: So yeah, this is part of the PEI mental health strategy so I'm just asking the question: Has anything happened with the province? I understand federally –

Lisa Cooper: Lots happened federally. With us, it's almost the same mindset as the federal mindset where Trudeau has gone into a nation-to-nation relationship, is what he calls it, that they're going – now you're going to get me on a rant.

They're talking about decolonizing Canada. But yet, he wants to start at a place where Canada is still defining who an Indian is and where an Indian belongs. That's not decolonizing. That's insanity. That's doing the same thing we've done for the past hundreds of years and you're expecting a different result. That's not a nation-to-nation, that's colonizing all over again. You want to decolonize then one step back and let your community determine who is their leader, let the community – that's what (Indistinct) talks about; representation by your choice.

Free and prior consent, where is any of that coming in his nation-to-nation when he's excluding the Congress of Aboriginal Peoples at a national level and the Native Council here in PEI is excluded on any consultation at a provincial level because the province doesn't recognize us as rights holders. So they're recognizing the two chiefs, but they're not recognizing the Native Council. It's hard for us to effect policy, and we've had the meeting over and over again saying we need to be involved in policies that are going to affect my community directly because you're discussing policies with the two chiefs.

I have nothing against them because I don't live on-reserve. I'm a member of Lennox Island Band, not by choice. My mother gained her status back. I automatically went under Lennox Island then. If they have a new well dug, a new house dug, a new park done, a new school – that is for them. That's my brothers and sisters who live on-reserve. Absolutely, they need that infrastructure. We're not asking for infrastructure. We're asking for equal access to cultural programs and services that are being provided to our sisters and brothers. We're not asking for the land and that. We're asking for equal access to mental health and addictions, to health care that's cultural, to education that's indigenized. We're just asking for the same thing, but again it's always going back to this: You're not rights holders. Who says that? Nation-to-nation.

So is the province, is that the standard in the province too? To continue here – well you're colonizing us, telling us who is an Indian and who is not and where an Indian belongs, or is the Province of PEI going to take a step forward and say: No, decolonizing is going back. If the members of the Native Council choose the Native Council as their membership, and 988 do in 2017, then it's up to us in the province to recognize that too. Put us on that duty to consult. Let us affect policy. Let us work with you to create these policy documents so you know how your people are doing on the Island. They're your community members too.

Do you want somebody living next door to you with mental health and addictions, with repeated jail sentences? There was a business meeting at one time that I attended and I said: Do you know what? I could solve your economy. I could solve this today. I have 988 members that I would love to employ. We put them through an assets program and we're providing education; 10 a year, we're giving education to. I can help you in your economy by bringing up and raising healthy off-reserve people, but I need help doing that.

Chair: Peter Bevan-Baker.

Dr. Bevan-Baker: Thank you, Chair.

Thank you, Lisa, Matthew and Jonathan for being here and I appreciate it.

We met in August of this year. I don't think Matthew was there, but Jonathan and yourself, Lisa, went through a lot of these issues.

Lisa Cooper: Yes.

Dr. Bevan-Baker: Actually, a broader range because I know today we're talking specifically about health and wellness and I'm going to focus on that.

I appreciate you bringing up the intergenerational trauma of residential schools and the Sixties Scoop and how that, in many respects, is at the root of a lot of the health problems that we face today, whether they be chronic health issues or particularly, mental health and addictions issues. Clearly, the Indigenous people not just here on Prince Edward Island, but all across Canada, were just beginning to embark on that healing process after centuries of colonial rule and all of the damages that have been created by that, and you need to be

supported in that. I absolutely agree with you in that assertion.

That's going to require, amongst other things, access to Indigenous ritual and cultural sensitivity in the programs that are offered. That's an essential element of the healing process, and I have a few questions here and I'm going to go through the recommendations that you have and use them as a template for my questions.

The first one that you have is to create a health and wellness navigator in order to provide that cultural sensitivity that I think we all agree is required. I'm wondering what you currently do in order to help Indigenous people navigate through the system, if anything. Are you able to do that and if so, what do you do?

Lisa Cooper: It's our frontline workers that mostly do that because we do a lot of partnering. We try to partner and collaborate with as many partners out there, be it governmental or non-governmental, so there are a number of health programs that we partner with, community groups that we partner with. Peers Alliance is an example that we partner with in support, because we don't always have somebody that's lined up to work that. Again, it's project based.

Lynn, our frontline worker for the AMHAP program, does an amazing job of putting the feelers out there. She's been doing some training in mental health first aide, which she will now be bringing back to the community and to train the trainer. We've gotten training in Triple P parenting because we know the province prefers that model. We've sent two of our clients out, or two of our program coordinators to get Triple P parenting, so we find out what it is they need and what the support looks like.

How do we get it? Well, we look to see what's out there and then we either create the training ourselves or we partner with someone that can do the training with us. That's the best way that we find helps our community, because they trust us enough that if we bring somebody in to the council, then that's because we trust that person. We wouldn't just bring anybody in, because we know that we don't want to re-traumatize them over and over again.

My mother is a residential school survivor. So for example, whenever that mass blanket exercise is done, I take part. I'm always crying because I am the ripple effect. I am that next generation, and because I chose to be healthy – I have a Masters in education, but at what cost? A disconnect from my community that lives on-reserve, from my brothers and sisters and cousins that live on-reserve, because it was unhealthy and I didn't want my kids being part of that. Do they have an education and career? Absolutely they do, but at what cost? Is it fair for me to ask every other community member in my community to do the same? Probably not, but I had the support of the Native Council as a single mom, 16 years old, single mom and I went to the Native Council. They helped me with nanegkam housing; 25% of my income. I lived there 20 years and got my education. Every step of the way they were there to help me. I stand now with a Masters because of that. That's what's needed.

So what do we do? We find out what they need. It's a wrap-around approach. Where are you now? What do you need? Housing first in the nanegkam? Let's get them in a house. AMHAP? Well let's get them into AMHAP. If they need referrals, let's get a referral going.

We figure out where they are right now and what supports need to be put around them.

Dr. Bevan-Baker: Thanks for that, Lisa.

What other steps do you think, from the government side, Health PEI, what other steps do you think they could take to increase the comfort level of Indigenous people entering and accessing the health care system?

Lisa Cooper: Know the difference between on and off.

Dr. Bevan-Baker: Pardon me?

Lisa Cooper: Know the difference between on and off-reserve.

Dr. Bevan-Baker: Okay.

Lisa Cooper: Too many times we go to meetings and I hear: Oh, well you're MCPEI. No, we're NCPEI. Not knowing the

difference is really offensive for a lot of our community members because a lot of the times the doors were closed on them because they're federally funded, residency-based so when the confederacy can't service them, the family pride program can't service them, then it doesn't help for my community to go to a health worker or a treatment centre and they're saying – or even probations or if it's court ordered and it's been done, court ordered for them to say access to the family pride program, a justice worker. And I'm like, but your off-reserve. You can't. Does this person even know that? No.

But, the cultural competency, and that's something that we have worked with Helen on this year. I'm going to point her out over there, because last year after our assembly, she recognized how much we actually did for our community, and promised me this year for the province's culture competency training we're going to be involved. It was always done by the confederacy and again, it's great that they do their work. I'm not saying anything against them, it's great. But, you can't ignore this population of off-reserve.

So even being able to go in and do cultural competency training to RCMP, to health workers, to addiction service workers, to jails, to anyone, lets us tell the difference between the two. It lets us say, so that when you get somebody from my community going in then they're going to know – well, I'm off-reserve. Oh okay, so you must be with the Native Council? Yes. Or: Are you with the Native Council? Yes. Okay, well then understanding what we do and who we are because it's not the first time we would have gotten calls.

We've gotten calls from child protection, from social services and child welfare; so there are referrals from jails, we have probation officers for addiction services, for healing circles. We had an increase in referrals from the justice program to us for doing healing circles and that, so we've been getting out there more and more.

Dr. Bevan-Baker: Lisa, just to follow up on that a little bit: Do you feel that the needs of the on-reserve Island Indigenous people are different from off-reserve? The health care needs?

Lisa Cooper: Absolutely.

Dr. Bevan-Baker: In what way?

Lisa Cooper: Absolutely. I can give you an example. When I was doing the promoting educational success for Mi'kmaq learners with a UPEI research study – anybody here can access that report – we asked the ones that were living on-reserve how well they thought their kids were doing in school, and most of them said: Oh, great; they were doing great. But when we asked the teachers how well the kids were doing in school, the teachers were saying it doesn't match what the parents thinking their kids would hear, but their kids were actually here.

Why is that? Anybody knows the law of averages will tell you: If you're with somebody with a higher average, it's going to bring your average up, the other persons down. So if you're on-reserve and you're comparing your little Johnny to every Johnny around you whose education's been struggled in any way or learning challenges, you're going to think yours does great.

Off-reserve, we have a different mindset. We've been raised paying taxes. We've been raised knowing that we have to go out to work. We've been raised with the general population around us. So it could be everybody that makes this much and your neighbour may only make this much and everybody in between, so the mindset of being an off-reserve is much different than on-reserve.

On-reserve you're very much dependent on your chief for a lot of things, for the welfare, like that whole list I showed you, so you look more towards your chief because he's the be-all, end-all. That's a creation of the *Indian Act*. That's the oppression. Off-reserve, we don't do that. We don't look to our chiefs. We look to you guys. This is who our elected officials are. This is who we look to, to say: You know what; we're here, like we live off-reserve.

Our history alone – we were part of New Brunswick Aboriginal Peoples local 17 when we started, not even part of anybody here. We started in New Brunswick, the Native Council and then moved to PEI because we recognized we had our own needs. So even province to province is

different. On and off is different. Reserve to reserve is different.

I have people up west that are very environmental, very much environmental. People here, it's about jobs, jobs, mental health and addictions. If I go down, it's probably back to fisheries. So even within the zones, there's a difference.

Dr. Bevan-Baker: The second recommendation you have is about offering culturally sensitive approaches to health care –

Lisa Cooper: Absolutely.

Dr. Bevan-Baker: – and looking at the legislation that exists across the country, PEI is one of the few jurisdictions that does not have, in its smoke-free policies or the equivalent of the same, an exemption for cultural practices.

Can you make any commentary on that and whether there's any specific type or piece of legislation here on Prince Edward Island that you would like to see changed in order to accommodate a cultural exemption?

Unidentified Voice: (Indistinct)

Lisa Cooper: That's Matt's area.

Matthew MacDonald: Peter, I think that the Native Council's answer to that might be what would benefit the community the best, and I think that looking at a long-term solution to that would be the best approach to make sure that respect for traditional healing practices in facilities, for example, like hospitals and such, that would be something that we'd certainly be interested in supporting.

I'm not sure what the appropriate act may be that would best suit that need, but as stated in the second recommendation there, Yukon's *Health Act* has respect for traditional healing in that one specifically; but for PEI, it would just depend on what approach might work best and to ensure that certain approaches could be respected because there's obviously the legislative side and then the implementation side with the facilities themselves which would require collaboration as well, so –

Chair: Peter Bevan-Baker.

Lisa Cooper: I think it should be something that everyone has access to cultural sensitive support. The hospital can put a room aside because we're very community, we're very close-knit. Again, if I talk about a resolution, because that's what I'm driven by, is resolutions for my assembly that gives me direction every year in where'd you put my resources and allocate, is to have an elder accessible for anybody that's in the hospital right now (Indistinct) we do.

We have an elders council and we have a youth council, but our elders council, any one of them is accessible to our community. We can't smudge there, though, because of the smoke; but what if they put a room aside where we could smudge? Where, the Manitoba one has pictures of the medicine wheel with your mental, physical, emotional, spiritual healing; so if someone's in palliative care or passing away, they can have access to the elders. They can have access to – not only for us, but even on-reserve if they're in the hospital, they can have access to traditional healing.

My office is smudged probably twice to three times a day; you can go in there and you're smelling sweet grass all the time, but it's for us, such a smoothing. So why can't that be accessible in the hospital, and a smudging room where an elder can go? Imelda can do, or a shaman a great healing or a healing circle. It doesn't matter if it's in the addictions centre or anywhere. There should be access to that. To me, it's a very basic right for us. It's part of the religion, right? It's not even a religion, it's who we are. It's just who we are.

Chair: Sorry about that, Peter. Go ahead.

Dr. Bevan-Baker: Thanks, Chair.

You mentioned smudging, and presumably sweat lodges are also part of that, and I know there's been some fantastic work done in the correctional system here, award-winning work done to incorporate that.

The third recommendation you have, and Darlene actually mentioned this, it's the sixth recommendation of the Mental Health and Addictions Strategy that we have here, about improving mental health outcomes for

specific diverse populations, including Indigenous peoples.

So your ask, the third recommendation you have, is that a provincial Aboriginal health advisory committee that includes off-reserve representation –

Lisa Cooper: Yes.

Dr. Bevan-Baker: – be struck. So I'm wondering if you can elaborate on how some of the – what sort of functions you imagine that body carrying out, and also, how it operates in other provinces, because I know other provinces have such things.

Lisa Cooper: I know Matthew can talk about other provinces. For me, what I see that doing, is there's a lot of resources out there that is available that doesn't cost us anything. If we can bring the right people at the table, it would be almost like the bridge, right? Where you have somebody in front of you that has multiple challenges, mental health and addictions, maybe they have FASD, maybe they've been in jail a few times, and it seems like there's such a slot of programs and services that are available.

But what if we all came together? What if key players came together, and if you could address mental health and you can address maybe addictions and you can address child welfare, let's wrap around this family. Let's wrap around, and it's only going to be then that you're going to really realize what our community looks like and the multiple challenges that they have. Then you put PTSD in front of that with that Sixties Scoop.

We can't address it alone. It's too much for one to address, but if we all came together with the advisory committee, then the first role I see is implementing your recommendations. I don't care what recommendations or what health report, if it's mental health and addictions, education, employment, economic and social determinants of health, if it's housing, why not do some research?

Why not – like we've done it here – come together as a group and say: Here's the findings, okay, well we need a health person here, we need education, we need – because you can't address one thing without addressing all the other aspects, right? Because that's a Band-Aid; you're just doing a Band-Aid cure. Social determinants of health; what's the cause of addictions, what's the cause of mental health, start peeling the onion away.

You know there's going to be a lot more, so it's not just the one-shot deal. I just think we need to come together more often on, and put a serious advisory committee together. Maybe we start with the mental health and addictions – it's a perfect place to start – and then expand out.

Did you want to –

Matthew MacDonald: No, that's a great answer to that.

Dr. Bevan-Baker: Moving on to your final recommendation, which is ways of collaborating with levels of government in order –

Lisa Cooper: Yeah.

Dr. Bevan-Baker: – to access funding and it's really the centre of what your presentation is here today. I know prior to the program being cut, you were receiving in the last couple of years around $90,000 per annum to run that program. You mentioned now that it's self-funded through the fishery, your own fishery. Did I hear you say it's about $50,000 that you're using from that?

Lisa Cooper: Prior to 2015 it was a matched funding with the federal and provincial, yeah, so it was around 90.

Dr. Bevan-Baker: Okay.

Lisa Cooper: But like I said, when the federal cut, the provincial cut behind it, so the resolution on the floor was for the L'nu Fisheries to fund it while I was in negotiation with the Premier, because he said that he would help us find the funding.

I had said: Well, you already had that 50, your part, allocated to us, don't let us lose it, because if it goes back in your budget we're never going to find it again. I don't know where it's at now, but my thing was at least let us have that until we figure something out.

I'd like to go back into some kind of a tri with the federal and provincial, but to me, that's where the provincial should be helping us: advocate federally, not just leave it up to us or try to look for program dollars. I think this province should – they have a fiduciary responsibility for us as well. It's not just the federal, right? The provinces can't negate their responsibility for health care and stuff.

So, why not help us go back after the federal government and say: You know what, the province is willing to put 50 federal, you put 50 or whatever, and then we're going to give them a mental health and addictions program that they deserve, finally. We're going to give them something that they've worked hard to maintain until they can figure something out. Now we're at a point where we're not sure how much longer we can keep doing this because there's – like I said, when a boat sinks, that's $200,000. That's boom, money that we can't just get back; it's gone. But still the mental health we're going to try to sustain, but we're not sure how much longer we can.

Chair: Peter Bevan-Baker.

Dr. Bevan-Baker: Thank you, Chair.

So the program is currently operating then, you lost federal and provincial funding so now you're – am I right, you're entirely funding it through the fishery –

Lisa Cooper: Yes, $50,000 a year.

Dr. Bevan-Baker: Okay, $50,000, so about half of the funds. That's clearly had a pretty significant impact in the services you're able to provide. Am I right in saying that?

Lisa Cooper: Forty clients – that's one person working 40 clients.

Dr. Bevan-Baker: The truth and reconciliation committee had many calls for action and there's a number that were related to health, call number 20, in particular talks – and I'll cite it here: In order to address the jurisdictional disputes concerning Aboriginal people – that's certainly something you can identify with – who do not reside on reserve, we call upon the federal government to recognize respect and address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal people. I mean, there's a very clear call in the TRC for exactly what you're here for today.

So I'm wondering in spite of the lack of funding that you now get for the NNADAP program that you had before, how is your relationship with the federal government? I guess Jonathan is the person who deals with intergovernmental affairs; I'd be interested in where you are with your relationship with the federal government, particularly in terms of accomplishing that goal of the truth and reconciliation commission.

Lisa Cooper: Before Jonathan speaks on that – I stood on the – converse of Aboriginal Peoples is our federal representative body, so they represent for us at a federal level or provincially, all the provincial territorial organizations, Native Council of PEI, Nova Scotia and New Brunswick and that (Indistinct) board of directors and direct cap on what to do. We are in the process of negotiating political court between Canada and the congress of our Aboriginal Peoples.

There is some issues, and of course, some negotiation back and forth. We will not give up anything on our rights, interests and needs of the off-reserve. We recognize that we have them – where section 35 we recognize that. So there is some negotiation with the federal government but we are closing to signing the political court at the national level. We do know that anything that's signed at a national level will filter down. But where we see ourselves in that, we're not sure. How long is it going to take? We're not sure.

We know with the split in INAC, so that you now have Carolyn Bennett, that's the treaty rights, and that's who we're negotiating political accord with. Then you have Philpott who's doing the programs and services. I'm not happy with that part because that means proposals again, but that's where she's going to be looking at.

But the very fact that we're on this side with Carolyn Bennett, we wouldn't be there if there wasn't a reason for us to be there. We recognize when United Nations met they asked Canada specifically: What are you doing with the political accord with the

congress of Aboriginal Peoples? Because UN recognizes what Daniels said, that the off-reserve has been denied the essential programs and services that both levels of government recognized they'd need it. So we're in this jurisdictional wasteland.

Often we hear that even with our children when we try to address something and we say: Well Jordan's Principle says: Service first, figure that out later. That doesn't work with us; when we say that they ignore us.

Jonathan Hamel: Mr. Bevan-Baker, that's an interesting point there you brought thereabout that the recommendation that it says that the federal government needs to work on this. However, until something happens at that level, it is true that the federal government does provide transfer payments to the province for health care. Since there is no federal vehicle, we would look to the province to help in that area being residents in the Province of Prince Edward Island as well.

If the feds are transferring our portion of health care to the province, then that's why we're looking to the province to kind of help us on those issues and meet those needs of our people. We feel that's it's not been addressed simply due to the fact that there has been that misunderstanding that the chief talked about between the on-reserve and off-reserve.

People just automatically think because you're an Indigenous person, the federal government is completely responsible for your affairs. If you live on-reserve or you have another type of agreement such as the Métis National Council and their governing members or ITK and the Inuit people, that may be true; but for the off-reserve, there really isn't someone that we can go to.

So when people just look at us as you're Indians, so that means the federal government takes care of that, that's not quite true. You have to be on-reserve to access those programs. So you have, for example, using the stats we presented today, over 2,200 people here on Prince Edward Island alone who have no access to those programs, and so they're having to go to the province to get the access, but they're encountering barriers to do that.

If they're encountering barriers then something needs to be done. There's a great portion of people in the province who are Indigenous people not having their needs met. So for us to then turn around and say: well you got to go back to the federal government, all that's happening is just a reflection of what the Supreme Court said in Daniels: You're leaving the non-status people in this jurisdictional wasteland.

When we take a look at that, we had the feds saying: Well, you need to go to the province; we transferred the monies down to the province level so they need to provide the services. Then we hear some people in the province saying: Well, you need to go to the feds because you're a federal responsibility.

Until that's resolved between the federal government and the provincial government, how they're going to handle that, we're left with no recourse but to go to the one that has the funds right now. That's, for example, the province who received that transfer from the federal government to care for the health care needs.

So this is why we need to come to the province and say: Hey, we need some help and we need some assistance. This is why we provided you the statistics, and now we're asking you to support us. If you take a look at even just the L'nu Fisheries, read beside it that we were going to meet a need that no one is meeting because it's so important to us. We're not just throwing our people to the wayside and saying: forget about it, it's just too bad. We're saying: No, this is very important; we have to meet this need.

Now we're asking, for example, the province: Can you partner with us? Can you help us, or can you restore some of that funding that you cut? Because you're still getting it from the federal government, so can you restore some of that funding so that we can meet the needs of our people?

Chair: Peter Bevan-Baker?

Dr. Bevan-Baker: Final question, Chair. Thank you.

You've used the terminology 'jurisdictional wasteland' on a number of occasions. You

both used it in your response to that last question I asked. Certainly at a federal level, I mean, history would suggest that there's not going to be an easy or a quick path forward from Daniels to whatever flows from that, so we could be many, many years and many court cases away from the resolution, or at least moving further along the path of resolution.

You were saying that this is really, from your point of view, a negotiation or a conversation between NCPEI and the provincial government rather than the federal government. I did ask questions in the House in December, 2016 of the then health and wellness minister, Robert Henderson, and then the last question I asked was taken by the Premier. I just want to quote a little bit from that and get some feedback from you.

The second supplementary I asked, and the Premier answered this: "Would this government be prepared to fund a specific program for off-reserve Indigenous people even without a federal partner so that Indigenous Islanders can get the help that they need and deserve?" That was the –

Lisa Cooper: Yeah.

Dr. Bevan-Baker: – the last sentence of my second supplementary. The Premier gave a fairly long answer, but the last part of his answer was: "In August of this year…" – and this was 2016 – "In August of this year we provided a modest amount of funding for work in this area."

Now you mentioned at least a couple of times that you've received nothing, as far as you know, from the provincial government: Can you tell us what that money was, how much it was and where it was used?

Lisa Cooper: It was our – it was the tripartite agreement. It was the National Native Alcohol and Drug Abuse Program. The federal government matched the provincial amount, so I believe – I think you mentioned earlier it was around 90 to 100,000. So, 45-nine from the federal, 45-nine from the province.

They matched it, and through that we were able to have two workers that were able to work with our clients, and then like I gave the history of the native program once the federal government let go of that, and I'm not sure why they even did that.

I know that Bert Milberg from FNIHB that was working on that from the Atlantic region had said to me if I could get the chiefs to give him a letter of support, he might be able to convince Health Canada to extend that program further. Which really floored me, because why are the chiefs determining my funding? Where does that power come from? That's not their money. That's the federal government's money, not theirs.

But needless to say, I did ask Brian and Matilda and they did not provide me a letter of support, so we lost the funding. But I think, as well, when you're looking at this decolonizing, and divide and conquer, it is very much a community of lateral violence. It is very much crabs in a bucket. That pool of money that was there, because I said to them: If you don't help us with this program, there's not going to be a seamless service from on and off-reserve and addictions doesn't stay on the reserve when they move off; it follows them. We know that.

So for you to have our funding cut makes no sense to me, because then they're not getting the program anywhere; but I think their intention was at some point that the confederacy might be able to pick it up and service us off-reserve.

I think, for me, that's almost where they're trying to go, is trying to get rid of the council completely. I know (Indistinct) at a national level keeps saying that he wants to get rid of CAP. I think the confederacy wants to bury the council, and I wonder where this province stands on that because they've got money to build a building down at the waterfront to duplicate my services. That doesn't make sense. Why are you putting money into something that's already being serviced?

When I hear on the news either Chief saying they're not servicing properly, well, we don't get what you guys get. We don't get the 1.2 million; we get 50 thousand that we're funding by ourselves. There's no comparison. You can't compare the two because we don't get the level of funding.

Think about the last two, three years of how much money has been allocated to the confederacy and to the bands. Now think back, this past three years since I've been in, what new program or service specifically for the off-reserve have you heard about being offered by the confederacy? Name one. Name one. Really?

So this province has been putting how much over to the confederacy who says they represent us or service us or whatever it is they claim to do? Tell me one service, one house, one program, one anything, really. So what level of investment are you guys investing in? What are you investing in, really? That's what I'm coming down to. What are you investing in?

I've asked the Premier, sign over Panmure Island. We've had Panmure Island on the Native Council for almost 30 years. We're presenting to our community a business plan for Panmure Island, a health centre and a treatment centre and a health centre where they can go and they can heal and we can provide cultural competency training and we can work with our community to do smudges and that.

The look I kind of got was like (Indistinct) and I said: Well, yeah, you'd probably be in a lot of heat. They would go on with this land claim rights and duty to consult. Well, guess what? I'm status, I'm Mi'kmaq. This is my territory, too. It doesn't belong to just you, and I didn't choose you to be my representative.

Am I entitled to Panmure Island? Absolutely. It's Mi'kmaq territory. So are the 980 people that live on this Island. So are the 260 Mi'kmaq treaty right holders. That's their land, too. So why can't we have a say in that land? Why can't we have Panmure Island? How much land have you been giving to the confederacy?

But again, what are we getting? We're not getting the benefit of what you guys are intending us to have – or girls – so the province needs to think twice. Are you getting your bang for your buck? And if they're holding you up against with threats, guess what? The council will be right behind you. We would be right behind you saying: No, you're not the only Indigenous people on this Island; you do not speak for us. Your needs are different. We recognize that. We wouldn't step on your toes. And I don't want to step on their toes, but don't say you speak on behalf of people that you don't represent or you don't service, is what we would say.

Chair: Richard Brown.

Mr. R. Brown: Thank you.

Lisa, thanks for the presentation today. I've known you for years now, and I've known the work that you've done and you've done a tremendous amount of work, especially in the City of Charlottetown area.

Just a couple of questions: Can an off-reserve person return to a reserve?

Lisa Cooper: If the band lets them. Well, they would have to be, if I wanted to go back – not back, I would not go back – if I wanted to live on the reserve, I would have to apply to live on the reserve through the chiefs. They would have to allow me on.

But then again I'm going to say go back in your mind: When have you heard about new structures going up on reserve?
There hasn't been a lot of people able to move back on-reserve. We do know that there's some issues with Abegweit Band because even to vote you have to be on-reserve, your parents have to have been part of the reserve, I don't know. There's such a discrepancy. So not everyone's able to vote. So whether I live on reserve –

Unidentified Voice: Custom.

Lisa Cooper: Custom elections, I would have to get permission from the chief to move back on.

Mr. R. Brown: How many off-reserve in Canada? How many off-reserve First Nations in Canada? Like you have –

Lisa Cooper: Off-reserve?

Mr. R. Brown: –2200 members (Indistinct) –

Lisa Cooper: We have the population for off-reserve in Canada. You have it there in one of your studies. We even have a year, don't we?

Matthew MacDonald: I don't think we have (Indistinct)

Lisa Cooper: (Indistinct) membership? I probably don't have them for Canada.

Jonathan Hamel: We focus on our own people, not –

Lisa Cooper: - vote you have to be on-reserve, your parents had to have been part of the reserve. I don't know. There's such a discrepancy, so not everyone is able to vote. So whether I live on reserve –

Unidentified Voice: Custom.

Lisa Cooper: − custom elections – I would have to get permission from the chief to move back on.

Mr. R. Brown: How many off-reserve in Canada?

Lisa Cooper: Pardon?

Mr. R. Brown: How many off-reserve First Nations in Canada? Like, you have 2,200 members –

Lisa Cooper: Off-reserve – do we have the population for off-reserve in Canada? You have it there in one of your studies. Oh, I'm sorry. We even have it here, don't we?

Matthew MacDonald: I don't think we have the Canadian total.

Lisa Cooper: On our membership? Oh no, I probably don't have it in Canada.

Jonathan Hamel: We focused on our own people, not off-reserve.

Lisa Cooper: Yeah, we focused on ours, our own.

I know it's increasing. I don't have the statistics for on –

Mr. R. Brown: Okay.

Lisa Cooper: But, we know it's the fastest and youngest growing population throughout Canada. There's no doubt about that.

Mr. R. Brown: How many recommendations in the TRC are for off-reserve? Peter mentioned one. How many –

Lisa Cooper: There are a number of them.

Mr. R. Brown: Is there a schedule of work being done on those recommendations for off-reserve people? Who's doing it, Carolyn Bennett or health? Who is in charge of implementing the TRC?

Lisa Cooper: I would assume Carolyn Bennett.

Mr. R. Brown: Okay, has she got a schedule saying: I got to deal with this and I got to deal with this, I got to deal with the off-reserve.

Lisa Cooper: Right now she's dealing with – I don't think the calls to action is her priority right now.

Lisa Cooper: Did you want to say something?

Chair: Richard?

Mr. R. Brown: Yeah?

Chair: Did you have more questions (Indistinct)

Lisa Cooper: Because the Congress of Aboriginal Peoples does work with Carolyn Bennett on the 94 calls to action, but I don't know where the federal government is on that. For me, it's not moving fast enough especially for the off-reserve. I know, like I said before at the UN, that's one the United Nations had asked Canada is: Where are you with the Congress of Aboriginal Peoples?

I know in my history in school and stuff that there are some countries in the world that look towards Canada of how to assimilate peoples because Canada did a good job, and now we've got to hope that there's going to be communities or countries out there that's going to look to Canada of how to decolonize.

Mr. R. Brown: You mentioned the MCPEI's building on the waterfront. Did I hear you correct that they're going to be providing services in that building for off-reserve people?

Lisa Cooper: That's what I'm told, because initially when it went into the news they called it a friendship centre and when I wrote a letter saying: You can't have a friendship centre because friendship centres are non-political, cannot be tied to any political organization. We tried before and it can't be tied to anybody political. They kind of came back and said: We should call it the native centre, which is what our housing project was, so I don't think they were too happy with me.

Mr. R. Brown: So they will be providing navigators to help off-reserve people in the Charlottetown area to navigate the health care system? I don't know.

Lisa Cooper: I think they will be. I mean, that's my personal opinion. I think they will be. We've been introduced to somebody that's already working on the Jordan's Principles worker, but nobody asked us where we sat on that. It was just: Oh, by the way the confederacy got this navigation person now doing this and stuff.

Again, it's a different history from our community. Like I said, the very fact that over the years we've been oppressed even by our own community that it's hard for our community to look towards the confederacy or look towards the chiefs for support because often, we're told: Well we represent you, or we do this. It's something you would have to ask the chiefs because I wouldn't be able to respond on that one. I guess I did, but I shouldn't.

Mr. R. Brown: Thank you, Lisa.

Continue your hard advocacy work because you're helping a lot of people.

Lisa Cooper: Thank you.

I just feel we need to be out there and educating people. I just feel that if people gave us an opportunity to be heard and if people came over to the Native Council and see our programming and see the success, and even follow us on Facebook, you'll see how many students we're graduating from education. You'll see how many programs we're doing for healing and everything from community kitchens to health care. We're showing people how to navigate through chronic pain without medications. There's just so much good work we do, and there's so much more I think we can do, but the council is starting to get a little tired of projects because it takes a lot out of us.

Project-based funding, if anybody ever wrote a proposal – even for a $5,000 proposal to help one of the programs we're doing for one day a week, it takes like five days away from you, of your stats and your stuff, so it's just more looking here for commitment.

Chair: Okay, my list is exhausted.

On behalf of the Standing Committee on Health and Wellness, thank you, Lisa and Matthew and Jonathan for presenting to us today. It was very well prepared. Thank you for the work that you did prior to coming in, your written submissions, which clearly indicated the recommendations that you had, was very welcomed.

So the process is now we will meet prior to our session to generate a report, and in that, we take all our presentations. From that, we will make recommendations to the Legislature.

Lisa Cooper: And if there's something that we've discussed here that you don't have access to, just drop me a quick email and we'll absolutely share.

Chair: Great. Thank you very much.

Unidentified Voices: Thank you.

Chair: So we will move along, and next on our agenda is new business. Is there any new business?

Peter Bevan-Baker.

Dr. Bevan-Baker: Thanks, Chair.

Currently in Nova Scotia there are actual a couple of bills being brought forward regarding conversion therapy. That's the very contentious idea that one can convert somebody who identifies in the queer community to what might be considered normal sexuality.

There's also legislation which has (Indistinct) – in Nova Scotia it's not passed yet, but in Ontario it has, and I'd be

interested in a discussion as to whether there's anybody in government here who is looking into that issue, whether there's legislation planned for this province, just a discussion on conversion therapy.

Dr. Bevan-Baker: Thank you, Chair.

An Hon. Member: Great idea.

Chair: I would suggest that we have the clerk, if you don't mind, look into that and have that for our following meeting. (Indistinct)

Any other new business?

Okay. I asked our clerk, Joey, to just go through again our work plan, just so we can get – just give us an update, if you don't mind.

Committee Clerk (J. Jeffrey): Sure.

A lot of it stands where it was the last time we spoke. It's really a matter of putting the invitation out to the folks on the list and seeing if they're available for the next committee meeting.

I did touch base with Dr. Heather Morrison and she's available. She's ready. It's just a matter of making sure a date works for her.

The funding bed allocation group, I reached out to them. They weren't ready at this short notice to present.

The other – I didn't make it any further than that on the list. Those invitations have all been extended. It is just a matter of getting out to those folks and then the only other thing on the work plan was there was a few items that members were going to touch base on. You were going to follow up with me for names, so I'll be in touch.

Chair: So with that, we're going to ask Dr. Heather Morrison. We're going to throw a couple of dates and we'll circulate that date prior to the session.

Ms. Casey: Yep, thank you.

Chair: Thank you very much.

Mr. R. Brown: (Indistinct) her presentation to us before she comes here, because this was good.

Chair: Yes, yeah.

Mr. R. Brown: I had the presentation before.

Chair: Yeah, that will be asked again.

Mr. R. Brown: That was a good idea –

Chair: Yeah, seems great.

Mr. R. Brown: – whoever came up with that idea.

Ms. Casey: Motion for adjournment.

Chair: Thank you, Kathleen.

Adjourned.

Thank you very much.

The Committee adjourned