

# Proceedings of the Standing Senate Committee on Human Rights

## Issue 21 - Evidence

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VANCOUVER, Thursday, November 22, 2012

The Standing Senate Committee on Human Rights met this day at 2 p.m. to study issues pertaining to the human rights of First Nations band members who reside off-reserve, with an emphasis on the current federal policy framework.

**Senator Mobina S.B. Jaffer** (*Chair*) in the chair.

[*English*]

**The Chair:** Thank you very much for welcoming us so warmly with the prayers and the welcoming song, and before I start my remarks I want to apologize on behalf of all the senators who are here today for not being on time. We tried our best but sometimes things are out of our hands.

For me, it is a pleasure. It is like coming home. My sister, Susan, and I worked together for so many years, and I do not know how many times Chris has tried to get me to do things with him, and I have always enjoyed the experience. I am honoured to be here with you and so are the senators.

I want to start by acknowledging the territory of the Coast Salish people, in particular, Squamish, Musqueam and Klahoose Nations.

The Senate of Canada has entrusted us with a mandate to study issues respecting human rights in Canada and elsewhere. The process works in the following way: A senator will look around his community and see what issues need to be addressed, what issues should the Senate study. Senator Brazeau has identified a study that he thought was very important for people in our country, and he will expand on what his idea was so you will get an idea of what we are looking to hear from you today, but before I do that I will have my colleagues identify themselves.

**Senator Brazeau:** Senator Patrick Brazeau from Quebec.

**Senator Hubley:** Senator Elizabeth Hubley from Prince Edward Island.

**Senator Harb:** Mac Harb from Ontario.

**The Chair:** We were in Winnipeg and Saskatoon for two days of hearings. In both Winnipeg and Saskatoon, we were received very warmly. We know that there is an issue in our community that we need to address, and I ask my colleague Senator Brazeau to explain to you what the study is about.

**Senator Brazeau:** I too would like to apologize for being late. We are here to study human rights for First Nations people who live off reserve throughout Canada.

In contemplating this study, obviously a lot of bad blood and bad memories come to mind because we all know who created the labels "on reserve" and "off reserve." I certainly know that as a First Nations person. As well, there are some realities in this country today. One is that First Nations people do not have the same rights as their on-reserve counterparts. For example, they cannot access the same programs and services as their on-reserve counterparts.

The purpose of this study is certainly not to dictate as a committee what should be done, but to hear directly from people. At the end of this exercise we will be in a position to offer some strong recommendations for the government to act upon. Regardless of where First Nations people choose to live in this country, whether it is in their traditional territory, their reserve community, our cities or any rural or remote area, they should be treated equally and have equitable access to programs and services just like every other Canadian.

These hearings are just the beginning of a dialogue. This is one of the first times that this has been done in the history of this country. I can tell you as a First Nations person that it is not always easy to get something accepted by Parliament in terms of having this type of exercise. However, we are here, and what is more fitting than discussing off-reserve issues at your friendship centre here in Vancouver?

Thank you for having us, and we look forward to the deliberations this afternoon.

**(Edited to BCANDS Presentation / Testimony only)**

**The Chair:** We have with us Larissa Williams and Ali Davis from the B.C. Aboriginal Network on Disability Society.

**Alison Davies, Disability Case Manager, B.C. Aboriginal Network on Disability Society:** I am a disability case manager with BCANDS, the B.C. Aboriginal Network on Disability Society. I would like to introduce you to Larissa Williams, also a disability case manager. Our executive director, Neil Belanger, sends his regrets.

I would like to first acknowledge that we are on the traditional territories of the Coast Salish people and thank them for allowing us to be visitors here today. I would also like to thank the staff of the Vancouver Aboriginal Friendship Centre for allowing us to be here today and for the preparations that have gone in to assist in putting this together. *Hi'swke*.

Honourable senators, we are honoured to be invited to share with you a little bit about what we do at BCANDS.

BCANDS has been in existence since 1991 serving the Aboriginal population of British Columbia both on and off reserve living with disabilities. Most of our clients are living with complex disability and health care needs and often require assistance in navigating through what can seem a rather unsystematic system.

Aboriginal persons in British Columbia and across Canada continue to deal with the generational effects that European contact has had on all aspects of their lives.

It is well documented that the health status of Aboriginal people in British Columbia and Canada is significantly lower than the non-Aboriginal population. I will give you a few statistics.

British Columbia disability statistics state that a recent survey showed that in B.C. more than 1 out of 10 persons, 11.2 per cent, in the working age population defined as those 15 to 64 years of age has a disability. The conditions most prevalent were mobility and agility. Over 6 per cent of the population is affected. The psychological problems, just less than 3 per cent noted that disability. The severity of the disability increases with age. Less than half of those with the young age group, 15 to 24, had more than a mild disability compared to two thirds of those age 25 to 64.

General B.C. and Canada First Nations statistics state that 30 per cent of Aboriginal adults report a disability, almost twice the national rate. Among Aboriginal people, the 15 to 34 age group has a disability rate three times the national average, and 3.9 per cent of Aboriginal people with disabilities complete university compared to 5.8 per cent of those without disabilities. The average household income of Aboriginal adults with disabilities was 85 per cent of the Aboriginal adults without disabilities, \$16,755 a year compared to \$19,800.

Levels of employment are lower among Aboriginal adults with disabilities than Aboriginal adults without disabilities, 41 per cent versus 61 per cent.

Of Aboriginal people with disabilities, 30 per cent rated their health as fair or poor compared to only 5 per cent of Aboriginal people without disabilities. Canada Stats from September 30, 2006 indicate that the total Aboriginal population of British Columbia was 196,075 people. The total number of Indian bands in B.C. as of September 30 was 198. Total number of reserves, 1,701. Percentage of the Aboriginal population in B.C. living on reserve is 26 per cent. The report also notes that 54 per cent of Aboriginal people now live in urban areas in Canada. That number is 74 per cent of Aboriginal people in B.C. living off reserve.

When we look at the numbers, the current situation is: Of 196,075 Aboriginal people living in British Columbia, 74 per cent are living off reserve. That is 145,096 people. Of those, 30 per cent are living with a disability. That is 43,529.

Many Aboriginal communities are additionally affected by minimal economical and employment opportunities, community remoteness, limited community access to necessary health and social services, their associated professionals, limited community amenities and so forth. Demands and expectations placed on Aboriginal communities and organizational leadership are high from their membership. While their membership identify multiple priorities within the community or organization, all of which compete for any available financial resources.

Understanding this, leadership with Aboriginal communities and organizations across British Columbia are forced to make difficult decisions in regard to programs, services and special funding allocations made available. Due to these important and ever increasing community and organizational needs, specialized disability and support services may be minimal with only limited resources available to the membership, leaving the disabled individual, their family and support systems at times quite frustrated.

Stats Canada shows us that there are approximately 43,529 Aboriginal people living off reserve in British Columbia who are living with some sort of disability. At BCANDS we currently have 305 clients: 157 off reserve; 148 on reserve. Of those, 181 are active clients — people who need something from us this week — and 124 are inactive clients, which basically means that we have not worked with them in the last 3 months, and 27 people are currently on a wait list for our services.

There were some questions that you asked that we have attempted to address; such as barriers preventing residency on reserve, why do people feel they need to leave their communities, factors leading to a decision to leave reserve.

First we went through housing. Limited access to housing and an ability to own limited housing for disabled and elderly. The RRAP program is no longer available on reserve. That was the Residential Rehabilitation Assistance Program, which is now HAFI. The On First Nations CMHC program has limited funding. They are currently not taking any applications until next year, and they are not sure if there is going to be any funding then either. Overcrowding in housing, discrepancy in using housing codes, many people live in unsafe homes. Mould is a major issue.

Education: Individuals need to leave their community to access education.

Employment: There is limited opportunity for employment, and there is high competition when there are job openings, discrepancy in pay rates, pensions and benefits between on- and off-reserve people for similar positions and qualifications.

Health care: There is limited access to acute medicine in remote areas, medical health and addiction services, psychiatrists, psychologists and other specialists, limited access ability. Community Living B.C. does not provide services at all on reserve.

Transport: There is limited HandyDart service on reserves, limited transit system in remote areas, bus passes, bus tickets, limited accessibility, limited resource to own a vehicle.

Amenities: There are higher costs in remote areas for the groceries, limited access to groceries and other retail outlets, limited access to recreational facilities, limited access to playgrounds and schools.

There is limited access to legal services.

PWD: Persons with disabilities benefits, there is a discrepancy between provincial and federal earning eligibilities.

**The Chair:** We have your written presentation. I do not mean to cut you off, but I know you have to go. I promise you it will be part of this transcript.

Ms. Williams, are you going to add anything?

**Larissa Williams, Disability Case Manager, B.C. Aboriginal Network on Disability Society:** I will just introduce myself quickly. My name is Larissa Williams. I am First Nations. I come from the Tla-o-qui-at tribe which located on the Nuu-chah-ulth territory, and I am also a disability case manager two days a week. I have not been here as long, so I will pass it along to Ali, but I will try to answer any questions I can.

**The Chair:** Thank you. Please do not feel that I am being disrespectful, but we really do have questions.

Mr. Williams, you also have very kindly provided us with a written submission, for which we are very appreciative, and rest assured that we will read it carefully. We take this very seriously. So if I may, would you highlight what is in your presentation. That will give us time to ask you questions.

**Bill Williams, President, United Native Nations Local 510:** First, I would like to thank you very much for having me here, and on behalf of myself and others I have a gift for you to show how appreciative we are in that you have taken this time to go across Canada to learn more about the First Nations community and the needs of the people.

**The Chair:** Mr. Williams, we very much appreciate your gift, but I can tell you that we already got many gifts this afternoon from all of your presentations.

**Mr. Williams:** Yes.

**The Chair:** We are very sensitive to the fact that you have a lot of work to do and this is additional work that we have asked, so we already feel we received many gifts from you already.

**Mr. Williams:** Yes.

**The Chair:** We appreciate the gift you have given, but all of you here have given us already many gifts, and if you can start your presentation. Thank you.

**Mr. Williams:** We have heard a lot of things from the different parties' and individuals, and one of the many things I would like to raise is about the word "reserve" in the Indian Act. I propose to you to bring to the government, not as a personal request but on behalf of the First Nations all across Canada, the suggestion to have that removed. As you have seen earlier and in other meetings you have gone to, it always has been addressed as the First Nations community, and if you would, if it pleases you, Madam Chairman, that this really is a burden on the First Nations community. We all know how Canada came about, and we feel like a herd of cattle being put into a section of land and saying this is your home. It is really very embarrassing. You hear some of the kids going to school. Unless you have lived that life you really do not know the burden and the hurt especially on the younger kids and as well as all of the community.

Housing is a real burden on the reserve, and one of the main reasons why people move off is because of the housing conditions. I propose to you, Madam Chairman, that it be brought to the government that there needs to be accountability to the contractors, the electrical inspectors, and the plumbers.

Just on our reserve alone in Gold River, five new buildings were built last year. They already have complications: mould, the bathroom floor sinks and the list goes on. I propose that in the future there needs to be accountability on the contractors, and one of the solutions could be what happens when you are living in a town or a city. There is a building inspector, an electrical inspector, plumbing inspector, but it is not the case on the reserve. I propose to you that you bring to the government this issue as one of the main things that could be looked at in terms of the housing problems. One of the solutions could be that we need inspectors, be they our own or what have you. There needs to be accountability, otherwise this rot keeps going on and on; people living on reserve, moving off the reserve because of housing. These are just some of the things that I wanted to bring to your attention.

We have also heard some of the issues of different organizations and the work that we do for the off-reserve community, and one of the biggest issues I see is funding issues for the organizations, for the work that they do. I hear up and down Vancouver Island where organizations cannot get the funding they used to.

Years ago it might have been \$80,000, the next year it is \$60,000, and the number seems to be going down. I am wondering whether it be would feasible, Madam Chairman, to really look at this

because our community is growing not only in the Aboriginal community but also in the non-Aboriginal community, and we need to really look at how to not only cater to those people in need but also the people who may have jobs, houses, cars who need help too. People in all walks of life in the Aboriginal community all across Canada need help, whether it is counselling for abuse or the generational thing where grandparents and parents have gone to residential school and there is depression, anger, things that need to be looked at in terms of how to remedy this. I hear from some people on our reserve that there is not enough money to hire a counsellor so that we can take care of the people not only on reserve but off reserve. I propose that this issue be brought before not only the Senate but the government.

**The Chair:** Was there anything else you wanted to add? We certainly have your paper and which Senator Harb will make sure that both your paper and Ms. Davies' paper become part of our transcript, which, of course, you know what I mean is that it will be as if you spoke.

**Mr. Williams:** There is one more thing I would like to bring up, and that is accountability to doctors.

For example, nine months before I met my wife, she was diagnosed with schizophrenia. She walked into the doctor's office — and this is the case among a lot of the native ladies and girls who go to the doctor's office and mention emotional, physical or what have you — and the doctor right away, "Oh, you are schizophrenic." By the time I met my wife in April 28, 2000, which is a Saturday, she was already on multiple schizophrenic medication, and it took many, many months and years to advocate on her behalf, to fight for her because she could not. She was overly medicated, and finally she was re-diagnosed by a specialist in Victoria, and she has now been off the medications for 29 months. This is another issue that my wife wants to bring to your attention, the people who are automatically put on medication and that there needs to be accountability among doctors, not just to put Aboriginal people on medication.

**The Chair:** Thank you for all your presentations.

I would like to start with asking both of you if you could help us by giving a scenario of what happens when someone walks into your office. You have mentioned it, but if you can just give more detail. Ms. X walks into your office. She has a number of ailments. She does not live on the reserve. From the day she walks in, goes to the hospital, what kind of services is she able to access? Is it the same services as any British Columbian can access, or what are the challenges?

**Ms. Davies:** I will try to maybe use a few people that I can think of.

We have one individual who has a brain injury, and he required surgery on his foot. He was having difficulty accessing transportation. He was having difficulty making the appointments with the doctor partially because of his brain injury, partially because of where he was located.

We went through setting him up with the doctor, with transportation. One thing that he was having difficulty accessing, living off reserve, was applying for medical transportation, so we assisted him with that.

I am not sure if that answers your question. This particular individual went through getting set up with a brain injury clinic, learning to cope with his brain injury. After his surgeries and things like that we helped him. He was also an intergenerational survivor of residential school so we set him up with counselling.

As a result of this particular individual, we at BCANDS, before referring someone to a counsellor, will do an interview with the counsellor. What had happened was with this individual— and it has

happened more than once — showed up specifically around residential school. We had a time where there was a couple of counsellors who actually spoke to them about the low pay rate that they were getting from servicing a person who was off reserve and dealing with residential school survivors.

There are things like that. That may not happen with someone else. I am not sure if that answers your question.

**The Chair:** Yes, it does. One of the things, of course, is the issue of counselling, culturally sensitive counselling, and you have identified that. You are sensitive to that, for if that person had gone somewhere else they would not have received that same kind of consideration?

**Ms. Davies:** We just get a list, right? I do not know who those people are, and this particular client had gone there, and he had gone for a few visits. I asked how is it going, and he said, "Well, I do not know, Ali, I have never really been to a counsellor before, I guess, it is okay." So asked if there was anything he wanted to share with me about what was happening there. He shared a little bit about what was happening, and then he shared with me that the counsellor had brought up with him that she was not getting paid as much as she would normally charge. She actually said that he had been given 20 visits but she would do it in 10 and double charge each time because she was actually really good at what she did.

I told him that is not okay and that he was being re-abused, and we talked a little bit about how he felt about that. I reported the incident, and from then on I made sure that I interviewed counsellors beforehand. I have a list now that I go by. I make sure that they are clear. I talk about all the money with them first because our clients do not need to be talking about the money. They are already going there for other things.

**The Chair:** Let us take prescriptions, wheelchairs, all the additional things a person needs sometimes. Are they available through their province? Do they have to go to the band? What happens to a person that comes into your office?

**Ms. Davies:** It has a lot to do with where they are located. They may live off reserve, but they may live in a more remote area. That has something to do with it. That may be the same for a non-Aboriginal person too; however, there may be some other difficulties than an Aboriginal person might face, cultural sensitivities and awarenesses, depending on what their life story is, how they feel about going into a place and asking for things and understanding that. That is a lot of what we do as disability case managers is help them to manoeuvre through the system.

**The Chair:** Mr. Williams, would you like to add something to what Ms. Davies has said?

**Mr. Williams:** You must excuse me. I have been up since five o'clock this morning.

**The Chair:** That is okay. We will have other questions for you. Do not worry.

**Mr. Williams:** Could you state the question?

**The Chair:** Do the people you work with have difficulty obtaining, say, prescription drugs, wheelchairs, additional services like counselling? What steps do you have to take to make sure that people who live off reserve get the same services as other British Columbians?

**Mr. Williams:** One of the things that I have observed is the cutbacks that INAC has made to the Aboriginal community in terms of medication, other services, whether they go for therapy or whatnot or other things that they have to go to. The money has been cut back, so they cannot get the medications — they can get this medication, but they cannot get this one because it is not authorized or INAC did not authorize it.

Over the years — I do not do it too often — when I see a problem like that I help that person. If it cost \$39, I will pay for that, but I have made numerous e-mails to INAC and to other ministries to bring this to their attention, but it just seems to be dormant.

Another service, as my friend here has pointed out, is the lack of transportation, especially in very remote places like Zeballos on Vancouver Island. If you know how remote that is, the road conditions, it is horrific. Unless you have money — they go through cars like we can go through candy sometimes. They have tried to lobby around, especially with the highway the B.C. Ministry of Transport, the town of Zeballos and the Ministry of Forests, because it is their responsibility to look after that road too, but they always seem to pass the buck. The crux is no one has the money to repair this road, so it is very difficult to get to and from Campbell River for shopping, medication, doctors' appointments. I say this because I drive for the native community. If they cannot get to their appointment, I take them to their appointment.

**The Chair:** Thank you.

Before we proceed any further, I want to make sure that both your reports are appended to the transcript.

**Senator Harb:** Madam Chair, I move that the presentations of Alison Davies as well as Bill Williams be tabled with the committee as an exhibit and that be appended to the committee proceeding.

**The Chair:** All those in favour?

**Hon. Senators:** Agreed.

**Senator Harb:** My question is really to Ms. Davies. In outlining the statistics, you talked about the different disabilities that exist within the population that you serve. We have some statistics here from Statistics Canada which state that 54 per cent of adults have some sort of chronic condition. Some of it is disability and some is not a disability. Do you consider alcohol and drug addiction as being a disability, and if so, what is the percentage of your constituency, the population that you serve?

**Ms. Davies:** We would definitely consider addiction a disability or at a minimum a health care issue that we would deal with. Statistically it is probably rather low with most of the people that we are dealing with. Maybe I should reword that: It is not often that that is specifically what we are dealing with when we are dealing with people. Because of the complex care issues that many of our clients face, there may be diabetes and asthma and cancer and they are an intergenerational or residential school survivor themselves, and, oh, by the way, they are recovering from some sort of addiction. I could go through files and take a look, but it does not tend to be one of the main things that we are dealing with because usually there are so many other things.

**Senator Harb:** Is it possible that because some of those potential clients do not become clients because they cannot access the systems or because some of them end up behind bars because of problems beyond their control. If so, have you made any attempt to go, for example, to Correctional Services and say, "Look, I want to look at your prison population to examine their conditions. I want

to look at their medical status and medical report to find out how many of those people are in fact disabled whether due to alcohol addiction, drugs or due to disability of some sort, mental disability of some sort?" Have you done that, or is there any possibility you will do that in the future?

**Ms. Davies:** Yes and yes. I go twice a year. For instance, Ford Mountain Correctional Facility, located in Chilliwack, has an information fare. A number of different agencies will set up booths there, and I will go and see if there are clients in there. I go — I do not know how many times — with some regularity to Wilkinson Correctional Facility when I know that we have a client there.

The truth is that I am the only full-time case manager. Ms. Williams works two days a week. We have very minimal funding; we have 305 clients, 181 active. Between the two of us, she probably can see maybe 8 or 10 people a week. When I say "see," a lot of it is on the phone because we are provincial, of course, so maybe 20 to 25. The reality is that in any given week there are about 150 people have I cannot see, that we cannot do anything with, that we know that are out there. Of our inactive files, which are about 124, I cannot honestly tell you that it is because they do not need anything right now. But the reality is that it is very difficult to get to even a small amount of them.

The reality, again, is that there are those thousands of people out there who we are not able to help. I want to be able to help them, but I cannot even help who we have right now. That is the truth. We do not have the funding. We do not have the bodies to be able to do it.

The first time that I went to the Wilkinson Correctional Facility, I had been asked to meet with someone. I came back, and I said to Neil Belanger, our director, that that place is full of our clients. I saw physical characteristics which would lend themselves to fetal alcohol. I could see so many First Nations people in the holding place where I was, but I was just going to see the people that I was going to see. Yes, there is a huge need for it.

**Senator Harb:** Is it fair to say then that if you had the resources you would do a lot more?

**Ms. Davies:** Yes.

**Senator Harb:** Is it also fair to say that perhaps one of the recommendations we should be making to the government is that it not only provide resources but acknowledge the fact that we have people who live outside the community, to use a correct word, rather than outside of the reserve, who have mental disability and human rights issues that have not been addressed because of the lack of resources?

**Ms. Davies:** Absolutely, and people without the ability or resources to actually even get to us.

Ms. Williams has reminded me of something that you had asked about, Madam Chair. There is a lack of awareness about non-insured benefits and what they cover and what they do not, especially with health care providers who are off reserve. Quite often we will have a client go to a health care professional, and that person is not aware of what they can give. It may be a small thing, but, for instance, they write a prescription, not being aware of what is on the list of things that are covered, and that person could go back and forth. Imagine being not well and having to go back and forth, taking a bus back and forth because the doctor does not know what is covered. That is just one small thing, but that is very common.

**Ms. Williams:** I want to add one thing too. A lot of people who come in to access our services are not aware that you can appeal non-insured health benefits. Health care professionals who I have dealt with do not know either. People are falling through the cracks and not getting wheelchairs, not

getting prescriptions, having to take away from their persons with disability funding to cover their inhalers for COPD or whatever it is? It is a real big problem.

**The Chair:** The saddest part about all of it is that with all that back and forth sometimes they just give up, and then they deteriorate, so it is horrible.

We run out of time. There is so much we could ask. You were here all afternoon and we really appreciate it. If there is anything else, please let us know.

**Senator Brazeau:** On half of the committee, thank you very much for presenting before us today. It has been very enlightening. Obviously we are dealing with very serious issues, but we are trying to make a difference, and we are trying to provide a voice and to have an inclusive process where people can either come before the committee or provide written briefs for us to consider when drafting the final report.

Like I said from the onset, this is the beginning of a dialogue.

(The committee adjourned.)

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