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**Chair**

**Mr. Andy Fillmore**



## Standing Committee on Indigenous and Northern Affairs

Monday, September 26, 2016

•(1530)

[English]

**The Chair (Mr. Andy Fillmore (Halifax, Lib.)):** We'll come to order. This is the meeting of the Standing Committee on Indigenous and Northern Affairs of the House of Commons. Welcome, everyone. I'll just note today that we have Joël Lightbound sitting in for Rémi Massé. Welcome, Joël. I'll also acknowledge that we're meeting on traditional Algonquin territory, for which we're very grateful, as always.

We have an hour of witnesses. Two witnesses are joining us for the first hour. We'd like to welcome them at this point. Please welcome Michael Chandler, appearing as an individual. Members, Michael is on the left screen. He is professor emeritus, University of British Columbia, department of psychology. Thank you very much for joining us. On the right side, again appearing as an individual, is Christopher Lalonde, professor, University of Victoria, department of psychology. Thank you very much, Professor and Professor, for joining us. We're very grateful for your time today.

You may be familiar with the way this will work. I'm happy to offer each of you 10 minutes to address the committee. When there's about a minute left, I'm going to start waving a yellow card around, and then when the time is up, I'll wave a red card around, and ask you to come to the close at that point. Then from there, we'll go into rounds of questions from committee members. We're all together for one hour. We'll hear from each of you and then we'll go into questions. We'll do the two presentations consecutively, and then have the questions combined to both of the witnesses.

With no further ado, I would like to welcome Professor Chandler to the floor for 10 minutes.

**Professor Michael Chandler (Professor Emeritus, University of British Columbia, Department of Psychology, As an Individual):** Good afternoon to you and the rest of the committee.

As you've done, I would like to acknowledge that I'm speaking from the traditional territories of the Coast and Straits Salish peoples. As you remarked, I'm an emeritus professor, which essentially means that you do everything you used to do, but don't get paid for it.

I want to begin by saying that Dr. Christopher Lalonde, who will speak after me, has been my close colleague for more than 30 years. Together, we have considered a range of matters having to do with the health and the well-being of indigenous people, both in Canada and various other places around the world.

The large bulk of this work concerns the problem of youth suicide in all of the Commonwealth's many outposts. Today, I want to talk

about this complicated matter, by speaking only about two issues. The first of these concerns the effective impossibility of successfully picking out which particular youths from a given indigenous community will or will not successfully take their own lives.

The second set of remarks concerns various studies that Christopher Lalonde and I have done concerning the general proposition that cultural wounds require cultural medicine. I'll try to unpack that in a moment.

Let me begin with what I think is a more straightforward matter, which has to do with suicide rates and the effective impossibility of deciding who among Canada's indigenous youth will or will not commit suicide.

As you're perhaps aware, suicide rates are customarily reported as deaths per 100,000. For Canada's general youth population, this ratio is approximately four or five individuals per 100,000. The risk effectively doubles among the whole of Canada's indigenous youth. One need not be a statistical whiz to recognize that the odds of any given youth actually taking their life is especially small, and the prospect of fashioning some assessment tool capable of picking out such individuals is effectively vanishing.

Our usual intuitions about such matters fail us. When asked, people might offer the notion that depression is a predictor of youth suicide, but good studies have suggested that something like 70% of Canadian youth report being seriously depressed at some times in their lives, and that they also similarly think about the possibility of suicide.

The question then becomes this: how might we try to intervene in this problem, and address the fact that somewhere out there troubled youth are on their way to actually committing suicide? There is an enterprise called gatekeeper projects. Across the Commonwealth, many hundreds of millions of dollars are currently being spent annually on so-called gatekeeper project interventions.

•(1535)

In short, the common core of all such projects is to identify and train community level paraprofessionals to identify youth at special risk for suicide. Although having the virtue of employing various sorts of community members, all of these projects share the common but fatal flaw of wrongly assuming that it is possible to pick out which particular youth are especially vulnerable. No one knows how to do this. An insurance actuary let loose on this problem would simply conclude that no one would ever commit suicide, and they would be wrong four or eight times out of 100,000 and right 99,995 times in a row.

The issue here has prompted Chris Lalonde and me to refocus our attention at a higher level of aggregation by looking at whole communities rather than single individuals. There is some attempt to capture all of this with the pat phrase “cultural wounds require cultural medicine.” If one then undertakes to get beyond the difficulty or really the impossibility of singling out individual youth, the question becomes how one might proceed to look at higher aggregations of indigenous people. The way we've done this—and there are other ways—is to look at the tribal or band level. Much of our work has been done here in British Columbia where there are something like 203 distinct bands. As it turns out, roughly half of these communities have never suffered a single youth suicide in the 20-plus years that such information has been collected. By implication, the remaining half of these bands have often heart-breaking high levels of youth suicide.

The open question, the thing that enquiring minds want to know, is what it is that distinguishes those communities with low to absent youth suicide rates from those where suicide is epidemic.

One could look in many places for answers to such questions. Our own work has focused on the questions about individual and cultural continuity. That notion of continuity concerns the fact that in order to be a coherent person, it's constitutive that one must have a sense of ownership of one's individual past—otherwise one might be an amnesiac, for example—and to have a sense of commitment to one's own as yet unrealized future.

Elevated to the level of whole cultural groups, it turns out that—

• (1540)

**The Chair:** Professor Chandler, I just wanted you to notice the one-minute card.

**Prof. Michael Chandler:** Okay, thank you.

—what distinguishes between communities or collections or aggregations of people simply being mobs and those with a real coherent culture is similarly some sense of ownership of past and present at the level of whole communities. Therefore, much of the work we've done—and hopefully Chris is prepared to describe some of that—is to try to find markers or defining features of whole indigenous communities that are associated with high and low suicide rates.

I'm sure I've raised more questions than I've answered, and hopefully in our question-and-answer period, I'll be able to speak to some of those.

That's enough from me and we can turn to Professor Lalonde.

**The Chair:** Thank you so much for that, Professor Chandler.

Professor Lalonde, let's move right along into your remarks for 10 minutes please.

We may have lost Professor Lalonde. Let's just sit tight for a moment here and see if we can get him back.

While we're doing so, Professor Chandler, if there is anything you'd like to add that you weren't able to fit in, we may as well make use of the moment.

**Prof. Michael Chandler:** Our efforts over three decades have been to identify the features of communities that have very low or

absent youth suicide rates and set them apart from communities that have very high rates. All of that turns on what we've chosen to call “cultural continuity”.

If Chris is back, I'll mute my speaker and let him go on. Is he there?

**The Chair:** No, he's not with us yet, so I might suggest to committee members that we go into the first round of questions if the members are ready. Then we'll hear Chris when he gets back.

Let's proceed if you don't mind, Professor, with some questions.

The first member of the committee who would like to ask a question is Mike Bossio.

• (1545)

**Mr. Mike Bossio (Hastings—Lennox and Addington, Lib.):** Thank you, Professor Chandler, for joining us this afternoon. I'm quite excited about the type of work you're doing because I look at self-governance and cultural integrity as being key here in solving the skyrocketing suicide rates in our indigenous communities right now.

Maybe you could speak on where self-governance and self-determination have led to that cultural integrity and continuity. Where was it successful that you've seen so far? What size was the community? Where wasn't it successful, and why do you feel that it wasn't successful in those communities?

**Prof. Michael Chandler:** First let me say that, over the years, Chris Lalonde and I have identified nine descriptors of indigenous communities, roughly half of which concern their efforts to hold onto and to rehabilitate their cultural past. The other half concern issues that have to do with ownership of their own future. Now as it turns out, matters of self-governance become a kind of keystone determinant that cuts across all of these measures. Communities that have achieved some measure of self-determination and self-governance have lower or absent rates of suicide relative to counterpart communities that do not have such self-governance instruments.

Other kinds of variables that we've looked at have to do with the efforts of communities to preserve their traditional language, to re-establish the role of women in governance, and to create facilities that are intended for the preservation of culture by allowing for ceremonial events and youth programs that focus on cultural rehabilitation.

The other markers that we looked at, which are more future oriented, concern things like some important voice in the policing of their communities and some efforts on the part of these communities to run their own child protection services, to shape their own educational practices in terms of including indigenous matters in their curriculum, and—

**Mr. Mike Bossio:** I'm sorry, Professor, if you don't mind there's something I'd really like to get to here. Is there a kind of optimal size of community where self-governance is more successful versus those that are of a smaller nature or are more isolated?

**Prof. Michael Chandler:** I'm not sure I have hard evidence to answer that question. I'm sure you're aware of this, but I think initially the initiative of communities to try to win back some kind of governance control.... First it was a small number of groups, often, I think, some of the larger groups with more resources. But later on, in effect, every community was invited to address the question of whether they either wished to have self-governance or wanted to be in a queue for which self-governance would eventually eventuate.

I think the only hard evidence that I can speak to—and I understand, I think, the importance of your question—is that there are tribal groups that have essentially indentured themselves trying to achieve some measure of self-governance. There is in place a scheme for rating how far given communities have proceeded. It's a kind of five-point scale. Five means you have self-governance of some sort and zero means you've not even gotten in the game. It turns out that the suicide rate is highest among those communities that have tried to initiate self-governance but have bumped into some kind of glass ceiling, so that despite having kind of borrowed into their own future to pay for such legal help, they haven't achieved—

● (1550)

**Mr. Mike Bossio:** Sorry, Professor, I hate to cut in again. I apologize, but my time is running out and I want to get a little more information from you because I respect what you have to say.

From a cultural rehabilitation standpoint, it has taken 10 generations to destroy many of our indigenous cultures. Do you have any indication as to how many generations it takes to rehabilitate it?

**The Chair:** Just briefly, we're under a minute here. Thank you.

**Prof. Michael Chandler:** I don't know the answer to that question. My sense is that however it's rehabilitated, it won't look like it used to look. No matter how much you undertake to ensure a sense of cultural continuity, you can't persuade teenage kids from an indigenous community to give up their Nikes in favour of moccasins, for example. Time is also passing. I don't know how many generations, which is your real question, are required to set things right. At this stage of the game, I don't even know that we know what right looks like.

**The Chair:** Professor Chandler, Professor Lalonde has come back online. We're at the end of Mike Bossio's allotted time for that question, so I'm going to suggest that we now hear from Professor Lalonde, then we'll pick up the questioning where we left off, if that suits everyone.

Thank you so much, Professor Chandler.

**Dr. Christopher Lalonde (Professor, University of Victoria, Department of Psychology, As an Individual):** Thank you.

Thank you for having me. I too want to acknowledge that I'm speaking to you from the territories of the Coast and Straits Salish peoples. Thanks for the opportunity to speak. I'm at a disadvantage here because I didn't get to hear what Michael said or the questions that were asked of him.

The one thing I hope will come out of this work is that Michael outlined all of the problems inherent in trying to identify who might try to take their own lives, how difficult that is, and how many red herrings there are in that field. A precondition to understanding the

size and scope of this problem is to get good and accurate data on suicide and suicide attempts, and other bad things that befall youth in indigenous and other communities.

At present, we don't do a good job of making that data available for use by researchers, policy-makers, or communities themselves. One of the problems that Michael and I face is trying to get access to data at the level of communities. You can talk about suicide rates for the province of British Columbia or the country of Canada, but that's not especially helpful if you're in a particular community and if you're a particular group of people. What we need is good, accurate, ongoing data on things that are happening at the level of communities. There are two reasons to say that. One is that when we don't do, then you read media accounts of an epidemic of suicide in the indigenous population, which is fearmongering that's insulting to people without giving anyone any means of acting. On the other hand, if as a particular first nation you know that your suicide rate, or your diabetes rate, or your heart disease rate is above the provincial average, or the average of other communities in your area, then you have some information you can act on. When you know the size and scope of a particular problem, then you can decide what you want to do about it. At present, we don't provide that information to communities. I think there ought to be a way of providing a kind of report card to communities of where they stand on a list of important health outcomes, so they know what they can or should be trying to do to resolve that.

Not having known what Michael might have said, I think I was cut off shortly after he said that cultural wounds require cultural medicine. I think that's an important take-home message, the idea that if you want to do something about youth suicide rates, you don't necessarily need to target the issue of youth suicide. To the extent that you promote healthy youth development, you prevent suicide. It doesn't need to be earmarked for some sort of parachuted-in suicide prevention program. To the extent that we can help communities promote their own cultural ways of doing things, we will, as a side benefit, lower rates of suicide and other kinds of negative developmental outcomes.

I'll stop there and leave it for your questions.

Thank you.

● (1555)

**The Chair:** Thank you, Professor. You do have about seven minutes remaining in your allotment. If there was an area that you wanted to go deeper on, you're welcome to do that, or as you say, we could go to questions.

**Dr. Christopher Lalonde:** I think I'll just go to questions. I think that's more important than me probably repeating some things that Michael said.

**The Chair:** Okay. Thanks very much. Your first question will come from Cathy McLeod, please.

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

I'd like to thank both of the presenters. I'm also from British Columbia, so it's good to have your expertise here at the table. At first I want to dive down into the issue of data. My first question is whether it is not available for use, or is it just not collected?

For example, Health Canada would know every medical number that they pay for, and then you have things like suicide being attached to the medical billing process. Is that not available for privacy reasons, or what are the challenges there? I do believe data is an important issue.

**Dr. Christopher Lalonde:** It is there; it's kept. It's complicated for indigenous people because the federal government keeps status Indian records and the provincial government makes actual payments. So it's very difficult to actually access the data even if people are willing to share it.

It's been made a little more complicated in British Columbia because we have the tripartite agreement, and the First Nations Health Council now controls what's called the client file. They are reluctant to share the data with researchers because they don't feel they have the authority to share data at the community level. They can share data for the province, the suicide rate, but they don't feel they have the authority to share community-level data. In British Columbia, where there are more than 200 communities, securing something like a band council resolution with 203 communities is just logistically impossible.

The point I've been trying to make is, if at the moment you feel you're not authorized to share data with researchers of community-level stuff, then share it back to the communities. Let the communities know where they stand. I'm hopeful that as things move forward we'll get data-sharing agreements in place that will allow Michael and me and others to do the kind of work that we've been doing.

**Mrs. Cathy McLeod:** Michael talked about the number of bands and approximately a half, he said, had not had a youth suicide in 20 years. Have you any sense of change over time for the communities that have been impacted? Do you have any sense that communities are moving forward on some of the areas that you've identified as being important in your research, and is it making a difference? Is that available in terms of data and information?

That's for Michael.

•(1600)

**Prof. Michael Chandler:** My sense is the kind of work that Chris and I have been doing is of great interest to indigenous communities and it is often used as a point of argument to achieve some changes with their own provincial or federal government.

I think the fact that some changes are being made is evidenced by the uptake of this kind of research data. On your strong question of whether it is possible to identify communities that are in transition, that have taken on some of these expectations about how to build a better way of rearing one's youth in a culturally sensitive way, my sense is that we just have to remain mute. I don't think we have the evidence to suggest, at least in the 15 to 20 years that we've been collecting data, that there have been a whole lot of changes from then until now.

Chris, you may have a different view on that.

**Mrs. Cathy McLeod:** As a committee we have put a lot of work into this very horrific tragedy that's happening. If you were going to say there is one short-, medium-, or long-term recommendation that should be part of your report, if you can put it into one of those, what would it be? We have time for both of you to answer.

**Prof. Michael Chandler:** For me, it would be that cultures, communities, that rehabilitate themselves against enormous odds create healthy environments for raising kids.

Chris' point was all these things need not be flagged as suicide prevention efforts, although sometimes that's how you get money to do these things. To me, somehow regaining access to and owning one's cultural past and having a stake in one's own community's future, working on those two backward- and forward-looking aspects of change, is the ticket out of this predicament that we all struggle to understand.

**Dr. Christopher Lalonde:** I want to go back to your earlier question about looking at change over time. That, I think, is what Michael and I are very, very anxious to do, but again, it requires access to data that at the moment we don't have.

With regard to not targeting suicide prevention necessarily, I was at a meeting in Ottawa on Thursday on men's suicide, with a partial focus on indigenous men's suicide. One of the women who was at the table turned to me and said, "Wait a minute; are you Lalonde of Chandler and Lalonde?" When I said I was, she told me that she cites our work all the time, which I thought was great. We got to chatting, and I told her that it's more gratifying to us not when someone cites our research in an academic work but when someone in the community uses it to justify getting something done.

At that, she texted me a photo of a cultural centre they built in her community. They used our work to justify it, that if you build this centre for cultural purposes, it will improve the health and well-being of young people. She said that 15 years ago they had a big problem with suicide and suicidality in her community. They don't anymore. The centre now employs 21 people.

I think that's the more long-term vision, that to the extent that you support communities to help themselves, they will.

•(1605)

**The Chair:** Thank you. We're out of time on that question.

The next question is from Romeo Saganash, please.

**Mr. Romeo Saganash (Abitibi—Baie-James—Nunavik—Eeyou, NDP):** Thank you, Mr. Chair.

Thank you to both our witnesses for their contribution to this committee.

I have a question related to I guess the type of control one community may have on its future, on its destiny. I think that's an important component in all this discussion.

I had the privilege of travelling with the committee to Nunavik and Nunavut this past week. There was a lot of discussion around those issues. My riding, which we visited on this trip, is composed of Cree, Inuit, and Algonquin communities. The Cree and Inuit live under a land claims agreement called the James Bay and Northern Quebec Agreement, whereby both groups have a certain measure of control over their local self-government and certain control over certain institutions, particularly related education and health.

Nevertheless, even given the fact that they both live under a certain legal regime or political regime that's similar in both cases, there's a marked difference in suicide rates between the Cree and the Inuit in this case. Would geography also be a determinant in all this analysis?

**Dr. Christopher Lalonde:** We did look at some geographical analyses. The first thought was perhaps being an especially remote community is either a good thing or a bad thing in terms of youth development. When we looked at the data, we didn't see a clear relationship like that. The closest thing we saw was that it seemed that communities that were near urban centres, but not large urban centres, were at slightly higher risk or had slightly higher rates of suicide than either remote communities or urban communities.

So the simple geographical analysis didn't really tell us very much.

Michael, you may want to add to that.

**Prof. Michael Chandler:** Only that certainly the Inuit are often pointed to as a group of individuals who in some way have self-government. They have successfully preserved for the most part their indigenous languages, and yet their suicide rate is high.

I think your intuition that somehow how far north one might need to go before one needs to change their predictor variables in terms of who's going to commit suicide and who isn't is an untold story. There are people like the McGill Group looking especially in the Inuit communities, but I think that there may be a separate story to be told there.

People like Lisa Wexler I think are doing a really good job of trying to look at the differences that characterize Inuit communities and separate them from people somewhat further south.

• (1610)

**Mr. Romeo Saganash:** That brings me to my second question. I know that in British Columbia a sectoral agreement has been in place since 2013 for health care services. This was called the First Nations Health Authority. Have we seen improvement since the first nations took over those services and programs for their own communities?

One of the things we heard a lot over our two-and-a-half day visit up north was that communities wanted to define their own programs and services and determine their own programs and services. That's one big ask that we've heard over and over again during our visit. Has there been any improvement since that 2013 sectoral agreement in British Columbia?

**Dr. Christopher Lalonde:** I think that question would be better asked of the First Nations Health Authority because they have the data. I don't think we have any way of answering that question except to say that what really has changed is the level of engagement

of communities in health planning and processes. I think they've done a really good job of engaging the communities.

I think, as you say, the communities want a say in designing and implementing their own programs. I think the First Nations Health Authority at least provides the kind of structure that would allow that to happen.

**The Chair:** Thank you very much.

We'll go on to the next questioner. This is also a seven-minute period like the previous ones, and it's from Michael McLeod, please.

**Mr. Michael McLeod (Northwest Territories, Lib.):** Thank you, and thank you both for the presentations. They are very interesting observations and studies you've done.

We spent the better part of last week going to Nunavik and Nunavut and heard many people speak on this issue. A lot of what you're raising is also reflected in their words. We heard very clearly, especially from people in Nunavik, that there's a need for crisis centres in the community, cultural centres, and family centres. You have raised the issue in part of your study that having a cultural centre lowered the levels of suicide.

I've been talking quite a bit over the last while about facilities, such as friendship centres, because I'm a strong believer that every community needs an organization such as this that deals with sport, recreation, culture, and education, all these programs, including the service of crisis centres at times.

If you look at the north—I'm from the Northwest Territories—we've had in all the territories, including Yukon, Nunavut, Nunavik, and Labrador, well over 1,000 people commit suicide in the last 15 years. However, if you look at the different parts of the north, including the Northwest Territories on the southern part, where we have friendship centres, that level is low, including the community I live in.

We've had a friendship centre for over 25 years, and we've never had a youth suicide. If you start looking at the people who are committing suicide in my riding—and we have different nations of people in the Northwest Territories—it's the Inuit males who are committing suicide, who live in the further northern communities where there is very little in terms of facilities, certainly no friendship centre. Nunavut has no friendship centre, except for one in Rankin Inlet. I don't believe Nunavik has any either.

We don't have that type of facility, but I'm wondering if you had looked at the role that facilities such as friendship centres play, and existing programs that are out there that help alleviate this problem.

I think, Mr. Lalonde, you talked about a facility that proved that cultural centres work and help alleviate this problem, so I wanted to ask if you had looked at friendship centres.

• (1615)

**Dr. Christopher Lalonde:** We didn't look specifically at friendship centres. At least in British Columbia, friendship centres tend to be located in cities rather than within communities, but I have no doubt that having a friendship centre in a community is what we would call a protective factor.

Michael, I don't know if you talked about our work in Manitoba at all. I'm sorry. I hope I'm not repeating myself here, but we consulted with communities in each of the five cultural territories in Manitoba to look at how we could move our research program from British Columbia, where it started, to Manitoba, which has a very different historical and political landscape.

We consulted with communities about what things they thought would promote culture within their communities. One of the common themes that came out of that was the need to facilitate interaction between elders and youth. In every community, that was an important need that they identified, and they had very different ideas about how to do that within each of their communities. Given that you have an exploding population of youth and a rapidly shrinking population of elders, it becomes a very difficult thing to do.

It seemed like the first thing you needed was a venue, a place where elders and youth could interact, but the shape of that venue changed from community to community. For some, it was something like a friendship centre as you described. For others, it was finding ways to get youth and elders together on the land, to participate in traditional activities. That doesn't necessarily require a building, but it certainly requires resources to get people out onto the land to do the activities they want to do.

I think that having a facility that's designated for these kinds of cultural purposes is critical, because that's just a building. What goes on inside the building is designed and implemented by the people in the community, and I think that's where the most powerful effects come from.

**Mr. Michael McLeod:** This issue may have been covered within some of the larger themes that were raised, but I wanted to ask about housing or the lack of housing. The issue came up at every one of our discussions in the communities. Almost every presenter described how that lack plays into the sense of despair in our communities and in our aboriginal populations, and how that is reflected in the youth.

During one of the presentations, it was noted that if the housing situation was dealt with, if the housing supply was adequate, we would probably lower the social problems in our communities by 50%. Have you looked at the issues of overcrowding and housing shortages in the different communities as a factor?

**Dr. Christopher Lalonde:** We did look at a measure of crowding and we found a slight increase in suicide rates as the number of persons per room in the house went up, but I think that's potentially misleading, because in some ways it's not the number of people in the house that matters; it's the quality of the housing and whether or not the people want to be there.

When you have extended families living together in adequate housing, that's a good thing even if there are 2.4 persons per bedroom in the house, whereas if you have one person per room in very substandard housing, or a whole bunch of people in a house who are living together out of necessity and not out of familial love, I think that's a bad thing. I think you need to separate the issue of crowding from that of quality.

**The Chair:** Thanks for that clarification.

We're out of time on that question, but we're going to move into five-minute questions now, beginning with David Yurdiga.

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

Thank you, Professor Chandler and Professor Lalonde, for joining us here today. It's a very important study and I think everyone around this table wants to resolve this in some way.

As was mentioned earlier, some of our committee members travelled to Nunavut and northern Quebec, and we heard about the lack of opportunity, the isolation, the poverty, and the poor housing. These are major factors within the current mental health issues in that region. To what extent did your research measure community economic conditions in relation to mental health? I address that to anyone who wants to answer it.

• (1620)

**Dr. Christopher Lalonde:** We looked at a number of economic issues, at least here in British Columbia. We looked at average income in the community, percentage of income that comes from government transfers, levels of education, and labour participation, and there was no clear relationship between those variables and rates of suicide. You could argue that maybe it's because there isn't enough variability in economic indicators across the communities to be able to show anything, but it seemed to suggest that the communities that were slightly better off than others weren't necessarily the ones with the lowest suicide rates. So it wasn't necessarily economic activity, although I absolutely understand where you're coming from in terms of sensed opportunities for youth within communities. I think that's the thing that needs to be addressed, more than the number of persons participating in the labour force does. Although that's important, I don't think it's the magic bullet for this particular issue.

**Mr. David Yurdiga:** As I was mentioning earlier, there's a sense that there's no direction right now for the indigenous youth.

There's more than one issue. There's a lack of housing and a lack of opportunity, but which area should we address first? Obviously it's very difficult to address everything at once. Which area would you like to address first, if we could? What is the highest priority?

**Dr. Christopher Lalonde:** I think the take-home message from our work is that when communities get control over their own lives, better things happen than when they don't. I think communities should be answering that question rather than us answering it. For some, the really imperatively important thing was to get their culture into the curriculum in their schools, so that if their young people could grow up knowing who they are, being taught in their schools, and supported in their communities, that would sustain them across whatever other adversities they might face.

For other communities the issue was clearly more resource-based; for example, why was the diamond company getting all of the riches from the resources of their land and they were not?



I think without having to point to one thing, I would say it's up to communities to decide what their highest priorities are, and it's our job as the rest of Canada to support them in gaining and regaining control over their civic, political, and cultural lives.

**Mr. David Yurdiga:** During our visit to the north, it was mentioned that the community is always in a mode of crisis. How is this going to affect them in the long term, when it becomes normalized for individuals to commit suicide and the shock factor isn't there anymore? What can be done to address that in the short term and long term?

**Dr. Christopher Lalonde:** I think the short-term answer regarding crisis is to provide immediate on-the-ground support. What form that takes depends on what the crisis is and what the community needs. The longer-term problem is that we imagine that, if we just bring in some support workers for a week to talk to the youth, and then they go away, we haven't really done anything at all. We've calmed the waters momentarily, but the underlying issues are still going to be there. For the longer term, I think it's the need to find ways to support the communities over the long term.

For example, when I was talking about elder and youth interaction, the community can decide what form that takes, but the resources to do that can't be another one-off program; that people come in, they kick up the dust, and then they're gone. There needs to be more long-term funding support for the things that communities want to do to be able to help their youth.

I think the problem with particular programs is that they tend to be focused on particular things, like suicide prevention, for a particular period of time, three months or maybe a year. Even the research programs that Michael and I tried to put together, which are aimed not just at extracting data from the communities, but helping them find ways to support themselves and their youth, at most are two or three years long. Then once again we're gone. I think there needs to be a way to get around that somehow. I don't know what it is, but I think there needs to be a way to provide those long-term resources.

•(1625)

**The Chair:** Thank you for the response.

We're going to move on to a five-minute question from Don Rusnak, please.

**Mr. Don Rusnak (Thunder Bay—Rainy River, Lib.):** Thank you for appearing before the committee today. It's a pleasure to hear from you, and to hear your perspective from the west coast.

We have our member from Nunavut here today, a friend of mine, Hunter Tootoo. I'd like to acknowledge his presence here today.

You just echoed my frustration—in terms of previous governments' responses to suicide crises and epidemics across this country in indigenous and northern communities—with doing one-off programs, where people make a big stink about a crisis that's happening. In the moment the government reacts, it sends in health care workers for a finite amount of time. There are good or mixed results, and then everything washes up and it's ignored, and then it cycles back into the norm.

Another thing I wanted to touch on is what I see as the solution, or one of the solutions, perhaps the ultimate solution.... You mentioned a side benefit of the positive things that self-government brings, but

self-government that is truly realized. I believe you mentioned self-determination hitting a glass ceiling. I'd like you to explain what you meant by that, and then perhaps comment on any of the numerous comments I made.

**Prof. Michael Chandler:** Maybe I should at least start to answer this question. I think that governments better understand how to deal with individual problems than they understand how to deal with cultural problems. It's common in British Columbia and across Canada for communities to declare themselves in some kind of suicide-crisis circumstance. As a result, we parachute in a bunch of people who are trained counsellors, but it's a puzzle. If you were parachuted in, having spent all the time you have looking at this problem, what could you or would you do?

I think we have this individual focus where we're going to go in and solve the problems of a series of individuals who are inclined to commit suicide while ignoring the real cultural devastation that underlies this sense of loss and impotence, and lack of control of one's own destiny.

Here's a thought about how you might more coherently intervene. If it's the case that you can identify—certainly as we can identify here in B.C.—bands or communities that have never had a youth suicide, I think we have to presume that they know something about how to raise children who believe that life is worth living.

There is indigenous knowledge sedimented in those communities that have few or no suicides. Intervention programs that try to pair up communities with high and low suicide rates respectively would be a novel solution, a solution different than just bringing in some kind of platoon of counsellors who, themselves, don't know what results in suicide.

•(1630)

**Mr. Don Rusnak:** I was just going to make another comment. We all know what got us here in terms of indigenous suicide. It was colonialism, residential schools, the Indian Act, and everything we've done to the indigenous communities across this country.

I have one quick question if the Chair will allow me to ask it. Is there one answer for all communities? Have you seen something that's worked right across the country? I don't think there is.

**The Chair:** It's the biggest question with the least amount of time.

**Some hon. members:** Oh, oh!

**Dr. Christopher Lalonde:** No, there isn't one single solution. I think that if you look at the kinds of solutions that we've found—or that the communities have found—that work, things like supporting elder-youth interaction, the form that takes in any community can be wildly different. The important factor is promoting that. The notion of giving communities control over education can take different forms in different places, but for most communities it means inserting their culture into the curriculum that their children are being asked to learn.

If you look at language, there are different ways to support language revitalization. Communities will figure out what works best in their community.

There isn't one answer. There are probably several dozen. The communities are better placed than us to tell you the form of those things.

**The Chair:** Thank you both for that response.

We're out of time. However, because of the technical difficulties, we're going to proceed for one final five-minute question, even though it goes beyond our 4:30 limit, and that's going to come from Arnold Viersen.

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Thank you, Mr. Chair, and thank you to our guests for being here today.

I'm assuming that you must have had something to do with the ITK proposal on suicide, because we're hearing a lot of the same terms, cultural continuity, protective factors, risk factors, these kinds of things.

One of the things that I do need some clarification on is whether it is possible to define "cultural continuity". There are fairly tangible aspects to it, and there are fairly non-tangible aspects to it.

Then, could you go into how to pass that on to the next generation, or raise kids? Michael, I think you talked about that. You mentioned the term, "raising kids", three times. How does that play into it? How do people work with that?

Can you define "cultural continuity" first of all?

**Prof. Michael Chandler:** I think in some sense it's easy enough to define in the abstract: that is, the assumption is that the principal consequence of colonization has been to demean the cultural past of indigenous people and, in some paternalistic way, to take out of their hands control of their own future.

If, broadly defined, continuity of culture is a way of preserving a connection to one's past and a sense of ownership of one's future—and here I echo something that Chris has said at various times—then the particular way that might be done will probably vary importantly from community to community. But the broad outline of the task is to act in a kind of restorative way that essentially allows indigenous people to value and rehabilitate their endangered culture, or absent culture, and to restore their rights to control their own future and that of their children.

At a kind of broad level, it's easy enough to define what it means to talk about the continuity of a culture in time. What it means in particular for a given community really varies from one community to the next and needs to be hammered out by the members of that community itself.

I addressed part of your question, but there was a tail end to it that I need to be reminded of.

• (1635)

**Mr. Arnold Viersen:** How does that relate to raising children? You've mentioned raising kids three times now, along with cultural continuity and passing on our culture to the next generation. What

would be some of the factors that come into passing that on to the next generation? Who's in control of that and where does that go?

**Dr. Christopher Lalonde:** I can speak to that briefly, Michael.

I don't know if Michael summarized this. One of the factors we found was the participation of women in local governance; that is, when women formed a simple majority of the band council, suicide rates were lower in those communities than where women were absent or a minority.

Michael and I tried to figure out what this could signal. Does it signal something about the women when they form a majority or does it signal something about the community that would elect a majority of women? I had a graduate student who said, "Well, why don't we just go and ask those women?" That seemed like a really good idea, so she drove all around British Columbia interviewing band councillors, chiefs, and former chiefs.

We were very careful not to say anything about suicide or youth health but just to ask them how it was that they came to be involved in the governance of their people. When we looked at the transcripts, we saw that almost everything these women said had to do with preparing the next generation. They saw it as really a kind of nurturing role. They were very explicit about how that meant both to create a firm cultural foundation for the youth within their community and to equip them to be able to walk in two worlds, in the indigenous world and the non-indigenous world.

I think the notion of raising children pervades indigenous communities in ways that are plain to anyone who goes into those communities. The fact that we've had several generations of parents removed from the raising of children makes that more poignant, but I think first nations people understand better than anyone else that raising the next generation of children is our most important job in this world.

**The Chair:** Professor Lalonde and Professor Chandler, on behalf of the committee, I'd like to thank you very much for your time and your thoughtful remarks.

We're at the end of our time now, but I would like to let you know that Michelle Legault, our committee clerk, will be sending you an email address. It's a web link to a portal where I would invite you to submit a brief or any other comments up to 3,000 words. That will be rolled into the indigenous suicide study, along with the remarks we've heard from you today and, in fact, with the remarks we've heard from all our witnesses. It's another opportunity to get more input if we were unable to cover everything today.

Again, I want to say thank you. I hope we have a chance to speak with you again.

**Dr. Christopher Lalonde:** Thank you for taking the time to hear from us, and I apologize to the translators for how fast I talk.

**The Chair:** They're professionals. They did just fine.

Thank you so much.

We're going to suspend for a couple of minutes while we disconnect and prepare for an in camera session.

*[Proceedings continue in camera]*







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