



HOUSE OF COMMONS
CANADA

STUDY AND RECOMMENDATIONS OF THE
STANDING COMMITTEE ON ABORIGINAL
AFFAIRS AND NORTHERN DEVELOPMENT
CONCERNING THE ABORIGINAL HEALING
FOUNDATION

**Report of the Standing Committee on Aboriginal
Affairs and Northern Development**

Bruce Stanton, **MP**
Chair

JUNE 2010

40th PARLIAMENT, 3rd SESSION



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has the honour to present its

SECOND REPORT

Pursuant to its mandate under Standing Order 108(2), the Committee has studied the Aboriginal Healing Foundation and has agreed to report the following:

Introduction

On 25 March 2010, the Standing Committee on Aboriginal Affairs and Northern Development adopted a motion to examine the impact of the federal government's decision not to extend any new funding to the Aboriginal Healing Foundation in Budget 2010, and in particular, the associated effects of this decision on the Foundation's network of one hundred and thirty four community-based healing initiatives. The Committee convened three hearings on this matter and agreed to report the following.

Background

Indian Residential Schools (IRS) operated in Canada from the late 1800s through to the early-1990s. Though the system formally ended in 1969, the last federally-run residential school closed its doors in 1996.¹ During this period, more than 150,000 Aboriginal children were taken to residential schools, often miles away from their families, to be "civilized," educated, and converted to Christianity.² Stories of mistreatment at residential schools have been, and continue to be told, by former students. They report incidents of sexual, physical and emotional abuse at the hands of the teachers and administrators who were responsible for their care, as well as from their fellow students. An estimated 70,000–80,000 First Nations, Inuit and Métis people who attended residential schools are still alive in Canada today.

The legacy of this trauma was highlighted by the 1996 Report of the *Royal Commission on Aboriginal Peoples* (RCAP) which identified the IRS system as a "failed policy" that continues to have adverse effects on Aboriginal communities today. The Commission reported that Canada had much work to do in mending its relationship with Aboriginal peoples and in ending the poverty and violence that continue to affect the communities of many IRS survivors.

In January 1998, the Government of Canada released its policy response to the RCAP report. The policy, known as *Gathering Strength- Canada's Aboriginal Action Plan*, was accompanied by a *Statement of Reconciliation* formally expressing Canada's "profound regret" to Aboriginal Canadians who experienced sexual and physical abuse at residential schools.³ Together, *Gathering Strength* and the *Statement of Reconciliation* outlined the Government of Canada's strategy to begin the process of reconciliation and renewal with Aboriginal peoples.

¹ The last federally-run residential school was the Gordon Residential School in Saskatchewan which closed in 1996.

² Report of the Royal Commission on Aboriginal Peoples, Residential Schools, Volume 1, Chapter 10, pp. 333-409.

³ The 1998 Statement of Reconciliation can be consulted online at: http://www.ainc-inac.gc.ca/ai/rqpi/apo/js_spea-eng.asp.

A key component of that strategy was the announcement of a \$350 million healing fund to assist those individuals who experienced mistreatment in government-run residential schools. On 31 March 1998, following discussions with Aboriginal organizations, the federal government established the Aboriginal Healing Foundation (AHF) to disburse the money held in the fund and to ensure the proper oversight and management of the healing projects it supported.⁴

The AHF was given an eleven-year mandate, ending 31 March 2009, to support culturally-appropriate and community-based healing initiatives which would address the intergenerational impacts of physical and sexual abuse related to residential schools. Since its inception, the federal government has contributed \$515 million in support of this objective, including a \$125 million endowment provided under the terms of the 2007 Indian Residential Schools Settlement Agreement (IRSSA).⁵ The endowment extended the Foundation's mandate a further five years to 2012. This additional funding was fully committed by the AHF's Board of Directors to supporting the 134 existing AHF healing projects to 31 March 2010 and 12 healing centres to 31 March 2012. Since it first began operations, the AHF had funded 1,345 community-based healing projects across Canada, and has received more than \$1.3 billion in funding requests; far exceeding the Foundation's overall funding allocation.⁶

The IRSSA also required a government evaluation of the AHF. The objective of that evaluation was to assess the "effectiveness, impacts, cost-effectiveness and continued relevance of the healing initiatives and programs undertaken by the AHF" in order to assist "Government's decision-making regarding whether and to what extent funding should continue beyond the current end date of March 2010."⁷ Published in December 2009, the evaluation's findings were highly favourable, indicating that the

⁴ Institute on Governance, *A Legacy of Excellence: Best Practices Board Study: Aboriginal Healing Foundation*, May 2009, p.7.

⁵ In 2006, a negotiated legal settlement – the Indian Residential Schools Settlement Agreement – was reached between the federal government, representatives of former students at residential schools, the Assembly of First Nations, Inuit representatives and several church organizations. It was endorsed by the provincial courts that had been hearing the Indian Residential Schools survivors' claims against the government and church organizations. The Agreement, which was implemented in 2007, is final and binding on all defendants and on those residential school survivors who have opted in to this settlement. The Settlement Agreement is available on line at:

<http://www.residentialschoolsettlement.ca/settlement.html>.

⁶ Project details of every funding grant are available and can be consulted online at:

<http://www.ahf.ca/funded-projects>.

⁷ Department of Indian Affairs and Northern Development, Final Report, *Evaluation of Community-Based Healing Initiatives Supported Through the Aboriginal Healing Foundation*, December 2009. This report is available online at: <http://www.ainc-inac.gc.ca/ai/arp/aev/pubs/ev/ahf/ahf-eng.asp>.

AHF “has been very successful at both achieving its objectives and in governance and fiscal management.”⁸

The Evaluation also identified a growing demand for community-based healing services, indicating that program enrolments for AHF-supported healing projects had increased by about 40 percent from 2007/08 to 2008/09. It also found that the healing projects are especially relevant during the Settlement Agreement processes - which include the Common Experience Payments, the Independent Assessment Process and the work of the Truth and Reconciliation Commission – since, for many former students, these processes are “opening up” for the first time the effects and traumas of residential schools.

Based on its findings, the evaluation recommended that the Government of Canada consider “continued support for the Aboriginal Healing Foundation, at least until the Settlement Agreement compensation processes and commemorative initiatives are completed.”⁹ However, the March 2010 federal budget did not allocate additional monies to the Aboriginal Healing Foundation. Consequently, as of 31 March 2010, the 134 community-based healing initiatives were no longer receiving AHF support.¹⁰ Health Canada, however, is negotiating new service agreements with many of these organizations to provide health supports in communities that had been receiving AHF-funding.¹¹

The 2010 federal budget did commit an additional \$65.9 million over two years to Health Canada’s Indian Residential Schools Resolution Health Support (IRSRHS) Program to meet increased demand for services.¹² The IRSRHS Program, formerly the Indian Residential Schools Mental Health Program, was established in November 2006 to provide former students of IRS and their families with access to emotional health and wellness support services.¹³ An initial investment of \$94.9 million over six years was allocated for this purpose. This commitment responds to the Government of Canada’s obligation under the IRSSA to provide mental health and emotional support services to former students of IRS, and their family members, as they participate in the Settlement Agreement processes.

⁸ Ibid, p.4.

⁹ Ibid, p.55.

¹⁰ The complete list of community-based projects that are no longer receiving funding is available on line at: <http://www.ahf.ca/>. A map of the 134 AHF-funded projects is appended to this report.

¹¹ Evidence, 29 April 2010. See also, CBC News, *P.E.I. Aboriginal Healing Group Back in Operation*, 26 April 2010.

¹² Government of Canada, Budget 2010 – Leading the Way on Jobs and Growth, can be consulted on line at: <http://www.budget.gc.ca/2010/glance-apercu/brief-bref-eng.html>

¹³ Information on Health Canada’s Indian Residential Schools Resolution Health Support program is available online at: <http://www.hc-sc.gc.ca/fnihah-spnia/services/indiresident/irs-pi-eng.php>.

Issues Raised In Testimony

Representatives from Aboriginal organizations as well as government officials appearing before the Committee were unanimous in their recognition of the significant contribution made by the Aboriginal Healing Foundation in supporting the health and healing needs of former students of residential schools, as well as those of their families and communities. While witnesses acknowledged that the AHF was never intended to be a permanent institution, the decision not to extend its mandate, at least until the work of the Truth and Reconciliation Commission is completed in 2014, was met with strong criticism from many Aboriginal organizations.¹⁴

A significant concern to witnesses appearing before the Committee relates to the fact that the network of healing projects, which relied heavily on AHF funding, will no longer be in place precisely when they are most likely to be needed by former students and communities affected by the legacy of residential schools. Government officials confirmed that the Settlement Agreement processes currently underway have substantially increased demands for mental health and emotional support services.¹⁵ We were told, however, that in the absence of AHF-funding, many of the community-based healing projects which could have provided critical, culturally-appropriate support to those affected by residential schools will be forced to cut back on services or close their doors altogether. For many witnesses, this is an especially troublesome development, citing evidence that these processes may trigger painful memories and renewed trauma.

Health Canada will, however, continue to make services available to eligible former students and their families through the IRSRHS Program, as well as other mental health and addictions programs delivered by the department.¹⁶ Specifically, the IRSRHS Program delivers four key services - available before, during or after the Settlement Agreement processes - to eligible participants. They include: professional counselling either on an individual or family basis, emotional support services provided by Resolution Health Support Workers (RHSW) or Aboriginal service providers, cultural support services provided by Elders, and assistance with cost of transportation to access professional counselling services or Elder supports. Health Canada has eight regional offices across the country to coordinate the provision of these services. In addition, under the Program, Health Canada has concluded 120 contribution

¹⁴ A list of recommendations made by witnesses on this issue is appended.

¹⁵ Evidence of the House of Commons Standing Committee on Aboriginal Affairs and Northern Development (hereinafter called Evidence), 29 April 2010. Statistics relating to the Common Experience Payment are appended,

¹⁶ A list and brief description of Health Canada's mental health programs is appended to this report.

agreements with Aboriginal service organizations to help deliver these services.¹⁷ This network includes approximately 174 Resolution Health Support Workers and 281 Cultural Support Providers in addition to the 1,264 professional counsellors registered with Health Canada. It is anticipated that the number of contribution agreements will increase as a result of the additional funding provided in the federal budget.¹⁸ In their submission to the Committee, Health Canada notes that under these agreements services are available to all eligible former students and their family members, regardless of where they reside, and that anticipated new agreements will ensure that all such individuals will have access to services provided by the Department.¹⁹

Through the Indian Residential Schools Settlement Agreement, the Government of Canada is responsible for providing mental health and emotional support services to former students of the IRS, and their families. As mentioned, Health Canada provides these supports through the IRSRHS program which includes a “range of culturally safe services for eligible former students and their families to address issues related to the Indian Residential Schools, as well as the disclosure of abuse, throughout the Settlement Agreement process.”²⁰ Witnesses were generally supportive of the programming provided by Health Canada, although many suggested that these services should be more appropriately viewed as complementary, rather than as an alternative to the community-based healing initiatives funded by the AHF. The type of integrated approach supported by the AHF, witnesses remarked, has proven to be highly effective in facilitating healing. The two approaches together – government services working in partnership with community-based projects – had been achieving positive results.²¹

Witnesses stressed, however, that there are key differences between the two service delivery models. Above all, they noted that the scope and coverage of the IRSRHS program is more restrictive than the AHF-funded healing projects. Witnesses indicated that the IRSRHS program offers services exclusively to individuals who attended residential schools, and their families, while the AHF projects allowed for more holistic, culturally-relevant, community-level health and wellness interventions (e.g., healing circles, traditional healing therapy, land based and sweat lodge retreats).²² In

¹⁷ The IRSRHS program’s regional offices can be found on line at: <http://www.hc-sc.gc.ca/contact/fniah-spnia/fnih-spni/irs-crpn-eng.php>.

¹⁸ A list of the Aboriginal service providers who have signed contribution agreements under Health Canada’s IRSRHS Program is appended.

¹⁹ Health Canada, Submission, 19 May 2010.

²⁰ Evidence, 29 April 2010.

²¹ Evidence, 29 April and 4 May 2010.

²² Eligibility for services under the federal IRSRHS is restricted to those persons: eligible to receive, or who are currently receiving, the Common Experience Payment; resolving a claim through the Independent Assessment Process, Alternative Dispute Resolution or court process; or participating in Truth and Reconciliation or Commemoration events.

testimony to the Committee, the Aboriginal Healing Foundation described this difference, stating that:²³

Health Canada's IRS Residential Health Support program offers only individualized services. AHF projects, by contrast, allowed communities to identify and design projects that met their needs and which broadly engaged families, leaders, youth and elders – the whole community in the healing process in ways that were meaningful to their cultures and traditions.

In their submission to the Committee, Health Canada indicated that, in addition to individual professional counselling, emotional and cultural support services, the IRSRHS program provides group and family counselling as well.²⁴ They further advised that under the IRSRHS program, the majority of spending is for Resolution Health Support Workers employed by local Aboriginal organizations mandated to offer elder supports and traditional healing services, such as ceremonies, prayers and other traditional healing methods.²⁵

The program's more narrowly-focused criteria, however, were acknowledged by government officials. In testimony to the Committee, Ms. Kathy Langlois of Health Canada advised that, under the IRSHS program, the department would not "be able to go as far as the community-based types of approaches that the Healing Foundation had."²⁶ Similarly, Ms Aideen Nabigon, Director General, Department of Indian Affairs and Northern Development, stated that: "The Aboriginal Healing Foundation provided things...that we aren't going to be in a position to fund."²⁷

A number of witnesses also indicated that many people who had been receiving services under AHF-supported projects would now be unable to access government services. Ms. Elizabeth Ford of the Inuit Tapiriit Kanatami (ITK) told the Committee that the Inuit living in Nunatsiavut, for example, are ineligible for the Common Experience Payment because the seven residential institutions located in Labrador are excluded from the Settlement Agreement.²⁸ Others suggested that even for individuals eligible to receive government services, access and uptake may be limited because of the way the program is designed and delivered. In her submission to the Committee, Lisa Haggerty, Program Manager at the Hinton Friendship Centre in Alberta, told us that a number of individuals would have to travel several hours to receive treatment or have someone unfamiliar deliver counselling services in their community. "Many individuals" she noted

²³ Evidence, 29 April 2010.

²⁴ Health Canada, Submission, 19 May 2010.

²⁵ Evidence, 29 April 2010.

²⁶ Evidence, 29 April 2010.

²⁷ Evidence, 29 April 2010.

²⁸ Evidence, 4 May 2010.

“would plainly and simply not access therapy.”²⁹ Similarly, Mr. Jim Cincotta of the ITK told the Committee that for many former students, leaving the community in order to access counselling services could “re-traumatize” them, since many were taken from their communities to attend residential schools.³⁰ Accordingly, enormous importance is placed on being able to receive healing services from trusted individuals in the home community. This ease of access, witnesses suggested, was critical for many survivors, who feel they may now have to submit to a more cumbersome and impersonal administrative process. For many, witnesses suggested, the required steps to access services will be insurmountable. Health Canada officials, however, indicated to the Committee that services provided under the IRSRHS program are delivered across the country through a network of 120 Aboriginal service organizations in the community, by Aboriginal community-based workers who speak the local language and are familiar with the cultural context and traditions of the communities.

This concern about the application process was shared by many witnesses. Jacob Gearheard, Executive Director of the Ilisaqsivik Society in Clyde River, Nunavut, for example, stated that community members who had been offered a range of culturally-sensitive healing programs must now call a 1-800 number in White Horse, Yukon, three time zones away, they are not given the name of a person to call and there is no guarantee that they can be served in the Inuktitut language. “For Clyde River Members” Mr. Gearheard notes “a help line in White Horse is almost the same as nothing.”³¹ Witnesses also expressed concern that because many of the mental health and emotional support services delivered by Health Canada may not be available in the community, the high transportation costs required to access those services could result in a substantial reduction of other services, such as the emotional and cultural support services, offered under the IRSHS program.³² Health Canada has indicated, however, that access to services for all eligible former students and their families will continue to be made available and that it is “working to increase access to underserved communities that were previously served by the Aboriginal Healing Projects.”³³ In addition, in those circumstances where services may not be located in the home community, the Regional Coordinator of the IRSRHS program will ensure that health supports are available in that community or arrange travel to the nearest appropriate health support provider.³⁴

²⁹ Lisa Haggerty, Program Manager, Hinton Friendship Centre Mamowichitowin, Submission, May 2010.

³⁰ Evidence, 4 May 2010.

³¹ Jakob Gearheard, Executive Director, Ilisaqsivik Society, Submission, 3 May 2010.

³² Evidence, 29 April 2010.

³³ Evidence, 29 April 2010.

³⁴ Health Canada, Submission, 19 May 2010.

The most important difference between the two programs underlined by witnesses, however, was that the healing projects supported by the AHF had been designed, controlled and delivered by Aboriginal peoples. This aspect of the AHF healing projects had been fundamentally empowering to communities, helping them to build and sustain their own health capacity; something witnesses indicated is not achievable through government-delivered programs. The Committee notes that efforts undertaken by Health Canada to work with a network of locally-based Aboriginal service providers is supportive of these objectives. Ultimately, this was the vision of the Aboriginal Healing Foundation, where communities affected by the legacy of the residential schools system would have “addressed the effects of unresolved trauma in meaningful terms, have broken the cycle of abuse, and have enhanced their capacity as individuals, families, communities and nations to sustain their well-being and that of future generations.”³⁵

Finally, we heard from several witnesses about the costs of abuse and the value of healing, generally; more specifically, we heard about the positive impacts of the AHF projects in mitigating those costs. In her presentation to the Committee, Ms. Yvonne Rigby Jones referred to research conducted by the Tsow-Tun Le Lum Society to this effect. The findings of that research suggest that those who had been through treatment experienced a 35% increase in post-secondary educational attainment, a decrease in incarceration rates from 56% to 13%, a decline in prescription drug use to 11% from 34%, and a decrease in hospitalization rates from 65% to 38%.³⁶ Other studies show similar findings and indicate that healing is cost-effective. For example, a groundbreaking study of the Hollow Water Reserve, located in Manitoba, looked at healing in relation to incarceration rates. It found that for every \$2 dollars spent on the community’s holistic healing circle program, federal and provincial governments saved \$6 to \$16 dollars on incarceration fees.³⁷ Similarly, in her testimony to the Committee, Ms. Ford told us that Inuit participating in AHF-healing projects say that they “are living healthier, happier lives.”³⁸

Committee Findings and Recommendations

The Committee recognizes the unique and valuable work undertaken by the Aboriginal Healing Foundation in addressing, in a comprehensive and integrated manner, the healing needs of communities and individuals who continue to struggle with the profound effects of the residential schools system. We also acknowledge that the

³⁵ Aboriginal Healing Foundation, 2010-2015 Corporate Plan, p.4.

³⁶ Evidence, 4 May 2010.

³⁷ Cited in Standing Senate Committee on Social Affairs, Science and Technology, *Out of the Shadows*, May 2006, p. 390.

³⁸ Evidence, 4 May 2010.

Foundation's success in addressing the needs of communities rests, to a large extent, in having communities design, control and deliver the healing programs themselves. Not only does this approach help build the capacity of communities to sustain their own health and wellness systems, but it has proven to have positive outcomes for former students of residential schools and those touched by its legacy. While the Committee is aware that a mid-term evaluation of Health Canada's Indian Residential School National Resolution Framework was conducted in 2006, and that it showed positive results, that evaluation would have been completed before the IRSRHS Program was formally established in that same year.

This Committee is mindful, however, that the federal government has not withdrawn its support for providing mental health and emotional support services to eligible former students and has in fact committed additional funds in Budget 2010 to help meet increased demands for such services. We also note, with significant interest, that Health Canada is attempting to negotiate and conclude a number of contribution agreements with organizations that provided healing projects that were initially supported by the AHF. We were told that sixty such agreements are currently being considered. While we strongly encourage Health Canada and the Department of Indian Affairs and Northern Development to continue their efforts in this regard, we recognize that not all 134 AHF-funded projects will meet the criteria for government funding. While efforts to secure alternate funding are being undertaken, the 2009 evaluation suggests that such funding will be difficult to find as many agencies will not have matching mandates. For example, Ms. Nakuset, of the Native Women's Shelter of Montreal, told the Committee that, under some federal programs, eligibility criteria is restricted to registered or Status Indians, thereby excluding their Innu, Métis and non-Status clients.³⁹ We are equally concerned that this may leave several communities without healing supports, at least for a time, with potentially serious and disruptive effects in communities and on those who had been actively participating in treatment.

We find merit in the view expressed by witnesses that the mandate of the Aboriginal Healing Foundation should have been extended until the Truth and Reconciliation Commission completes its important work. We believe this would have been considerably less disruptive to affected communities at such a critical juncture in the reconciliation process. We note that a number of these same communities are now negotiating contribution agreements with Health Canada to re-establish healing services that had been in place - pursuant, however - to the criteria established in the IRSRHS program. Even so, we acknowledge that however technically proficient government programs may be, they are not a substitute for what was described as the "real,

³⁹ Evidence, 4 May 2010.

innovative, transformational work that communities have been developing through their community projects.”⁴⁰

The Committee supports the very real need to continue to provide the appropriate and meaningful supports to all those who have suffered, and continue to suffer, from the immeasurable harms of the residential schools system. Having carefully considered the evidence placed before us, we now recommend as follows:

Recommendation 1:

That the Government of Canada take immediate steps to renew the mandate of the Aboriginal Healing Foundation and provide sufficient funding to support its community-based healing projects for another three years.

Recommendation 2:

That Health Canada, in close collaboration with the Aboriginal Healing Foundation, take immediate steps to ensure that the mandate and criteria of the Indian Residential Schools Health Support Program be expanded to include community-based and delivered healing services; and that regular progress reports be provided to this Committee by Health Canada on an annual basis, with the first report to be tabled on 15 June 2011.

Recommendation 3:

That the Government of Canada ensure that funding allocated in Budget 2010 for the mental health and emotional support services to former students of residential schools and their families be fully targeted to supporting the Aboriginal Healing Foundation’s funded community-based healing projects.

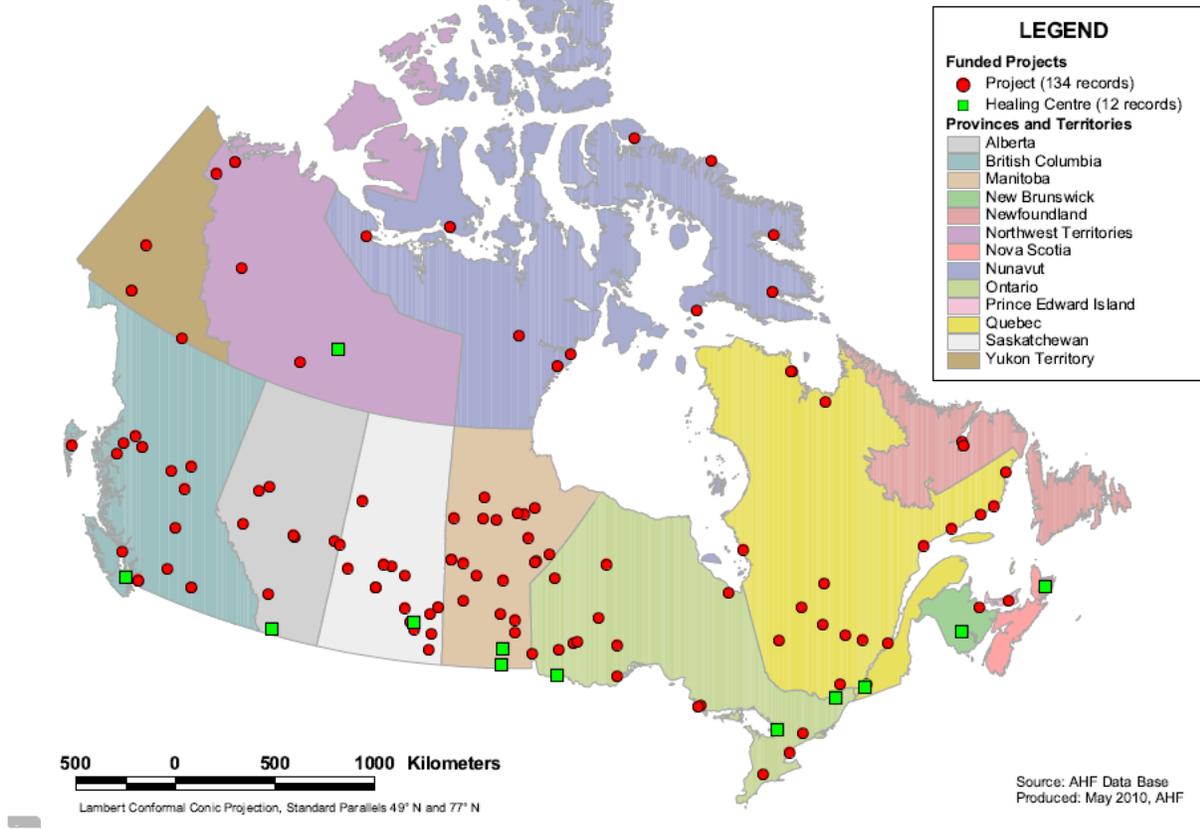
Recommendation 4:

That Health Canada ensure that services provided by the IRSRHS program, including services provided by the Resolution Health Support Workers and the 1-800 number, be available to former Inuit students of residential schools in the Inuktitut language.

⁴⁰ Evidence, 29 April 2010.

APPENDIX A MAP OF AHF-FUNDED HEALING PROJECTS

AHF Projects Funded Under the 125 Fund



APPENDIX B SUMMARY OF WITNESS RECOMMENDATIONS

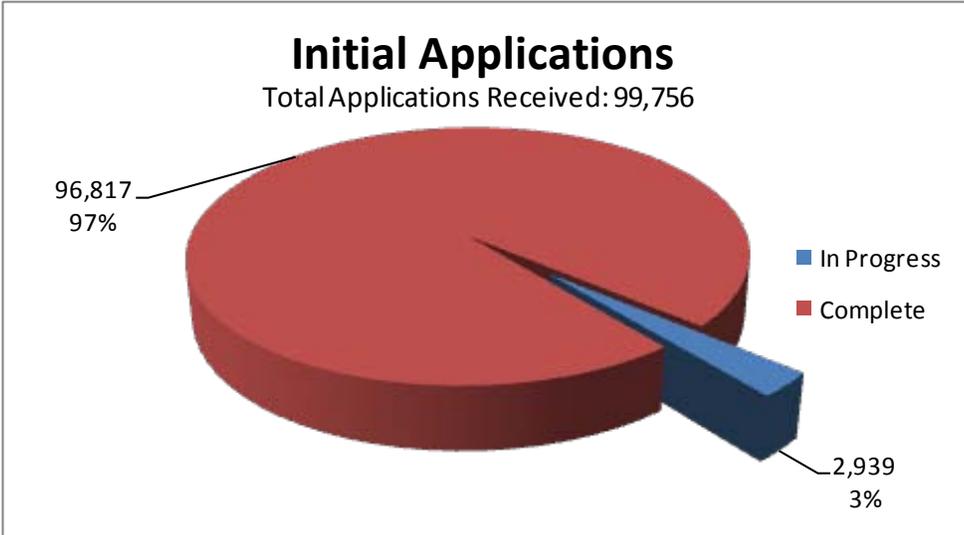
Witness	Recommendation
Aboriginal Healing Foundation	That the funding and timeline of the Aboriginal Healing Foundation and its projects be harmonized with the timeline of the Truth and Reconciliation Commission and that there be a funding commitment of \$125 million over three years.
Assembly of First Nations	That the funding and timeline of the Aboriginal Healing Foundation and its projects be harmonized with the timeline of the Truth and Reconciliation Commission and that there be a funding commitment of \$125 million over three years.
Inuit Tapiriit Kanatami	Renew funding to the Aboriginal Healing Foundation and its projects.
Mental Health Commission of Canada	Renew funding to the Aboriginal Healing Foundation and its projects.
Native Women's Shelter of Montreal	Renew funding to the Aboriginal Healing Foundation and its projects.
Tsow-Tun Le Lum Society	Renew funding to the Aboriginal Healing Foundation and its projects.
Regional Chief Bill Erasmus, Northwest Territories, Assembly of First Nations	That the funding and timeline of the Aboriginal Healing Foundation and its projects be harmonized with the timeline of the Truth and Reconciliation Commission and that there be a funding commitment of \$125 million over three years. <i>Or</i>

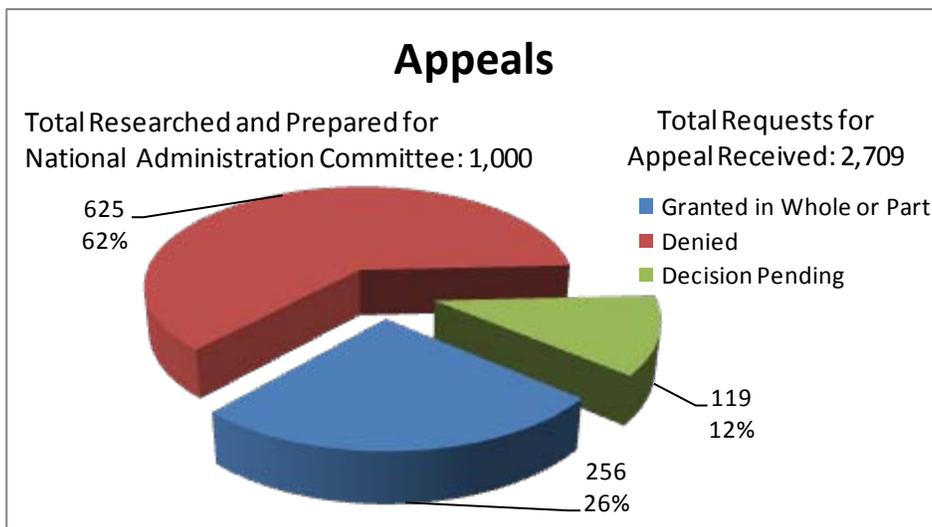
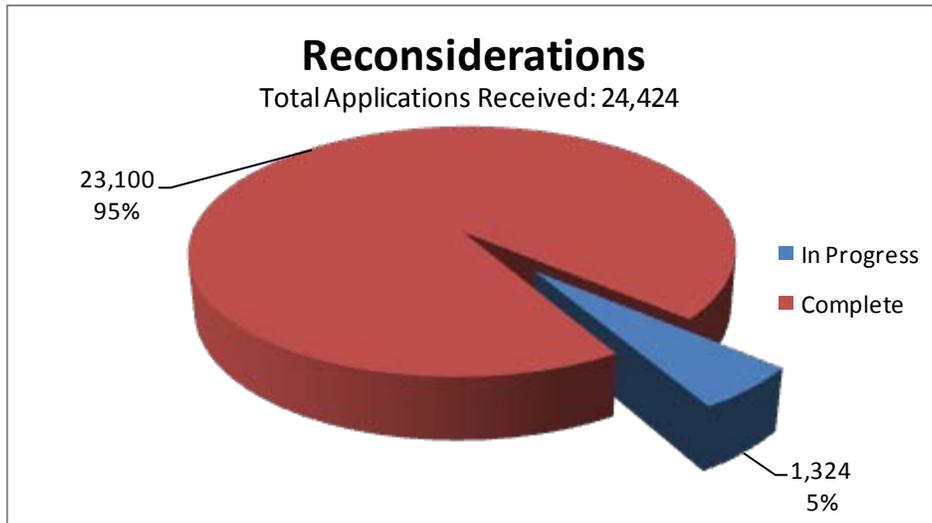
<p>Regional Chief Bill Erasmus, Northwest Territories, Assembly of First Nations</p>	<p>That the federal government immediately engage in discussions with the appropriate organizations to expand Health Canada's mandate and criteria to community-healing services as well as other solutions such as expanding physical and geographic coverage, and be prepared to commit additional funds necessary for adequate and comprehensive healing services.</p>
<p>Iqaluit Community Tukisigiarvik Society</p>	<p>Renew funding to the Aboriginal Healing Foundation and its projects.</p>
<p>Ilisqsvik Society</p>	<p>Renew funding to the Aboriginal Healing Foundation and its projects.</p>
<p>Hinton Friendship Centre Mamowichitowin</p>	<p>Renew funding to the Aboriginal Healing Foundation and its projects.</p>

APPENDIX C

COMMON EXPERIENCE PAYMENT STATISTICS

Common Experience Payments (as of 15 March 2010)			
	Status of Application		
	Received	In Progress	Complete
Initial Applications	99,756	2,939	96,817
Reconsiderations	24,424	1,324	23,100
Appeals	2,709	1,000	881
Granted in Whole or Part			256
Denied			625
Decision Pending			119
Payments Made			
Number of Applicants			75,683
Total Paid			\$1.554 billion
Average Amount Paid			\$20,534





Source: Indian and Northern Affairs Canada, <http://www.ainc-inac.gc.ca/ai/rqpi/cep/st/index-eng.asp>

APPENDIX D

DESCRIPTION OF HEALTH CANADA MENTAL HEALTH AND ADDICTIONS PROGRAMS

Brighter Futures program

The overall purpose of the Brighter Futures program is to improve the quality of, and access to, culturally appropriate, holistic and community-directed mental health, child development, and injury prevention services at the community level to help create healthy family and community environments. Program clients: all members of First Nations and Inuit communities.

Building Healthy Communities program

The Building Healthy Communities program is designed to assist First Nations and Inuit communities (which includes individuals and families) and territorial governments in developing community-based approaches to mental health crisis management. Activities include assessments, counselling services, referrals for treatment and follow-up treatment, aftercare and rehabilitation to individuals and communities in crisis. Program clients: First Nations communities, individuals and families.

Indian Residential Schools Resolution Health Support Program

The Indian Residential Schools (IRS) Resolution Health Support Program provides access to mental health, transportation services and emotional support services for eligible former Indian residential school students through the Health Canada regional offices. Program clients: Eligible clients include former IRS students resolving claims through the Independent Assessment Process and their families, former IRS students receiving Common Experience Payments and their families, and those participating in Truth and Reconciliation and Commemoration events.

Labrador Innu Comprehensive Healing Strategy

The Labrador Innu Comprehensive Healing Strategy (LICHS) is a long-term strategy designed to improve health and social outcomes in the two Labrador Innu communities of Natuashish (formerly Davis Inlet) and Sheshatshiu. The strategy was developed in the aftermath of a gas-sniffing crisis in the Labrador Innu communities in the Fall of 2000. Program clients: members of the Mushuau Innu and Sheshatshiu Innu First Nations residing in the communities of Natuashish and Sheshatshiu, Labrador.

National Aboriginal Youth Suicide Prevention Strategy

As a program, the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) supports a range of community-based solutions and activities that contribute to improved mental health and wellness among Aboriginal youth, families, and communities. Program clients: First Nations youth living on reserve, Inuit youth, off reserve Aboriginal youth.

National Native Alcohol and Drug Abuse Program - Community-based Program

The National Native Alcohol and Drug Abuse Program (NNADAP) community-based program provides prevention, intervention and aftercare and follow-up services in 500 First Nations and Inuit communities. Program clients: First Nations on-reserve and Inuit in Inuit settlements.

National Native Alcohol and Drug Abuse Program - Residential Treatment

The Residential Treatment component of NNADAP is a national network of 50 treatment centres operated by First Nations organizations and/or communities that provide culturally appropriate in-patient and out-patient treatment services for alcohol and other forms of substance abuse. Program clients: First Nations and Inuit who have been assessed as requiring residential treatment.

Youth Solvent Abuse Program

The Youth Solvent Abuse Program (YSAP) is a community-based prevention, intervention, after-care and in-patient treatment program that targets First Nations and Inuit youth who are addicted to, or at the risk of inhaling solvents. Program clients: First Nations and Inuit youth who are addicted to or at risk of inhaling solvents.

Source: Health Canada (<http://www.hc-sc.gc.ca/fniah-spnia/finance/agree-accord/prog/index-eng.php#mental>).

APPENDIX E
HEALTH CANADA'S RESOLUTION HEALTH SUPPORT
PROGRAM 2009-10 SERVICE PROVIDER
ORGANIZATIONS

Region	Community*	Recipient Name
British Columbia	Agassiz	Chehalis Band
British Columbia	Alkali Lake Indian Band	Esketemc First Nation
British Columbia	Hazelton	Gitxsan Health Society
British Columbia	Vancouver	Indian Residential School Survivors Society
British Columbia	New Aiyansh	Nisga'a Valley Health Board
British Columbia	Port Alberni	Nuu-Chah-Nulth Tribal Council
British Columbia	Nuxalk Nation	Oweekeno Band
British Columbia	Merritt	Scw'exmx Community Health Services
British Columbia	Sechelt	Sechelt Indian Band
British Columbia	Lantzville	Tsow-Tun Le Lum Society
Alberta	Edmonton	Advisory Council of Treaty Women
Alberta	Fort McMurray	Athabasca Tribal Council
Alberta	Wabasca	Bigstone Health Commission
Alberta	Standoff	Blood Tribe Department of Health Inc.
Alberta	Edmonton	Boyle Street Community
Alberta	Driftpile	Driftpile River First Nation
Alberta	High Prairie	Lesser Slave Lake Indian Regional Council
Alberta	Atikameg	Kee Tas Kee Now Tribal Council
Alberta	Hobbema	Maskwacis Health Services
Alberta	Calgary	Metis Calgary Family Services Society
Alberta	Edmonton	Metis Settlements General Council

Alberta	Sault Ste Marie	National Residential School Survivors Society
Alberta	Edmonton	Native Counselling Services of Alberta
Alberta	Edmonton	North Peace Tribal Council
Alberta	Fort Chipewyan	Nunee Health Board Society
Alberta	Duffield	Paul First Nation
Alberta	Brocket	Piikani Nation
Alberta	Edmonton	Psychologists Association of Alberta
Alberta	Hobbema	Samson Cree Nations
Alberta	Saddle Lake	Saddle Lake Cree Nation
Alberta	Siksika	Siksika Nation
Alberta	Tsuu T'ina	Treaty 7 Management Corporation
Alberta	St. Paul	Tribal Chiefs Ventures Inc.
Alberta	Valleyview	Western Cree Tribal Council
Alberta	Goodfish Lake	Whitefish Lake Band #128
Alberta	Enoch	Yellowhead Tribal Development Foundation
Saskatchewan	Spiritwood	Agency Chiefs Tribal Council
Saskatchewan	North Battleford	BTC Indian Health Services
Saskatchewan	Melfort	Canadian Metis Heritage Corp.
Saskatchewan	Fort Qu'Appelle	File Hills Qu'Appelle Tribal Council
Saskatchewan	Prince Albert	Indian-Metis Friendship Centre of Prince Albert
Saskatchewan	Meadow Lake	Meadow Lake Tribal Council
Saskatchewan	Prince Albert	Prince Albert Grand Council
Saskatchewan	Saskatoon	STC Health and Family Services Inc.
Saskatchewan	Punnichy	Touchwood Agency Tribal Council Inc.
Saskatchewan	Yorkton	Yorkton Tribal Council
Manitoba	Winnipeg	Aboriginal Health & Wellness Centre of Winnipeg
Manitoba	Beulah	All Nations Traditional Healing Centre, Inc.

Manitoba	Winnipeg	Anish Corporation
Manitoba	Winnipeg	Eyaa-Keen Centre Inc.
Manitoba	St. Theresa Point	St. Theresa Point First Nation
Ontario	Kenora	GCT #3 Representative Services
Ontario	Balmertown	Keewaytinook Okimakanak/Northern Chiefs Council
Ontario	Sault Ste Marie	National Residential School Survivors Society
Ontario	Thunder Bay	Nishnawbe Aski Nation
Ontario	Little Current	Noojmowin Teg Health Centre
Ontario	Sioux Lookout	Sioux Lookout First Nations Health Authority
Ontario	Ottawa	Tungasuvvingat Inuit
Ontario	Sault Ste Marie	The Children of Shingwauk Alumni Association
Ontario	Moose Factory	Weeneebayko Health Ahtuskaywin
Quebec	Betsiamites	Conseil de Bande des Betsiamites
Quebec	Val D'Or	Centre d'Amitié Autochtone de Val d'Or
Quebec	Kahnawake	Kahnawake Community Services
Quebec	Mashteuiatsh	Conseil de Montagnais de Lac St Jean
Quebec	Scherfferville	Conseil de la Nation Innu Matemikush - Lac John
Quebec	Listuguj	Listuguj Mi'gmaq Government
Quebec	Maniwaki	Conseil de la Nation Anishnabe Lac Simon
Quebec	Tete a La Baleine	Conseil de Montagnais de Unamen Shipu
Quebec	Waskaganish	Waskaganish Wellness Society
Quebec	Notra-Dame du Nord	Timiskaming First Nation
Quebec	Val D'Or	Conseil des anicinapek de Kitcisakik
Quebec	Sept-Iles	Innu Takuaihan Uashat Mak Mani-Utenam
Quebec	Kahnawake	Commission développement ressources humaines
Quebec	La Tuque	Conseil de la nation Atikemw
Quebec	Quebec	Maison Communautaire Missinak

Quebec	Kahnawake	Femmes autochtones du Québec / Quebec Native Women
Quebec	Wendake	Comm. De la Santé et des Services Sociaux des P.N
Quebec	Quebec	Association Prevention Suicides
Quebec	Montreal	Projets Autochtone de Quebec
New Brunswick	Burnt Church	Burnt Church Band
New Brunswick	Eel River Bar	Eel River Bar First Nation
New Brunswick	Big Cove	Elsipogtog First Nation
New Brunswick	Indian River	Indian Island Band
New Brunswick	Miramichi	Metepenagiag Mi'Kmaq Nation
New Brunswick	Fredericton	St. Mary's First Nation
New Brunswick	Tobique First Nation	Tobique Band
PEI	Charlottetown	A.S.H. (Aboriginal Survivors for Healing)
PEI	Summerside	Mi'kmaq Confederacy of PEI
Nova Scotia	Yarmouth	Acadia Band
Nova Scotia	Dartmouth	Atlantic Policy Congress of FN Chiefs Secretariat
Nova Scotia	Bear River	Bear River Band
Nova Scotia	Chapel Island	Chapel Island First Nation
Nova Scotia	Eskasoni	Eskasoni First Nation
Nova Scotia	Hantsport	Glooscap First Nation
Nova Scotia	Truro	Millbrook First Nation
Nova Scotia	Eskasoni	Native Alcohol and Drug Abuse Counselling Association
Nova Scotia	Truro	Nova Scotia Native Women's Association
Nova Scotia	Afton	Paq'tnkek First Nation
Nova Scotia	Trenton	Pictou Landing First Nation
Nova Scotia	Hants Co	Shubenacadie Band
Nova Scotia	Wagmatcook	Wagmatcook Band
Nova Scotia	Whycocmagh	Waycobah First Nation

Yukon	Carcross	Carcross/Tagish First Nation
Yukon	Haines Junction	Champagne and Aiskihik First Nation
Yukon	Whitehorse	Council of Yukon First Nations
Yukon	Burwash Landing	Kluane First Nation
Yukon	Watson Lake	Kwanlin Dun First Nation
Yukon	Whitehorse	Liard First Nation
Yukon	Carmacks	Little Salmon/Carmacks First Nation
Yukon	Mayo	Nacho Nyak Dun
Yukon	Ross River	Ross River Dena Council
Yukon	Pelly Crossing	Selkirk First Nation
Yukon	Whitehorse	Ta'an Kwach'an Council
Yukon	Teslin	Teslin Tlingit Council
Yukon	Dawson City	Tr'ondek Hwech'in
Yukon	Old Crow	Vuntut Gwitchen First Nation
Yukon	Beaver Creek	White River First Nation
North West Territories	Yellowknife	Assembly of First Nations, NWT
North West Territories	Yellowknife	Healing Drum Society
North West Territories	Inuvik	Inuvialuit Regional Corporation
Nunavut	Iqaluit	Isaksimagit Innuusirmi Katujjiqatigiit Embrace Life Council

Source: Health Canada

APPENDIX F LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
<p>Aboriginal Healing Foundation Michael DeGagné, Executive Director Terry Goodtrack, Chief Operating Officer</p>	2010/04/29	13
<p>Department of Health Kathy Langlois, Director General, Community Programs Directorate, First Nations and Inuit Health Branch</p>		
<p>Department of Indian Affairs and Northern Development Alia Butt, Acting Director, Outreach and Reconciliation, Settlement Agreement Policy and Partnerships Aideen Nabigon, Director General, Settlement Agreement Policy and Partnerships</p>		
<p>Inuit Tapiriit Kanatami Jim Cincotta, Senior Policy Advisor, Department of Health and Environment Elizabeth Ford, Director, Department of Health and Environment</p>	2010/05/04	14
<p>Mental Health Commission of Canada Madeleine Dion Stout, Board Member</p>		
<p>Native Women's Shelter of Montreal Carrie Martin, Evaluation Coordinator Nakuset, Executive Director</p>		
<p>Tsow-Tun Le Lum Society Yvonne Rigsby-Jones, Executive Director</p>		
<p>Assembly of First Nations Chief Bill Erasmus, Regional Chief, Northwest Territories Joseph Williams, Elder</p>	2010/05/06	15

APPENDIX G LIST OF BRIEFS

Organizations and individuals

Aboriginal Healing Foundation

Hinton Friendship Centre

Ilisaqsivik Society

Liard Aboriginal Women's Society

Tsow-Tun Le Lum Society

MINUTES OF PROCEEDINGS

A copy of the relevant Minutes of Proceedings ([Meetings Nos. 13, 14, 15, 16, 22 and 23](#)) is tabled.

Respectfully submitted,

Bruce Stanton, MP
Chair

Supplementary Opinion **Conservative Party of Canada**

The following is a report of the Conservative Members of the Standing Committee on Aboriginal Affairs and Northern Development.

The Aboriginal Healing Foundation was initiated in 1998 with \$350 million in funding from Indian and Northern Affairs Canada. An additional \$40 million was provided in 2005, and as part of the Indian Residential Schools Settlement Agreement of 2006 our Government allocated another \$125 million in 2007. This last endowment was for a five-year period, to 2012, as described in the healing foundation's corporate plan, released in December 2009. The Aboriginal Healing Foundation is currently implementing the wind-down strategy described in that plan. The Foundation has prepared for this wind-down and advised its community partners accordingly.

Health Canada's Indian Residential Schools Resolution Health Support (IRSRHS) program is continuing to provide mental health and emotional support services to former students of Indian Residential Schools, and their family members, as they participate in the Settlement Agreement processes.

In preparation for the increased demand on Health Canada's IRSRHS program our Government committed an additional \$65.9 million over two years as part of our Government's commitment under the Indian Residential Schools Settlement Agreement to provide mental health and emotional support services to former students and their family members participating in the common experience payment.

Paragraph 23 and Recommendation A

The Conservative Members of the committee reject the claims in Paragraph 23 and Recommendation A of the Report. It is evident from testimony and submissions to the committee that The Resolution Health Support Program (IRSRHS) is well suited in terms of the mandate, geographic range and personnel resources to continue delivering healing services to residential schools survivors and their families for the longer term in communities across Canada.

Recommendation B

The Conservative Members of the committee believe Recommendation B is misleading. It indicates that the IRSRHS should be "expanded to include community-based and delivered healing services", when testimony and submissions from Health Canada officials clearly identify that Health Canada provides this service: "Health Canada has a network of 120 Aboriginal service provider organizations which provide the services of 174 Resolution Health Support Workers (RHSW), and 281 Cultural Support Providers (CSPs)."¹

¹ AANO Distribution 75, May 19, 2010

Recommendation C

The Conservative Members of committee believe that Recommendation C is also misleading as it recommends the Government “ensure that funding allocated in Budget 2010...be fully targeted to supporting...community-based healing projects”. As the Study Report shows, our Government has actually increased funding to mental health and emotional support services through the IRSRHS. Furthermore, the geographic range and personnel resources of Health Canada’s program will exceed that of the Aboriginal Healing Foundation’s.