

Algonquins of Barriere Lake Presentation to the Provincial Inquiry Commission

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Kathleen Deschenés-Cayer



- Is an Algonquin Woman from the Kitigan Zibi and Rapid Lake First Nations. She presently resides in Kitigan Zibi.
- Kathleen is presently the Advisor on the Social Crisis in Barriere Lake, and works as a freelance trainer on issues such as addictions, family violence, social crisis and suicide prevention, ceremonial protocols and intervention training. She is also trained as an events coordinator and carries many traditional ceremonies.

Jeanette Wawatie



- Community Health Representative/Diabetes Prevention Worker/Elected Band Councillor
- Has been in this position since 2007
- Like to spend her free time with her grandchildren teaching them the traditional way of life

Algonquins of Barriere Lake



- The Algonquins of Barriere Lake (ABL), also referred to as Rapid Lake, in a semi-isolated First Nations community nearly 2 hours from any major city centre and having no businesses, economic development or very limited services in a community is in itself a hardship and often serves as a barrier for many.

OUR COMMUNITY IN WINTER



When the snow melts....







The beauty of our community.



“Our Traditional Way of Life”

The people of ABL have survived off the land for generations, hunting, fishing, trapping and gathering.





**“This is our way of Life and
these are our people”**



Our land

Like the people of ABL, the natural environment is under stress due to increased unregulated tourism on traditional lands and the depletion of natural resources due to logging and mining activities.



Self regulation and community empowerment

**The community has
been under third party
management, since
2006!!!**

Our current situation

**The community is in a
Social Crisis!**

We have had four (4) suicide attempts in the past year, by our youth ages 14 to 20. We have had six (6) suicide ideations (talking about suicide as a solution) again by youth.

Our current situation (con't)

There is an escalation of access to street drugs such as cocaine, speed, ecstasy and marijuana . Yet the community has no addictions counsellors, no mental health workers, no psychotherapists, no social workers, no police force, no high school, no band office or any new homes in over 20 years.

We have a community health worker, a maternal child care worker, (2) medical transportation workers, a receptionist and an interim health coordinator.

Violence in the community!

With the high rate of substance use and abuse, conjugal violence is rampant, yet often unreported, often times as a result of spouses or members not having any place to move to, not having a shelter or safe place. If abused women move to their bush camp for safety, they are even more isolated and more accessible.

Violence (con't)

- There is also a high level of lateral violence in the workplace, schools and at social events. At times fear dominates the community's ability to engage in healthy relationships.
- Having no services to address these issues creates more fear and even paranoia . Often times police do not respond to calls of spousal abuse or violence by community members and based on a statement made to a female victim that spousal abuse was common and the woman always goes back to the abuser.

Discriminatory practices! Do they exist? Or is it the system?

Example for our community.

One month ago we had a male community member suffering several psychotic episodes that caused fear in his children, family members and community members. The family called the police 12 times due to his behaviour and threats, yet the police refused to come to the community. SQ's informed mother that unless he actually physically harmed some one, there was nothing they could do, even though he was walking around threatening and in a psychotic state.



One day he went to the Pouvoire near the community , stole a few chocolate bars when asked to pay he became agitated and the non- native manager called the police. The family had just called the police , they would not come, yet when the non-native lodge owners called, the police did come.

It took them 2.5 hours to arrive on site, but they did come. He was apprehended on a charge of theft, taken to the Maniwaki hospital for psychiatric evaluation. Evaluated a bi-polar, is on anti-psychotic medication and back in the community.

Hospital Visits!

I have personally logged complaints against the hospital staff as I have witnessed several times how they treated patients from Barriere Lake. I have heard and witnessed condescending comments , judgements and hostility towards many of my own clients since 2009.

My complaints were never acknowledged nor responded to.

The physical body language is also very obvious and indicates the distain for providing services to the ABL community.

Differential Treatment in Services!

What is differential treatment?

That certainly exists in every aspect of our society. As an example TPM decides that it is not relevant or important to tell ABL employees why they receive so much less than the other communities or Indigenous organizations for travel and per-diem. There is no explanation why, or any reason given to employees for the lesser fees.

In addition, program and project coordinators do not seem entitled to have access to their own program budgets from 3rd party management.

Health and Social Services.

One of the most difficult aspect of dealing with social services is the fact that ABL does not have our own first line services. Which means we do not have any social workers, except for the Social crisis team. Our welfare offices is a member of TPM team and only comes to the community once a month. The social workers that visit our community are all employed by Le Centre Junesse de la Outouais or Child Protection Services, in Maniwaki Quebec.

Health and Social Services.

- Their main objective over the past several years has appeared to remove the children including infants from homes and to place them in foster homes away from the community where parents do not have easy access to their children. Many of the new mothers have had their infant removed directly from the hospital at birth and one mother has had 7 children removed and never returned. For a period of time, children were removed based on allegations of consuming alcohol only. No proof was ever sought and social workers would see beer cases on a persons porch and remove the child and place that child in foster care for an undetermined period of time with very limited visitation rights.

Social Services.

Child Protection Act: **Safety and protection of children**

DPJ objectives has presented in the past decades as the removal of children from family with:

- Minimal contact and communication with parents
- Minimal information provided to parents
- Protection of the foster parents
- With the result of assimilation of our communities children.

Social Services - DPJ

Community members have reported their interaction with DPJ as:

Feeling unfairly judged by DPJ

No trust

DPJ not recognizing our traditional ways of parenting

No recognition of our traditional healing methods

No training for new parents

Provides very little support for parents under supervised visits

No sharing of information with parents

Do not accept that there are social drinkers

DPJ (con't)

Very few visits to the community

Demands information from workers, but refuses to share any.

Parents not informed of their rights or court appearance dates until last minute knowing that many parents do not have access to a vehicle

Uses past criminal activity, such as DWI against parents to remove or keep children in foster care.

Our healing is in our hands.





Megwetch

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