



central responsibility for establishing and enhancing initiatives and programs that will educate and engage people to make our communities safe, healthy environments for carrying, delivering and raising infants and children.

We have to do this because things have changed in Eeyou Istchee. We live in bigger, denser communities that have a much higher ratio of children and youth to adults than we have ever seen in the past. Furthermore, today our communities experience many instances of physical assaults, sexual abuse, self-inflicted harm and alcohol- and drug-related incidents. FASD is part of this pattern. I suspect that FASD is also closely linked to one specific disturbing statistic in Eeyou Istchee: the astounding and growing rate of adolescent girls and young women who are hospitalized after attempting to kill themselves. By contrast, young men are more involved in assaults or trying to kill each other. But this is all part of the same larger pattern of abuse of alcohol and drugs. It leads to *ekaa chihkaawaateyihtaakuhch*, which is the social chaos we all know happens when people are not acting with respect towards others. This is the pattern which leads to FASD. It is a pattern which has the power to destroy our Cree Nation.

If we are going to do something to prevent FASD, we need to intervene upstream from the statistics – before they are happening. One of the most important things we can do is to draw upon the full strength and wisdom our communities have to offer. We need to enlist our elders, our grandparents and great-grandparents, and provide them with the information, the tools they need to understand FASD: what it is, how it happens, and what we can do to reduce its impact. Then our elders can play a central role in educating young girls and boys on how to care for and respect their health, and the health of others. This includes teaching them about the dangers of alcohol consumption during pregnancy, but it extends beyond that as well: ultimately the goal is to create among our young people the desire and the capacity to live healthy lives. We want to allow them to grow up in family and community environments which encourage them to dream and give them the confidence to become who they can be.

To achieve this, we must speak to our young when they are still willing to listen, when they are 10 or 12 years old. It is critical that we educate children early, because if we wait until the young people are 16 and sexually active, we will have waited too long – they will be too distracted by their present moment to attend to the wisdom of generations. So we must be proactive in raising their awareness of FASDs and related problems, or our youth will eventually confront these problems on their own, without the benefit of the wisdom and guidance of our elders.



As things stand, I believe we need to do a lot better than we have been doing. One example of something we could be supporting better is the Chi Kayeh program on healthy sexuality in our Cree schools. The Chi Kayeh program, which everyone says is such a good resource, was developed within Public Health in collaboration with people from the communities, researchers and, most recently, the Cree School Board. People working with this program have been saying for years that it needs to be taught to youth at ages 10 to 12, when they are still willing to listen to these messages, but I have not seen anything happening in this area. Why not? Let's seriously ask ourselves: to what extent has the Cree Health Board really invested in Chi Kayeh? Let's look at the financial records. Let's publicize them so we admit what we have put (or not put) into this program, which we know is a success and which I believe can have a much greater impact. At the same time, I would like the people from the Cree School Board to ask themselves to what extent they have invested in this program, which is not part of the curriculum but just an extra which is taught if room can be made for it.

The people who developed and are delivering this program have done and continue to do a great job. My criticism is with our institutional commitments to such programs. And, don't forget, I have been a part of these decisions. I think we need to do much better. We have to stop spouting platitudes and instead begin to look seriously at our actions, or our non-actions. I invite us all to take our own inventories. We all know the problem exists. Most of us in this room are working in the region in some capacity. Let's ask ourselves: what have we done personally to engage our organization in improving ways to address FASDs?

In saying this I realize that I am admitting an enormous responsibility. The Cree Health Board is not only responsible for developing approaches to prevention, but also for screening, diagnoses and treatment – and as I am the Chair of this organization, this is my responsibility too. What is yours? As we saw at the Summit on Addictions in November, all of us working for Cree entities have a role with this kind of community problem. Dealing with FASDs is not only my responsibility but also that of my colleagues at the Cree School Board as well as in the communities, the Grand Council, Air Creebec and so on.

Our responsibilities also include enhancing our networks – supported by our entities, and rooted in our communities – to develop and support interventions for pregnant women who are at risk. And because we will inevitably have some cases of FASDs, we need to find ways of supporting children and their families so that they can achieve the best outcomes possible. The demand for effective solutions falls upon all of us involved in public



health and education. The Cree Health Board's Awash and Uschiniichisuu teams are working to improve programs and services supporting pregnant women and mothers, as well as youth. To aid this effort, we must also ensure that we have accurate and appropriate tools for screening and diagnosis, and we must develop programs and support services to address FASDs specifically.

The challenge of creating supportive environments for our youth – both young women and young men – and for our pregnant women and mothers and fathers with young children demands a shared response from institutions and communities. Imagine our strength if we are able to draw on elders and other community resources to educate our young in traditional Cree values of caring for ourselves, our families and communities and, perhaps most importantly, our future generations. Just such an integrated and collaborative effort will offer our best means of achieving Miyuupimaatsiwin – health and well-being – for all members of our communities.

I wish you a stimulating, challenging and fruitful series of meetings over the course of this three-day forum.

Best wishes

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