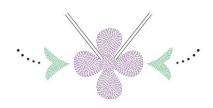
National Inquiry into Missing and Murdered Indigenous Women and Girls



Enquête nationale sur les femmes et les filles autochtones disparues et assassinées

National Inquiry into Missing and Murdered Indigenous Women and Girls Truth-Gathering Process – Part 1 Public Hearings Hotel Bonaventure

Montreal, Quebec



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Wednesday, March 14, 2018

Public Volume 65:

Sarah Birmingham & Barbara Sevigny, In relation to Mary Ann Birmingham

Heard by Commissioners Qajaq Robinson, Brian Eyolfson & Michèle Audette

Commission Counsel: Fanny Wylde

INTERNATIONAL REPORTING INC. 41-5450 Canotek Road, Ottawa, Ontario, K1J 9G2 E-mail: info@irri.net – Phone: 613-748-6043 – Fax: 613-748-8246

APPEARANCES

Assembly of First Nations	Daniel Cunningham (Legal counsel)
Assembly of First Nations Quebec- Labrador	No Appearance
Concertation des Luttes contre L'Exploitation Sexuelle	No Appearance
Conseil des Anicinabek de Kitcisakik	No Appearance
Directeur des poursuites pénales et criminelles	Anny Bernier (Legal counsel)
Government of Canada	Anne Turley (Legal counsel)
Government of Quebec	No Appearance
Inuit Tapiriit Kanatami	Elizabeth Zarba (Legal counsel)
Innu Takuaikan Uashat mak Mani- Utenam	No Appearance
Naskapi Nation of Kawawachi- kamach	No Appearance
Pauktuutit Inuit Women of Canada, Saturviit Inuit Women's Association of Nunavik, Ottawa Inuit Children's Centre	Beth Symes (Legal counsel) Anne Curley (Representative) Karen Baker Anderson (Representative) Annie Arnatuk (Representative)
Quebec Native Women Association	No Appearance
Regroupement Mamit Innuat Inc.	No Appearance
Les Résidences oblates du Québec	No Appearance

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Commissioners Eyolfson and Robinson spoke English and Commissioner Audette, French. The sequence of interpretation went from Attikamekw into French, then from French into English. Commission Counsel: Fanny Wylde

Grandmothers, Elders and Knowledge-keepers: Melanie Morrison (NFAC), Sarah Nowrakudluk (NFAC), Laurie Odjick (NFAC), Sedalia Fazio, Louise Haulli, Audrey Siegl, Pénélope Guay, Kathy Louis, Oscar Kistabish, Évelyne St. Onge, Bernie Poitras Williams, Laureen "Blu" Waters-Gaudio, Martha Greig, Moreen Konwatsitsawi Meloche, Patricia Kaniente Stacey, Michael Standup, Elaine Kicknosway, Charles-Api Bellefleur, Edouard Chilton, Sharon Tardif-Shecanapish, Winnie Bosum, Priscilla Bosum

Clerk: Maryiam Khoury Registrar: Bryan Zandberg

Montreal, Quebec

--- Upon commencing on Wednesday, March 14, 2018 at 13:46

1 2

MS. FANNY WYLDE: Good afternoon, 1 Commissioners. I would like to present to you our next 2 family. We have here Sarah Birmingham and Barbara Sevigny; 3 4 as well, in support, we have Barbara's husband, Paul, who is here to support the family. The family today will be 5 6 sharing the story about Mary Ann Birmingham, who was murdered in Igaluit, Nunavut, on May 26th, 1986, when she 7 was 15 years old. 8 9 Before I let the family share their story, I would ask Mr. Registrar to please swear in the witnesses. 10 And Sarah would like to provide oath with a Bible; and 11 Barbara, a civil affirmation. Thank you. 12 MR. BRYAN ZANDBERG: Good afternoon, Sarah. 13 I will pass you the Bible, if you can take that in your 14 15 hand. Sarah, do you swear to tell the truth, the whole truth and nothing but the truth, so help you God? 16 17 MS. SARAH BIRMINGHAM: I do. 18 MR. BRYAN ZANDBERG: Thank you. Hi, Barb. 19 MS. BARBARA SEVIGNY: Bonjour. MR. BRYAN ZANDBERG: Do you solemnly affirm 20 that the evidence you will give today will be the truth, 21 the whole truth and nothing but the truth? 22 MS. BARBARA SEVIGNY: I do. 23 24 MS. FANNY WYLDE: Thank you. So maybe we 25 could start. I would like to ask each one of you to

introduce yourselves to the Commissioners, and what is your
 relation to Mary Ann.

3 MS. BARBARA SEVIGNY: My name is Barbara
4 Sevigny. Mary Ann Birmingham was my sister; she was one
5 year younger than I was.

6 MS. SARAH BIRMINGHAM: My name is Sarah
7 Birmingham. Mary Ann was my daughter.

8 MS. FANNY WYLDE: So maybe we can start with
9 you, Barbara? Would you like to share today with the
10 Commissioners about Mary Ann?

MS. BARBARA SEVIGNY: It's been 30 years, so it's been a long time. I'm a very private person when it comes to my history. But I decided after listening to many families and having worked as a trauma-addiction counsellor, that we need to put a stop to the violence.

We need to break the silence of abuse; the 16 17 domestic abuse, the emotional, verbal, spiritual; you know, 18 women going missing; girls being murdered: we need to start talking about them. Only then can we find a solution 19 as to how to prevent them from happening. Because I notice 20 there is not enough prevention work happening. That's how 21 bI see my history. There was not enough prevention done to 22 protect my sisters and I, or my mother. 23

24 There seems to be a lot of crisis-workers,25 but no prevention. When my mother was in Montreal with my

little brother, who was dying of leukemia, and I was asked 1 by Social Services -- she had left us, my sisters and I, 2 three of us younger sisters; and my older sister was in 3 Ottawa working at the time. Because it was rushed as I 4 made it back, that she left; and there was a -- I don't 5 6 know the whole story for that, so I will leave that with my mother. But there was no one to care for us at that time. 7 Her boyfriend at the time was incarcerated for domestic 8 9 abuse, which happened quite often in the past.

10 So he was incarcerated and my mother was in 11 Montreal with my little brother. And I got the call from 12 Social Services to see if I wanted to go comfort my mother, 13 because they wanted, they were going to notify her that 14 there was nothing more the doctors could do for my little 15 brother. So they asked a 17-year-old girl to go comfort 16 her mother.

I was kind of appalled, but I'm excited --I'm only 17, all right, I get to go out of town, right? So I was excited to see my brother and my mother, as sad under the circumstances -- it was sad, but I was excited to see them. And being young, you know, I didn't really think about, you know, what consequences, or should I be planning anything.

24 They did ask if there was somebody to care
25 for my siblings, and I said, "Yes, we have a family friend

that comes and goes." So I left it at that; because we 1 felt that, we were safer at home as opposed to being with 2 others, knowing what goes on behind closed doors back then 3 with other family members. We did not want to go to my 4 grandmother's, it was unhealthy there; so I did not want to 5 6 go there, and I did not want my younger siblings to be going over there. We were safer and happier at home, so I 7 left it at that. 8

9 Because on the biological and adopted side, 10 they were both unhealthy: lots of addictions and abuse on 11 both sides. So I didn't want to, I didn't want to put them 12 in there -- or not put them in the system, knowing that 13 there's, you know, not a lot of good foster parents out 14 there that I was aware of.

And so I went off to Montreal and you know, provided some comfort and was very happy to see my little brother. But as I was going to the airport, my younger sister, Mary Ann, she went to the airport with me. And you know, we were 17 and I was open to trying marijuana at the time, or hash at that time.

21 So we had a few puffs, and I'm giggling, and 22 I'm going off a little bit; but she was the kind of girl 23 who was very outgoing. She knew to have a good time; she 24 was a very bubbly girl, very smart girl. And, because we 25 were very close and it was just her and I, and just a few

puffs, and that's all we need, we don't need the whole joint as -- back then, that was enough for us. And that's what it took.

So off I went and in Montreal, you know, got
to spend some time with my mother and brother. And you
know, I don't think my mother knows this to this day, so
this is the first time she's hearing this.

A family friend and I, who was in Montreal at the time -- I trust him, he's been a family friend for many years. He says, "Let's go to a bar," and I said, "All right," you know, underage and I'm going to a bar. And, it was a strip club; for women, and I said, "Oh, oh no, I can't be here." And I got to drink underage, which was not the first time.

So I had many stories to tell my little sister. Because she, she like to party. But she was a happy-go-lucky kind of party girl, and she loved laughter, she loved telling jokes. So I was very much looking forward to going home and telling her all my little experiences while I was visiting my mother and brother in Montreal.

And I had a lift home from a family friend, and I couldn't get into the house. He said, "Would you like me to wait?" I said no -- just in case, you know, she was smoking cigarettes and maybe drinking or hung over or

something. And the family friend was very strict and he
 really cared about us girls. And I didn't want him to see
 if she had been smoking drugs or had a few drinks, out of
 respect for my sister.

5 And I said, "No, you go on ahead, I'll be 6 fine." The door was locked. And I'm thinking, 7 "Something's just not right." I tried to pry open the 8 windows -- because I had a strong sense, I have to get in 9 there -- that was the only feeling I had, "I have to see 10 her, I have to get in."

I couldn't get in. Actually for a while, I 11 just, I had a little makeup case with a mirror, so I pried 12 the window open with the little makeup case; I was 13 determined to get in the house. Because I felt like, I 14 15 don't really have anywhere to go, it's just us at the time, it was Mary Ann and I. So I went in and there was just --16 17 awful -- something didn't feel right, but my mind is saying, "But you have to go, something's not right." 18

When I turned to the living room, I saw her body on the couch. And then I, I'm saying, "Mary Ann?" I'm calling her out. I, some of it, I blanked out; and I think I'm okay with that. It's just my mind protecting me, but I thought, you know, I wanted her to wake up, but my mind's telling me, "But there's a pool of blood, she cannot wake up." And I think I just froze for a while, not

1 knowing, is this for real? Or what do I do? Or, what's
2 happening? And then I thought, "I have to go call the
3 ambulance." Because we had no phone in the house; with mom
4 being away so long with our little brother, there was just
5 no financial support to keep the phones in the house.

6 So I went door to door, checking to see whose phone I can use. And I walked in to a poor lady -- I 7 walked into the house, and there's a bathroom, and the poor 8 9 lady's sitting on the toilet; and I said, "I just need to use your phone." So I called her, I called the 911. And 10 believe it or not, I didn't know this until two years after 11 my sister was killed: My husband had answered my 911 call. 12 And I remember saying, "You have to come and save her. 13 She's dead, but you have to come and save her." 14

I didn't know what to do, so I went back to the outside of our house, waiting for the ambulance or the police to come by. And it felt like hours; I don't know how long it took.

When they came by, they went upstairs to see what was really going on. And then they came down, and one of them stayed very close to me, you know, and apologized for what I had witnessed, very sorry that I have lost a family member. And that allowed me to start crying, to say, you know, "It is what it really is." Because a part of me was in denial and in shock.

And they didn't, I can't remember -- I don't know if they questioned me right there and then. But I know I was a little chaotic with my emotions, so he asked if I wanted to go to the hospital. I said, "I'm not hurt," and he said, "That's okay, you're in shock, but it will be good for you to see a doctor." So I agreed, not really having heard, to go see a doctor when you're in shock.

It's like -- I'm not feeling sick, so I was 8 9 a little bit puzzled by that. So I went, and I think I was with a doctor for about an hour, two hours, three hours, I 10 don't remember. But the officer had stayed outside the 11 door, the same officer that provided comfort to me when 12 they had arrived. And I think from there, I really 13 appreciated the support that he had provided me, not having 14 15 my mother in town and my father not living with us either, and my older sister in Ottawa. So I really didn't have 16 17 anybody to provide comfort for me, I don't think anybody knew at this point, of what I had discovered. 18

So he gave me a ride over to my grandmother's; and I dreaded going over to my grandmother's, because I knew it wasn't a supportive environment. It's about them, it's not about what's going on with the person. And I dreaded going there, but I had nowhere else to go. I knew I couldn't go back to the house, because my sister's body was still there.

So when I arrived there, I can't remember if 1 I informed them of what I had found -- of my sister's body. 2 And then, I don't think I was given the option, but I ended 3 up having to call my father, to inform him of my sister's 4 death. But I think we might have had a priest call my 5 6 mother, if I'm not mistaken. [Speaks in Native language]. It was the Department of Social 7 Services that informed my mother. At first I thought it 8 9 was the Anglican Mission I was supposed to call to notify. It was a social worker from the children's hospital had 10 notified her, because she had been there long enough, they 11 had provided a lot of wonderful emotional support for her 12 when my little brother was going through chemotherapy. So 13 they had informed her of my sister being murdered, but I 14 15 had also notified my sister, my older sister, of my younger sister being murdered. 16

17 So even when the family did come, and I'm just going to speak about my experience -- because that's 18 all I can do, based on what I have been through after 19 finding my sister murdered. Of my well-being, because I 20 know that's the reality of our communities back then and 21 today. No one was there to do any counselling, to say 22 "This is what you might experience, based on what you have 23 24 found." You know, that was never -- sorry, to go back to the doctor. 25

He did, I think, ask me if I want to see a 1 psychiatrist. And back in the 80s, when you see movies, 2 they are psychiatrist-psychologists, and I was afraid, you 3 know, they might just lock me up. And I thought, "I'm not 4 mental, I'm not...." I didn't know what their roles were, 5 6 so I thought, "I'm not mentally unstable, I'm not going to qo." So I turned their offer down, to see a psychiatrist, 7 not fully understanding what they can do for me. 8

9 Understanding now what they do for therapy, I could have, you know, prevented myself from getting post-10 traumatic stress disorder. Although I was never tested, 11 but when I took my training for trauma, when I look at the 12 PCL questionnaire? I had full-blown PTSD, I knew that; 13 because I was hearing voices, I was paranoid; I thought I 14 15 was going to be killed next. I was crying in corners and I couldn't move. 16

17 Because right after my sister's funeral, my mother had to go again. So that didn't give me a lot of 18 mother-daughter time, to grieve; to work through my shock. 19 It was just not an option. She's worried about her son who 20 is in Montreal and then her daughter being murdered, so 21 that was a lot for her. And me being who I am, I didn't 22 want to be a bother, so now I know where I get it, because 23 24 she's the same way. So I loved her being -- you know, she needed to grieve, as a mom. 25

As Inuit, we were taught to respect and --1 not just to know when someone needs help; but to take 2 actions, to not just sit back and watch when somebody's in 3 pain. We're taught to go and provide comfort, as it was 4 shared. So that I made sure mom was okay and our little 5 6 sister was okay. Because we had -- two of us older sisters really kind of took on that role, to make sure the mother 7 and little sister was okay. 8

9 So once she left, I think that's when the 10 symptoms got worse: being afraid, not having security. 11 But we were still on our own; I don't know how that 12 happened. There was myself and my little sister at the 13 house. And I started feeling like I'm going to be next; 14 fear of being the next person to be killed.

15 So I would put myself in places I would not normally go, to the pool hall where there's a lot of drug 16 17 dealers and a lot of people who are under the influence of alcohol. Where fights often happen, just outside the 18 porch; but I didn't want to be alone. And I know I won't 19 get hurt over there, not from a family member, anyways. I 20 don't want to be scolded, I don't want to be made to do 21 many things; I don't want to be doing chores. I just want 22 to be safe and I just want to be okay. I just want time 23 24 alone.

25

And I was not thinking straight back then,

but that's where I went to make sure I was not alone. 1 But being there, too, didn't help. Because I was hearing 2 voices, my name being called out. And I thought, "Okay, 3 something's just not right here." I'm looking around, and 4 I know some of the people and they wouldn't be teasing me 5 6 the way I'm hearing my name; I wouldn't know what to do if I'm going back home. I'm still in fear, so never really 7 talking about it; never talking about it to anybody for 8 9 that matter.

And it just kept going like that for a few 10 months. Where I was still hearing voices and paranoid; 11 that I was going to be next. And then keeping, remembering 12 my mother, that she's there with my little brother, who 13 they can't do anything for. And he was our adopted brother 14 15 and we loved him dearly like he was our own. I was so happy mom was there for him, because I can't imagine being 16 three years old, four years old, five years old -- you're 17 sick and you don't have a mom there; they need their moms. 18 As much as we needed her, he was the youngest. 19

20 So I was glad she was with him. It was 21 tough not having any real good adult supports that I 22 needed. I know my sister had to take care of her own child 23 in Ottawa; she had her job, and you can't jeopardize that. 24 So I understand that as well.

25

But there was no system to say, to ask the

family, "How can we support you?" That was never, I don't remember ever hearing any supports offered, to see how they can help us when she's away. Or any financial help when us kids are left behind; to make sure that we have a telephone so that we can communicate with my mother. There was none of that.

And it was -- I think it was on a Friday 7 night in August, three months after my sister was murdered: 8 9 my cousin and I went to the Sober Cutting & Dance in town, it was the place back then. And there was a nice slow song 10 I really liked. And I said to my cousin, "Oh, I love this 11 song, I've got to dance to this." And he looked at me, I 12 said, "No, you go find somebody else. I'm going to go find 13 somebody to dance with, you go find someone to dance with." 14 15 And coincidentally, he was the one I asked to dance; and we're still dancing till this day. 16

17 So that's over 30 years ago, that we started 18 seeing each other. And I think it was into the two weeks 19 where my symptoms really started coming out, when I started 20 trusting him. Because I think I talked, and talked and 21 talked, when we first met.

I trusted him, and after that, I could show him what I'm going through. I was able to tell him what I'm going through. Or even to cry. When I was at home, I'd be crying in a corner and stuck in a corner, and I

1 could not move. And he was kind, somehow we got our phone
2 back on and he was -- he would usually come and physically
3 get me from a corner. It was that bad.

And most of the time I ended up sleeping 4 over at his house, because then I felt safer, I wasn't 5 6 alone. So I think, when I look back, I think I used him, but I think now today: we were just meant to be. You 7 know, I had to teach him my triggers. For many years, it 8 was, "Oh, Barbara, would you stop crying about that. Are 9 you still crying about that? Get over it! I'm tired of 10 you crying." 11

12 And then the depression came later on in years; you know, poor guy, he didn't know how to handle me. 13 A very strong, stubborn woman who was set in her ways. And 14 15 here's a quy trying to support his wife and he didn't know how. You know, he doesn't know what PTSD is; he doesn't 16 17 know what the symptoms of depression is. But he's been there for myself, my sisters and my mother, all the way 18 through. 19

But I know I put him through a lot too, and he's never had support. To where he can say, "Well how can I help?" Basically what he's experiencing, and how it can impact our relationship, "How can I work on a relationship when she's going through that," -- it's not there for the spouses. When we have symptoms of post-traumatic stress 1 disorder or strong depression.

There's just not enough awareness out there about the symptoms of PTSD and depression. Depression is coming out, but the PTSD symptoms are not very well educated to the public. And that needs to be changed. Only then can we take care of ourselves. And once we understand why we are the way we are, can we make the changes.

9 I was very fortunate that I've always listened to Elders talking, as a child. And we weren't 10 supposed to be listening, but I was around the corner, 11 listening. I understood why, because they were talking 12 about adult topics. About abuse being done to them. And 13 so they were sharing, but I didn't know. I was always 14 15 curious, "Why is it that we can't listen to them? What are they talking about?" 16

17 And it turns out it's because they are sharing and it's not meant for children to be hearing to 18 19 those kinds of stories, so that there's no secondary transfers of trauma over to the children. So I appreciate 20 that now when I look back. But I think it would be good to 21 bring more awareness about, to parents, how -- yes, we have 22 a lot of disagreements as adults in a relationship; husband 23 24 and wife or partners; to be careful on how we communicate 25 our hurts around the children.

What impacts does it have on them? And what symptoms can become if they do listen to these? If they witness these? Because we do get impacted as children. I share that because when I ended up with PTSD back then, I had many layers of trauma before my sister was murdered.

I have survived sexual abuse; physical
abuse, emotional abuse, spiritual abuse; and you know, back
then, it was like, "Why me? Why am I always a target?" I
always questioned, "What is it that I do? Is it something
that I say?" And I've learned that it's because I was a
very quiet person back then, believe it or not; really,
really shy.

And I think that's why I admired my little sister who partied more than I did. As much as I wanted to party, I wasn't too sure about partying, because I was too shy. And very quiet. She was so outgoing. But I think that's why I was targeted, because I would not say anything.

And that's why I choose to speak about my sister and my past, that we need to break the silence. Otherwise it will continue. And I have educated my children, that because of my sister's murder and what I have experienced as a child, that there may be things that I have passed on to them, not knowing. And I have apologized to them for that.

I have three wonderful children. Sometimes my husband would say, "Why are you telling them that?" If they don't know, how can they prevent themselves from getting in to the same situation? If you can teach them prevention, then there will be more awareness. Right? And then they can think about the pros and the cons before they choose to do something.

8 And my motto to them was always, "Have fun; 9 you go and have fun like you want to; be good so that 10 nobody can use anything against you. And be safe. You 11 watch your drinks and you watch who you're disclosing to." 12 So 'have fun, be good and be safe' was always my motto 13 since they were early teenagers.

And I taught them to -- you know, I think it was when they were 15, 16, they were allowed to have one or two beers, but they couldn't leave our property, because we lived in the country. So that they can learn to socially drink rather than hiding it. And letting them know if they're going to use, always let me know or their friends know, who they're with, where they're going.

And if they have any hurts -- whether from me, my husband, or anybody from anywhere -- to talk to somebody about it, anytime. That there's no shame in talking about their hurts, whether male or female. Because anger can be so strong that it can be used to hurt other

people, or they can use it very constructively. And so
 I've taught them to be very verbal; and I've taught them
 Inuit history as well at home. To be proud of their Inuit
 history.

5 It was not easy for my children to live in 6 the country, about 70 kilometres south of Ottawa. They 7 were the only Inuit in school. And they did experience 8 racism in the school, but I think the majority of it was 9 from the principal. My middle son, my middle child, my 10 son, has ADHD; and I battled the school for months. 11 Because they kept sending him home.

He didn't want to do his work, and I said, 12 "You know, sending him home is really rewarding him." What 13 kid wants to go to school, if it's not a positive 14 15 experience? So I said, "Well, look at it as if -- try to use figurines; he's into transformers. Use the 16 17 transformers if you're going to use numbers. How many 18 transformers did we have; 70 transformers, you want to take away 60: how many transformers will you have? It will get 19 them thinking, right, just to capture their interest. 20 These are kids." 21

22 But they said they didn't have any time to 23 be able to do those kinds of things with children with 24 special needs.

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And I said, "Well, it's your job to teach

him; I send him to school, it's your job to teach him. 1 At home I do the parenting and we teach him the family values 2 and we teach life skills at home. School belongs at 3 school." So I left it at that, but I think it was to a 4 point where, I was working in Ottawa and every other day, I 5 6 would be getting a call from the school to say, "Come and pick up your son, because he doesn't want to work. 7 He doesn't want to do his schoolwork." I said, "Okay, this is 8 the last straw for me." 9

Because my employer can only put up with me 10 having my kid come every other day and me taking two hours, 11 one hour to get there and one hour to get back; two hours, 12 that's -- two, four, six hours a day from work. So they 13 were very, very flexible, I was very supported by my 14 15 employer. It was in the organization, I'm very thankful for that. But I said, "That's it, I can't do this 16 17 anymore." I said, "I'm pulling him out of school." Because he was at the point where he says, "Mom," I think 18 19 he was 11 -- "I don't want to live anymore."

That really caught me off guard, because I didn't think it was -- I knew it was hard on any child, but I never thought of the racial -- we kind of had an idea there was some racial things behind it. But I didn't realize how heavy it was for my little guy. And I said, "That's it, I'm pulling him out." And the principal said, "Well if you don't bring him back to school, I'm going to
 call the Children's Aid Society."

And I said, "Well, by all means. You be sure to tell them that you're telling me to pick him up every two days, so you've been denying him that much education. You tell them that when you call them." They never did call.

But during the meetings for my son, I had to 8 9 have my sister-in-law come with me, because I was verbally abused by the principal and the teachers. And not believed 10 in, to take actions. And I know there was other children 11 with ADHD, but I strongly believe -- it's because we have a 12 strong culture and our kids kind of taught their classmates 13 Inuktitut as well; teaching them to spell their names in 14 15 syllabics and such. And I don't think they appreciated that too much; and I know because they were Inuit, they 16 17 were teased on.

But this one principal that did not seem to like our children was the one that was giving us the hardest time. So I would be calling around for board members and I wasn't getting any results. So I pulled him out of school for one month and then finally did I get a call, one month later, to say they have a placement for him with special needs; so that was good to hear.

I chose to share that because there's a lot

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of, as it was mentioned earlier, a lot of single parents now. But even non-single parents that have children with special needs, that experienced racism and denied education or denied the support as a result. It's really hard on the parents, you feel powerless, and you feel helpless.

6 And you want to do whatever you can for your 7 children so that they are successful in life and achieve 8 their goals and their dreams. You know, my sister Mary Ann 9 didn't have that luxury. So I've been doing everything I 10 possibly can as a mother, to make sure my children are 11 successful.

It was tough for my mother to not be there 12 for us when she wanted to. And I think I try to go above 13 and beyond sometimes, and they go, "Mom, are you trying to 14 15 counsel me now?" But it's only because I know, I've lived and experienced many things that they can learn a lot from. 16 17 And I know my daughter is very grateful to this day that she and I are very close. And she's a very good supporter 18 of mine; but she also has some natural helping background 19 to her as well. 20

So she does a lot of self-care and massage therapy so that's the treatment I get. So a lot of good self-care, lots of support from families. And I think that's something that not a lot of family members have, is a lot of family support or any kind of support -- continuing support. Continuing support -- when you think of continuing support, NIHB -- we're allowed, I could be wrong, 13 to 15 free sessions a year with non-insured health benefits; if approved. That's just clearly not enough, when you have severe symptoms or you need ongoing therapy.

7 And the majority, even for medical requests, 8 the majority of the time we've been denied, so we have to 9 appeal. And then, only then, will it be approved. And 10 there needs to be more -- and I'm going to say this to the 11 Inuit organizations: they need to fight. So that we as 12 urban Inuit don't lose any benefits when we leave our 13 Territory.

Because as an Inuk, I did not know when I moved out of my Territory, that I lose some of my medical benefits. They need to be aware of this. And when you think about dental or vision, physical well-being -- I'm still Inuk, whether I'm there in my Territory or not. How come I'm losing my benefits?

I need to take care of myself, and that's something I have had to do, to play catch up. I didn't get it as a child, how to take care of myself properly; so as a young adult, I started learning. And what is self-care? Because we're not taught to -- we're taught to take care of others. Sometimes as helpers, too, we forget ourselves

easily. So we have to be very careful and make sure we
 take care of ourselves.

And with the minimal numbers of therapy, 3 it's just not enough. You know, when I was in the helping 4 field, at least once-a-week-a-session is sufficient in 5 6 order to continue where you left off. Once a month? You're going to have to go, "What was I talking about 7 again? Oh, yeah." Half of it is just a recap, and then 8 9 half of it is just, "Okay, this is where I'm at." And then it's over. It's just not enough, to be able to reduce the 10 symptoms of PTSD or depression. 11

And I share that, because when I had my 12 severe trigger a year and a half ago, after discovering 13 some details of my sister's murder that I was not aware of 14 15 -- and I can't share, because it's still an open case -but it really triggered a lot of emotions. And I was doing 16 17 group therapy for trauma and addiction and I was becoming emotional. So I knew I was not in a healthy place; I had 18 to remove myself and take care of myself for a while. 19

20 So I asked to see a psychiatrist. I know 21 myself well enough that, "Okay, it's time for me to ask." 22 So I went to the Family Health Centre and right away, I 23 think it took a few weeks for me to get an appointment, 24 which was pretty quick, I thought. So we had our initial 25 first getting-to-know-each-other appointment; because I was

very, very raw and emotional with my trigger, I was -- I
cried a lot first, and then I shared why, where my emotions
were coming from -- I think I know where they're coming
from.

And I know from what scene from where I'm being triggered from; so I said, "I need to work with these now, because if you don't work with me now, I will close up." Because it's a learned behaviour, because I was not cared for as a child after being hurt; or I've witnessed so many things, I've learned to just hold onto it if it's not addressed right away.

And when your emotions are not there, it's 12 hard to really get deep down inside and to address it; when 13 our hearts and our minds are together, that's when there's 14 15 that good flow. And that's when you know you're getting a release. And I thoroughly explained that. And she goes, 16 "Oh, you know what you're talking about." I said, "I know 17 myself, I need to do this now. If I don't, then you're 18 going to lose me." She says, "Okay, so I'll give you a 19 call next week with an appointment." 20

Two months later, I said, "I give up." This lady was working with the Royal Ottawa Hospital, that I have the utmost respect for; because they're supposed to be highly recommended. But that's the second time I've been disappointed with their therapists, or the psychiatrist, 1 from Royal Ottawa Hospital.

I've never gone back, I will not see that 2 person again. Again, the trust has been broken. And it's 3 been broken too many times. I'm the kind of person, I'm so 4 private, I need to make sure I connect with somebody. I 5 6 will just not disclose for the sake of it; today I disclose because you need help to give recommendations to the 7 government. And I share that it's Royal Ottawa Hospital 8 9 because Nunavut Government utilizes them to go up to Nunavut as well, for contract work. 10

And I have a family member who was struggling with a severe crack addiction who was -- who had access to, unlimited access to substances and injecting herself. And she had like about 40, 50 needle-holes on each arm. And she had said, "I want to go to treatment." And she was told, "No, you can do this on your own."

17 That's from a psychiatrist, telling her no, you can do this on your own; it's just not right, it's not 18 19 right to tell somebody you can do this on your own when they're asking for help. It's hard enough asking for help. 20 So these kinds of things are just not acceptable. 21 When they don't know the history, when they don't know the 22 Inuit; when they don't know how your mind works. 23 24 Yes, we're all human beings, all minds are

25 affected in such a way by trauma or depression. But our

history and our language has a huge impact on how we're
going to move forward. Without that knowledge, it's hard
for them to go forward with case planning; and that's very
important, to have that knowledge.

To study the Inuit history, the impacts on 5 6 the Inuit; there's not just the residential schools: there's the dog-team slaughter, there's the relocation, the 7 inter-generational impacts from the family households with, 8 9 you know, multiple families, generations living in a house? They're going to step on each other's toes, they're hurting 10 each other. So one person in the family that's impacted in 11 the house is impacting everybody in the house. And then 12 you have a household of people who have been traumatized. 13

And you know, we talk about the residential school survivors, how they have hurt other students as well. It goes the same way in the house, when one has been impacted. So that whole family needs to be addressed, when working on healing.

19 That's something I really admired yesterday, 20 with the big circle yesterday in here: like wouldn't it be 21 magical if it was in Iqaluit, in my hometown, and having a 22 lot of family there so that we can really share what it's 23 like in the home. And what's not working; what is working; 24 what are the gaps; and the recommendations, because there 25 are so many of us as family members, there's a lot of 1 family members that are struggling with mental health
2 issues; with addictions; and there's a cycle of going into
3 the institution.

And I share the institution, because I mean, 4 if my mother's boyfriend was not in the institution, he 5 6 would have been home with my sisters. If they could do some prevention work in the institution, for those that --7 for the men who abuse women? To look at, what is the root 8 9 cause of your violence? How can we prevent this from happening? What would help you? These kinds of things 10 would be good for them to explore when they're in the 11 institution. 12

[Speaks in Native language]. Just making 13 sure she's okay. So yeah, those are the things that I 14 15 believe have led to, when looking at before my sister's murder and shortly after -- but one other area too, is I 16 17 wanted to make sure that it was shared. I want to make 18 sure that we don't forget anything between my mother and I: Is that when my little brother was -- three? He would be 19 crying, and you know that when there's children crying it's 20 maybe an ear infection or something, there's discomfort 21 there. And it was a hard cry, so she'd take him up to the 22 hospital. And get him checked. And they'd say, "I don't 23 24 see anything, but here's the tempera." And they'd send him home, and that went on like that for about a year. 25

For a long time, she'd be walking up to the hospital, and every time she's sent home with tempera. Until one day his eye could not move anymore. Then that's when they shipped him out and then she followed him to Montreal. That's when they found out he had leukemia. So this little guy was feeling the pain of leukemia for months before they even discovered it.

8 You know, that's something that the doctors 9 need to be aware of. It's not that -- some doctors think 10 we're complainers, but we know our bodies and our minds. 11 When our mind is not well, our physical well-being is not 12 well. And they don't seem to understand: we feel it.

You know, I asked a physician before if I 13 could get a prescription for massage therapy, because when 14 15 you hold a lot of tension, your body is sore and you want some kind of way to relax your body. And he says, "No, you 16 17 can just do some stretches." You know, there are so many things that the health care system is failing as well. 18 When you request something, it's hard enough to ask; you're 19 trying to take care of your physical-mental well-being; 20 you're denied that, it's very hard to take care of 21 yourself. 22

I'm very fortunate, I don't have any -- I
don't like to self-medicate; that I haven't turned to
alcohol to self-medicate, over the -- for a short period I

did, our marriage was broken apart for a while. It got too
heavy and then I started drinking; and I think it took us
about six months to work through things out. And then we,
we started talking things through and saying what's not
working. And then look at what is working, and then focus
on what is working.

But you still go back to what's not working 7 and how can we resolve that. But without that, I don't 8 9 think we ever would have repaired our marriage. And I think that's something that couples need, to prevent them -10 - as it was said so many -- our Inuit way is not to just 11 separate when we start struggling; we're supposed to be 12 there for one another. And when the parents are not in a 13 good place, a lot of the kids are being taken by the 14 15 system. There's no prevention work being done. So that needs to change as well. 16

17 I think I've shared a lot, so I'm going to18 pass this on over to my mother for now.

MS. FANNY WYLDE: So Commissioners, I'm going to ask for a short recess so we can let Sarah stretch her legs. So a five-minute recess, please? Thank you. --- Upon recessing at 14:37 --- Upon resuming at 14:56

24 MS. FANNY WYLDE: Thank you. I would like
25 to ask Sarah if she is ready to share what she wants to

share about her daughter, Mary Ann? 1 MS. SARAH BIRMINGHAM: [Speaking in 2 *Inuktitut]* I took my child to hospital and left my 3 daughters at home. I was supposed to leave the same day 4 that I was notified, to leave for hospital. I was there 5 6 for a long time and I was unable to leave my child. Once I was told by the doctor to take my 7 child to hospital out of my community, I cried when I 8 9 heard. I didn't think it would be of any use. It was only in the evening that I became able to cry. Not to anyone 10 else, but I was unable to leave Montreal Hospital when I 11 heard; it was strange to not be able to go home. 12 In the morning, in the early morning, I was 13 summoned; I was told that a social worker wished to see me. 14 15 It was then I would be told, as it turned out. I couldn't cry. Mary Ann was so important to me and I couldn't accept 16 17 that she was gone. 18 It turns out even though she is far away from me, she is still close; she has always been close to 19 me. Even here and now, even when I am old. People have 20 always been friendly and supportive, so I'm still here. 21 And I will be here as long as I need to be. 22 And I will keep moving forward as I have to. In spite of 23 24 the murder of my daughter. I was sad that I had to leave my two girls behind to be in the hospital with my son, with 25

the youngest child in my family. I had no choice in the matter.

I adopted my son; he stayed in hospital for five months and he died of leukemia. He was three years old. It was extremely difficult. I went home eventually, but I have accused my son of causing the murder for my absence. I figured it wouldn't have happened if I was at home; if only he weren't ill with leukemia.

9 It was for his illness that I was away from 10 my home when this happened. I have never spoken of this in 11 all those years. I have never said that I blamed my three-12 year-old son who had leukemia for my absence. That was not 13 the best way of thinking, I know now. That was not right 14 of me.

15 But it turns out that I should have maintained my direction and I'm just letting people know, 16 17 who want to understand. I have never talked about it. I have never dreamed about it; I have never had dreams about 18 her. I was asked, had I had such dreams, I would have 19 asked her, "What happened?" But I have never had any 20 dreams of such. This is a long waiting period for me. I 21 want to know: What happened? 22

This has come to pass, but I had to keep
moving, forward. We have a lot yet to live; we have time
left to live; and I have had support. And God helps me and

1 He helps us.

2 Sometimes I lose my patience, but I keep on 3 living. It was meant to be this way. When there's a 4 murder in one's family, you become blinded with blame; you 5 become blinded with anger. We buried her in March. I 6 didn't see her body. It was only when we said our prayers 7 that I saw her. Just before they buried her into the 8 ground.

9 I have never, ever talked of this before
10 now. I have had conversations with my Creator, but I could
11 not agree or, was I biding the correct time to agree
12 somehow, some way -- and I often thought, "What is this?
13 Why us?" And I did not know what to expect.

I, in a sense, gave up; be that experience I still lived and I have had to keep going for the rest of my family who are here with me today. And I thank them so very much for being there. I do tell them I am grateful, because I could not have made it without their support. I am so grateful; all my relatives and family members have been there.

I hope to go back to my community, but my relatives are few now that are left. I have three daughters who live in Ottawa and that is where I live now, and that is fine with me. They treat me with kindness. So I thank you for providing this opportunity to speak before 1 you.

I have been shut down, I have clamped down 2 my emotions for this long and at last I let them go before 3 you. I know there are others who feel the same way. We 4 still don't know who committed the murder. We have no 5 6 idea. I thank you so much for this opportunity to speak. I would otherwise have never spoken about it, ever. But I 7 am looking forward to healing and helping others, too, my 8 9 precious fellow Inuit who are friendly with me, all the time. 10

Let's keep moving forward together; I still have life in me to live. With kindness and regards to all of you. From a long time ago, it has been many years. I feel now, from this point on I will be able to speak more about it. I want to start healing too. It is not something I need to be ashamed of, as it turns out; it's not shameful to speak of: it is not my shame.

I need to cry. It's healthy to cry, let it out. Yes, indeed; it's good to let it go, it's good to lessen the burden. I, too, want to feel better; and I, too, like you -- need to heal. Like my fellow Inuit. I have always been welcomed anywhere I go by the Inuit. And I am grateful for your kindness; I am weak now, much weaker than I used to be.

25

Yes, let's -- we want to avoid any more of

these murders. Let's try to put a stop to this. We once used to be called strong people. Even in my weakness, I am still able to live and move forward. Being the case, we have bypassed many things from the days of old and sometimes the emotions come very close, they come back again.

7 When I think about the memories; when I 8 think about who she was -- it's like getting to understand 9 one another and each other, and the pain that's there. If 10 I can understand the complete story of who committed the 11 murder, I think I can only get better if I do. But I still 12 don't know to this day who committed the murder.

And it's been many long years, and it will never go away. Other people have gone through murder of their loved ones. It is our job to find out what happened. And that's my thought: we need to know.

I want to feel better now that I have spoken about this. It is not something I ever talk about; I can't. And I remember how welcoming and friendly a teen she was. And we used to dress her up as a hunter and pretend she was going out hunting when she was little; we used to play with her, and she enjoyed it, in the days when everybody was fine.

24 And we had other children who are okay25 today. And we visit them regularly, the other grown adult

children. I do get up once in a while and -- I'm not sure 1 what else to add to this, in the circumstance. 2

My children have saved me a great deal, 3 being supportive of me. Especially the youngest daughter's 4 child, comes and sleeps over; she's such a capable woman. 5 And -- now the memories will never end. There are so many 6 memories, the things I remember about her. Seems so real, 7 seems so in-the-here-and-now. 8

I wish I had never left my home. I did not 9 know any better. You see, when we got to Montreal, she was 10 the only one who didn't come with us. We had three 11 children when I was here in Montreal. And it's true, it's 12 only when you get the real information that you start to 13 believe. Only then. I will not believe every bit of 14 15 gossip or talk about what happened, because I don't have the facts before me. No wonder it's hard for me to trust 16 17 anything but the facts. I wish it was a known, but -- we don't know. There is some information that is there, but 18 there still remains missing information. 19

I don't really have anything further to add 20 21 in my mind to the subject at hand. My memory seems to fail me on the further details. I wanted to say a few more my 22 statement, but maybe another time, when I remember, I will 23 24 try to reach out once again, if I'm okay. If I am able to. I will conclude my statements right now, then. 25 Thank you.

MS. FANNY WYLDE: All right, thank you,
 Sarah. Do you have anything else to add for the
 Commissioners?

MS. BARBARA SEVIGNY: One thing I did not 4 share; though I did share a little bit of it: When I went 5 6 for a medical at the age of 15 to Montreal, I did not have an escort. And I was sexually abused at the medical 7 boarding home. And I think it's important, when anyone 8 9 travels so that they're not vulnerable, taken advantage of, that they have an escort when travelling from their home to 10 the South, or anywhere. So that they are safe. 11

12 Another recommendation I would like to see, 13 is some more Inuit-specific grieving programs delivered in 14 Inuktitut and English. Often I see a lot of non-Inuit 15 hired to deliver Inuit programs, that don't speak Inuktitut 16 but are Inuit. But it's the language that really connects, 17 for those of us that do speak Inuktitut. We need to speak 18 our language when we are feeling.

I choose to speak in English, because I'm comfortable with it, too, I'm comfortable in both. I chose to spoke in English, but if I choose to share and work on my healing, it would most likely be in Inuktitut. Because I want to make sure that I am understood and I am not -losing anything during the translation, so that's why I am speaking in English. So more grieving programs in 1 Inuktitut.

25

In the employment field, there's a lack of 2 Inuit therapists, and I would like to see more Inuit in the 3 therapy field. Counselling is very different from therapy 4 and in therapy you look into the root causes, not so much 5 6 just listening; and I find that really helps when looking at the root cause. Because then we're not going back and 7 forth when triggered; you're learning grounding techniques, 8 9 coping mechanisms, and finding where things are stemming from. So that would be very, very beneficial. 10

I have been very fortunate in that I have had a lot of training from a very knowledgeable Inuk Elder, Meeka Arnakaq in the Inuk traditional healing methods, and then combining the trauma, how it impacts the mind and the traditional teachings. That I've been able to educate my fellow Inuit and looking at the core symptoms of their root causes.

And changing the abusive behaviours within relationships. Working with families, and not just the individuals. Because often, they just look at, the Mental Health Board, just the addiction; but for us, we're connected mind and the heart. So they need to be combined, very holistic programs. We need specific, holistic treatment programs, would be very beneficial.

As it was mentioned with Manmay Salvek

(phon) that was recently closed, this -- and I'm going to 1 say, First Nations-Metis-Inuit healing services -- as much 2 as I appreciate them being under one umbrella, they don't 3 work that way. We need Inuit-specific treatment centres so 4 we know it's our teachings. I myself appreciate this much, 5 6 I know what the background is. But a lot of our people are not comfortable with this now, because it's not on our 7 land. So there's very different teachings. 8

9 And for that, and the history is different 10 from First Nations-Metis, very similar, but there is some 11 difference there. And that's just not -- because I hear, 12 here I haven't heard the dog-team slaughter, or the 13 relocation. Or the suicide; the suicide rate is very, very 14 high. I haven't really heard that, but I know that for a 15 fact, that this happens a lot.

And for myself, because I battled with PTSD and severe depression for a while, I had thought about suicide myself. And you know, it's not a good place to be. And luckily my daughter, who has in the natural health field, educated her father about the depression so he is able to work with me again on that piece.

22 So there is a lot of lack of awareness and 23 education about those to the families. And the family help 24 support programs, when they have a loved one experiencing 25 that? They need to be able to work with the families and

not just the individual experiencing that. So the families
 know how to communicate around the trauma and the
 depression.

So that, you know, it does a lot of prevention work, when you're looking at the Health Care Services; you're not going in and out to the doctors, you're not going in and out to the psychiatrists. They're not -- their kids will stay home if they're working together as a family. They could do a lot of good prevention work that way.

And when I speak of, you know, the 'kids staying at home' -- and I want to share this, because that's the reality of what I know. When I was a member with the Children's Aid Society in Ottawa, there was a lot of meetings about how can we recruit foster parents. There's a lot of meetings about those; how can we find adopting parents? Lots of meetings about those.

I said, "Why are we looking to see how we
can keep the children away from home? Why are we not
talking about how to keep the kids home? You're going the
wrong direction; we should be looking at how to keep them
at home. I don't want to spend any time working on how to
find foster parents, how to find adopting parents; they
belong with their family, their homes."

25

And I find there's a lot of work around 'how

can we find services', but they're not looking at 'how can 1 we keep the family together'. And I find, they need to --2 like in the North, the social services are very holistic 3 and in the South, it's not that way. They need to work 4 more in the urban settings, work with the Inuit -- and I 5 6 say Inuit because like I said, it's different teachings, different ways of doing things - and I want to be 7 respectful of that, the Inuit ways of how we parent our 8 9 children may be a little bit different from others.

I have a grandson, and I was so proud, my 10 very first grandson; and my husband may be a little bit 11 embarrassed but I'm going to say it anyways: I once nose-12 kissed my grandson's little buttocks. It's just what we do 13 in our culture, right? Out of love. And I'm not ashamed 14 15 or embarrassed of that. And I was doing that outside, he's running around naked and I grabbed him and put his little 16 17 buttocks on my nose and nose-kissed him; he said, "Stop doing that." "Why?" "Someone's going to call CAS." 18 "Well, let them!" Right? Nobody's going to stop me from 19 kissing my grandson's buttocks; this is my grandson. 20

So he's learned the hard way, all the way through, how to be married to an Inuk woman. And as a grandparent, you know how the Inuit -- the first child goes to the grandparents, right? And I'm sharing this because I don't have access to my first grandson.

There was false charges laid against my son. 1 And I didn't believe this; I am a strong believer in 2 believing the women, because I witnessed a lot of my mother 3 being physically abused. So I have always believed the 4 women. Up until I met this one woman who was dating my 5 6 son, and I didn't take it to word, but she said, "They'll believe me over you, because you're Inuk and I'm not." 7 And she proved me right. 8

9 And although I was an advocate for the violence-against-women and I did what I can to support him, 10 and the system still believed the non-Inuk over my son. 11 And no investigations: with accusations. There needs to 12 be proper investigations when there's charges. Because 13 they didn't come asking me, because I had a role in some of 14 15 them: to say, "Go see your spouse, she has a newborn, go check to see if she's okay." And she called the police and 16 said, "He's stalking me." 17

18 Which was not the case; and they failed to come and ask me if I had suggested that he go there. You 19 know, those kinds of things that they should have asked. 20 The lawyers didn't ask; and when she decided she was going 21 to move out of the Province, we looked at shared custody. 22 I helped my son, tried to come up with an agreement so that 23 24 he has shared custody, as a father; because I'm a believer that a child has to have a father and a mother, it takes 25

two to make one. And whether they're happy or not, the 1 styles -- the child is still entitled to both parents. 2

So I was trying to help him get shared 3 custody for his first son; and she left the Province before 4 we had a chance to complete the documents, the agreements. 5 6 And I brought it back to the laywer's attention, that she left, it's like we're not done with the agreements, I 7 thought she can't leave the Province also approves that he 8 9 can leave the Province.

And the lawyer told me, "Well, there was 10 nothing signed, so you can't do nothing about it because 11 he's not in the Province anymore." So I thought that was 12 just so wrong, with the justice system, when people try to 13 take good care of their children. You know, he was trying 14 15 to do the right thing; but when one manipulates the system -- I didn't realize how easy it is to manipulate the system 16 17 until I met this individual. Man, she's good.

18 You know, abuse can go two ways: on women and on to men. If a woman has been hurt, she will in 19 return hurt the men as well. Whether intentionally or not. 20 But I don't think -- there needs to be a proper 21 investigation when there is a shared custody battle going 22 on, to make sure that the child gets both of the parents. 23 The child is entitled to that for their well-being. 24 25

I say that because I grew up without my

father. And there was a custody battle; but we would go 1 visit my father without permission. But I needed him to 2 know, he's there, he's my father. And every child deserves 3 that. So I believe that there should be a proper 4 investigation, even when there's charges laid, to do a 5 6 thorough investigation just to make sure these stories are absolutely true before they lay charges on anybody. 7 Because there was no investigation when there was that 8 9 false charge on my son. It doesn't happen just to the men, but to a lot of the women as well. So I would recommend a 10 good, thorough investigation when there's reports on the 11 12 Inuit.

MS. FANNY WYLDE: Thank you. *Qujannamiik* to
both of you. I will now ask the Commissioners if they have
any questions or comments? This is the time to do it.
Thank you.

17COMMISSIONER QAJAQ ROBINSON: [speaking in18Inuktitut] Hello Barbara, hello Sarah. Thank you.

19

Inuktitut]: You, too, to you too, any time. When I would
have any further thoughts to add to my statements, I would
be able to do that, even in Ottawa. I wonder if I would be
able to continue or say further things?

MS. SARAH BIRMINGHAM [speaking in

24 COMMISSIONER QAJAQ ROBINSON: [speaking in
 25 Inuktitut] We're not going to be speaking further again, or

having another Hearing; but we will be able to meet
 together so that you can say further things as you wish.
 Thank you so much for being here, each of you. And your
 husband, Barbara.

I lived in Igaluit for 11, 12 years before I 5 6 moved to Ottawa and we know, I know that this is a need, to have a Hearing in Igaluit. I thank you. I would like to 7 recognize you. And you have done so much work to make sure 8 9 that family survivors are heard and supported in your management role and with the Inuit team, to make sure Inuit 10 women have space. And you've been a teacher to me and an 11 inspiration for a long time, and I want to thank you. 12

13 COMMISSIONER BRIAN EYOLFSON: Sarah and 14 Barb, I also want to really thank you for coming here, 15 being here, and sharing and telling us about Mary Ann and 16 having the strength and courage to talk about all the 17 impacts. So I want to thank you, and Barb for all of your 18 recommendations, your very thoughtful recommendations.

I was really struck by some of the things you said about prevention, various aspects of prevention and the importance of that; and of breaking the silence and speaking; part of what you are doing today here. So I just really want to thank you for that.

24 CHIEF COMMISSIONER MARION BULLER: Thank you
25 both. I've learned a lot today, from both of you. And

Sarah, I hope this is the start of good healing for. Thank
 you for sharing today for the first time, about your
 daughter and the impacts on you.

Barb, thank you for your thoughtful
recommendations. I'm sure we will talk some more about
that. And Paul, men like you keep us together: thank you;
thank you for being a good man.

8 We have some gifts for you. And we're going 9 to break from tradition a little bit for you, Barb, but 10 it's going to be a bit of a surprise. I hope. So, we have 11 an eagle feather for you, Sarah, to lift your spirits and 12 hold you up. We have some tea, Labrador tea; and some 13 cotton as well for you.

And I'm going to ask the staff to join us.
Any National Inquiry staff, please come forward and
Grandmothers.

17For the record, we will close this part of18the session.

19 --- Upon adjourning at 15:37

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LEGAL DICTA-TYPIST'S CERTIFICATE

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2	I, Shirley Chang, Court Transcriber, hereby certify that I
3	have transcribed the foregoing and it is a true and
4	accurate transcript of the digital audio provided in this
5	matter.
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9	Shirley Chang
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