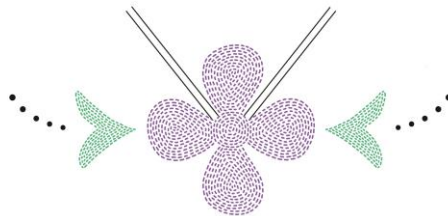


National Inquiry into
Missing and Murdered
Indigenous Women and Girls



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 3 Expert & Knowledge-Keeper Panel
“Racism”
Chelsea Hotel, Churchill Ballroom
Toronto, Ontario**



PUBLIC

**Part 3 Volume 9
Tuesday June 12, 2018
Panel 2: Intersections between Racism and 2SLGBTQ issues**

Dr. Barry Lavalley, MD, University of Manitoba

Farida Deif, Director, Human Rights Watch

Dr. Sylvia Moore, Memorial University

**Amy Hudson, Manager of Research, Education and Culture
Department, NunatuKavut Community Council**

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

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APPEARANCES

Aboriginal Women's Action Network	MiKenze Jordan (Representative)
Assembly of First Nations	Julie McGregor (Legal Counsel) Stuart Wuttke (Legal Counsel)
Assembly of Manitoba Chiefs	Joëlle Pastora Sala (Legal Counsel)
Association of Native Child and Family Service Agencies of Ontario (ANCFSAO)	Sarah Beamish (Legal Counsel) Josephine de Whytell (Legal Counsel)
Awo Taan Healing Lodge Society	Darrin Blain (Legal Counsel)
Battered Women's Support Services	Angela Marie McDougall (Representative) Anemki Wedom (Representative)
Canadian Association of Chiefs of Police (CACP)	Ashley Smith (Legal Counsel)
Director of Criminal and Penal Prosecution (Quebec)	Anny Bernier (Legal Counsel)
Easter Door Indigenous Association	Natalie Clifford (Legal Counsel)
Families for Justice	Suzan E. Fraser (Legal Counsel)
Government of Alberta	Doreen Mueller (Legal Counsel)
Government of British Columbia	Rachel Holmes (Representative)
Government of Canada	Nancy Azzi (Legal Counsel) Marie-Eve Robillard (Legal Counsel)
Government of Ontario	Julian Roy (Legal Counsel) Catherine Rhineland (Legal Counsel)
Government of Manitoba	Samuel Thompson (Legal Counsel)
Government of New Brunswick	Heather M. Hobart (Legal Counsel)

III

APPEARANCES

Government of Newfoundland and Labrador	Chad Blundon (Legal Counsel)
Government of Saskatchewan	Macrina Badger (Legal Counsel)
Government of Yukon	Jeanie Dendys (Representative) Valerie Royle (Representative)
Independent First Nations	Sarah Beamish (Legal Counsel) Josephine de Whytell (Legal Counsel)
Iskwewuk Ewichiwitochik	Darlene Okemaysim-Sicotte (Representative)
ITK - Inuit Tapiriit Kanatami	Elizabeth Zarpa (Legal Counsel)
Manitoba Keewatinowi Okimakanak (MKO)	Jessica Barlow (Legal Counsel)
MMIWG Coalition Manitoba	Catherine Dunn (Legal Counsel)
Native Women's Association of Canada	Virginia Lomax (Legal Counsel)
NunatuKavut Community Council Inc.	Roy Stewart (Legal Counsel)
Ontario Native Women's Association (ONWA)	Christina Comacchio (Legal Counsel) Robert Edwards (Legal Counsel) Cora-Lee McGuire-Cyrette (Representative) Courtney Skye (Representative)
Pauktuutit, AnânuKatiget Tumingit, Saturviit, Ottawa Inuit Children's Centre, and Manitoba Inuit Association	Beth Symes (Legal Counsel)
Regina Treaty Status Indian Services, Inc.	Erica Beaudin (Representative)
Saskatchewan Association of Chiefs of Police	Katrina Swan (Legal Counsel)

IV

APPEARANCES

Thunder Bay Police Services

Tiffany O'Hearn Davies
(Legal Counsel)

Treaty Alliance Northern
Ontario / Nishnawbe Aski
Nation / Grand Council Treaty
3

Krystyn Ordyniec
(Legal Counsel)
Steffanie Petroni
(Representative)
Shirley Sutherland
(Representative, Nishnawbe
Aski Nation Women's Council)
Bertha Sutherland
(Representative, Nishnawbe
Aski Nation Women's Council)
Amanda Byrd (Law Student)

West Coast LEAF (Legal
Education and Action Fund)

Raji Mangat (Legal Counsel)

Winnipeg Police Service

Kimberly D. Carswell
(Legal Counsel)

Women's Legal Education and
Action Fund

Karen Segal (Legal Counsel)
Carly Moore
(Articling Student)

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Second Chair: Shelby Thomas (Commission Counsel)

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Counsel: Meredith Porter (Commission Counsel)

Witness: Farida Deif, Director, Human Rights Watch

Counsel: Meredith Porter (Commission Counsel)

Witness: Dr. Sylvia Moore, Assistant Professor, Faculty of Education and Labrador Institute, Memorial University

Counsel: Fanny Wylde (Commission Counsel)

Witness: Amy Hudson, Manager of Research, Education and Culture Department, NunatuKavut Community Council

Counsel: Fanny Wylde (Commission Counsel)

Heard by Chief Commissioner Marion Buller & Commissioners Brian Eyolfson & Qajaq Robinson

Grandmothers, Elders, Knowledge-keepers & National Family Advisory Circle (NFAC) members: Micah Arreak (NFAC), Reta Blind, Cynthia Cardinal (NFAC), Lorraine Clements (NFAC), Bonnie Fowler, Norma Jacobs (Knowledge-keeper / NFAC), Charlotte Jacobs (NFAC), CeeJai Julian (NFAC), Valarie King, Myrna Laplante (NFAC), Naulaq Ledrew, Barb Manitowabi (NFAC), Pauline Muskego (NFAC), Laurie Odjick (NFAC), Paul Shilling, Senator Constance Simmonds, Leslie Spillett, Audrey Siegl, Waasaanasee (Government of Ontario), Lauren "Blu" Waters, Bernie Poitras Williams

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1 Toronto, Ontario

2 --- The hearing starts on Tuesday, June 12th, 2018 at
3 8:20 a.m.

4 **MS. SHERI DOXTATOR:** Sig-o-lee-so-gway
5 (phonetic). Hello, everybody. (Speaking in Oneida) and
6 travelling woman, (speaking in Oneida), Drole (phonetic) is
7 my clan, (speaking in Oneida), and I belong to The People
8 of the Standing Stone, which is Oneida Nation that attends.

9 I am Sheri Doxtator. I'll be your master of
10 ceremonies this morning for the opening ceremony. And,
11 what I'd like to do this morning is call upon our
12 grandmother, Norma Jacobs, to provide an opening prayer for
13 us and set our day off in a good way. So, without further
14 ado, I'd like to call up Norma.

15 **GRANDMOTHER NORMA JACOBS:** (Speaking in
16 Cayuga). I want you to sit down and just relax. In our
17 way back home, when a speaker is speaking, that -- it's our
18 way to hold respect for them, and that -- they stand up
19 because they have something to say, so everybody else stays
20 seated and we listen, like I said yesterday, with our ears
21 sharp, and we open our minds so that we can catch all of
22 those waves that come in our direction, because they're
23 meant to go through our ears and to touch our spirit. And,
24 you know, we forget about that in these times because
25 everybody's in such a rush. You know, even to say a

1 greeting to someone that, you know, we just say, "Hi, how
2 are you," and we don't even wait for a response. We just
3 move on.

4 And, you know, it's one of our teachings
5 that, you know, when we're moving around too quickly that
6 we also have an effect on the environment, and that we are
7 to move slowly and to be taking and being conscious of all
8 those energies about us, because we give life to everything
9 as human beings and they give life to us. And, when we
10 move too quickly, we forget about that humanity, we forget
11 about that compassion, we forget about, you know, that
12 great love that we have for one another. And, you know, in
13 our movement that we're having, that it effect on the
14 world, and you see all of the environmental impacts that
15 are occurring now, and we're responsible for that because
16 we move too quickly. We're not taking our time to enjoy
17 what is presented before us, so just a reminder to that.

18 And, for many times that I realize that I
19 have so much because of my conditioning from my mother who
20 was in a residential school, she always wants us to hurry
21 up and get things done, because that's what she learned;
22 you know? And so, we're always in a hurry, I'm always in a
23 hurry. And, inside of myself, I feel like I'm almost
24 having an anxiety attack because my heart and my whole
25 spirit inside is rushing to get things done.

1 And so, I have to be, you know, calming
2 myself down and say, hey, you know, I don't have to
3 complete those hundred tasks that I set out for myself
4 today. If I do one thing, that's good, because that's what
5 I was meant to do and I did it with all of my thought, and
6 my energy, and my good feelings, and my good thoughts.
7 And, I put that in there because it's going to be -- have
8 an effect on somebody who I'm talking to. So, we have to
9 remember to keep our pace, you know, because even in our
10 ceremonies that -- you know, we have a pace that we go to
11 because it's in connection with the heartbeat of our
12 mother, Mother Earth. And so, when we're moving too fast,
13 we're making her heart beat faster, you know, and it's
14 something that she's not used to.

15 So, she wants to give everything that she
16 has to all of us here that walk this earth, and she wants
17 us to enjoy life. You know, and when we're moving too
18 quickly and we're losing that sense of safety, we're losing
19 that sense of community and family. And, you know, my
20 mother used to say, (speaking in Cayuga). Be good to
21 yourself. You know, respect yourself in all of those ways,
22 in your mind and in your heart, in your spirit, you know,
23 all of your physical self. Take care of that because
24 you're precious; you know? (Speaking in Cayuga). The
25 Creator created you in the image of the Creator, (speaking

1 in Cayuga), the one who created us. There's no male or
2 female label to that. It's the one who created us. And
3 so, you know, we have to be conscious of those things and
4 to monitor our life in that fashion.

5 So, this morning I was asked to do the
6 opening for our day, and for my people, for the
7 Haudenosaunee people or the Iroquois Confederacy, where I
8 come from and where I belong and where I believe, you know,
9 have put me in this place. So, that recognition of, you
10 know, the whole structure of our -- of the Confederacy and
11 the teachings that are there to enhance our life, and to
12 acknowledge and validate everything that was given here on
13 this Earth walk, you know, for us to enjoy and to enjoy our
14 freedom, because everything here that the Creator provided
15 for us was for our -- you know, for our benefit, for our
16 health, mentally, emotionally, physically and spiritually.
17 So, we have -- we never want for anything.

18 You know, we have berries, we have -- you
19 know, we have nuts that come from those nut trees, we have
20 our wild game, we have birds, you know, that we -- supply
21 us with food, sustenance. And so, all of those things were
22 meant for us to, you know, be and build that relationship
23 with creation, because they were here to enhance our life.
24 And, you know, every territory that other nations belong
25 to, in both, you know, North and South America, that they

1 have foods there that are the foods that they eat to bring
2 them to their highest potential.

3 And, we have, you know, teachings and, you
4 know, the structure of the land is different, and that's
5 where we get our Indian names from. Our spirit names is to
6 understand that land, and to understand the foods that they
7 eat, and how that builds them to, you know, use the food,
8 the energies, the teachings, their relationship with the
9 land. You know, that's how our names are structured. It
10 gives us responsibility. It gives us, you know, that
11 identity of the place where we come from so that when we
12 stand and we announce who we are that we are unidentifiable
13 from the land that we come from.

14 You know, my name is guy-ho-wok-o
15 (phonetic), and it means holding the canoe, as I mentioned.
16 And, you know, it's females who are standing behind me, and
17 that had that name before me. I'm the only one with that
18 name, and I have a responsibility to that name, plus all of
19 those people who stand behind me, because they support me
20 in the work that I do, and my responsibility. And, you
21 know, because I'm Wolf Clan, I'm always searching for
22 something that's going to be beneficial to my clan, to my
23 family. And, I know that, you know, my place of comfort is
24 out in the fields, you know, near the bush.

25 So, you know, all of those things shaped who

1 I am, and I find my comfort there. And, you know, if we
2 use the language and you called my name, and you know that
3 it's a Wolf Clan name, and you know I'm Guyohkohnyo Cayuga
4 Nation, then you know that should stand out for you that,
5 you know, the land that I come from should be -- I should
6 be unidentifiable, just like the trees, just like the
7 shrubs, just like the berries. You know, when you go
8 there, they're just a part of creation. And so, that's how
9 I am as well.

10 So, our structure is very powerful, you
11 know, and as we move through that thanksgiving, you know,
12 we always acknowledge. First of all, we acknowledge the
13 people and we give thanks to the people, because we need
14 you in order to complete our life here. We need to build
15 relationships. We need to communicate. We need to talk to
16 one another. We need to understand one another, you know,
17 and have that clear conversation where when we talk that
18 our energies rise up to the Creator and we have good
19 communication. You know, we have that understanding. It
20 forms a bond between us that's sacred.

21 So, it's important, you know, that we
22 acknowledge Gen-gi-hua (phonetic), the people, because we
23 need each other in order to clear our minds and to clear
24 our thoughts. We need to uphold one another and validate
25 each other for who we are.

1 So, we give thanks to the people and we say
2 let it be that way in our minds. You know, those people
3 that have passed on, we give that recognition to them. If
4 there's someone who passed away in our community, we talk
5 about that first, because they're no longer with us and,
6 you know, we can't talk to them anymore. They've lived
7 their journey and they're complete and they return to the
8 Sky World, you know, back to the Creator, and to share
9 their story of their Earth Walk as they return there.

10 So, it's a celebration more than one of
11 mourning, and when we have our stories intact, when we have
12 our belief in intact, you know, and our culture intact that
13 all of those things are in place and, you know, to be
14 honouring always to life and death. So, that's just a
15 little thing I forgot.

16 So, we move on next to our Mother, our
17 foundation. (Speaks in Cayuga). That's our Mother, where
18 we step off from everyday, and how many times do we give
19 thanks for her for providing us with that comfort? You
20 know, as our children run about and, you know, they play on
21 the earth and they massage the body of our Mother, you
22 know, to revitalize her, to bring her alive and to give
23 this energy to all of the people who walk upon her body.

24 So, our Mother is our foundation, as in
25 every family that exists. You need to have a mother to be

1 born, you know. So, she is our foundation and we step off
2 of her everyday, and we give her that thanksgiving and that
3 honour, and we say let it be that way in our minds.

4 And, the next thing that we give thanks for
5 is for our sustenance, and that we -- you know, we have
6 corn, beans and squash that are the main staple foods for
7 our people as the Haudenosaunee, and we celebrate that
8 because we still have corn fields and we still have squash
9 that we grow. And, many people on our reserve are
10 returning to that way of life because we're learning that,
11 you know, the food that we buy in the stores are not
12 beneficial for us, because they don't have the nutrients,
13 they don't have the energy, they don't have the caring that
14 we as a people have when we plant.

15 We put our energy in there. We put our
16 stories in there, our songs, you know, our prayers, our
17 ancestors, because we're a part of the past, and we're a
18 part of this future, and we're also part of this present.
19 And, we're always going to be here, because we have that in
20 our minds. That's the way we were instructed. We're not
21 going anywhere. This is our land, and we're going to
22 always be here.

23 So, you know, giving that honour to that
24 food, you know, that's why our people are returning to that
25 way, because we know that those corn, beans and squash are

1 parts of our body, and they need to be replenished by those
2 same foods. So, you know, we pay that honour to our foods,
3 and we say let it be that way in our minds. And, not just
4 in the human mind, but in that plant, you know, that food,
5 because it too has a life, it too gives life, just like the
6 women. So, we honour and respect that, and we say let it
7 be that way in our minds.

8 And then we give thanks to the shrubs,
9 grass, the medicines (speaks in Indigenous language),
10 because in our way that we understand that everything here
11 is medicinal, because the Creator made it that way, that we
12 could search anywhere on this land, and any plant that we
13 find when we see it and it connects with us, because as I
14 said, it has an energy as well, and that it connects to our
15 spirit and it let's us know that these medicines are good
16 for what is, you know, our illnesses. So, we pick that
17 medicine and we have that conversation. We share and we
18 honour, we do a prayer, you know, before we pick that
19 medicine so that it's going to help, and we name the person
20 who the medicine is for, you know, what the illness is
21 about.

22 So, we give thanks to all of those medicines
23 that surround us, our words, our stories, our songs, our
24 ceremonies, our people, our families, you know, our
25 relatives, everything, because we're all medicine, you

1 know. And, when we gather as we are gathered here, that we
2 were supposed to bring our good medicine when we come here,
3 because everyone here in this room needs to have healing.
4 Everyone in this room needs to have that good health, and
5 everyone in this room needs prayer, you know.

6 So, we come together to share all of that,
7 and that is the medicine that we hold for one another. And
8 so, we give thanks for that, and we say let it be that way
9 in our minds.

10 And, next, we give thanks to the trees
11 (speaks in Indigenous language), and we thank them, because
12 they are the homes for our animals, for the wild game that
13 is out there. And, we give thanks to the trees because
14 they too have a medicine, they have a teaching, and they're
15 part of our games and the fashioning of our bows that we
16 use for cooking.

17 You know, there's many gifts that we receive
18 from the forest, and so we acknowledge them for giving us
19 those tools, and for providing us with our games so we have
20 snow stick, and we have lacrosse. And, they are there to
21 build the integrity and the dignity of people. You know,
22 when we play our games and when we sing our songs, when we
23 communicate with one another and honour one another, that
24 we use our hickory trees to shape our males, because that's
25 how they're supposed to be, is tall and straight. There's

1 no knots in that tree. And, when we harvest that tree for
2 our lacrosse, that they can be flexible, and we can bend
3 them, and we can shape them, and our men are supposed to be
4 that way.

5 And so, you know, we learn from the animals,
6 we learn from the plants, we learn from everything in the
7 environment how to live our life and how to acknowledge one
8 another, how to build and to shape ourselves with that
9 integrity. So, we give thanks to the trees and for all
10 that they do, and the leader of the trees is the maple
11 tree, because that's the first tree in the spring that
12 brings forth that new life of medicine and cleansing and,
13 you know, and provides us with the sweetness that we need
14 for the whole season. You know, we have maple syrup, we
15 have maple sap which we drink, you know, to cleanse our
16 bodies. And then we use the syrup, and the sugar, and the
17 candy to begin to rebuild our bodies because we're
18 preparing for the next winter, you know?

19 So everything has a place, everything has a
20 season, and so you know, we're using that always to rebuild
21 in our bodies, you know, that health that we need. And by
22 going into the woods and to, you know, to build our fires
23 and to cook out there and the ashes, you know? And we
24 reconnect and build our relationship with the forest, you
25 know, and we talk, and we sing, you know, out there. And

1 we participate in feasting, you know, and we give thanks
2 and honouring, and thanking the woods, you know, for
3 protecting us while we're in there, while we're tapping the
4 trees, you know, anything that we do.

5 Because the forest floor is covered with
6 branches that have fallen through the winter, you know, and
7 when we do our prayer to go in, we're asking permission to
8 enter into a territory that is unknown to us, you know, and
9 we ask for that protection to go into the woods, you know,
10 and to keep us safe. So we give that thanks to the woods
11 for all that we receive from there, you know, to enhance
12 our life, to complete our health in all aspects of our
13 self. So we give that thanks and we say let that be that
14 way, in our minds.

15 We give thanks to the birds, you know,
16 because when we're sad or when we waken early in the
17 morning, you know, up around 4:00, you can hear the birds
18 singing, you know? And if we've had a bad night, or you
19 know, something is going on in our family that they're --
20 the birds are there to uplift, you know, our spirit, our
21 minds, and to bring us to a good place. And all of the
22 birds have a different song, you know, and we can identify
23 them by their songs that they sing every morning.

24 And at the seasons, that they arrive to tell
25 us maybe -- that maybe now it's time to plant, you know,

1 the seeds are ready. You know, they tell us so many things
2 about our family, about the day and what's about to happen
3 in the daytime. So they are little messengers. You know,
4 so we put our minds there and we give thanks to the birds
5 for all they teach us.

6 They even teach us about building our
7 relationship and courting, you know, with the males and the
8 female. Because all of the male birds are so colourful,
9 and they have beautiful songs and they have their own dance
10 they do, because their responsibility is to remind us about
11 how we court one another in our community. You know, so
12 they have a fancy dance to attract that girl that they're
13 looking at and you know, and they're, you know, trying to
14 woo them into, you know, look at me or pay attention to me.

15 And yet, you know in our ways that we've
16 lost because of colonialism that it's the other way around
17 now where, you know -- and maybe confused, because nobody
18 knows how to court anymore, you know? Nobody knows how to
19 pick somebody and just honour them, and respect them, and
20 to you know, provide them with good words and encourage
21 them, you know to be all that they can be. And you know,
22 and mostly what I've seen is as that girls are now taking
23 over that role of trying to impress the males, you know,
24 and that's completely backwards to the way that we
25 understand.

1 And so, we pay that gratitude to those
2 birds, you know, and we thank them for every teaching that
3 they bring forward to us and to remind us every day with
4 those songs that they're there and that we all have a
5 responsibility. So we say let it be that way, in our
6 minds.

7 And then we thank the animals, you know, for
8 we're so fortunate that we could still, you know, see the
9 animals that run about, the deer, and the moose, and the
10 caribou, and the elk, you know, the bears, the beavers that
11 are there, you know? And we can sustain ourselves with
12 that food, you know, they provide us with many things for
13 our clothing, you know, for our tools, and we used every
14 part of that animal, you know, to give honour, to pay
15 respect to them for providing us with that medicine. So we
16 say let it be that way, in our minds.

17 And next we give thanks to the air, because
18 we need air to survive, you know? And we need that, you
19 know, you go outside and you can feel that breeze and it
20 wraps around you to, you know, to give you that comfort, or
21 to make you rush, rush ahead because maybe the wind's too
22 strong. You know, but they're always teaching us how to
23 prepare, you know, you can feel the coolness in the air
24 because it's going to rain, you know?

25 So we have to open our minds to be able to

1 think about those things and what they teach us. So we
2 give thanks to that air because we need that in order for
3 our bodies to be refreshed, our minds to be in a good
4 place, you know? So we give that thanks to the air and say
5 let it be that way in our minds.

6 Next, we give thanks to the bodies of water
7 that exist, you know, because at one time this whole
8 creation was covered with water. That was our beginning,
9 you know, we all begin with water, you know, and our
10 beginnings belong in a sacred ceremony. You know, so we
11 give thanks for that water for all that it does, and you
12 know, we never think about that it has a life and that it's
13 here to teach us things too about being receptive, you
14 know, about gentle and moving in to touch people's lives in
15 a kind, caring way.

16 Because when that water comes up to the
17 shore it doesn't just, you know wash up to the shore and
18 move back because the Mother Earth knows that she has to
19 open her body in order for that water to seep into all of
20 her veins, her arteries, and touch every part of her body,
21 you know, to give her that life. So we think about water
22 and the many great oceans, and the seas, and the lakes, the
23 rivers, you know, the little streams, and even to you know,
24 the little puddles in the woods that are medicine for our
25 babies.

1 You know, to the wells that you know, people
2 might still have wells, you know, by their home that the
3 medicine is flowing in that veins and the arteries and you
4 know, everywhere that we look, there's water. You know, so
5 we look for that nourishment, you know, that quenching of
6 our thirst when we drink water, you know? And we feel it
7 and be conscious of when we put that water in our mouth and
8 feel it as it travels through our body, you know? It makes
9 us come alive, and how it makes our minds clear to be able
10 to think in a good way, you know?

11 So we need that water in order to have life,
12 you know, we need it to survive. So we want to give thanks
13 to that water in every place that it exists, you know, and
14 to honour it and that we ask that, you know, it continue in
15 its responsibility to look after us and to provide us with
16 that nourishment that we need. So we say let it be that
17 way in our minds.

18 Then we give thanks to our grandfathers who
19 come from the west, you know, they have a great
20 responsibility because as they rumble and tumble that they
21 remind us that, you know, there's weather changing, you
22 know, and that water is coming and that we need to prepare
23 for that, you know? So they tell us to pay attention and
24 they say, "My partner is coming", you know, and so we look
25 into the sky and next thing we see, all these lightening

1 flashes across the sky, you know, and those are the women.

2 Those are the women who light up this world,
3 you know, with the life that they give, with the caring,
4 with the love that they share with their children and
5 embrace them every day. You know, and they're always so
6 forgiving, you know, to their children because when they're
7 rude or you know, misbehaving, that it's the mother who
8 feels that, all of those effects.

9 You know, so mums have a great job, you
10 know, in our creation, you know, she's always there in
11 existence and those women, as the grandfathers keep telling
12 us, you know, listen to those women. They come here to
13 make your world bright. And I think that every man in this
14 room knows how fabulous it feels when a woman is paying
15 attention to them. So, you know, the women have a
16 responsibility to bring that life and that light, you know,
17 that happiness into the lives of our people. You know, and
18 then shortly after, the lightening comes and we begin to
19 feel the rain drops come and just spatter on the earth, you
20 know? And, those babies are represented by those rain
21 drops. So, they're working in harmony, they're working in
22 balance because they know their jobs, they know their
23 responsibility, and they know how to enhance one another's
24 life.

25 And so, we give thanks to those thunders,

1 and to the lightening, and to the rain, because they are
2 giving us that rejuvenation of life, and we know that life
3 will continue because of those coming phases. And so, we
4 give thanks to those thunders, because they come to wash
5 the earth, you know, and wash away all of the illness and
6 the negativity that exists here, and the mother -- the
7 lightening comes to refresh that and to move that vibration
8 across the earth, you know, to wake us up and to pay
9 attention.

10 So, we give that thanks to our grandfathers
11 who come from the west, to come and clear the earth, and to
12 clear the energy, and to move it across the lands into the
13 water, because the water can take care of that. So, we
14 give thanks to the grandfathers and we say let it be that
15 way in our minds.

16 Next, we give thanks for the sun, our eldest
17 brother, and we call that enikhat (phonetic). This great
18 globe of light that comes to warm the earth and to bring
19 that brightness, you know, so that we can plant and put our
20 seeds into the earth, and then Mother Earth will wrap her
21 arms around those seeds and to help give them life. And
22 so, we give thanks for the sun for coming and, you know,
23 bringing that day light to us and we say let it be that way
24 in our minds.

25 Next, we give thanks to the moon, our

1 grandmother, tissot (phonetic). (Speaking in Cayuga), it's
2 a calendar of relating back to the women, you know? So, we
3 give thanks for our grandmother because our grandmothers
4 can teach us so many things. You know, we see the stories
5 that she scatters on the ground early in the morning, you
6 know, in forms of drops, dew drops, on the grass, you know,
7 and she's there to remind us about where she came from.
8 And, she knows every one of us and she knows every one of
9 our stories because she's our grandmother, you know, and
10 she's there to nurture us and to guide and direct us, and
11 to, you know, show us the good things in life about
12 birthing, you know, and so many other things that she has
13 wisdom about. And so, we give thanks to that grandmother
14 and we say thank you and let it be that way in our minds.

15 And then we give thanks to our four sacred
16 beings who, you know, are always working above our heads
17 and helping us to make good decisions, you know, and
18 reminding us that there are always consequences to our
19 behaviours or to our attitudes. And, they always try to
20 put us on that path that will be beneficial for us and not
21 cause us harm, you know, but it's the human ego who, you
22 know, continues that struggle to be recognized and given
23 power to, and we make a bad decision, you know, but there's
24 consequences that go, you know, along with that. And so,
25 we thank our -- you know, the four sacred beings who keep

1 us safe.

2 You know, we all traveled here and we had no
3 difficulties. You know, sometimes we think of the detours
4 that we have to take, but also there's lessons in that, you
5 know, it teaches us about it a different way, teaches us
6 about raising our consciousness, you know, to seek further
7 into other forms of knowledge, of relationship. So, we say
8 to those four sacred beings, thank you and let it be that
9 way in our minds.

10 And then we give thanks to our teachers, you
11 know, and our prophets, and our speakers who bring us, you
12 know, (speaking in Cayuga), the words of our Creator. You
13 know, there's been teachings that have been given to us in
14 all of our communities, you know, about that spiritual
15 realm and our journeys from the sky world, you know, our
16 beginnings, you know, and how we're to be. They set the
17 pace for our values, you know, our relationship to our
18 mother, we get a culture from that. We get values and we
19 get beliefs, and they shape our attitudes and our
20 behaviours. There's so much, you know, in those words of
21 -- from the Creator that help to shape us, you know, to
22 build that relationship with all of those gifts that's been
23 provided and to honour one another for it, to be medicine
24 for us, you know, so that we can work together, and that
25 our world will be calm. And, you know, not to say that

1 there would be no problems because we would have the tools
2 in order to resolve those things, by our principles, by our
3 protocols, you know, and by our stories and the teachings
4 that we get. But, we have to use our minds, that's what my
5 mother used to say.

6 And, I always talk about my mom because, you
7 know, when I was growing up, she'd say, you know, you're my
8 child and you're going to listen to me because that's what
9 I'm here for. She said, when I'm gone, she said, you don't
10 have to listen to me anymore. But, I don't think she was
11 telling me the whole truth because I still hear her today
12 when I'm trying to do something and she -- I hear her voice
13 telling me things that -- you know, remember this?

14 One of those things that she used to tell me
15 was, (speaking in Cayuga), you've got a brain, use it, you
16 know? And, I've been doing that for all of my life, you
17 know, and paying attention, and -- you know, she used to
18 say, (speaking in Cayuga), you've got to take things that -
19 - you know, all the things that I shared with you and think
20 about them, and take them to the depth, you know, of your
21 being. Apply it to your mind, apply it to your heart,
22 apply it to your physical self and to your spiritual self.
23 She says, and if all of those parts of you feel good, then
24 you must be on the right track. So, I've had a lot to
25 think about in my years of being here on this earth walk

1 and I find that everything is true that she says.

2 So, you know, my mom taught me to think and,
3 you know, we can set things before us to be sad or ugly and
4 hurtful, or we can look at the goodness that the Creator
5 put before us and that we can benefit by those teachings
6 because they are our truth. And, don't think I haven't had
7 problems like discerning whether -- is this really a
8 traditional way or is it part of the colonial thinking that
9 impacted our minds, you know, to be subtly taken over to
10 the ship.

11 And so, I spent my life, you know, thinking
12 about that, you know, and shaping and chipping away at
13 those colonial thoughts and the colonial influence on my
14 family. You know, my mom's family. And, I've seen many
15 things.

16 For clarity, you know, always come back to
17 the language. And, you know, I understand five of our six
18 dialects of the Haudenosaunee. I'm not a fluent speaker,
19 but I've learned to apply what I've heard and sort through
20 everything, you know, because I used to wonder about
21 rigidity in our communities, but I found out why, it was
22 because of the fear that was instilled in them, in the
23 church and in the residential school and, you know, all of
24 those things that were brought forward by the patriarch.

25 So, I've had a long time in learning, and as

1 I said, chipping away at my being, the stories and the
2 songs that I hear, they are nothing but good things from
3 our teachings.

4 And, I think about the stories that were
5 written by, you know, the priest that came from across the
6 water. And, you know, and I hear them talking about how
7 beautiful that our people were when they arrived here, how
8 tall they were, how their skin shone in the sunlight, how
9 their hair, you know, was so bright and shiny and long and
10 black, but I heard that story. I wanted to see that again.
11 And, I've been working at that all of my life is to find
12 and to enhance the lives of our people through our stories,
13 through our way, through our language, through our
14 ceremony, you know, and to reclaim that for myself.

15 And, I see the dismantling of our culture
16 and our way of life in all of our communities, but I also
17 see the restructuring and the revitalization, and I'm proud
18 of those people. I'm proud of the young ones. You know,
19 the young men who stand who I haven't seen growing up, and
20 all of a sudden there they are, and they're doing our
21 ceremonies, speeches. You know, and I feel that respect in
22 their behaviour and their attitude for the people, and I
23 hear -- you know, and my mom used to say, and in ceremony
24 they say this too, is, (speaking in Indigenous language).
25 Help your families to learn. Clarify for them, you know,

1 that what this is about.

2 And, I know, you know, that many of our
3 people, when they come from ceremony, they say, "I don't
4 know what happened in there, but I feel this high off the
5 ground." And, it's because their spirits have been
6 touched, and they feel an energy that surges throughout
7 their body, they feel connected. Because when we get our
8 Indian name, our spirit name, they say, (speaking in
9 Cayuga). When you get your name, that's the connection to
10 who you are is in the ceremony, and your mind's always
11 going to be here. I don't care how far away you move, your
12 mind's always going to be here because this is where you
13 belong, this is where you got your name, this is your
14 teaching, this is your lodge, this is your body.

15 We call our longhouse, go-ayaakw-da-yee-sta
16 (phonetic), a place of completion. You know, and it also
17 means that there's always room for one more. And, where
18 else do we see that place of completion is in the wombs of
19 our mother. You know, there's always room for one more.
20 We have -- sometimes people have multiple births, because
21 there was room for one more. So, using our minds, you
22 know, to a simple, you know, thanksgiving address to
23 address creation in its full -- you know, its highest
24 potential of what it gives to us every day.

25 You know, I've -- I went picking

1 strawberries the other day, wild strawberries. They're so
2 tiny. And, I bent down and I seen one berry, and I picked
3 it up, and I looked and I thought, there's two more. I
4 went over there and I grabbed those two. And, I looked,
5 and there's five berries over here. And, I went and
6 gathered those. The next thing I know, there's thousands
7 of plants in front of me all yielding berries. You know,
8 and I was thinking that, you know, maybe there's hardly any
9 berries this year.

10 But, when I went out there and I picked that
11 one, the rest of the families of those berries, because
12 they have aunties and uncles, and grandmas and grandpas,
13 and nieces and nephews, they all came rushing towards me.
14 And, pretty soon, my cup was full. You know, I had to go
15 get another bowl. They were so happy that I was out there
16 to gather them and to bring them home, and to recognize
17 that they were coming to visit me. They were coming to
18 acknowledge, you know, those gifts. They were coming to
19 acknowledge, you know, their responsibility to refresh us,
20 you know, to give us that good medicine again, to cleanse
21 ourselves.

22 So, you know, it's up to us, you know, as a
23 people, to reach out, because there's so much help that
24 surrounds us in nature. You know, that was a plan by the
25 Creator, to provide us with all of the help that we need,

1 and that we just have to open our minds and our hearts, and
2 to listen because you can hear the plants grow.

3 When you plant and you sit quiet on a porch
4 or out in the garden, and you hear -- you can hear those
5 plants seeping their way through the Earth, because the
6 Mother is so full of encouragement. She encourages them to
7 come forward. You know, she brings the rain. She
8 encourages all of those things, and that's what we get, you
9 know, in that circle of the thanksgiving address. We start
10 at the Earth, and work up, and come back. You know, so all
11 the things that I heard yesterday about, you know, being
12 able to fit in and to, you know, to get rid of labels and
13 just about being accepted, you know, that's what we learn
14 from that thanksgiving address.

15 And so, you know, we learned about
16 belonging, we learn about balance and harmony, we learn
17 about our roles and responsibilities and, you know, we have
18 -- they all have communication. They all bare gifts. We
19 learn about self-reflection. We learn about mobilization,
20 you know, being proactive. We learn about, you know, our
21 ancestors, and we learn about being inclusive. We learn
22 about unity, you know, coming to that one mind, and that
23 one heart, and that one body. We learn about protocols,
24 intervention and prevention. We learn about sacred space.
25 You know, we all have sacred space around us.

1 Acknowledgement, validation, values and beliefs, honouring
2 relationship, healing, ceremony, empowerment. And, that
3 thanksgiving address is a dance of intimacy of how we
4 relate to everything that's in our environment, and we
5 should be doing that dance every day, you know, to
6 acknowledge creation, not destroying her.

7 You know, and as someone was saying about,
8 you know, the acts of violence against the Mother Earth is
9 reflective of the violence against women, you know, because
10 she's our Mother. Every time that something is drilled or
11 you know, fracking that occurs, all of the digging of her
12 internal organs and the minerals that she has within her
13 body becomes exposed to the air and causes us illness. You
14 know, we know that by our stories.

15 So, you know, it was always told to us too
16 that, you know, the state of our health was recognizable by
17 the number of corn fields that we have in our community,
18 you know, because corn fields -- white corn is medicine,
19 you know. It tells us about how to use it in mourning, you
20 know, grieving. So many things that we haven't even
21 touched upon. And, trying to retrieve and to, you know, I
22 guess to mend those scars of tearing us apart through the
23 relocation, you know, throwing our head over there and our
24 arms over there and our legs over here, you know, we're
25 working hard to attach those things again. But, we will

1 always carry those scars. You know, when we attend
2 ceremony and we continue to revitalize who we are as a
3 people that, you know, we're able to heal and to remember,
4 but to move forward as well.

5 We learn about, in our thanksgiving address
6 there, we learn about the stories that we hold. We learn
7 about the rebirth everyday, when we wake up in the morning,
8 that we have life. So, we know how to revitalize, and
9 that's part of our teaching, to restructure, to recognize,
10 to re-enliven our people and to re-evaluate, to re-
11 establish, to rejuvenate.

12 We have our own way of evaluating our
13 communities, like I said about the corn fields, and we know
14 how to reconcile. My mom used to always say, when you have
15 conflict with somebody, you know, we don't include
16 everybody, we're supposed to settle those differences
17 between those two people that the conflict occurred,
18 because nobody else knows anything about the conflict.
19 But, we, because of our learned behaviour, try to include
20 everybody in our differences, and it doesn't resolve
21 anything, so we never get to reconcile those things. So,
22 you know, we carry things over a period of time.

23 So, the final thing that I wanted to say was
24 about the acknowledgement. You know, I heard everyday
25 about, you know, people acknowledging the land of the

1 Haudenosaunee and the Mississaugas of the New Credit, but
2 once we acknowledge that and validate that, that this is
3 the land of those people, then there's a responsibility
4 attached to that, and what is that? Because, you know,
5 when you acknowledge something, you're making it true.

6 So, there's a responsibility attached to
7 that to the people to do something about that. You know,
8 what are you going to do about that? Because for so long,
9 it's been, you know, not in our power to, you know, to
10 reclaim or, you know, it's going to cost. You've got to go
11 through the courts and everything. You know, our people
12 already know that's our land. Now people are recognizing.
13 Okay, so then there needs to be action to that. We know
14 about that, but the action is given to those people who
15 have recognized and acknowledged that this is the land of
16 the Haudenosaunee and of the Mississaugas of the New
17 Credit.

18 So, I want to thank you for your kind
19 attention this morning, and just, you know, to hope that I
20 touched your spirit in some way. You know, I'm proud of
21 what I know. You know, I'm not an educated person, and I
22 always tell people, you know, I'm a teacher, like an
23 educator, and I've worked with many nations of people in
24 trying to tie us together by our similarities and, you
25 know, always heard from some people from the north and say,

1 "I don't know anything. I don't even have Grade One."
2 And, it's, like, man, you know, you're so lucky you're not
3 educated, because you have a connection to the land. You
4 know how to hunt; you know how to fish. You know where
5 your medicines are. You know your relationship to
6 creation. Like, you're so fortunate, you know?

7 So, never, ever put yourself down, you know,
8 because you don't have an education. You know, you have
9 knowledge. You know about life. Some people in education
10 don't know about life, so I just want to thank you and
11 thanks for the opportunity to do the address and to do some
12 sharing, and some enlightenment, I hope. Thank you for
13 your kindness. Howa.

14 **MS. SHERI DOXTATOR:** Ha'waa, Norma. Now I'd
15 like to move on to the lighting of the qulliq, and we'll
16 ask Naulaq Ledrew to do the lighting this morning.

17 **MS. NAULAQ LEDREW:** Nakurmiik. Thank you.
18 My name is Naulaq Ledrew. I'm originally from Apex Hill,
19 Nunavut, three miles outside of Iqaluit.

20 Before I light the qulliq, I would like to
21 say a couple of words. My identification, I was named
22 Naulaq by my parents. I was also named E71866 by the
23 government, and I was also identified as Eskimo. I am
24 proud to be Eskimo. I'm a raw meat eater. I am still here
25 because I have ate raw meat, and I am an Inuk, meaning I am

1 a person, and you guys, all you, are Inuit, meaning you are
2 people.

3 So, I am thrilled to be among the Inuit, and
4 I guess I'm one of the most unique persons in Toronto. I
5 still speak my language. I still write my language, my
6 Inuktitut syllabics. I am the only who is named Naulaq in
7 the whole 2,600,000 people. So, I am totally honoured to
8 be with you, and I would like to open with an Inuktitut
9 prayer. Firstly, let me light my qulliq up.

10 Qulliq, for those that don't know, is our --
11 one of our tools back home that warms us up, that feeds us,
12 that dries our clothing.

13 When women are having hardships they talk to
14 our ancestors through the Qulliq and I am very honoured
15 that I have seen my mother light Qulliq before she had
16 passed away. And now I am honoured to have passed it down
17 to my daughter and I believe she'll be passing it down to
18 her daughter. So here it goes. Sometimes they are
19 stubborn.

20 (Prayer in Inuktitut and English)

21 **MS. NAULAQ LEDREW:** Thank you. And let's be
22 respectful and keep our open minds.

23 **MS. SHERI DOXTATOR:** Thank you very much,
24 Naulaq, for that.

25 Now I'd like to call upon our women.

1 They're going to start our morning off with a song and then
2 we'll get right into things. Ladies.

3 (Drumming and singing)

4 **MS. SHERI DOXTATOR:** Miigwetch, ladies.

5 So, just before we get started, I just want
6 to do a quick review of yesterday that we had with our
7 presentations and the beautiful words that we had yesterday
8 and this morning as well. So we did have an opening
9 yesterday with Val King from the Mississaugas of New
10 Credit, so thank you for the words that started us off in a
11 good way yesterday as well as the lighting that you saw
12 this morning of the Qulliq as well from Naulaq. I also
13 want to recognize Albert and Fallon's presentations
14 yesterday as we talked about racism and the 2SLBGTQQIPAA
15 communities as well.

16 So just so that we know where we're going
17 today, heading into talking about racism and institutions
18 and what we want to do and how we can take a look at that
19 as well and looking at that. You heard this morning about
20 opening your hearts, opening your minds and opening your
21 spirit to all of that. So I encourage you to do as we did
22 yesterday to sharpen your ears and open your minds and
23 hearts and listen to those words that are being shared with
24 you today as well and to look at that and allow that to
25 come in. And some of it may be a bit challenging at times.

1 Some of it may be a bit difficult to hear at times. We do
2 have elders available, we do have medicines available and
3 smudge available.

4 The people identified in the room with the
5 purple lanyards are supports as well, if you need to speak
6 to someone or someone may approach you, they're just there
7 to try and help out as well.

8 I do remind people as well to make sure that
9 your cell phones are turned off or are on vibrate, just so
10 that we don't disturb the presentations today. The other
11 thing I do also want to make mention of, just so that you
12 are aware, there's a -- Native Women's Resource Centre is
13 hosting a drum circle this evening as well, which is just
14 up the street here at 191 Gerrard Street. It does begin at
15 5:30 and everyone is welcomed for that as well. We are
16 serving lunch again today, so that will be around 12:15
17 that we hope to carry that on as well.

18 So, we are going to have a bit of a
19 transition for a few minutes. So, probably about five
20 minutes, we'll just have a quick transition and I thank you
21 for joining us this morning for opening ceremonies.

22 (Speaking in Oneida).

23 --- Upon recessing at 9:31 a.m.

24 --- Upon resuming at 9:46 a.m.

25 **MS. MEREDITH PORTER:** Good morning, I'm

1 Meredith Porter and I am Commission counsel with the
2 National Inquiry, and I'd like to welcome you and say good
3 morning. We are going to be hearing today from four
4 witnesses as part of the panel, which has been entitled,
5 Perspectives Panel: Racism in Institutions. And, I'm
6 joined today by my colleagues, Commission counsel Fanny
7 Wylde and also Commission counsel, at the end of the table
8 here, is Shelby Thomas.

9 And, the four witnesses that we're going to
10 be hearing from include Dr. Lavallee, who is from the
11 University of Manitoba; Farida Deif, who is the Canada
12 Director of Human Rights Watch; Dr. Sylvia Moore, from
13 Memorial University; and Amy Hudson from NunatuKavut
14 Council. I'm sorry if I didn't say that correctly.

15 So, prior to getting started though, I did
16 want to do one housekeeping item mentioned to the parties
17 with standing. I wanted to remind you that if you want to
18 cross the witnesses once their in-chief examination is
19 complete, that you need to be sure to draw your number and
20 -- your number slips at the first break. And, if you
21 wouldn't mind ensuring that you return the numbers and
22 notify Francine Merasty of the number that you drew, so
23 that we can begin to -- our scheduling of the order of
24 cross-examination following the in-chief examination. So,
25 I appreciate that. Thanks very much.

1 Good morning, Chief Commissioner and
2 Commissioners. Prior to getting started with the
3 qualifications of the first witness, I did want to seek
4 their affirmation and I would ask the Registrar if he could
5 begin with the first witness we have scheduled to give his
6 testimony, Dr. Barry Lavallee.

7 **MR. BRYAN ZANDBERG:** Good morning, Dr.
8 Lavallee. Do you solemnly affirm to tell the truth, the
9 whole truth and nothing but the truth?

10 **DR. BARRY LAVALLEE:** Yes.

11 **MR. BRYAN ZANDBERG:** Thank you.

12 **BARRY LAVALLEE, Affirmed**

13 **--- EXAMINATION IN-CHIEF BY MS. MEREDITH PORTER:**

14 **MS. MEREDITH PORTER:** Thank you. Dr.
15 Lavallee, I'm wondering if you could begin just by maybe --
16 I know you want to formally introduce yourself and speak a
17 little bit about where you're from, and maybe some of your
18 background if you wouldn't mind providing that information?

19 **DR. BARRY LAVALLEE:** Okay. (Speaking in
20 Indigenous language). My Christian name is Barry Lavallee,
21 I'm from Winnipeg, Manitoba, and I'm from a family of nine.
22 My parents come from the Interlake part of Manitoba, and by
23 white law, my mother was a non-status Indian and my father
24 was Métis.

25 **DR. BARRY LAVALLEE:** And, I graduated from

1 the University of Manitoba, the school of medicine, in
2 1988, and finished my residency training with a focus on
3 Indigenous health and family medicine in 1990. And then I
4 completed a master's degree at the University of Western
5 Ontario in 2004 with a focus on the relationship between
6 providers and Indigenous patients. And, that drew my
7 career to explore beyond traditional focuses of causes and
8 diseases, and to emphasize racism as a deterrent of health
9 for First Nations people.

10 I currently practise family medicine in
11 Winnipeg at this point in time. I teach at the University
12 of Manitoba as well as conduct research, looking at chronic
13 diseases in First Nations communities in Manitoba.

14 **MS. MEREDITH PORTER:** Thank you. I'm
15 turning right now to a document that's in the book of
16 documents. It's -- I believe it should be at Tab A for the
17 Commissioners. And, the document that I'm referring to
18 right now is a curriculum vitae of Dr. Barry Lavallee.
19 And, I note, Dr. Lavallee, that in addition to the
20 information you've just provided us with respect to your
21 background and some of your education and training, you've
22 also engaged in some research and -- with respect to -- and
23 done a number of publications and reports.

24 Can you speak briefly about some of the
25 additional activities you've engaged -- you've been engaged

1 in with respect to not only research, but also in other
2 inquest work or in publications and reports that you've
3 produced that are listed here in your curriculum vitae?

4 **DR. BARRY LAVALLEE:** The -- thank you for
5 the question. I'm a family physician by training, and so
6 just -- because I want to emphasize this in the context of
7 the work that I do or that I'm required to do from the
8 University of Manitoba as well as from our community back
9 home. So, as a family doctor, I could prescribe things. I
10 could diagnose pneumonia, a whole slew of things. But, as
11 a consequence of colonization and its impact on our
12 communities, and as I grew up in medicine, the concealment
13 of what happened and what continues to happen to our
14 community drove me, with the help of my community, to
15 explore other areas, and including and not limited to
16 colonization.

17 And so, in that particular context, there
18 was a duality of the work that I've done in the past, and
19 including some of the talks that I've done, mainly in
20 Australia and New Zealand as well as across Canada, is
21 really to engage large communities, mostly white
22 communities or Settler communities to be able to fill a
23 void of information that they have or had about what
24 happened to us in the Canadian context. And so, my work
25 then is really around teaching non-Indigenous people about

1 colonization. And, mostly with the physician learners I
2 work with, to teach them what colonization looks like on
3 the Indigenous body, both externally and internally.

4 So, it drew me to develop an expertise in
5 what's called the therapeutic relationship. And, in that
6 particular therapeutic relationship, during my master's,
7 the one theme that arose from the participants, who were
8 all Indigenous, was the grief they experienced when gaining
9 access to health care with physicians in their inability to
10 be fully Indigenous in that context.

11 And, what's important to understand, that
12 work in 2004, is bringing me to the present, where I'm
13 actually working with a doctoral student of the San'ya's
14 Cultural Safety Training Program in BC in which we explore
15 stereotyping, and the stereotyping that's seen in a
16 database from that particular program of about 25,000 or
17 more people who participated. And, really, what ends up
18 happening was that the link between what I learned in 2004
19 to 2018 is that an Indigenous person who is identified as
20 Indigenous either by their brown skin, or their name, or if
21 they identify themselves is that an Indigenous person
22 cannot enter a health care system except in stereotype.
23 And, you have to think about that. What does that really
24 mean?

25 It means that if you're a brown skin

1 Indigenous man and you may have had a beer at a barbeque,
2 but you're not an alcoholic, and you go to emerg, there's a
3 chance that you will be assigned the stereotype of being a
4 drunken Indian. And, the chest pain you're experiencing
5 has nothing to do with your heart, but with alcoholic
6 gastritis. And so, the differential access for particular
7 treatments as well as investigations are harnessed on
8 stereotyping.

9 And, in the case, I can get to later on, Mr.
10 Brian Sinclair, who died at the Health Science Centre
11 emergency, one of the busiest emergency's on our side of
12 Canada, he died from stereotyping. And, you have to think
13 of stereotyping as a proxy to racism. So, I'm not going to
14 get into a philosophical argument about how racism looks
15 across the academic world in Canada, but racism is
16 harnessed on two things: (1) perpetuation of stereotypes;
17 and (2) that the person who perpetuates those stereotypes
18 has power in context.

19 So, in that particular context, Mr. Brian
20 Sinclair died of a preventable illness. He had a bladder
21 infection. All he needed was his catheter changed, an
22 antibiotic, give him some fluids, watch him for eight hours
23 till his kidneys were okay, that he could eat, and he could
24 have gone home. Instead, he was found dead with rigor
25 mortis 34 hours later having been seen only in stereotype

1 at the Health Science Centre emergency room.

2 And so, the proceedings to try and clarify
3 what happened to Mr. Brian Sinclair are marked only with
4 stereotype if you look at the document. It's about the
5 threatening Indian, the drunken Indian, the homelessness
6 that goes on. So, all those particular stereotypes are
7 what the database at the San'yas Cultural Safety Training
8 Program, that I work with as an academic, fulfil and affirm
9 stereotyping as a mechanism to diminish our access to
10 health care.

11 **MS. MEREDITH PORTER:** Thank you.
12 Commissioners, based on the document, the CV of Dr. Barry
13 Lavallee, which I would request be entered in as an exhibit
14 at this time, I'm going to ask that -- I seek that he be
15 qualified as an expert in the overlapping domains of anti-
16 Indigenous racism, Indigenous health and medical education.

17 **CHIEF COMMISSIONER MARION BULLER:**
18 Certainly. The CV will be Exhibit 16. And, we are
19 satisfied that Dr. Lavallee has the requisite
20 qualifications and experience to provide expert opinion
21 evidence in the overlapping areas of anti-Indigenous
22 racism, Indigenous health and medical education. Thank
23 you.

24 **MS. MEREDITH PORTER:** Thank you.

25 --- EXHIBIT No. 16:

1 CV of Barry Lavallee MD, MCISc, UWO,
2 CCFP, FCFP (nine pages)
3 Witness: Dr. Barry Lavallee, MD,
4 Director of Student Support and
5 Education for the Centre for Aboriginal
6 Health Education, University of
7 Manitoba & Indigenous Health UGME
8 Curriculum Lead, University of Manitoba
9 Submitted by Meredith Porter,
10 Commission Counsel

11 **MS. MEREDITH PORTER:** Dr. Lavallee, you've
12 spoken a little bit about some of the work that you're
13 doing as an educator at the University of Manitoba, do you
14 want to begin by speaking a little bit about the approach
15 that you're currently taking, that current work you're
16 doing? I understand that it involves revision of medical
17 -- the curriculum that's being delivered to the students at
18 the medical school, and maybe give some evidence or some
19 information about, sort of, what were some of the driving
20 forces that, you know, brought that work to light and
21 brought it, you know, currently -- the necessity for it,
22 for that type of work to be done?

23 **DR. BARRY LAVALLEE:** Absolutely. Thank you.
24 But, may I first acknowledge Norma Jacobs for the talk that
25 she gave and the prayer this morning? I also want to

1 acknowledge the traditional lands that we sit on, because I
2 am foreign here, I come from Manitoba, so that's really
3 important.

4 But, I -- when I was in medical school in
5 second and third year, I had -- this is important in the
6 context of the question. By all means, with where I came
7 from with my family and the impact of colonization, I
8 should probably had never finished high school, never mind
9 university. This is just the way it was. And, one day, my
10 mom and dad who held traditional knowledge very close,
11 because they were afraid to speak about things, told me
12 about my-ma-shoom (phonetic) who actually prayed to the
13 bear and to makwa (phonetic), and that was really powerful
14 to me at a young age. And so, I went to medical school at
15 the request of my community, okay, it wasn't mine, it was
16 my community actually directed. I actually wanted to go
17 into law, but my community told me that I needed to go into
18 medicine and so that's why I did that.

19 So when I was in medical school the health
20 science centre, despite what I just told you about what
21 happened to Mr. Brian Sinclair and the other Brian
22 Sinclairs that they were unaware of and aware of, there was
23 a large number of Indigenous People who sought care there.
24 And so, when I was in third and fourth year medicine I
25 wanted to work with my people. So I told the university

1 that I'll only go to the hospitals where my people are.
2 And then when I did my residency I only wanted to work with
3 my people. So I sought places where there's only my
4 people.

5 And so, before I became a teacher I knew
6 that there was a different narrative that went on for how
7 Indigenous Peoples were treated in the health centres and I
8 had witnessed a lot of racism go on as I was training. But
9 when I grew up in medicine, the talk about the rates of
10 disease for Indigenous Peoples was always void, or devoid
11 of really what went on and what was going on.

12 So it was an incomplete history. And we
13 asked our mentors, most of whom were white, because there
14 were just a few of us in medicine at the time, to please
15 help us fill in the gaps so that we can understand. It
16 emerged over a time period that you just go to your
17 community and ask what's going on, and you don't need a PhD
18 or an MD to tell you what's going on. So that merging of
19 both community knowledge and support to gain access to the
20 truth was what was really important.

21 Now, because I am a good teacher, I was
22 chosen to lead nationally the development of a document to
23 influence 17 medical schools to uptake Indigenous health in
24 their curriculum. My colleague Linda Diffy (phonetic) and
25 I did that. And so, 13, 14 years later, we were asked at

1 the University of Manitoba to develop an Indigenous health
2 course that was longitudinal, year one through four, from
3 about 12 to 13 hours to 16 hours. And so we did that, but
4 we moved and shifted away from a culturalist approach to
5 addressing Indigenous health, to one that explores the
6 position of settlers and white people in the context of
7 what happens to Indigenous Peoples.

8 So we developed a course that actually
9 doesn't look at the Indigenous body particularly, but it
10 actually looks at the position white people and settlers
11 occupy on our lands, and that that positionality itself has
12 great influence on health outcomes for Indigenous Peoples.
13 So we started forming an anti-Indigenous racist, and anti-
14 colonial framework for the curriculum at the University of
15 Manitoba. It is a small curriculum.

16 The medical learners that we work with have
17 to actually take a mirror and that becomes their new tool.
18 They have to look at themselves and know themselves deeply
19 in the context of what's happening to Indigenous People
20 currently, and not in the past. And no offence to my
21 community people out here who've been affected by the
22 residential schools, but we don't talk in the past, we talk
23 about the current implications of colonization on the
24 Indigenous bodies and how we see that.

25 So the course itself then is to arm, or to

1 increase the education and skills base, of providers that
2 come through out school to be able to address health needs,
3 social inequalities, economic inequalities, and all the
4 structural deficiencies that happen for Indigenous People,
5 because they are Indigenous People in a colonial context.
6 And they have to be equipped to deal with that, so that is
7 really the task of our curriculum.

8 **MS. MEREDITH PORTER:** Thank you. And can
9 you maybe give a bit of an idea of what kind of response
10 have you had to the process of developing that curriculum
11 and delivering the curriculum to the students?

12 **DR. BARRY LAVALLEE:** Yeah, thank you. The
13 work racism for example, like 14 years ago there was a
14 document and you can look online for that document, it's
15 with the Indigenous Physician's Association or the Assembly
16 -- AFMC, Association and Faculties of Medicine. And that
17 document, it took months to get the word racism in there
18 because the editors that actually looked through it, they
19 were not Indigenous, they removed it every time. So it was
20 so hard in all the big, big book that we had there racism
21 came once.

22 So that had to move to a point where we
23 mentored our senior white people, or senior settlers, to
24 teach them to say the word racism, and to know what racism
25 is about, to articulate it in all corners of our

1 institution. Now, that doesn't come easy. The resistance
2 to change and the resistance of people who are in power to
3 be able to reflect and look at themselves in an honest way
4 comes out in very, very material ways for the work that
5 we've done.

6 And in particular, our ability -- it's like
7 as an example, our course is a very tough course to do if
8 you're not Indigenous, and even sometimes if you're
9 Indigenous because our people will experience a lot of
10 lateral, you know, effects by having to talk about racism
11 themselves, including our medical students.

12 So our course is placed for example, at the
13 last hour on a Friday before a long weekend. Okay, you
14 know, in the medical school. And so, when you're in
15 medical school, like law school, or any school, like a
16 Friday before a long weekend is kind of like, let's tone it
17 down, you need a rest for the weekend. And we find
18 ourselves positioned in places where there's already a
19 diminishment of what's going to occur. And so we actually
20 talk with our students about the positionality of our
21 course as a matter of institutional resistance to address
22 racism in context.

23 And there are other ways that it's done as
24 well in terms of resources, in terms of truth telling. For
25 example, one of the things as a consequence, that we

1 realized is that when you teach students about racism,
2 about microaggressions, about how it looks, or you teach
3 them about gender violence, homophobia, and you get people
4 to name it, they see it. And when they see it that know
5 it's wrong. And our institution is still unable to address
6 racism in a real and practical way because we have a lot of
7 Indigenous students now coming back to our office and
8 saying, "Look you taught us this, we're seeing a lot of
9 this going on. What are you going to do about it?"

10 So in a way, the barrier for us is that we
11 in fact, don't have power to do much except to try and
12 embark and utilizing institutional resources and policies
13 to address equity and to address violence, as it's
14 experienced by our medical students and never mind indeed,
15 even our communities who gain access to healthcare systems.

16 **MS. MEREDITH PORTER:** Thank you. And I'm
17 looking at some of the documents again that you had filed
18 as part of your -- as part of the -- to be entered as
19 exhibits, and Commissioners, I'm specifically looking here
20 at a document that's in -- at Tab C, I believe, in your
21 materials. It's a Q and A with Indigenous health expert,
22 Dr. Barry Lavallee, and I wanted to put one of the
23 statements -- it's towards the bottom of the page, that
24 first page.

25 "Person to person racism is a barrier

1 to receiving good health and structural
2 racism is a barrier to receiving good
3 population health." (As read)

4 I know that you've already spoken a little
5 bit about, or at least referred to the Brian Sinclair
6 inquest and some of the work you did there, but can you
7 speak a little bit in relation, I guess to that work, and
8 again some of the other work that you're doing. What
9 exactly, in terms of the person to person racism, what
10 experience or what type of situations have you found
11 yourself in where you've witnessed this kind of racism and
12 the impacts that it's had, and why it's so important to
13 identify that?

14 **DR. BARRY LAVALLEE:** Well, the -- racism as
15 a subject, and I'm not a PhD in racism, that's not my full
16 academic work and all of that, I'm not a sociologist. But
17 racism is really odd. I had a patient who worked on the
18 street and she was addicted, and she went into a truck and
19 it was a white guy she said -- and she felt a little bit
20 uncomfortable, so she left the door a bit ajar. And he
21 wanted to get drugs, so they got drugs for him and she
22 accidentally closed the door.

23 But her gut said, something was the matter,
24 and she tried to get out and she finally got out of the
25 truck. But she felt a burning sensation on the left side

1 of her neck, and he had used a knife to try to kill her.
2 And she -- I saw her on the Wednesday and this was a
3 Friday, I believe this has occurred. And I asked her, I
4 said, "Did you go to the hospital?" And that's the health
5 science centre. And she said, "No." And I said, "Can you
6 help me understand why you chose not to go to the
7 hospital." And she says, "I wouldn't go there." And she
8 held her neck and went home and waited for Monday, not
9 knowing if an artery or a vein had been nicked that would
10 exsanguinate her and kill her over the weekend.

11 And so I teach that to my medical students
12 and say, "That woman who required care and compassion chose
13 not to come and see us at the Health Sciences Centre Emerg,
14 rather risk her life and go home."

15 And so racism is known well ahead before,
16 whether it's interpersonal or structure. And I think what
17 I was saying there in the comment about structural racism
18 is that -- I'm going to say a statement that you can
19 interrogate if you so wish, but if the federal government
20 systems are the only systems that support you in education
21 and health, et cetera, there is evidence from our work in
22 kidney disease that the impact of that structural racism is
23 carried intergenerationally. So much so that we have
24 evidence that some First Nations communities, actually
25 before the mother delivers a baby is already prepped to

1 develop chronic kidney disease.

2 And so at the point of conception, a child
3 conceived, one or two cells, we believe that they already
4 have kidney disease. And that's because the child is
5 conceived in an environment of poverty, impoverishment as
6 well as racism that the mother and father experience.

7 So we're starting to move away a little bit
8 from really downstream interventions in health and really
9 think clearly and importantly, that health of Indigenous
10 peoples knows about the health of an Indigenous woman; it's
11 about the health of the family, and it's about trying to
12 secure an environment that conception occurs in with
13 possibility. And we know that that's probably one of the
14 largest factors to reduce the burden of some chronic
15 diseases.

16 And so then that institutional and
17 structural racism impacts people before they even take
18 their first breath.

19 And then the rest of the racism impacts you
20 as you're living. So it's a very -- appears to be a very
21 bleak situation for First Nations people, but truth telling
22 and gatherings like this and the impact of the work that we
23 do in our communities is probably one of our greatest hopes
24 to try and counter the impact of racism.

25 **MS. MEREDITH PORTER:** Thank you.

1 So at this time I'm going to request that
2 the document, "Q&A with Indigenous Health Expert, Dr. Barry
3 Lavallee" be entered as an exhibit.

4 **CHIEF COMMISSIONER MARION BULLER:** Yes, the
5 document, "Q&A with Indigenous Health Expert, Dr. Barry
6 Lavallee" will be Exhibit 17, please.

7 --- EXHIBIT NO. 17:

8 "Q & A with Indigenous health expert
9 Dr. Barry Lavallee," Royal College of
10 Physicians and Surgeons of Canada,
11 September 4, 2013 (three pages)
12 Witness: Dr. Barry Lavallee, MD,
13 Director of Student Support and
14 Education for the Centre for Aboriginal
15 Health Education, University of
16 Manitoba & Indigenous Health UGME
17 Curriculum Lead, University of Manitoba
18 Submitted by Meredith Porter,
19 Commission Counsel

20 **MS. MEREDITH PORTER:** Thank you.

21 Now, again, as I mentioned previously, and
22 you've brought up the circumstances of Brian Sinclair's
23 death. And I understand that that the process -- the
24 inquest process is done, is completed. But what is the
25 lingering importance that you want to share with the

1 Commissioners with respect to his death? And going
2 forward, what importance does that -- does his death and
3 the circumstances surrounding his death, going forward what
4 message or evidence would you like to provide with respect
5 to that?

6 That you haven't -- I mean, I know you've
7 already shared quite a bit about, you know, racism and
8 structural reform and, you know, curriculum development at
9 the University of Manitoba. But I know that we've spoken a
10 little bit about -- in our conversation about the ongoing
11 importance that his passing has had with respect to going
12 forward and the reforms that you've done. And I guess some
13 of the balancing that you've done in your own life with
14 respect to the delivery of actual health services, and then
15 addressing some of the structural and racism that ---

16 **DR. BARRY LAVALLEE:** Yes.

17 **MS. MEREDITH PORTER:** --- exists within the
18 system. So can you talk a little bit about that dichotomy?
19 And I know that that was informed by the experience ---

20 **DR. BARRY LAVALLEE:** Yes.

21 **MS. MEREDITH PORTER:** --- with the

22 **DR. BARRY LAVALLEE:** Yes.

23 **MS. MEREDITH PORTER:** --- inquest.

24 **DR. BARRY LAVALLEE:** With Brian Sinclair's
25 death and when the state tried to examine the circumstances

1 to his death, what was really quite shocking for us, when
2 we took off our colonial lens to examine what had happened,
3 was that Brian's death became a normalized death and an
4 expected death, because he was part of the dying race of
5 Indians. That is the settlers' fantasy about Indigenous
6 peoples; that we're always dying.

7 And that -- Sherene Razack is a colleague of
8 mine at UCLA and I do some work together. She claims that
9 the dehumanization of indigenous peoples not only occurs in
10 policing and in justice, but it actually occurs in health
11 as well, and it's a very big pill for healthcare systems
12 and providers to swallow because they see themselves as
13 truly benevolent, kind and caring people. And I don't
14 doubt that.

15 I'm not whitewashing, or rather, putting
16 blame on every doctor and every nurse in Canada, so please
17 don't think that. I'm talking about significant, multiple,
18 consistent experiences as in the case of Brian Sinclair.

19 And, just quickly, you have to think of the
20 Brian Sinclair case that we caught -- that we caught -- is
21 but the head of a comet with millions of small little
22 particles behind it of the things we don't see that have
23 gone on and the deaths that should not have happened.

24 And one of the things I want to say about
25 the learning with Brian Sinclair is that we need to find

1 ways to de-normalize how racism appears with Indigenous
2 peoples. You know, we have to de-normalize it and there
3 has to be accountability set by -- within systems to
4 protect Indigenous peoples wanting to gain access to
5 healthcare systems.

6 In the case of Brian Sinclair, the whole
7 narrative around him was that he was unemployed. Brian
8 actually worked. He volunteered. He had people who loved
9 him. He didn't have -- at autopsy they ripped apart his
10 body to discover why he wasn't given antibiotics for a
11 bladder infection.

12 Just think of how crazy that is, okay? So
13 they tore apart his body, they tore his brain and his spine
14 out and they examined it for evidence to see if in fact the
15 history that was documented, that he was a sniffer, somehow
16 impacted him neurologically not to seek care. It was
17 phenomenal. So they chopped his body apart.

18 So colonization even works post-death;
19 you're still being colonized in that case. So it's all in
20 seeking the normal solution to the Indigenous problem, if
21 you imagine it that way, that Indigenous peoples are dying
22 and that, "Let's affirm it through our sciences."

23 So what we really want is we want people
24 protected when they gain access to healthcare systems. And
25 we want the people who -- the actors in the healthcare

1 system to be held accountable. Not in ways of cultural
2 competency and cultural sensitivity, but we want them held
3 accountable in terms of legal processes. If you are racist
4 and you are charged with racism, we want a system to be
5 able to support people to take that forward. And we want
6 the person who's charged with racism, be it a whole
7 institution or groups or individuals, to be held
8 accountable for that. Because right now as we move along,
9 acts of racism are occurring, but like that Halley's Comet
10 metaphor we can't see them because we don't have the
11 resources to monitor.

12 And, in fact, after the Brian Sinclair case
13 what we were really wanting to do is to actually get the
14 governments to support offices at key positions in Manitoba
15 where First Nations communities can actually receive
16 complaints, and have a system to actually take those
17 complaints into the system in real ways. That's what we
18 wanted, and we wanted a significant number of offices and
19 we want a lot of resources to support that kind of action
20 so that our people who are on ground around Thompson, The
21 Pas, you know, Flin Flon, Brandon, Portage, Interlake, to
22 be able not to rely just, for example, on the Winnipeg
23 Regional Health Authority but to actually have local
24 resources placed there to take the complaints forward. And
25 we want the colleges, we want the systems to actually -- to

1 receive those complaints in respect, and to treat them as
2 they should be treated as acts of unkindness or, in fact,
3 as acts of terrible behaviour to other humans. And that's
4 really what we're wanting to and we still rely on that from
5 the Brian Sinclair case.

6 **MS. MEREDITH PORTER:** Thank you.

7 So at this time I'm going to request a few
8 documents be entered as exhibits that are contained in the
9 -- again, in the package of documents.

10 Particularly I'm making reference to documents that are
11 contained at Tab D which includes a document entitled,
12 "Sinclair Working Group, out of Sight, September 2017."

13 **CHIEF COMMISSIONER MARION BULLER:** Document,
14 "Out of Sight" produced by the Brian Sinclair Working
15 Group, September 2017 is Exhibit 18, please.

16 --- EXHIBIT NO. 18:

17 "Out of Sight: A summary of the events
18 leading up to Brian Sinclair's death
19 and the inquest that examined it and
20 the Interim Recommendations of the
21 Brian Sinclair Working Group," produced
22 by the Brian Sinclair Working Group (15
23 pages)

24 Witness: Dr. Barry Lavallee, MD,
25 Director of Student Support and

1 Education for the Centre for Aboriginal
2 Health Education, University of
3 Manitoba & Indigenous Health UGME
4 Curriculum Lead, University of Manitoba
5 Submitted by Meredith Porter,
6 Commission Counsel

7 **MS. MEREDITH PORTER:** Thank you. I'd also
8 seek to tender, "Racism in Health System: Expert Working
9 Group gets a factor sidelined at Sinclair inquest. That
10 document can be found at Tab E.

11 **CHIEF COMMISSIONER MARION BULLER:** Okay.
12 Racism in health system, Expert Working Group gets at
13 factor sidelined at Sinclair inquest is Exhibit 19, please.

14 --- EXHIBIT No. 19:

15 Opinion article "Racism in health
16 system: Expert Working Group gets at
17 factor sidelined at Sinclair inquest"
18 by Annette Browne, *Winnipeg Free Press*,
19 posted at 1:00 a.m. June 13, 2014
20 (three pages)

21 Witness: Dr. Barry Lavallee, MD,
22 Director of Student Support and
23 Education for the Centre for Aboriginal
24 Health Education, University of
25 Manitoba & Indigenous Health UGME

1 Curriculum Lead, University of Manitoba
2 Submitted by Meredith Porter,
3 Commission Counsel

4 **MS. MEREDITH PORTER:** Thank you. And,
5 finally, at Tab F, the document entitled, "Ignored to
6 Death: Brian Sinclair's Death Caused by Racism, Inquest
7 Inadequate, Group Says". I'd request to have that tendered
8 as an exhibit as well.

9 **CHIEF COMMISSIONER MARION BULLER:** Ignored
10 to Death: Brian Sinclair's Death Caused by Racism, Inquest
11 Inadequate, Group Says, September 18, 2017, is Exhibit 20,
12 please.

13 --- EXHIBIT No. 20:

14 "Ignored to death: Brian Sinclair's
15 death caused by racism, inquest
16 inadequate, group says," *CBC News*,
17 September 18, 2017 (three pages)
18 Witness: Dr. Barry Lavallee, MD,
19 Director of Student Support and
20 Education for the Centre for Aboriginal
21 Health Education, University of
22 Manitoba & Indigenous Health UGME
23 Curriculum Lead, University of Manitoba
24 Submitted by Meredith Porter,
25 Commission Counsel

1 **MS. MEREDITH PORTER:** Okay. So, there's
2 another document that I'd like to have tendered, this was
3 spoken to by the witness. At Tab B, Royal College of
4 Physicians and Surgeons of Canada, Indigenous health values
5 and principles statement 2013. I would request that that
6 also be tendered as an exhibit at this time.

7 **CHIEF COMMISSIONER MARION BULLER:** Yes.
8 Indigenous Health Values and Principles Statement, July 4th,
9 2013, prepared by the Indigenous Health Advisory Committee
10 and the Office of Health Policy and Communications is
11 Exhibit 21, please.

12 --- EXHIBIT No. 21:

13 "Indigenous health values and
14 principles statement," Royal College of
15 Physicians and Surgeons of Canada, July
16 4, 2013, prepared by the Indigenous
17 Health Advisory Committee and the
18 Office of Health Policy and
19 Communications (21 pages)
20 Witness: Dr. Barry Lavallee, MD,
21 Director of Student Support and
22 Education for the Centre for Aboriginal
23 Health Education, University of
24 Manitoba & Indigenous Health UGME
25 Curriculum Lead, University of Manitoba

1 Submitted by Meredith Porter,
2 Commission Counsel

3 **MS. MEREDITH PORTER:** Thank you. Dr.
4 Lavallee, I understand that there has also been some
5 circumstances more recently that have occurred in Winnipeg
6 that you would like to speak to with respect to the
7 importance -- again, the importance in the role that racism
8 has played in the death of a young woman more recently in
9 Winnipeg. If you want to just speak to that a little
10 bit ---

11 **DR. BARRY LAVALLEE:** Sure.

12 **MS. MEREDITH PORTER:** --- your perspective
13 on what would be important for the Commissioners to hear in
14 that regard.

15 **DR. BARRY LAVALLEE:** One of the things that
16 -- because I'm a physician and I teach medical students,
17 it's different than if you're a non-physician and teaching
18 medical students, because medical students really want to
19 hear similar experiences. They want to see somebody who is
20 a practising physician so they can learn case based things.
21 This is a common phenomenon in mentorship in medicine.

22 And, one of the troubling things that we
23 discover -- and again for not all learners, not all medical
24 learners -- is that when we bring cases forward that come
25 from the community, our learners don't know how to respond

1 to the cases. They don't know what to say, they don't know
2 what's right, what's not right. And, in the case of
3 Indigenous women and girls who are murdered or who go
4 missing, our students express very little perhaps because
5 they're in shock, but their world is very different than
6 the world that some Indigenous women and girls might be
7 involved with or come from.

8 And, there was one case that was important,
9 and it's the case of April Carpenter who is a patient of
10 mine for a number of months. And, I was on Selkirk Avenue
11 in Winnipeg, and I was with a colleague of mine from
12 Melbourne University in Australia, and she's a vice provost
13 of Indigenous issues at that university and was really
14 wanting to look at curriculum that we were using at the
15 University of Manitoba.

16 And, I came across a pole, just a hydro
17 pole, with this picture pasted on it, and I looked at it
18 and I thought, that's my patient. She's missing. And, it
19 was really -- you know, as a physician who cares for
20 patients, and suddenly my patient has this -- is missing in
21 this whole Missing and Murdered Indigenous women and girls
22 phenomena, I was just really overwhelmed to see her picture
23 there. And, I explained that to my colleague who is
24 Indigenous, and even for her, who comes as a senior person
25 in Australia, it was difficult for her to comprehend what

1 this was for this person who was missing.

2 And then not long after, they found her body
3 in the river. And so, a slew of us who actually had worked
4 with April were really quite affected by that, to see that.
5 And, you know, how do you convey that? Because I'm a
6 teacher, so I'm a doctor, I can't give a pill to prevent
7 the murder of Indigenous women, I can't do a procedure to
8 prevent the murder of Indigenous women and girls.

9 And so, my med students -- or the students I
10 work with rather, they too become affronted by what seems
11 to be an impossibility and yet we're providers. We're
12 supposed to care for people, we're supposed to, in ways,
13 protect children. That's by law, we must do that, protect
14 other people and find ways for people to live and to be,
15 you know, healthy and to have options and not to be under
16 threat continuously.

17 And so, the cases -- there are many cases
18 like that in my practice because I practice with our
19 people. And, when I teach, I teach with our people.
20 That's extremely difficult. And, I want you to know that,
21 that we are ill prepared, where I come from, to address and
22 support community people who are continually targeted.

23 Indigenous women are not vulnerable,
24 Indigenous women are targeted in secular society for
25 violence. There's a very big difference to be vulnerable.

1 To be vulnerable in medicine means that if I irradiate your
2 body and you have no cells, you are vulnerable to an
3 infection. But, to be vulnerable to murder because of your
4 colour, and your positionality and just being Indigenous is
5 targeting. It is an active form of oppression of
6 Indigenous women.

7 And, in all the work that I do, I don't know
8 what to do to work to protect our community people as one
9 of the senior docs in the community that I come from in
10 Manitoba. And so, that's why I'm here today, to try and be
11 part of the solution to support the women leaders here and
12 the work that you do.

13 **MS. MEREDITH PORTER:** Thank you. And, I
14 understand -- following that, I understand you have some
15 very concrete recommendations that you would like to make
16 to the Commissioners?

17 **DR. BARRY LAVALLEE:** We know that the
18 Indigenous body is proxy to our land and that the killing
19 of our land is like the killing of the body of Indigenous
20 people. So, while we have harm reduction approaches in the
21 work that we do, to try and train 440 physicians every four
22 years, we need our land back. That is fundamental to
23 justice for Indigenous people. And, to reduce and to stop
24 the targeting of Indigenous women, we need our land back
25 and that we're desperate to have our land. And, we need

1 equal access to resources. And, we need accountability by
2 institutions.

3 So, for example, I asked the University of
4 Manitoba to give 100 years of free education for all First
5 Nations people applying to the University of Manitoba as
6 part of the reconciliation, so that we can actually develop
7 that, so just full stop. Just free education. And, the
8 University of Manitoba will not go broke. In fact, they'll
9 prosper about 20, 30 years later with that kind of
10 investment.

11 So, decolonization, we don't completely like
12 that term. We need to address racism and we need racism
13 fully exposed and we need to do that courageously. And, we
14 need to have laws -- I'm not a lawyer. We need to have
15 ways to have impactful institutional changes to address
16 racism from the get-go. We need education about the impact
17 of colonization from (indiscernible) on.

18 In the University of Manitoba for example,
19 when medical students come to me, they come with a 95
20 average by a state sponsored university and they're very
21 intelligent coming to medicine, yet they have an F when it
22 comes to Indigenous issues. And so, I always pose to these
23 learners, how is it that you come with a 95 in chemistry,
24 in physics, in English, and yet you come with an F,
25 failure, about what happens to the people that you're

1 actually going to train on? 40 percent of them will train
2 on the bodies of Indigenous peoples to become doctors and
3 yet you don't even know who these people are. How do you
4 do that? Who is responsible for that? How do you account
5 for that? This is across Canada, okay?

6 So, we need those students who come into my
7 school to be an A++ in Indigenous issues, and you can have
8 a B in chemistry. We'll still make you a doctor, don't
9 worry. We need that. But, we also need to support change
10 for the current faculty across our schools, because we
11 realize that the hidden curriculum that occurs that
12 reinstalls racist attitudes and the use of stereotypes goes
13 on. And, just like the Halley's Comet metaphor with Brian
14 Sinclair, the changes that occur to create a racist-free
15 environment require that all levels of the systems be held
16 accountable, and that's really important.

17 We need to ensure, for example my area, that
18 we continue to increase the number of First Nations medical
19 students coming to medicine. This is really important.
20 I'm not anti-Métis, and we need, definitely, for our far
21 northern people, Inuit people to come into medicine,
22 because there is a hierarchy from colonial society. So, we
23 see a lot of Métis come into medicine, very few First
24 Nations and almost absolutely nobody from the far north,
25 and that's the result of colonization and the social

1 structures that currently exist in terms of resources and
2 gaining access to appropriate educational materials and
3 resources. We need doctors and nurses from all of our
4 communities.

5 When, for example, we have five to 10 First
6 Nations people applying to the school of medicine, I will
7 retire, because I know five First Nations people means 30
8 Métis will apply. So, there's a structural thing that must
9 shift where we actually support people who live under
10 strict colonial regimens, like people in the far north as
11 well as people from isolated communities.

12 **MS. MEREDITH PORTER:** Okay. So, we have
13 three more documents that we wanted to tender as exhibits
14 that are found at Tab G, H and I. The first document is
15 First Peoples, Second Class Treatment: The role of racism
16 in the health and well-being of Indigenous peoples in
17 Canada.

18 **CHIEF COMMISSIONER MARION BULLER:** First
19 Peoples, Second Class Treatment: The role of racism in the
20 health and well-being of Indigenous peoples in Canada is
21 Exhibit 22.

22 --- EXHIBIT No. 22:

23 Executive Summary of "First Peoples,
24 Second Class Treatment: The role of
25 racism in the health and well-being of

1 Indigenous peoples in Canada" by Dr.
2 Billie Allan and Dr. Janet Smylie, Well
3 Living House / Wellesley Institute,
4 2015 (20 pages)
5 Witness: Dr. Barry Lavallee, MD,
6 Director of Student Support and
7 Education for the Centre for Aboriginal
8 Health Education, University of
9 Manitoba & Indigenous Health UGME
10 Curriculum Lead, University of Manitoba
11 Submitted by Meredith Porter,
12 Commission Counsel

13 **MS. MEREDITH PORTER:** Thank you. At Tab H
14 the document, "They treated me like crap and I know it was
15 because I was Native: The health care experiences of
16 Aboriginal peoples living in Vancouver's inner city"?

17 **CHIEF COMMISSIONER MARION BULLER:** The
18 article, "They treated me like crap and I know it was
19 because I was Native: The health care experiences of
20 Aboriginal peoples living in Vancouver's inner city", looks
21 like Social Science and Medicine Journal, that's 23.

22 --- EXHIBIT No. 23:

23 "They treated me like crap and I know
24 it was because I was Native': The
25 healthcare experiences of Aboriginal

1 peoples living in Vancouver's inner
2 city" by Goodman et al., *Social*
3 *Sciences & Medicine* Volume 178, 2017,
4 pp. 87-94

5 Witness: Dr. Barry Lavallee, MD,
6 Director of Student Support and
7 Education for the Centre for Aboriginal
8 Health Education, University of
9 Manitoba & Indigenous Health UGME
10 Curriculum Lead, University of Manitoba
11 Submitted by Meredith Porter,
12 Commission Counsel

13 **MS. MEREDITH PORTER:** Thank you. And,
14 finally, the College of Family Physicians of Canada, Health
15 and Health Care Implications of Systemic Racism on
16 Indigenous Peoples in Canada: Indigenous Health Working
17 Group Fact Sheet found at Tab I?

18 **CHIEF COMMISSIONER MARION BULLER:** Health
19 and Health Care Implications of Systemic Racism on
20 Indigenous Peoples in Canada: Indigenous Health Working
21 Group Fact Sheet, College of Family Physicians of Canada is
22 Exhibit 24.

23 --- EXHIBIT No. 24:

24 Fact sheet "Health and Health Care
25 Implications of Systemic Racism on

1 Indigenous Peoples in Canada," prepared
2 by the Indigenous Health Working Group
3 of the College of Family Physicians of
4 Canada and Indigenous Physicians
5 Association of Canada, February 2016
6 (ten pages)

7 Witness: Dr. Barry Lavallee, MD,
8 Director of Student Support and
9 Education for the Centre for Aboriginal
10 Health Education, University of
11 Manitoba & Indigenous Health UGME
12 Curriculum Lead, University of Manitoba
13 Submitted by Meredith Porter,
14 Commission Counsel

15 **MS. MEREDITH PORTER:** Thank you. Dr.
16 Lavallee, I would like to leave it with you, if there are
17 any other comments or details that you would like to share
18 with the Commissioners? I'll leave it with you otherwise.

19 **DR. BARRY LAVALLEE:** One of the things that
20 I didn't speak to, and I apologize for that, was actually
21 traditional knowledge and traditional practices in the
22 context of health outcomes and health support for
23 Indigenous peoples. At the Health Science Centre, or the
24 WRHA currently, we have one practitioner who comes from
25 Peguis, and she provides care for, I believe, it's two days

1 out of 30 in a population that seek access to this system
2 that's anywhere from 20 to 80 percent who are Indigenous.
3 And, the disparity with which you provide Western care that
4 actually is diminished in access to our community, and then
5 you diminish access to our traditional knowledge, is
6 something that must be highlighted as No. 2 or 3 on
7 recommendations.

8 At the Health Science Centre, WRHA, we
9 should have access to 10 or 15 traditional people,
10 including medicine people, 24/7, 365 a day to be able to
11 address the issues that our community present with at that
12 institution that are state supported. And, when -- we have
13 to be careful, because the entitlement of Settlers to
14 question and to quiz who we are and our values is always
15 seen as normal.

16 I'm going to tell you, when my class starts,
17 the first part of my class starts, there's one rule for the
18 learner who comes in, and I write it on the wall. And,
19 it's, "You do not have the -- you will never interrogate
20 the experience of an Indigenous person in the context of
21 racism ever." That is rule -- the only rule to come into
22 my class for the next four years. And, people actually
23 know what that means. It means that you can't inflict
24 violence. Or students would say things, for example,
25 "Indian people are hungry because their Chiefs are drunks

1 and drank all the money," you know, common things like that
2 just said in an institution of higher learning where people
3 come in with a 95 average so that the racism that we see in
4 the medical school as much as the racism that you see in
5 the street, and having a state supported degree, and even
6 an honour's degree, doesn't cause immunity. You still have
7 embedded implicit racial bias within you.

8 And so, partly, we realize now that we have
9 to assert our right to make space for our own traditional
10 people. But, in part, and sadly, we actually have to make
11 sure that they're protected, because the violence will
12 actually be inflicted upon our traditional people who come
13 into the Western medical systems. But, we need to have our
14 traditional people in our systems 24/7 call clinics, 365
15 days a year, and including the holidays at Christmas. We
16 need to have that, where I come from in Manitoba, all
17 across our province.

18 **MS. MEREDITH PORTER:** Thank you very much,
19 Dr. Lavallee for your words and wisdom. I'm going to --
20 I'm just looking at the schedule here, and I note that we
21 are scheduled to go to a break at where we were about 10
22 minutes ago. Would you, leave it with the Commissioners,
23 if you would like, to schedule a short break? I know,
24 though, on the schedule that I'm looking at is supposed to
25 be half an hour. I'm not sure if we need half an hour, but

1 I would like to suggest, leave it with you, we can
2 certainly proceed with the next witness or we can take an
3 abbreviated break.

4 **CHIEF COMMISSIONER MARION BULLER:** We'll
5 keep going.

6 **MS. MEREDITH PORTER:** We'll keep going?
7 Okay. Thank you. We're just going to have the witnesses
8 switch positions here. Okay. Thank you. The next witness
9 we'll be hearing from is the Canada Director for Human
10 Rights Watch, Farida Deif. And, I've -- just going to take
11 a minute here.

12 Good morning. I just wanted to ask you,
13 similar to Dr. Lavallee, if you could just begin with
14 giving a bit of a brief idea for the Commissioners and the
15 folks in the audience some of your background?

16 **MS. FARIDA DEIF:** Sure.

17 Thank you very much and I want to thank the
18 Commissioners. It's a pleasure and an honour to be here
19 today with all of you and the audience.

20 So I started my career after graduate
21 school. I studied international affairs with a focus on
22 human rights. And after that I started my career at Human
23 Rights Watch as a researcher in the women's rights
24 division, focussing on discrimination and violence against
25 women. And the focus in that time was on the Middle East

1 and North Africa. And I did research in five countries in
2 that region on state-sponsored discrimination and violence.
3 Four of those countries I focussed on policing abuses and
4 abuses in detention centres, interviewing hundreds of
5 victims of abuse on their experiences with mistreatment and
6 abuse, both prior to their detention, during their
7 detention and afterwards.

8 Following that work I spent about five years
9 at Human Rights Watch doing that work, writing about, you
10 know, five different reports on those types of abuses. The
11 way our research works at Human Rights Watch is we collect
12 testimonies from victims of human rights violations. So we
13 do qualitative research. It isn't statistical analysis, it
14 isn't quantitative research. It's interviewing victims of
15 human rights violations, not to establish prevalence of
16 abuse, but to collect information that raises certain
17 concerns about human rights violations in that country so
18 that we can raise them with the authorities.

19 From our perspective, one victim of a human
20 rights abuse is one too many. And in each of these
21 contexts we would interview, you know, anywhere from 60 to
22 100 victims and really get a sense of their experience with
23 thier interaction with the police, with their interaction
24 with the authorities, and then write various sort of
25 detailed recommendations based on that on what we would

1 hope the authorities would do to remedy the situation.

2 Following that work as a researcher I went
3 to the United Nations where I was not so much involved in
4 documenting human rights abuses, but more involved in
5 building programs and designing programs that would try and
6 remedy those abuses. And I worked at various different
7 United Nations agencies and, more recently, with a trust
8 fund called the UN Trust Fund to End Violence Against
9 Women. And it works in about 80 countries around the world
10 and it provides grants to women's organizations and other
11 civil society groups to create programs to target and
12 support victims of violence.

13 And so we were supporting programs anywhere
14 from programs that would try and establish victim-friendly
15 courtrooms for victims of sexual violence in Africa, other
16 programs that would provide training to judges and lawyers
17 on how to support and prevent re-traumatisation of victims.
18 Two programs that were more focussed on educating, you
19 know, girls about their rights and providing educators in
20 various school environments with the tools to support girls
21 in those settings.

22 Following that work at the United Nations
23 over, you know, the course of 10 years, I returned to Human
24 Rights Watch about 3 years ago and focussing on the work in
25 Canada, both with a focus on human rights abuses occurring

1 in Canada, as well as issues that are more sort of global
2 abuses that are happening that we would hope the Canadian
3 government would take a position on and move forward on.

4 And about three years ago I started doing
5 work in Saskatchewan where I was hired by Human Rights
6 Watch as a consultant to pull together a report on policing
7 abuses against women in Saskatchewan, focussing on abuses
8 both by the RCMP and the Municipal Police Services, three
9 of them: the Prince Albert Police Service, the Saskatoon
10 Police Service and the Regina Police Service.

11 And so the work there involved reading
12 through testimonies of victims of police abuse, about 64
13 different victims of police abuse, reading about their
14 experiences with the police, both in interactions that they
15 might have had on the street, in interactions they would
16 have in detention settings, and really pull through kind of
17 -- be able to sort of paint a picture of what types of
18 abuses women were experiencing in Saskatchewan.

19 And then the lens that we look at to really
20 frame this work is the international human rights
21 framework. And so we look at the various treaties and
22 conventions that Canada has signed onto globally and we
23 look at how practice, how the practice in Canada right now,
24 and in the case of Saskatchewan, is violating those
25 conventions and treaties that Canada has signed onto, how

1 it's violating international human rights law.

2 And so, you know, following that work in
3 Saskatchewan, that was a follow up to some of the work that
4 my organization did in Northern British Columbia as well.
5 We worked very closely in Saskatchewan with a working group
6 of 16 Indigenous and non-Indigenous women's rights
7 activists and advocates who worked very closely with the
8 community. They helped us identify individuals to
9 interview. They helped guide the research and the
10 findings, and they helped review our materials to make sure
11 that they were in line with, you know, many of their
12 perspectives on these issues.

13 **MS. MEREDITH PORTER:** Thank you. And I want
14 to take you one step back. I apologise for doing so, but I
15 realise that we neglected to have you affirmed in. So I'll
16 ask the -- at this point with the Registrar, please.

17 **MR. BRYAN ZANDBERG:** Good morning, Farida.

18 **MS. FARIDA DEIF:** Good morning.

19 **MR. BRYAN ZANDBERG:** Good morning.

20 **FARIDA DEIF, Affirmed:**

21 **--- EXAMINATION IN-CHIEF BY MS. MEREDITH PORTER:**

22 **MS. MEREDITH PORTER:** So thank you so much.
23 And I wanted to know -- I did also want to ask you whether
24 prior to -- you have spoken a little bit about the work
25 that you did prior to joining three years ago as the Canada

1 director of Human Rights Watch, but included in the
2 materials for the Commissioners was a copy, not only of
3 your bio, but also of your CV. And in the CV -- again, I'm
4 not sure what tab that is at in with the Commissioner's
5 binders, but there are a number of publications that you
6 were a part of or listed on.

7 Can you speak a little bit about the scope
8 of those publications and your role in completing the
9 research or in actually authoring those reports? I know
10 that many of them involved research in the Middle East, but
11 perhaps you can give us a little bit of an idea of the
12 scope of that research and sort of the knowledge that you
13 brought to authoring those reports.

14 **MS. FARIDA DEIF:** Sure. So I authored five
15 reports when -- as a researcher at Human Rights Watch
16 between 2003 and 2008. And the five countries that the
17 reports focussed on were Egypt, Palestine, Jordan, Saudi
18 Arabia and Libya.

19 And as a researcher, the work is to
20 interview victims of human rights violations, collect their
21 testimonies, interview anyone relevant to the subject
22 matter, lawyers, social service providers, community
23 groups, to really paint a picture of a certain situation.
24 We would speak to government officials, police officers,
25 medical professionals, really, you know, the entire gamut

1 of individuals and first responders and social services
2 providers and collect their testimonies, both from victims
3 about their experiences and, you know, social service
4 providers and other, you know, NGOs and civil society
5 groups about what the challenges they're facing as well in
6 addressing these particular issues.

7 And so the work was, you know, I -- in each
8 of those cases I was involved in both the fact finding,
9 which would often involve anywhere from four weeks to, you
10 know, plus, on the ground, in the field, collecting those
11 testimonies and doing those interviews with victims and
12 others, and then also authoring those reports, really
13 looking at international human rights law and where the
14 certain practices that we've documented are in violation of
15 international human rights law and then developing very
16 detailed recommendations as to how the government could
17 change its practices in order to abide by international
18 human rights law.

19 And so the five, you know, reports that I
20 authored, as I mentioned, you know, four of them involved
21 interviews in detention centres, involved looking at issues
22 in policing, looking at policing failures, police
23 misconduct, police abuse. And in those situations, in
24 Libya, for example, the work focussed -- both in Libya and
25 in Jordan focussed on women in protective custody, women

1 who were victims of violence who for their own protection
2 sort of quote, unquote, were placed in custody, rather than
3 the perpetrators themselves. And so we spoke to those
4 women about women and girls about their experiences in
5 detention, their experiences with violence prior to their
6 detention.

7 In Saudi Arabia, we looked at more systemic
8 issues to do with the male guardianship system and how the
9 Saudi authorities are treating women like legal minors,
10 basically, allowing their fathers, or brothers, or husbands
11 to make decisions on their behalf, and how that violates
12 women's rights to health, to employment, to education, et
13 cetera.

14 And, in Egypt, we looked at -- I looked at
15 the divorce system in Egypt and the family law system, and
16 discrimination and violence and how the family law system
17 was condemning women to lives of violence because it was so
18 difficult to end an abusive marriage.

19 **MS. MEREDITH PORTER:** Okay, thank you. So,
20 I will be seeking to have Ms. Deif qualified as an expert
21 in the area of gender-based violence and gender-based
22 discrimination against women. This includes systemic
23 institutional-based racism, and in the context of the
24 reports, the two reports she's referred to in Saskatchewan
25 and Northern British Columbia, I'm seeking the *Systemic*

1 *Institutional-Based Racism Resulting in Abusive Police*
2 *Behaviour in Relation to Indigenous Women with a Focus on*
3 *Saskatchewan and Northern British Columbia.*

4 Prior to making a determination with respect
5 to her qualification as an expert in that context, I will
6 seek -- or actually ask if there are any parties that wish
7 to make an objection to the request to have her qualified
8 as an expert in that context, or if there's any parties
9 wish to put on the record no opinion on the qualification
10 of her as an expert in that context?

11 Okay, I don't see any objections or any
12 parties wishing to go on the record with no opinion, so at
13 this point, I will seek her qualification as an expert in
14 that context.

15 **CHIEF COMMISSIONER MARION BULLER:** Thank
16 you. The C.V. of Ms. Deif will be marked as Exhibit 25,
17 but as a direction to the Registrar before any of the
18 C.V.'s today or any other time during this hearing are
19 entered as exhibits before they are released to the public,
20 will all personal information please be redacted?

21 So, the redacted C.V. will be marked as
22 Exhibit 25, and we are satisfied that Ms. Deif has the
23 requisite experience and education to be qualified to give
24 expert opinion evidence in the area of gender-based
25 violence and gender-based discrimination against women,

1 including systemic, institutional-based racism resulting in
2 abusive police behaviour relating to Indigenous women with
3 a focus on Saskatchewan and Northern British Columbia.

4 --- EXHIBIT No. 25:

5 CV of Farida Deif (four pages)

6 Witness: Farida Deif, Director, Human
7 Rights Watch

8 Submitted by Meredith Porter,
9 Commission Counsel

10 **MS. MEREDITH PORTER:** Thank you. Ms. Deif,
11 as Canada Director for Human Rights Watch, you've already
12 spoken to the two reports that you authored, and I'm going
13 to start with the first report, the research and the report
14 that you, yourself, authored with respect to Indigenous
15 women in Saskatchewan.

16 You authored the report which is entitled
17 *Police Abuse in Indigenous Women in Saskatchewan and*
18 *Failures to Protect Indigenous Women from Violence*. The
19 report is actually a submission to the Government of
20 Canada. Can you talk a little bit about the methodology
21 you used in completing the research for this specific
22 report?

23 **MS. FARIDA DEIF:** Sure. So, the methodology
24 followed very much our methodology in every context with
25 every report. We carried out a fact-finding mission in

1 Saskatchewan, six weeks of fact finding between January and
2 July 2016 where we interviewed 64 Indigenous women about
3 their experiences with the police in Prince Albert, Regina,
4 Saskatoon, both with the municipal police services and the
5 RCMP. We shared our preliminary findings with all of the
6 implicated police authorities to get their perspective on
7 our findings, to get a response to the allegations that the
8 individuals made, and then we prepared the report.

9 We wrote the report, then released the
10 report publicly at a press conference with Indigenous women
11 representatives who were part of our working group that was
12 established to guide this research. We had meetings with
13 the various police chiefs and, you know, most of them were
14 very large meetings with a number of police officers and
15 police chiefs to share our findings, again, to get their
16 response to these findings.

17 And then we also met with the various
18 complaints mechanisms, the public complaints mechanisms for
19 complaints by the public related to the RCMP and the
20 municipal police services, to also talk to them about the
21 gaps that we were seeing in terms of the complaints
22 mechanisms that existed.

23 And, you know, in terms of, sort of, the
24 findings of those -- of the report in Saskatchewan, it was
25 very similar to the findings of our report in Northern

1 B.C., what we found, and this was based on interviews, as I
2 said, with 64 women. And so, it's not meant to paint all
3 of the police services with the same brush. It's not meant
4 to be a quantitative analysis of the situation, a
5 statistical analysis. It's based on interviews with a
6 subset of women on their interactions with the police.
7 But, as I said earlier, even one victim of abusive police
8 practices is one too many.

9 So, in that situation, maybe in terms of
10 just our findings, we found -- you know, very similar to
11 Northern B.C., we found that women -- Indigenous women
12 experienced, quite routinely, excessive use of force by
13 police officers, that inappropriate body and strip searches
14 by male officers were quite common as well, both during
15 routine stops and in detention settings. We also found
16 that women experienced sexual harassment, and in some
17 incidents, sexual assault by officers.

18 Women victims of violence and those at risk
19 also reported police insensitivity to their well being,
20 vulnerability and cultural background. Some women said
21 that police had threatened to arrest them for drug
22 possession, public intoxication or breach of parole
23 conditions when they reported domestic violence.

24 Overall, we found that Indigenous women
25 reported the deep mistrust of the police and fear that they

1 would face retaliation if they filed any form of complaint
2 against an officer. And, what's very striking to us, you
3 know, at Human Rights Watch, we cover human rights abuses
4 in 90 countries, and what was striking to both me and the
5 researcher that was involved in our work in Northern
6 British Columbia was we really didn't expect in Canada that
7 level of fear of police retaliation for coming forward and
8 telling their stories, for filing a complaint against a
9 police officer for misconduct or abuse. And so, that was
10 something that was quite striking to us, that there would
11 be that level of fear of retaliation for just coming
12 forward to tell their stories.

13 And so, in our reports, in all of our
14 reports, we used pseudonyms for all of the individual
15 women's names. They are not identified. In some cases, we
16 redact even the municipal police service in question, the
17 location of the individual, and if just by telling their
18 story, by the facts of their actual story they might be
19 easily identifiable to the police service in question even
20 if their name isn't there.

21 **MS. MEREDITH PORTER:** Thank you. I'm going
22 to request at this point that two documents be entered,
23 tendered as exhibits. I'm going to request that the
24 document Human -- it's at Tab D, I believe. Or, no, it
25 would be Tab E, because mine are mis-numbered. Tab E,

1 *Human Rights Watch Submission to the Government of Canada -*
2 *Police Abuse of Indigenous Women in Saskatchewan and*
3 *Failures to Protect Indigenous Women from Violence* be
4 tendered as an exhibit, please?

5 **CHIEF COMMISSIONER MARION BULLER:** *Human*
6 *Rights Watch Submission to the Government of Canada -*
7 *Police Abuse of Indigenous Women in Saskatchewan and*
8 *Failures to Protect Indigenous Women from Violence* is
9 Exhibit 26.

10 --- EXHIBIT No. 26:

11 "Submission to the Government of
12 Canada: Police Abuse of Indigenous
13 Women in Saskatchewan and Failures to
14 Protect Indigenous Women from Violence,
15 Human Rights Watch, June 2017 (36
16 pages)

17 Witness: Farida Deif, Director, Human
18 Rights Watch

19 Submitted by Meredith Porter,
20 Commission Counsel

21 **MS. MEREDITH PORTER:** Thank you. And, I'd
22 also request that the document at Tab D, which is an
23 executive summary of the two reports that the witness will
24 be speaking to, and includes a broad summary of both the
25 methodology and the findings and the subject matter of the

1 report that was just entered as an exhibit. So, I'm going
2 to request that at Tab D, the summary findings of Schedule
3 C, *Those Who Take Us Away*, would also be tendered as an
4 exhibit at this time.

5 **CHIEF COMMISSIONER MARION BULLER:** Okay,
6 yes. Human Rights Watch - Summary of Findings, Human
7 Rights Watch's -- sorry. Human Rights Watch's research in
8 Northern British Columbia and Saskatchewan, Exhibit 27,
9 please.

10 --- EXHIBIT No. 27:

11 Summary of findings, "Human Rights
12 Watch's Research in Northern British
13 Columbia and Saskatchewan" (five pages)
14 Witness: Farida Deif, Director, Human
15 Rights Watch
16 Submitted by Meredith Porter,
17 Commission Counsel

18 **MS. MEREDITH PORTER:** Thank you. So, a
19 summary of this report that you were just referring to, in
20 Saskatchewan, has been provided in the materials and now
21 has been made an exhibit. And, it was prepared by a number
22 -- by yourself -- authored by yourself, but also with the
23 assistance of a number of your staff members.

24 I wanted to bring, actually, the summary of
25 that report that I've just entered as well as an exhibit to

1 your attention and something that's said in the document.
2 It speaks at page 2 of that summary. It's at the fourth
3 paragraph on page 2. I'm just going to allow the
4 Commissioners to get to it. Yes, that -- exactly. Yes.
5 Page 2 and paragraph 4.

6 The paragraph reads:

7 "For many of the Indigenous women and girls
8 interviewed for this report, abuses and other
9 indignities visited on them by the police
10 have come to define their relationship with
11 law enforcement."

12 And, a moment ago, you spoke to the surprise
13 or the gravity that their fear, that was tangible, really
14 with respect to their approaching the police and filing
15 complaints, and really with respect to their relationship
16 with the police grounded in fear. Can you talk a little
17 bit about that sentence and a little bit more about that
18 fear, and why is that important to know and what kind of
19 impact does that have on the lives of Indigenous women that
20 you spoke to?

21 **MS. FARIDA DEIF:** Yes. I think -- you know,
22 it's really important to know that any incidence of police
23 abuse against an Indigenous woman doesn't only affect that
24 individual woman in question who suffers from the abuse,
25 but it creates a really chilling environment for everybody,

1 because we had spoke -- we spoke to women who said they may
2 have witnessed a crime that involved an Indigenous woman,
3 they may themselves be the victim of a crime, but they
4 wouldn't report those to the police because they really
5 feared that the -- both they or the person that had -- you
6 know, was committing the crime might be the victim of abuse
7 by the police. And so, it creates a really chilling effect
8 on the community when there's even one incident of police
9 abuse of an Indigenous woman or an Indigenous man for that
10 matter.

11 And so, what you see is a really -- what we
12 documented both in Northern B.C. and in Saskatchewan was a
13 deeply fractured relationship between law enforcement and
14 Indigenous communities. Is that to say that there are no
15 good relations by any police officer or any police force
16 and Indigenous communities in any of the locations we went
17 to? No. But, there is still this, sort of, overarching
18 prevalence of a fractured relationship. And, that has to
19 do with both history, it has to do with certainly settler
20 colonialism, it has to do with racist assimilation policies
21 with the residential school system, but it also has to do
22 with current policing failures.

23 You know, many of those have been made very,
24 very public, sort of, where the policing failures have been
25 in various cases that are part of the national psyche, that

1 are part of the understanding of many people. And so, what
2 happens is that these, sort of, past and more recent
3 policing failures contribute to a climate of suspicion and
4 a widely held belief that we documented that police target
5 and discriminate against Indigenous men and women with
6 little accountability for violent and racist conduct.

7 And so, accountability is also key here,
8 because unless there's accountability for police misconduct
9 and abuse, there's nobody that will actually go to the
10 police, the authorities for support. There will be no way
11 to repair that relationship between police and law
12 enforcement if there isn't accountability for police abuse.

13 And, I think, you know, in terms of just,
14 you know, how many of the women that we interviewed
15 experienced racism and felt very much that their experience
16 with police abuse and police mistreatment or misconduct
17 reflected racial bias against them, I think it's important
18 to hear from the women themselves more so than from me
19 because they can make a much more compelling case.

20 And so, I just wanted to offer a few
21 testimonies from individual women that we spoke to, talking
22 about how racism was a key factor -- or how they felt that
23 racism was a key factor in the interaction that they had
24 with the police.

25 So, one Indigenous community leader in

1 Saskatchewan told us:

2 "I have had problems with stalking, but I
3 don't trust the police. Professionally, I
4 admit that working with the police is what we
5 must do, but personally, I have zero faith in
6 the police. It doesn't matter what position
7 or how many degrees we have, by the police
8 services, we're seen as just another Indian."

9 Another woman spoke to us about the systemic
10 discrimination she faced and how that made her a target for
11 police violence and harassment. She said, "Sometimes the
12 police do and say racist things. They do that because they
13 think that Natives are going to keep quiet."

14 Another woman said:

15 "They look down on us a lot. They look down
16 on us Natives like we're nothing, like we
17 don't deserve assistance, like they're out to
18 get us. A lot of times, the police will stop
19 and ask, where are you going, what are you
20 doing? The police treat you like you've got
21 to be doing something wrong."

22 And so, that's I think another area that we
23 documented where there is a sense for many Indigenous women
24 that we met with in Saskatchewan and in Northern B.C., that
25 there is a, sort of, presumption of criminality when the

1 police is interacting with Indigenous women. There is a
2 presumption that they are engaged in criminal behaviour.
3 And, when that presumption exists, many, many things result
4 from that.

5 There is more excessive use of force that
6 happens because of that. There is more -- in terms of the
7 body and strip searches, if you presume someone is engaged
8 in criminal behaviour, you will ask them to remove their
9 under garments in a detention setting because you assume
10 that they're concealing drugs in those under garments or
11 that they're going to use those under garments to hang
12 themselves.

13 And so, then there's more those types of
14 abusive practices that shouldn't happen, that are certainly
15 not part of police policy, that are certainly a deviation
16 of police policy, that should happen only in the most
17 exceptional cases, happens more regularly when we speak
18 about Indigenous women because there's a presumption of
19 criminality when the police interacts with them. And so,
20 many of the abuses that come from that are really coming
21 from that foundational base.

22 So, you know, many women we interviewed said
23 that the police asked them to remove their under garments
24 in the detention centre because of the reasons I mentioned.
25 And, it's interesting, because the Supreme Court of Canada

1 says that the removal of under garments in a detention
2 centre is a form of a strip search, but that's not the
3 perception that many police services -- not the
4 interpretation that many police services have, that that
5 still happens quite regularly from -- based on just the
6 subset of individuals that we spoke to. And, of course,
7 then the risk and vulnerability of abuse, sexual in nature
8 and otherwise, is very high.

9 And then as well in the excessive use of
10 force, we spoke to women who, when handcuffed, were
11 handcuffed with such force and with such severity that
12 their wrists started to bleed. Again, that's because
13 you're presuming -- you're presuming that that person is
14 going to react in a certain way, you're presuming that that
15 person is criminal in a certain way and they're not offered
16 the presumption of innocence that others are offered.

17 And, I guess the other thing that I think
18 was really striking to us was the issue of dual arrests.
19 What happens when a police officer responds to a domestic
20 violence situation? Does the police officer focus on the
21 primary aggressor, the primary perpetrator of that
22 violence, or does the police officer focus on the other
23 factors that might be there in that setting? You know, has
24 the victim, for example, breached her parole, is the victim
25 in possession of drugs, is there a situation of public

1 intoxication?

2 So, in terms of best practices on police
3 response to victims of violence, the police should respond
4 to the victim, should identify the primary aggressor of
5 that violence and not really focus at that time on the
6 other factors that might be in play. But, what we found
7 time and time again is that the victim of violence herself
8 might also be charged for any number of things that have
9 nothing -- that are no where near the level of severity of
10 domestic abuse.

11 And so, that really kind of highlighted for
12 us a gap in terms of a policy by many police services in
13 terms of dual charging in domestic violence cases. And,
14 when we -- we sent a very detailed letter to every police
15 service in question asking them about their policies and
16 practices in terms of policing, asking them about
17 accountability, asking them about training for the police,
18 none of the police services that we corresponded with could
19 identify a policy on dual charging in domestic violence
20 cases. And so, I feel that's a huge gap here.

21 The other thing that was quite striking was
22 a woman who told us that she -- her mother was a victim of
23 domestic violence from her white boyfriend. And, when the
24 daughter called the police to respond to the domestic
25 violence case not only did they charge her mother for

1 responding to the violence that her intimate partner, you
2 know, perpetrated against her, but when the daughter
3 protested and said, you know, "This man has been abusive to
4 my mother. I have videotapes of that. I've got evidence
5 of all of the abuse that he suffered -- you know, that he's
6 inflicted on her." The first question they asked the
7 daughter was, "Where are your children?"

8 And, the daughter said, you know, the way
9 that you try and threaten and intimidate an Indigenous
10 woman is by asking her where her children are, because what
11 the police officer was doing then was trying to silence her
12 by threatening and intimidating her. "Are your children
13 not in the right place? You know, are they not in -- are
14 they not in the right care? Should we remove them from
15 your custody or care?" Those were all the messages that
16 were implicitly being sent to her to silence her.

17 **MS. MEREDITH PORTER:** I'm going to take you
18 back then as well, because you have spoken already to some
19 of the findings that the report makes -- with respect to
20 the report. And, again, to clarify, the one -- the
21 submissions to the Government of Canada focusing on
22 circumstances in Saskatchewan. In the summary of that
23 report, which we have just entered in as an exhibit, the
24 report states at page 4, I believe:

25 "Canada has strong legal protections around

1 violence against women, and the federal and
2 provincial governments have made some
3 attempts to address murders and
4 disappearances of Indigenous women through
5 studies, task force and limited funding
6 initiatives. However, the persistence of the
7 violence indicates a need for deeper
8 coordinated interventions to address the
9 systemic nature of the problem.”

10 Can you elaborate on that statement?

11 **MS. FARIDA DEIF:** So, I think, you know, in
12 our studies on policing abuse in two provinces, when you
13 read through the policing protocols and procedures, for the
14 most part, short of a few gaps that I've mentioned, they
15 are quite good. They're strong. They're in line with best
16 practices in terms of policing; best practices in terms of
17 responding to and how to use force, and the various levels
18 of force that a police officer can use; best practices in
19 terms of when or when not to conduct a strip search, and to
20 only do it in very exceptional cases, and to only involve
21 the same gender, the officer having the same gender as the
22 person in custody.

23 So, on paper, everything is fine, but why is
24 there a crisis of missing and murdered Indigenous women?
25 Why are there so many women that still suffer from police

1 abuse and mistreatment? So, it's not necessarily that the
2 policies are bad, but there's clearly a problem in the
3 implementation, and there's clearly a problem in terms of
4 systemic bias and racism that results in a presumption of
5 criminality that leads to a number of abusive practices.

6 So, when you look at the policies, there's
7 often a level of discretion. You know, the policies don't
8 -- you know, when a police officer enters a home to respond
9 to a domestic violence situation, they are not immediately
10 thinking of, you know, section 2, 3, 5 of a certain policy
11 or protocol. They are responding to a certain situation.
12 And so, how are the police, sort of, fully equipped to
13 respond to that situation and be able to identify the
14 victim right away to be able to provide the support that's
15 needed for them? Where is there a gap there between the
16 policies and the implementation?

17 There's issues of discretion as well in
18 every case when -- in every policy or protocol, when the
19 police talks about strip searches or body searches.
20 There's always a level of discretion where, you know, if a
21 female officer is not available then, unfortunately, the
22 strip search will happen by a male officer. And so, there
23 is a level of discretion that's offered, but why is that
24 discretion so often used when it comes to Indigenous people
25 and Indigenous women?

1 So, there, there are systemic issues,
2 systemic racism, systemic stereotyping of Indigenous women
3 that I think, you know, we need to come to terms with.
4 And, it's not only us as a human rights organization that's
5 documenting it and certainly many, many Indigenous women
6 and women's organizations and groups, but even the United
7 Nations when they did a study on missing and murdered
8 Indigenous women, they found the same thing.

9 They were very much struck by the fact that
10 there was structural bias in policing and in other areas of
11 the country. And, what they've said was,

12 "This structural bias is reflected in the use
13 of demeaning or derogatory language towards
14 Aboriginal women and in stereotypical
15 portrayals of Aboriginal women as
16 prostitutes, transient or runaways end up
17 having high-risk lifestyles."

18 And so, those types of stereotypes, that
19 type of demeaning and derogatory behaviour and thinking
20 permeates many, many areas, whether it's sort of the health
21 care sector, whether it's policing, and those are the types
22 of root causes, and root issues, and root biases and stigma
23 that we need to be tackling.

24 **MS. MEREDITH PORTER:** Thank you. And,
25 you've spoken very articulately about the methodology,

1 findings and, sort of -- you've really translated this
2 report to a great extent. I'm just curious to ask, before
3 the research you decided to undertake and produce this
4 report, why did you find it necessary for this report, for
5 this research to be done? What was sort of the extenuating
6 circumstances, the present circumstances in Saskatchewan
7 that influenced you to undertake the research in that
8 province?

9 And, the reason why I ask this is I'm
10 wondering if you see that there are the similar
11 circumstances, say, in other areas of the country that
12 would move you to complete this type of research, sort of,
13 more broadly across the country. So, maybe if you could
14 speak a little bit to what drove you to do the research.
15 What existed? What were the circumstances?

16 **MS. FARIDA DEIF:** And, I think to do that
17 I'll have to take you back to Northern BC in our work there
18 in 2013, because the reason that our organization did that
19 research in Northern BC on The Highway of Tears and looked
20 into the issue of missing and murdered Indigenous women,
21 policing failures, police failure to protect women from
22 violence was that we were approached by an organization, a
23 Vancouver-based organization in BC called Justice for
24 Girls, and they do advocacy on girls' rights.

25 And, they prepared a briefing document for

1 us saying -- you know, asking us as Human Rights Watch, an
2 international human rights organization that hadn't done
3 any research in Canada previously, could they use the same
4 lens that we use to look at human rights abuses in other
5 countries, and could we bring that lens to Canada and look
6 at the issue and look at where the gaps are in policing
7 failures and abuses. And so, we decided based on their
8 advocacy to us to do that work in Northern BC.

9 Once that report in Northern BC was
10 released, we were asked by others to come and do that work
11 in other provinces, including through partners of Justice
12 for Girls in Saskatchewan and a working group of
13 organizations from the Elizabeth Fry Society to others who
14 said, "Could we do a similar type of project in
15 Saskatchewan," where we were looking at that type of
16 policing failure, because a lot of the work that
17 organizations, like the Elizabeth Fry Society do, focuses
18 on women in corrections and Indigenous women in
19 corrections.

20 And, it was so startling to us where we were
21 not focusing on the prison system, per se, we were looking
22 at, sort of, other -- you know, before the prison system
23 and corrections, but it was striking to us the data that
24 they provided to us in Saskatchewan about just the
25 incredible overrepresentation of Indigenous women in

1 corrections.

2 And, you know, the data that they provided
3 to us at the time, this was from 2013, I'm not sure if
4 there's more up-to-date data, but it was, you know, in some
5 correction settings, some women -- female correction
6 setting, it was almost 95 percent of the women in detention
7 were Indigenous women. And so, a complete and startling
8 and dramatic overrepresentation of women.

9 And so, when you have that situation,
10 there's a number of factors that lead to that situation.
11 And so, what we wanted to do was really kind of lead to
12 that situation, and so what we wanted to do is really kind
13 of delve deeper into why is that? Why is there this
14 overrepresentation? What types of structural issues and
15 problems are at play, and what type of abuses do women
16 suffer, in terms of their interaction with the police,
17 prior to even ending up in a corrections setting?

18 **MS. MEREDITH PORTER:** Thank you. So what
19 follow up -- the report's done. What follow up if any has
20 been done, and if you could speak a little bit to the
21 details of what's happened since the report was released in
22 2013 -- or sorry, 2017?

23 **MS. FARIDA DEIF:** So once the report was
24 released in 2017 we mainly focussed then on advocacy,
25 really at the federal level, and also to some degree the

1 provincial level. Really looking at, you know, we had
2 interactions both with Public Safety Canada, I've had
3 meetings in Ottawa with Public Safety Canada on our
4 findings both in Northern B.C. and in Saskatchewan.

5 Because of a sort of, you know, limited
6 capacity to focus on every single province and really kind
7 of, do advocacy on the ground at the provincial level, we
8 really focus in terms of the sort of post-publication
9 stage, at doing advocacy in Ottawa on a Federal level.

10 Meeting with various official from Indigenous and Northern
11 Affairs Canada, meeting with Public Safety Canada, meeting
12 with the RCMP to really kind of tell them, you know, what
13 has happened since the report released to kind of get a
14 sense of have policing practices changed? Have there been
15 policy shifts? Has there been training changes? Have you
16 used essentially, these reports as teaching moments to
17 change policing practices and policies and implementation
18 of those policies?

19 And you know, so far there -- we haven't
20 heard too much in terms of changes. We did get very
21 detailed responses to a detailed letter that we provided to
22 the various police services about police training, and
23 policies, and accountability. But since then there's been
24 more limited interaction with the various police services.
25 We would hope that there would be some kind of movement

1 that, you know -- I think in many countries that we do this
2 work, as I said, and I think that's the advantage of
3 working within an international human rights organization,
4 is that you have different points of reference outside of
5 Canada.

6 And generally, in our work on policing
7 abuses in many countries, the response by the police is
8 generally one of denial of the policing abuses taking
9 place, claiming that there are just a number of bad apples
10 on the police force, not a systemic issue, not a structural
11 issue. They will often drown us in policing protocols and
12 policies to show how, you know, advanced they are and how
13 much in line they are with international standards.

14 But our response is always that we're not
15 really concerned about the policies, we're concerned about
16 the practice and the implementation of those policies. And
17 you know, and what do you do -- even if, you know, even if
18 we were to argue that it was a few bad apples, has there
19 been accountability for those bad apples? Has there been
20 any kind of -- how have you used that as a teaching moment
21 to change your training of the police services, to change
22 your recruitment practices? What has happened since then?

23 And so, it tells you a lot about the various
24 police services, in terms of, are they willing to say and
25 to really -- to acknowledge that there are deep issues that

1 they need to address, and that there is still a fractured
2 relationship between the communities that you are meant to
3 serve and law enforcement. And so you know, I think in
4 that case, in the Canadian context, it's been a bit mixed
5 depending on the police service, in terms of their
6 willingness to really come to terms with our findings and
7 the findings of many other organizations in terms of
8 policing practices and policies and where the
9 implementation is lacking, and where there are gaps.

10 I think the reflex is often to be very
11 defensive. And it was striking to us as well that, you
12 know, when we had a press conference in Saskatoon to
13 release the findings of our research, the same day the
14 Regina Police Service also had a press conference to
15 basically say, you know, they essentially don't agree with
16 our findings and our research.

17 So yeah, I mean I think, I would hope that
18 police services would say, well, just as I had said, that
19 you know, one victim of a human rights violation, one
20 victim of police abuse, is one too many. And given that
21 you've interviewed 64 and they've suffered police abuse at
22 the hands of our police service and others, we take that
23 very seriously and we are going to look, very, very closely
24 at how to remedy that situation. That's not necessarily
25 the situation right now.

1 **MS. MEREDITH PORTER:** Okay. Thank you. And
2 we had originally put in some materials that were going to
3 be called as exhibits, but there was a request by one of
4 the parties with standing to file additional materials
5 within -- beyond the 48 hours, that our rules of procedure
6 require in order to put documents in.

7 So the request from one of the parties was
8 to put in -- the witness had spoken to a detailed letter
9 which concluded a number of questions that were sent to
10 three -- the three urban centres in Saskatchewan, the
11 police services there, and they requested to have a
12 response back. I believe copies of those questions had
13 been printed off for Commissioner, for the review to be
14 included in your materials. They were additional documents
15 not originally filed. But it is on consent that we are
16 requesting that they be tendered as Exhibits.

17 Again, as I mentioned, there were three
18 specifically that been requested to be included. There's
19 one -- perhaps I'll ask the witness to clarify where the
20 responses are coming from, in particular. There's the
21 first one which has just got the Human Rights Watch -- okay
22 -- at the top and -- okay. So it's from the Regina Police
23 Service. So these are the questions that were sent, the
24 detailed letters that were sent to you?

25 **MS. FARIDA DEIF:** It was the questions and

1 the Regina Police Service's response to the questions.

2 **MS. MEREDITH PORTER:** Response to the
3 questions. And it's got Human Rights Watch at the top and
4 a little crest. Where -- I'm just clarifying, I was -- it
5 was indicated to Commission counsel that copies of these
6 questions would be provided to the Commissioners. I'll
7 just confirm that copies of the documents, I believe, were
8 sent out to each of the parties with standing with a notice
9 that they would be tendered as exhibits on consent between
10 the parties. That's one of them, yes. There was -- this
11 one is -- the Regina one has ---

12 **MS. FARIDA DEIF:** There's all three.

13 **MS. MEREDITH PORTER:** There's all three
14 should be included.

15 **MS. FARIDA DEIF:** Yeah. So it should be --
16 there should be a document of questions and answers.

17 **MS. MEREDITH PORTER:** The burgundy line --
18 yeah. So exactly, on the top.

19 **MS. FARIDA DEIF:** From each of the ---

20 **MS. MEREDITH PORTER:** Yeah. So I'm going to
21 request that that one is the first one. It would be the
22 response from the Regina Police Service, be tendered as an
23 Exhibit, yes.

24 **CHIEF COMMISSIONER MARIAN BULLER:** Okay.
25 The response from Regina Police Services will be Exhibit

1 28, please.

2 --- EXHIBIT No. 28:

3 Response # 1 to list of questions and
4 answers entitled "Policing Policies and
5 Practices" re: Investigation into
6 Police Treatment of Indigenous Women
7 and Girls in Saskatchewan, Human Rights
8 Watch, November 2016 (28 pages)
9 Witness: Farida Deif, Director, Human
10 Rights Watch Submitted by Meredith
11 Porter, Commission Counsel on behalf of
12 Saskatchewan Association of Chiefs of
13 Police (by consent of the parties)

14 **MS. MEREDITH PORTER:** There's -- and the
15 second one that we're requesting be tendered as an exhibit
16 is really on a blank piece of paper. There's no indication
17 where it's from, but it is actually from the Prince Albert
18 Police Service. Exactly. Again, the same, a very detailed
19 question and responses from the Police Service of Prince
20 Albert.

21 **CHIEF COMMISSIONER MARIAN BULLER:** Okay.
22 The response from Prince -- it's not identified. Yeah. I
23 think ---

24 **MS. MEREDITH PORTER:** I'm not sure if you
25 want to ---

1 **CHIEF COMMISSIONER MARIAN BULLER:** We can
2 name it. We can name it. It's Policing Policies and
3 Practices, and although not identified, it's from the
4 Prince Albert Police Services. That will be Exhibit 29,
5 please.

6 --- EXHIBIT No. 29:

7 Response # 2 to Human Rights Watch list
8 of questions and answers entitled
9 "Policing Policies and Practices" (17
10 pages)

11 Witness: Farida Deif, Director, Human
12 Rights Watch Submitted by Meredith
13 Porter, Commission Counsel on behalf of
14 Saskatchewan Association of Chiefs of
15 Police (by consent of the parties)

16 **MS. MEREDITH PORTER:** Thank you. And the
17 final is, of course, the very well noted Saskatoon Police
18 Service response to the Human Rights Watch letter with
19 detailed responses to each of the questions. As well, I
20 would ask that that as well be tendered as an exhibit.

21 **CHIEF COMMISSIONER MARIAN BULLER:** Yes, the
22 response from the Saskatoon Police Services will be Exhibit
23 30, please.

24 --- EXHIBIT No. 30:

25 Saskatchewan Police Service brief re:

1 "Human Rights Watch Investigation into
2 Police Treatment of Indigenous Women
3 and Girls in Saskatchewan," addressed
4 to Chief Clive Weighill, dated January
5 3, 2017 (27 pages)

6 Witness: Farida Deif, Director, Human
7 Rights Watch Submitted by Meredith
8 Porter, Commission Counsel on behalf of
9 Saskatchewan Association of Chiefs of
10 Police (by consent of the parties)

11 **MS. MEREDITH PORTER:** Thank you. I'm going
12 to shift now then to the other report that you've already
13 referred to, that being the report that stemmed from
14 research. Although you didn't author the report, certainly
15 you have considerable knowledge and can certainly speak to
16 the findings and details of the research that was conducted
17 in Northern British Columbia.

18 And I'd like just to get a sense -- you've
19 already spoken clearly about the findings of -- in
20 Saskatchewan. Could you maybe articulate a little bit
21 about any, say, differences? You've spoken to some of the
22 similarities both in methodology and some of the findings.
23 Can you articulate some of the differences between the two
24 regions that were found by Human Rights Watch in doing
25 their reporting?

1 **MS. FARIDA DEIF:** Sure. You know, I would
2 say certainly there are more similarities than differences.
3 If I start with the similarities, I would say that both the
4 Indigenous women that we spoke to in Northern B.C. and in
5 Saskatchewan about their police -- about their interactions
6 with the police. Both really identified a very fractured
7 relationship with the Police Services. They both spoke --
8 in both cases spoke about deep mistrust of police, deep
9 fear of retaliation if they were to file a complaint
10 against an officer for misconduct or abuse. And so in both
11 of those cases that level of fear or retaliation was quite
12 similar.

13 In both cases the reported excessive use of
14 force, you know, degrading and abusive body and strip
15 searches by male officers, the removal of undergarments in
16 custody was also mentioned quite frequently, aggressive
17 treatment after the arrest during the process of being
18 searched and physically placed in holding cells.

19 In both British Columbia and in Saskatchewan
20 women were frequently left in holding cells with only their
21 undergarments on. You know, in -- I guess in both cases
22 there was a sense that when Indigenous women who were
23 victims of violence were seeking help from police officers
24 they were frequently met with sort of scepticism, victim-
25 blaming questions and comments, and that the police would

1 arrest victims for abuse -- for actions that were taken in
2 self defence.

3 And so in both those cases I would say the
4 similarities were quite striking, but it was a similar sort
5 of pattern of mistreatment and abuse that we saw.

6 In the Northern B.C. case the focus was
7 really on the interaction of Indigenous women and police
8 abuse and mistreatment related to the RCMP that operates in
9 Northern B.C. In Saskatchewan we focussed on both the RCMP
10 and three municipal police services: the Prince Albert,
11 Regina and Saskatoon Police Services.

12 What was striking I think in Northern B.C.
13 was, because in Saskatchewan we were focussed on -- and
14 mainly on urban centers versus in the north, the remoteness
15 of many of the detachments that are there, the feeling of
16 sort of isolation, of the real fear of filing a complaint
17 because there are only, you know, two police officers in
18 that detachment. The community is very, very identifiable.
19 They're -- you know, if you suffer any kind of abuse at the
20 hands of police officers, if you file a complaint in a
21 remote part of Northern B.C., it'll be very clear who you
22 are to the community. And you are, you know, in many ways
23 a lot more vulnerable when you are in a remote setting with
24 only, you know, two police officers, for the most part two
25 male police officers. And so in that sense, I think that

1 there was an added level of, you know, potential, in a way,
2 for abuse, because of the remoteness, because of the
3 isolation, the less options for remedies that you might
4 find in a city environment.

5 **MS. MEREDITH PORTER:** Okay. Thank you. And
6 the report on Northern British Columbia addresses -- and I
7 take this directly from the report -- the responsibility to
8 address discrimination that exists within the Canadian
9 state, included in that responsibility is a duty to address
10 structural discrimination. So, in your opinion, how can
11 that be accomplished?

12 **MS. FARIDA DEIF:** I mean, it's -- you know,
13 it's a difficult question. I think that, you know, all of
14 the various -- there's been so many different attempts by
15 the government to sort of address and tackle this one
16 question, whether it's the Truth and Reconciliation
17 Commissions, whether it's various efforts and initiatives
18 by different agencies in the government, whether it's sort
19 of certainly this national inquiry as well, to sort of how
20 do you tackle structural discrimination? How do you tackle
21 the colonial legacy? How do you tackle sort of structural
22 discrimination and racism that exists today? I don't have
23 one answer for that certainly, but what we were trying to
24 point out is the state responsibility to tackle those
25 issues.

1 And so under international human rights law
2 the state has a responsibility to address discrimination in
3 all of its forms, sex discrimination, you know, gender
4 discrimination, discrimination based on ethnicity and other
5 factors. And so we were really trying to highlight where
6 the gaps are and the need to kind of firmly say that it's
7 the state's responsibility to address these abuses. And
8 that what we're speaking about aren't just kind of routine
9 issues, but really abuse of practices and human rights
10 violations.

11 There -- I guess, you know, there would be a
12 number of policies that would be needed to be put in place
13 and it's -- there's no easy fix to this question, but I
14 think, you know, what we were looking at, sort of one slice
15 of this much larger issue, which was looking at policing.
16 There's certainly other, you know, very important issues in
17 terms of tackling structural discrimination that need to be
18 addressed, other sectors, whether it's education,
19 healthcare, et cetera. But if we look at just that one
20 piece of policing, for us, the real critical missing piece
21 is accountability for police abuse, Indigenous men and
22 women.

23 There is very little accountability for
24 police abuse. As much as the policies and practices are
25 advanced and up to, you know, international standards,

1 that's not the case when we're speaking about
2 accountability. For the most part, when there are cases of
3 police abuse, it is still the case that the police
4 investigate themselves or other police services investigate
5 the conduct of their -- a neighbouring police service.

6 And so if we look at even the situation in
7 Val-d'Or, Quebec where there were incredibly serious
8 allegations that were brought to light by, you know, the
9 CBC and Radio Canada on this, in that case, with those
10 serious allegations of, you know, everything from sexual
11 assault, sexual abuse, to sexual exploitation, sort of
12 trading sexual favours by police officers for drugs, et
13 cetera, so really very, very serious issues, even in that
14 case what we saw is that the Montreal Police Service
15 investigated the conduct of the Val-d'Or Police Service.

16 And so there you're looking at a situation
17 that, you know, may have happened or, you know, it's
18 something that we would have perhaps assumed would take
19 place, you know, 60 or 70 years ago. But certainly, today,
20 the fact that the police are still investigating themselves
21 is a huge gap and a reason why this, you know whether -- if
22 we're just talking about policing, the reason why the
23 relationship still remains the way it is between law
24 enforcement and Indigenous communities.

25 If there was real accountability, if we saw

1 police officers not only sort of disciplined for their
2 conduct or released early, you know, sort of or retire
3 early because of their conduct, but if we saw real serious
4 accountability for their conduct, real criminal
5 accountability for their criminal conduct, then there would
6 be -- it would be a very different situation that we're
7 looking at today, and that would be one part of addressing
8 the really kind of larger issue of structural
9 discrimination. If there was a sense that of -- a more of
10 a sense of fairness, of -- and that police services were
11 going to be held accountable for their actions.

12 **MS. MEREDITH PORTER:** Okay. And do you want
13 to speak about the independent investigations office? Is
14 that something ---

15 **MS FARIDA DEIF:** All right.

16 **MS MEREDITH PORTER:** --- you want to talk?

17 **MS FARIDA DEIF:** Yeah, yeah. Sure.

18 **MS MEREDITH PORTER:** Okay.

19 **MS FARIDA DEIF:** Yeah. I mean, and I guess
20 the other thing that, you know, in terms of, you know, on
21 accountability, one of the large -- the kind of larger
22 recommendations that we have is really on the need for
23 every single province in Canada to have an independent
24 civilian, so non-police, mechanism to investigate
25 incidences of police mistreatment and abuse. Without an

1 independent civilian investigation mechanism you'll have a
2 situation that we have today, which is, depending on the
3 province, depending on the particular location, the police
4 will investigate themselves for their own misconduct. And
5 so that we feel is really a kind of vital gap in the system
6 and one of the key recommendations we would have to address
7 the policing problem.

8 **MS MEREDITH PORTER:** Okay. Thank you. And
9 I don't believe I have already requested that the Human
10 Rights Watch report, *Those Who Take Us Away*, has been
11 tendered as an exhibit. I don't think -- I think I've got
12 the Saskatchewan and the summary, but I don't think I have
13 that report in as an exhibit at this point. The Northern
14 B.C. Report.

15 **CHIEF COMMISSIONER MARION BULLER:** Right.

16 **MS MEREDITH PORTER:** Yeah.

17 **CHIEF COMMISSIONER MARION BULLER:** I've got
18 it. Do you have it? Yeah. Yeah.

19 Human Rights Watch "*Those Who Take Us Away*"
20 will be Exhibit 31, please.

21 --- EXHIBIT NO. 31:

22 Human Rights Watch report "*Those Who*
23 *Take Us Away: Abusive Policing and*
24 *Failures in Protection of Indigenous*
25 *Women and Girls in Northern British*

1 Columbia, Canada," 2013 (90 pages)
2 Witness: Farida Deif, Director, Human
3 Rights Watch
4 Submitted by Meredith Porter,
5 Commission Counsel

6 **MS. MEREDITH PORTER:** Okay. Thank you.

7 So I guess my final question would be if
8 there were any -- either highlights from any of these
9 reports that you wanted to put directly to the Commission,
10 or if there's any other recommendations that you think may
11 flow from the research that you've conducted through Human
12 Rights Watch, if you wanted to articulate any other
13 recommendations. I know the oversight committee
14 civilian was one that you had, and you had several others.
15 Is there anything else that you wanted to leave with the
16 Commissioners in terms of recommendations?

17 **MS. FARIDA DEIF:** Yes, sure. You know, I
18 think in terms of the recommendations that we made for both
19 the report in Northern B.C. and Saskatchewan, we really
20 looked at a number of areas that could be improved by the
21 police services in order to address police mistreatment and
22 abuse of Indigenous women. And, we looked at the gaps in
23 terms of de-escalation training by police services.

24 So, are the police services equipped to de-
25 escalate violent situations properly? Is their training

1 trauma informed; meaning, do they have the training to kind
2 of really deal with individuals who are victims of trauma?
3 And, in this case, you know, we can speak about victims who
4 were possibly themselves part of the residential school
5 system, or their families, or just by their experience of
6 being an Indigenous person growing up and living in
7 communities across Canada. There is a level of trauma
8 there and is the police adequately equipped to interact and
9 to respond in a way that's informed by trauma?

10 And, I remember one judge that, you know, in
11 Canada, it was very interesting. She said, "You know, when
12 I have an individual that comes into my courtroom, it's
13 very important for me to ask them. I don't say, you know,
14 what's wrong with you? I say, what happened to you?" And,
15 that's a very different thing.

16 So, if a police officer approaches an
17 Indigenous woman and says, "You know, what happened to
18 you?" That's very different from saying, you know, "What
19 the hell is wrong with you? Why are you behaving this
20 way?" So, in one case, you're not -- you know, in one
21 case, you're not really thinking of that individual as
22 someone who might be a victim of trauma. You're just
23 thinking of them in terms of their potential criminality or
24 their behaviour, et cetera.

25 The other issues, I think, are sort of more

1 in terms of actual policy. There needs to be other gaps
2 that we saw, as I mentioned earlier, that make, you know,
3 women, you know, more -- there's more potential for abuse
4 is the issue of strip searches, the issue of removal of
5 undergarments. There clearly isn't a uniform view by all
6 police services across Canada as to whether the removal of
7 undergarments for an Indigenous woman is a form of a strip
8 search or not. And, even though the Supreme Court of
9 Canada does call it a form of a strip search, there seems
10 to be various degrees of interpretation that leave women
11 very vulnerable to abuse.

12 And so, there needs to be a situation where
13 the government, you know, makes very clear that all sort of
14 body searches and strip searches of women and girls, you
15 know, should be -- you know, there should be a prohibition
16 of all strip searches of women and girls by male police
17 officers.

18 Also, that every police service should make
19 sure that they have a sufficient number of female officers
20 to conduct searches, supervise the interrogation of female
21 detainees, and ensure the safety and protection of female
22 detainees. And so, just those sort of simple things of
23 ensuring that there's enough female officers, it may not
24 prevent all abuse, but it certainly goes in one direction
25 to helping us move forward.

1 And then, you know, every police service
2 needs a very clear policy on dual arrests so that victims
3 of domestic violence are not arrested in the course of
4 police officers responding to cases of violence, but that
5 the police service in question really identifies and makes
6 clear who the principal aggressor is and places them in
7 custody, and not the victim.

8 **MS. MEREDITH PORTER:** Thank you. Those
9 conclude my questions, and I thank you very much, and I'll
10 seek direction, then, from Chief Commissioner and
11 Commissioners with respect to taking a break, and how long
12 that break should be.

13 **CHIEF COMMISSIONER MARION BULLER:** We'll
14 take a 10-minute break.

15 **MS. MEREDITH PORTER:** Ten-minute break?
16 Thank you. So, that gets us back to the hearing room at
17 just before twelve, five to twelve. Thank you.

18 --- Upon recessing at 11:44 a.m.

19 --- Upon resuming at 12:07 p.m.

20 **MS. FANNY WYLDE:** So, we will start. We are
21 ready to start. So, Chief Commissioner and Commissioners,
22 I would like to introduce you to our next witness, Dr.
23 Sylvia Moore. But, before I do, I would like to ask Mr.
24 Registrar to swear in the witness, and she would like to
25 provide oath with an eagle feather.

1 **MR. BRYAN ZANDBERG:** Good afternoon, Dr.
2 Moore. Do you have a -- oh, you have a feather. Dr.
3 Moore, do you solemnly affirm to tell the truth, the whole
4 truth, and nothing but the truth?

5 **DR. SYLVIA MOORE:** Yes, I do.

6 **MR. BRYAN ZANDBERG:** Thank you.

7 **SYLVIA MOORE, Affirmed**

8 **--- EXAMINATION IN-CHIEF BY MS. FANNY WYLDE:**

9 **MS. FANNY WYLDE:** Thank you. So, I will now
10 proceed with qualifying Dr. Moore as an expert. I have a
11 few questions. Is it okay if I call you Sylvia?

12 **DR. SYLVIA MOORE:** Absolutely.

13 **MS. FANNY WYLDE:** Okay. So, Sylvia, maybe
14 you could expose a little bit of your background and where
15 you're from, and also your training in terms of academics.

16 **DR. SYLVIA MOORE:** I'm from kes-bo-wick
17 (phonetic), which is known as southwest Nova Scotia. My
18 family is Mi'kmaq. I am the mother of four children, and
19 the grandmother of six. That's why I do what I do. I have
20 two undergraduate degrees, one in education. I have a
21 Master's of Art in counselling which qualifies me as a
22 counselling therapist. I have a Master's of Education in
23 curriculum, a Master's of Education in literacy, and I also
24 have a PhD with an Indigenous education focus from Lakehead
25 University.

1 I've been a classroom teacher for 23 years
2 as well as a school administrator. For four of those
3 years, I was the coordinator of Student Services which
4 include special education and all the guidance counselling
5 services for one of the school boards in Nova Scotia. I've
6 also been a therapist in private practice for 20 years.
7 And, currently, since 2013, I've worked for Memorial
8 University based at the Labrador Institute in Goose Bay,
9 Labrador. My work is in teacher education there, so the
10 faculty lead as well as teaching in both the Inuit Bachelor
11 of Education as well as the Labrador cohort in the M.Ed
12 program. And, I've also, as well as teaching, I've also
13 developed some Indigenous education courses at both the
14 undergraduate as well as the graduate level.

15 **MS. FANNY WYLDE:** Excellent. Thank you. If
16 we may look at your curriculum vitae, your résumé, if
17 there's any points that you would like to highlight to the
18 Commissioners relating to your work?

19 **DR. SYLVIA MOORE:** I think I've probably
20 mentioned everything that stands out.

21 **MS. FANNY WYLDE:** Okay. So, Commissioners,
22 I would like to tend the résumé of Dr. Moore as the next
23 exhibit.

24 **CHIEF COMMISSIONER MARION BULLER:**
25 Certainly. The CV of Dr. Moore is Exhibit 32.

1 --- EXHIBIT No. 32:

2 CV of Dr. Sylvia Moore (12 pages)
3 Witness: Dr. Sylvia Moore, Assistant
4 Professor, Faculty of Education and
5 Labrador Institute, Memorial University
6 Submitted by Fanny Wylde, Commission
7 Counsel

8 **MS. FANNY WYLDE:** Thank you. I would like
9 to address the standing parties if they have any objections
10 or if they want us to note on the record that they don't
11 give a position as to be qualifying Dr. Moore as an expert?

12 So, Chief Commissioner and Commissioners, I
13 would like to seek to qualify Dr. Sylvia Moore as an expert
14 in the domain of racism and education, and also as a
15 knowledge keeper based on her experience as a counselling
16 therapist and as an educator.

17 **CHIEF COMMISSIONER MARION BULLER:**

18 Certainly. We're satisfied on the basis of consent and
19 also evidence tendered that Dr. Moore has the necessary
20 experience and qualifications to give expert opinion
21 evidence in the domain of racism and education, as well as
22 being a knowledge keeper based on her experience as a
23 counselling therapist and as an educator.

24 **MS. FANNY WYLDE:** Thank you. So, Dr. Moore,
25 maybe as an introduction, you can tell us more about the

1 work you have been doing and the work you are currently are
2 doing?

3 **DR. SYLVIA MOORE:** Okay. As a classroom
4 teacher and as a school administrator, it was always my
5 goal to bring Indigenous knowledge, Indigenous voices and
6 Indigenous history into the schools where I worked. I did
7 that as much as I could as a classroom teacher within the
8 context of how much support I got or didn't get, but I
9 could always do it in my own classroom.

10 And, currently, as I said, I am the faculty
11 lead in the Inuit Bachelor of Education which is a
12 partnership between the Nunatsiavut Government and Memorial
13 University. And, one of the things Nunatsiavut asked for
14 is that Inuit culture be infused into that program.

15 So, in both cases, I work a lot with
16 curriculum, so what the program is, what's being taught,
17 and I find ways to bring Indigenous knowledge and culture
18 into that.

19 **MS. FANNY WYLDE:** Can you tell us more about
20 what is actually a curriculum?

21 **DR. SYLVIA MOORE:** Sure. So, curriculum,
22 very basically, is the program of study in anything, and
23 there's three different kinds of curriculum. One is the
24 planned curriculum, which would be the curriculum
25 documents, it could be teacher's guides, it could be any

1 texts or other books that are put in place for a particular
2 grade, subject area or course.

3 And then there's the implemented curriculum
4 which is how the curriculum is implemented. So, if I'm
5 supposed to be teaching grade 4 social studies, then how do
6 I go from what the curriculum documents tell me I need to
7 be teaching in grade 4 to actually putting that into place,
8 what are the teaching strategies I use, how do I interpret
9 that, what resources do I use and so on.

10 So, it's the planned curriculum, the
11 implemented curriculum, and then there's also the hidden
12 curriculum which are the things that maybe aren't laid out,
13 but it's there in an institution of education in many ways.

14 **MS. FANNY WYLDE:** Can you tell us if there's
15 Aboriginal content or history in the current curriculum in
16 public schools?

17 **DR. SYLVIA MOORE:** In Canada, each province
18 has the jurisdiction over education, so every province is
19 different that way. And, I certainly can't speak to all of
20 them because I haven't taught in all of the provinces in
21 Canada. I can tell you that I've taught in Nova Scotia,
22 and so they're working to get Indigenous history into the
23 curriculum. There is a Mi'kmaq studies grade 10 course,
24 it's a social studies course for senior high. I can tell
25 you that the Truth and Reconciliation Commission has called

1 for Indigenous history to be brought into the schools and
2 into what it is we teach, so we have to believe that there
3 is not very much of it.

4 **MS. FANNY WYLDE:** Okay. I believe there's a
5 difference between curriculum and pedagogy. Can you
6 explain what are the differences?

7 **DR. SYLVIA MOORE:** Sure. I noted the
8 curriculum, and it's the program of study. And, pedagogy
9 is the word that we use to refer to how it is that we teach
10 and what our thoughts are about how children learn and how
11 teachers should be teaching. So, it's the approach we
12 take.

13 **MS. FANNY WYLDE:** Mm-hmm. And, you had
14 previously shared with me your own experience as a mother
15 and to pedagogy. Can you share that experience with the
16 Commissioners?

17 **DR. SYLVIA MOORE:** Well, I am probably one
18 of many, if not all, Indigenous parents who had experiences
19 of children coming home from public school with something
20 that was either omitted, or it wasn't accurate or something
21 that upset them very much. And, as a parent, I teach
22 what's missing, I re-teach what needs to be changed and
23 what my own children knew while they were attending public
24 schools, that things that they were being taught wasn't
25 always accurate.

1 So, I filled in those spaces, changed what
2 they were teaching, and also looked out for them as they
3 had their own experiences of racism, very overt racism in
4 public schools and those micro-aggressions that we talk
5 about in that hidden curriculum. So, it wasn't as
6 tangible, not something that you could necessarily report,
7 but it was there and we knew it. And, non-Indigenous
8 teachers or school administrators didn't necessarily see it
9 or understand it.

10 **MS. FANNY WYLDE:** And, I believe through
11 that experience with your own children, you offered the
12 classrooms or the teachers of your children to offer some
13 teachings into their classroom. Can you share how that
14 experience was?

15 **DR. SYLVIA MOORE:** Right. So, that was one
16 of my approaches as well, to get in touch with the teachers
17 and to offer to go in and teach or do activities with the
18 children, offer resources. And, how that was received
19 always just depended on the individual. Some people
20 appreciated that and want to know more, want to be teaching
21 things that are accurate and do not have omissions in them,
22 and others were perhaps a bit more hesitant to accept any
23 kind of offer that way and felt that they were teaching
24 what was laid out in the curriculum and didn't need
25 anything else loaded onto that.

1 **MS. FANNY WYLDE:** Can you describe -- well,
2 do you find it's important to have in the curriculum, as
3 well as in the pedagogy, Indigenous teachings and
4 Indigenous history, can you share with us your views
5 regarding that?

6 **DR. SYLVIA MOORE:** For sure. I taught a
7 senior high Canadian history course that had a brand-new
8 text -- this would have been in the last 12 years. Brand
9 new textbook that was heralded as great, that it had
10 Indigenous content, and the first three pages was the very
11 old Indigenous history before contact, and there's very
12 little in the rest of the textbook. Now, whether or not
13 that's still being used, I can't speak to that.

14 But, I do know that Indigenous history isn't
15 taught and it's not taught in the same way as the non-
16 Indigenous and the colonial history, and we can say that
17 that's accurate right from kindergarten all the way
18 through. There are some changes in public education, K to
19 12, and they're great changes, but there's still so much
20 missing.

21 And so, in my experience in teaching, I have
22 had on occasion, for example, that I talked to a friend's
23 son, he was in grade 5, 10 years old, and I asked him about
24 school, so he let me know that he was excited. The next
25 day, he was doing a presentation on David Livingston, and I

1 asked him about that. And, he said, "Well, David
2 Livingston actually found the Nile River." And, I said,
3 "Okay. But, there were probably other people living there;
4 right? And, other people knew that the Nile River was
5 there." And, he said, "Yes, but David Livingston actually
6 found it." That's that kind of situation where, what do
7 you with a 10-year-old who just wants to get through the
8 next day, doing his presentation, probably making a good
9 grade or getting positive comments, and the fact that he --
10 there was either an omission, someone was paying attention,
11 or he had inaccurate information that just continues to
12 feed what's being taught in schools.

13 I've also had occasions where I've talked
14 about residential schools and had older students come up to
15 me very distraught, of course. One of them said, "I now
16 know why my family and my life was the way it was, because
17 my parents both went to residential schools." I was
18 surprised, but maybe I shouldn't have been. This is very
19 recently. I shouldn't have been surprised, but she didn't
20 know any of that history and, of course, her parents didn't
21 want to talk about it, which was understandable. But, the
22 fact that we're offering these things in schools and find
23 out that it's not common knowledge just shows how much of a
24 gap there is and what needs to be done.

25 **MS. FANNY WYLDE:** And so, knowing that

1 Indigenous history is not being taught in schools, what do
2 you think about the link between education and racism?

3 **DR. SYLVIA MOORE:** It's there. It's there
4 in its omissions. So, Indigenous people across this
5 country are often invisible in school curriculum. It's
6 there in errors, as I said before, inaccurate information
7 if there is any. It's there in the hidden curriculum and
8 people's expectations of Indigenous children, and what they
9 can achieve, what they're interested in. And, also, in
10 terms of the hidden curriculum that what it is that we
11 teach is very Eurocentric or Western views of the world,
12 and that's a bit harder to pinpoint and talk about. And,
13 more Indigenous educators are now finding ways to talk
14 about that and bringing their voices to the changes that
15 need to be made.

16 So, there's overt racism, which I mentioned
17 I've seen and heard and know of those kinds of incidents.
18 But, it's the more subtle that we may not necessarily see,
19 but people's expectations and their beliefs about
20 Indigenous people that's very racist and it's cultural
21 racism. It's there. It's entirely through our education
22 system.

23 **MS. FANNY WYLDE:** Can you maybe share a bit
24 about your own experience as a student throughout your
25 training?

1 **DR. SYLVIA MOORE:** I think my last degree in
2 particular is -- just because it's more recent and it's in
3 my memory, my voice would be the same as many, many
4 Indigenous students who go to post-secondary and say that
5 their reality, their interests, their knowledge isn't
6 necessarily accepted. I have had situations where papers
7 that I presented as assignments for various courses had
8 many comments and question marks on it whether what I was
9 saying was accurate.

10 And, one in particular was a situation where
11 I was talking about science, and how Indigenous science
12 wasn't included in the K-12 curriculum where I was
13 teaching, and that I was very concerned about that, so I
14 wrote a paper about it and ways to integrate Indigenous
15 ways of knowing into teaching science. I think it was that
16 -- it was that day that I stood there and went, this is not
17 working. So, what I know as an educator isn't being
18 accepted by a university-level instructor.

19 And, it also happened as I was going through
20 the required courses for my degree that I just felt that I
21 had to hide what I knew or what I wanted to say, and put
22 out what I knew would be accepted just to get through.
23 And, it wasn't until I had the opportunity to have an
24 Indigenous supervisor for my PhD dissertation, the research
25 that I needed to do at the end of my degree, that I felt

1 the knowledge was validated, my interests were nurtured.

2 I felt that in that entire degree program, I
3 didn't really experience what I needed to experience in
4 terms of learning until those courses were finished and I
5 was able to work with an Indigenous supervisor who pointed
6 me in the direction of all the amazing Indigenous scholars
7 there are, and the work that I could be reading, and
8 encouraged me to privilege Indigenous research and scholars
9 in my dissertation, which I did, but that opened up an
10 entire new world of learning. And, that was -- I just
11 didn't know about all of those scholars as I went through
12 many years of university.

13 **MS. FANNY WYLDE:** Do you think there is a
14 need of having more Indigenous supervisors? And, to your
15 knowledge, is there any -- is there a lot of Indigenous
16 supervisors throughout this country?

17 **DR. SYLVIA MOORE:** I can't really speak to
18 all the universities because I don't know. I teach at one
19 university. There aren't very many Indigenous instructors
20 at the university where I am. That's something that we
21 actually talk about at that university. And, once the TRC
22 put forth their 94 Calls to Action, the university where I
23 am, Memorial University, along with many others that I'm
24 hearing about, are developing strategic plans.

25 And, one of the questions asked is, so do we

1 have Indigenous instructors and faculty members in our
2 university? And, if so, are there enough to satisfy the
3 needs of some of the courses and students who may benefit
4 from or ask for Indigenous supervisors in these
5 dissertation work? And, there isn't enough that I know of.
6 It's difficult. Things are getting better, but we're not
7 there.

8 **MS. FANNY WYLDE:** You mentioned earlier the
9 Inuit Bachelor of Education, which is program that you've
10 created, can you tell us more about this program?

11 **DR. SYLVIA MOORE:** Right. So, as I
12 mentioned before, the Nunatsiavut government collaborated
13 with Memorial University to create an Inuit Bachelor of
14 Education so named by the Nunatsiavut government
15 themselves. And, what it is, it's the actual Teacher
16 Education Program that anyone enrolled in Memorial
17 University doing a teacher education degree would get. So,
18 it's the same courses offered in Labrador so that the
19 students aren't travelling as far. They're all Inuit
20 students or beneficiaries of Nunatsiavut.

21 And, the Nunatsiavut government working with
22 the education staff in the government have asked that we
23 infuse Inuit culture. And, the interesting thing about
24 that is none of the instructors or faculty members are,
25 that teach the education courses, are Inuit. I'm not

1 Inuit. So, how do I work towards infusing that knowledge?
2 And, I think it's just one example of many of how we need
3 to work together, Indigenous, non-Indigenous or specific
4 Indigenous groups work together to try to bring, and to
5 think about and research and talk about how do we bring
6 Indigenous knowledge into the mainstream curriculum?

7 And so, what we've done in this degree, and
8 I am just talking about the education courses, because
9 there are also non-education courses, but we worked with
10 the language. And so, Nunatsiavut has also developed a
11 community module-based language program to rejuvenate or
12 strengthen Inuktitut, and they wanted to offer it in
13 conjunction with the education degree.

14 So, what we're doing is we're offering four
15 university courses a semester, and programming their
16 language course in as if it were another university course.
17 And so, giving that space, collaborating on what the
18 schedule for each semester needs to be. And, although none
19 of the instructors speak or university instructors speak
20 Inuktitut. What I found is that there's various ways of
21 validating and encouraging the students to perhaps bring
22 Inuktitut into the education courses. So, for example, if
23 we're talking about teaching language arts to students,
24 then the students in the IBED may be talking about putting
25 up Inuktitut word walls. So, you put various words up in

1 conjunction with whatever else you're teaching.

2 I've had students want to actually use
3 Inuktitut in some of the assignments I gave them. So,
4 perhaps as teachers, they're developing, for example, a
5 board game to help instruct or teach students about a
6 particular concept, and I've had students develop those
7 board games in Inuktitut.

8 So, that leaves me, as an instructor, not
9 necessarily knowing what this says, so I can either work
10 with the Inuktitut instructor and say to her, "I need to
11 know more about what this says and if it's accurate from
12 your point of view," or I can say to the student him or
13 herself, "Can you tell me about this? It's in your
14 language, and that's great, but just tell me about it so
15 that I understand what you've done in this assignment."
16 So, we've encouraged, or validated, or worked with language
17 as much as we can.

18 Also, land, and as Indigenous people, we
19 know that knowledge comes from land and our connection with
20 land and with all things. It's very much interrelated and
21 very important to learning. And so, we have found ways to
22 either get students out on the land and doing part of their
23 course work there or bringing land into the conversation as
24 many ways as we can.

25 So, when I have them develop lesson plans or

1 a particular project that they would do with the students,
2 I always say to them, "Don't forget about the land. You
3 can put the land in your assignment in any way you choose."
4 It can be taking students on the land. It can be talking
5 about the land and learning about it. It can be having
6 elders come in and talk about their experiences. It can
7 just be learning inside of the classroom more about the
8 land, but don't forget it. And so, that's the land, and in
9 this particular case, it's Labrador, and Nunatsiavut in
10 particular, and their land that we're talking about.

11 We've brought elders and local knowledge
12 holders into those education courses to share their
13 knowledge with us. We've used Inuit and Labrador-specific
14 resources. So, for example, I taught a course called
15 Children's Literature within the last year, and the way
16 that the course was laid out for the university was just to
17 look at wonderful children's literature and find ways to
18 use it in the classroom and connect it to your other
19 subjects. So, if you're teaching Science and you have this
20 amazing children's book about scientific ideas, then it's
21 great to integrate that and use them together.

22 But, what I did was I found all of the Inuit
23 children's literature that I could find, and when I
24 couldn't find enough of that, I found as much Indigenous
25 children's stories as I could find, and we could do the

1 same thing. You talk about, what is good literature? You
2 talk about how you're going to integrate it with the other
3 things you're doing in your classroom and how it supports
4 that. And, we also talked about oral story telling and the
5 importance of that, so not limiting ourselves to print, but
6 to also talk about that aspect of the culture.

7 So, those things, language, land, elders,
8 local resources, are pretty easy to talk about. But, in
9 terms of how we approach teaching, it's very important to
10 honour the students and to teach in a way that they can
11 bring who they are and what they know into whatever it is
12 you're teaching, and to honour their voices and to ask.
13 And so, it sets up a reciprocal kind of relationship where
14 teachers are students and students are teachers and we're
15 learning from each other and respecting each other. And,
16 to also work collaboratively amongst themselves, and for
17 the university to work collaboratively with the staff of
18 the Nunatsiavut government, the education staff.

19 They, for example, sit on a curriculum
20 committee that we have as part of setting up the IBED,
21 talking about what other resources could be brought in and
22 ways that we could infuse the Inuit culture. And so, those
23 are important as well, being student-centred, that
24 reciprocal kind of learning, as well as working with
25 Indigenous communities and governments on what it is they

1 want and how they can support that coming forth.

2 **MS. FANNY WYLDE:** Thank you. When was that
3 program created? In what year?

4 **DR. SYLVIA MOORE:** It was created in 2013
5 into 2014, and the students began their program in the fall
6 of 2014. It will be finished in August of this year. They
7 will be done all of their course work. And then September
8 to December, they go into a placement in the schools for a
9 semester, and then they're finished.

10 **MS. FANNY WYLDE:** Thank you. So, when you
11 created that program, can you maybe share with us if you
12 had any barriers in creating that program? Did you feel
13 there was an openness to create such a program?

14 **DR. SYLVIA MOORE:** Well, there was an
15 openness. I mean, Memorial wanted to do this, and they
16 wanted to work with Nunatsiavut to create this program. It
17 is a cohort, so that means it's a one time. So, unless it
18 runs again, then when it's finished this year, that will be
19 the end of this particular program.

20 There would have been a lot more barriers if
21 we had offered it on the main campus of the university.
22 But, instead, we offered it in Labrador. It's a smaller
23 place. The Nunatsiavut government is right there. The
24 students are there. It's easier to talk about place, and
25 land, and knowledge, and local resources, and elders when

1 you're right there, rather than on the main campus which
2 would be a much larger, much more institutionalized set up
3 where we have one small building, one classroom, and all
4 that space and all those people. So, we had fewer
5 challenges than perhaps we would have otherwise.

6 **MS. FANNY WYLDE:** You shared with me a
7 little bit of the salmon project back east. Can you share
8 with us what it's about?

9 **DR. SYLVIA MOORE:** Sure. In the school year
10 2006/2007, I was able to get 300 salmon eggs from a local
11 fish hatchery and raise them in the school where I was
12 teaching, North Queen's Community School. Wildcat First
13 Nation is within our school district. It's a very small
14 First Nation, and they don't have the student population to
15 have their own school, so those students come to the public
16 school as well.

17 So, we raised the salmon, this was about a
18 six-week project, and we asked the parents to come in,
19 invited the community in, and tried to establish it as a
20 community project. And, during that time, I was talking to
21 Mi'kmaq elder, Murdena Marshall, about how few parents
22 were, in fact, taking up our invitation to come into the
23 school. And she said, "Don't forget, Sylvia. It wasn't
24 that long ago that Mi'kmaq parents weren't allowed to be in
25 schools." That was something I had to think about.

1 So, the next year, I was ready to do my PhD
2 studies. As I said, I had a supervisor who supported that,
3 and I went to three of the community members that I did a
4 lot of work with around Mi'kmaq knowledge and activities in
5 the school. And, I said, "So, I'm doing this PhD, but it
6 needs to be for you. This isn't for me. I'll get the
7 piece of paper and whatever those credentials are, but it
8 needs to be meaningful in terms of what can happen in the
9 community and where you'd like to go."

10 So, we sat together and decided that we
11 would do the salmon project only that following year,
12 2007/2008. We would put those salmon eggs in Wildcat First
13 Nation, in a building that was accessible to the public,
14 and they invited the larger community in. And, we took the
15 children from the school, so all the children, K to 12, had
16 opportunities to get on a school bus and go to Wildcat
17 First Nation during those six weeks and to watch the
18 development of the salmon, and then to be there for the
19 release, which included prayers, smudging, drumming and a
20 feast, bringing the community together.

21 Rather than having the kind of lessons we
22 might have in schools around sitting in classrooms in rows
23 and giving students information such as, "This is how
24 salmon eggs develop," and that kind of factual information,
25 what we noticed taking place in Wildcat First Nation was

1 that people were sharing their stories and sharing their
2 values.

3 We weren't necessarily talking about the
4 salmon. We were giving ourselves an opportunity to learn
5 from the salmon and to talk about that relationship, the
6 relationship with the river. So that idea of relationship
7 and what's happening in the salmon's world, what we're
8 learning from them.

9 I think it's a good example of how in K to
10 12 we can see those kind of activities as just a trip for
11 the day, being out of school, not necessarily having to
12 work. You hear those kind of phrases. And so it made me
13 realise, and all of us realise, that by changing where we
14 located the learning we really changed the kind of learning
15 that was validated and legitimated. We changed the way
16 that we could think about what's important, and what is
17 learning, and what is knowledge. And so it was incredibly
18 successful. People continue to talk about it and they
19 continue to raise salmon, even though I'm not there, which
20 is great.

21 You know, work is good when the idea of the
22 work and the work itself, those ideas carry on. It's not
23 about the people.

24 **MS. FANNY WYLDE:** Thank you. At this moment
25 I would like to maybe draw your attention to some of the

1 materials that you brought, the text with the title
2 "Nourishing the Learning Spirit." Can you tell us what is
3 -- maybe highlight the points of this document?

4 **DR. SYLVIA MOORE:** Okay. This is an article
5 written by Mi'kmaq educator, Dr. Marie Battiste, who is
6 currently the director of the Centre for Aboriginal
7 Education at the University of Saskatchewan, and certainly
8 someone I've looked to with all the teaching she shares.
9 And this was published in a magazine called the Canadian
10 Education Association, so it's very accessible language.

11 And what she talks about is recognizing the
12 gifts, purposes and learning spirit of each individual
13 human. She talked about how forced assimilation causes the
14 erosion of the learning spirit, and that there's currently
15 a resurgence of Indigenous knowledge and the importance of
16 bringing that into the schools, bringing those Indigenous
17 voices in history, as I've talked a little bit about
18 before.

19 One of the things she says, and I just want
20 to read this quote is,

21 "Two Eyed Seeing: [...] is to
22 normalize Indigenous knowledge in the
23 curriculum so that both Indigenous and
24 conventional perspectives and
25 knowledges will be available - not just

1 for Aboriginal people[...], who would
2 be enriched by that effort, but for all
3 peoples."

4 So that idea of two eyed seeing comes from
5 Mi'kmaq Elder Albert Marshall, who says that we have to
6 respect and use the strength of one eye, which is the
7 scientific, western view of the world, with the strength of
8 the other eye, which is the Indigenous view of the world,
9 and that together, respecting both of those and looking
10 through both of those lenses, that all humans will be
11 enriched and human potential will be even greater.

12 And at the very end of this article she
13 quotes Parker Palmer, who's also an educator, not
14 Indigenous, and he says we don't think our way into a new
15 kind of living. We live our way into a new kind of
16 thinking. And it's so important to say that we need to
17 move this forward. We need to do this work and change how
18 education is developing curriculum, including Indigenous
19 voices. So, not just think about it, but actually do it.
20 And in that doing, people's ideas and understandings will
21 change, which is exactly what happens in education is our
22 thinking and our understanding is shaped. So when there
23 isn't Indigenous voice and knowledge and history, that's
24 missed in terms of the shaping and the understanding and
25 the growing of the students.

1 **MS. FANNY WYLDE:** Thank you. I ask that
2 this document "Nourishing the Learning Spirit" be marked as
3 the next exhibit.

4 **CHIEF COMMISSIONER MARION BULLER:** Yes,
5 "Nourishing the Learning Spirit" by Marie Battiste will be
6 Exhibit 33, please.

7 --- EXHIBIT NO. 33:

8 "Nourishing the Learning Spirit" by
9 Marie Battiste, *Education Canada* pp.
10 14-18

11 **MS. FANNY WYLDE:** So, Sylvia, maybe you
12 could share with us -- I believe that on the second
13 material you collaborated on a research project with our
14 next witness, Ms. Hudson. Can you highlight the main
15 things of this research?

16 **DR. SYLVIA MOORE:** Sure. Sorry, can I just
17 see the title of that one?

18 **MS. FANNY WYLDE:** Yes.

19 **DR. SYLVIA MOORE:** So this is a project that
20 I worked on with Amy and we were looking at women's
21 stories, the stories that haven't been told or are not well
22 known on the south coast of Labrador, which I hope Amy will
23 have an opportunity to go into more detail about. But in
24 terms of women's voices, we privilege those, that's what we
25 were looking for or inviting women to share with us so that

1 their stories could be told and known, because it's not a
2 well known history that's almost exclusively just written
3 by men and predominantly non-Indigenous men. And so the
4 women's stories are very important in terms of looking at
5 that history and it's a great example of how we can move
6 along and do that.

7 So in the first part of the research Amy and
8 I and one other researcher went to the south coast, invited
9 women to participate. We told them what we were doing.
10 And those who chose to, and all that were asked did choose
11 to, share their stories of their lives, who they are, an
12 understanding of their identity, what's important to them.

13 And then in a second phase of this research,
14 which was funded under the Urban Aboriginal Knowledge
15 Network, what we did is we worked with youth to go out and
16 collect those stories, so that not only were the women
17 sharing their history, but also the youth were hearing that
18 history and understanding it.

19 **MS. FANNY WYLDE:** Thank you. So I will ask
20 that the research project summary be marked as the next
21 exhibit.

22 **CHIEF COMMISSIONER MARION BULLER:** Yes, the
23 research project summary, UAKN Atlantic is 34, please.

24 --- EXHIBIT NO. 34:

25 Research Project Summary (UAKN

1 Atlantic) "Re-storying NunatuKavut:
2 Making connections through multi-
3 generational digital," Urban Aboriginal
4 Knowledge Network (two pages)
5 Witness: Dr. Sylvia Moore, Assistant
6 Professor, Faculty of Education and
7 Labrador Institute, Memorial University
8 Submitted by Fanny Wylde, Commission
9 Counsel

10 **MS. FANNY WYLDE:** So, in conclusion, maybe,
11 Sylvia, will like -- maybe I would like to invite you to,
12 if you have any recommendations, to provide to the
13 Commissioners?

14 **DR SYLVIA MOORE:** I do want to talk about a
15 few things that I think that can be changed in education
16 and need to be changed. One would be the omissions of the
17 history. It's not just me speaking to it. All Indigenous
18 communities speak to it, as well as the TRC final report.
19 That we have to find ways to bring Indigenous knowledge
20 into schools when they're public schools, K to 12. I'm not
21 talking about Indigenous schools that are governed by
22 Indigenous governments. That's a completely different
23 situation and they develop their own curriculum and decide
24 what they're going to teach. But in the K to 12 public
25 schools across this country we need to find models of

1 bringing Indigenous knowledge together, as Albert Marshall
2 says, two eyed seeing.

3 Provincial governments need to look at the
4 human resources, both in the provincial departments or
5 ministries of education that's often very understaffed.
6 You might have a few people there, but not very many in any
7 of the examples I know. And as I said, I'm not speaking
8 for places that I haven't worked. But it tends to be
9 understaffed. And what we notice is that often the
10 mainstream curriculum, such as reading, writing and
11 mathematics get privileged, and also science does as well,
12 because science and technology and understanding that is
13 considered very important.

14 And so Indigenous knowledge and
15 participation in courses and history can often fall to the
16 bottom of the list of what we can be doing, and also that
17 many provinces, if not all of them, have what's called
18 criterion reference testing. And so they will test
19 children on their academic achievement, usually in language
20 arts and mathematics. And so oftentimes that testing
21 drives what's prioritized in the classroom and in the
22 curriculum.

23 We need to find ways to bring elders and
24 knowledge keepers into public education. We need to have
25 print resources that reflect Indigenous knowledge and are

1 developed by Indigenous peoples.

2 We need to have meaningful collaboration
3 with Indigenous governments and communities in order to
4 look at what K-12 curriculum and education is about. And,
5 I put the word "meaningful" in there because just checking
6 off a box and saying that you do this doesn't necessarily
7 make it happen.

8 And, teacher training, we need to look at
9 teacher training. If people go through K-12, and graduate,
10 and go into university, and take a teacher education degree
11 and have never experienced Indigenous peoples, knowledge,
12 history and they're not receiving it anywhere in there,
13 then they go out and teach what they know regardless of
14 what the curriculum says. We all limit ourselves to what
15 we know, or we teach in a way that reflects what we know.

16 And so, faculties of education or schools of
17 education across this country have to look at that point in
18 time. What is it that we're doing with the Teacher
19 Education Program so that teachers can go out and have the
20 skills, and some of the knowledge, and the philosophy or
21 the approach to education that will start to work on some
22 of these things.

23 And, the teachers who are already working in
24 our schools, I've heard from so many say, "I would like to
25 do more of this," -- or people who have paid attention to

1 the TRC, people who thoroughly read the Calls to Action and
2 say, "I want to do more, but I don't know what to do." And
3 so, we need to work with people who are ready to work and
4 where are the -- where's the professional development or
5 the resources for people who are open and saying, "I will
6 do this. I need someone to lead me"?

7 **MS. FANNY WYLDE:** Thank you. At this point,
8 I don't have any more questions. If, Commissioners, you do
9 have questions for Dr. Moore?

10 **CHIEF COMMISSIONER MARION BULLER:** We're
11 going to defer any questions until after cross-examination
12 of the witnesses so far. Thank you.

13 **MS. FANNY WYLDE:** Okay. Thank you. So,
14 thank you so much, Dr. Moore. So, I would presume we will
15 take a break for lunch for how -- it's 12:52 now. We do
16 have one more witness in examination-in-chief.

17 **CHIEF COMMISSIONER MARION BULLER:** We'll
18 resume at 1:30.

19 **MS. FANNY WYLDE:** Okay. Thank you. And,
20 just to mention to the standing parties, if you did not
21 provide your numbers to Francine Merasty, I would invite
22 you to do so during the lunch break. So, thank you, and we
23 will resume at 1:30.

24 **MS. MEREDITH PORTER:** Thank you. I just
25 wanted to remind the parties with standing of Rule 38 in

1 our Procedural Guide, prevents parties from approaching the
2 witnesses in discussing any elements of their evidence
3 while the examination-in-chief is proceeding. Thank you.

4 --- Upon recessing at 12:53 p.m.

5 --- Upon resuming at 1:37 p.m.

6 **CHIEF COMMISSIONER MARION BULLER:** Just
7 before we officially start, I want to state for the record
8 that Commissioner Robinson is ill, and she will not be back
9 with us this afternoon. Thank you.

10 **MS. FANNY WYLDE:** Thank you. So, before I
11 introduce you to our next witness, Mrs. Amy Hudson, I would
12 like to ask the Registrar to proceed with the swearing of
13 the witness. And, she would like -- okay. Just a few
14 seconds for Registrar.

15 **CHIEF COMMISSIONER MARION BULLER:** Ms.
16 Hudson, do you solemnly affirm to tell the truth, and the
17 whole truth, and nothing but the truth?

18 **MS. AMY HUDSON:** Yes, I do.

19 **AMY HUDSON, Affirmed:**

20 **CHIEF COMMISSIONER MARION BULLER:** Thank
21 you. Go ahead, please.

22 **--- EXAMINATION IN-CHIEF BY MS. FANNY WYLDE:**

23 **MS. FANNY WYLDE:** Thank you. So, Amy --
24 well, before I do tender Ms. Hudson as an expert, I have a
25 few questions for you. Is it okay if I call you Amy?

1 **MS. AMY HUDSON:** Yes, please.

2 **MS. FANNY WYLDE:** Yes? Okay. So, Amy, can
3 you tell us an introduction, where you're from and what is
4 your background as of training and the work you've been
5 doing?

6 **MS. AMY HUDSON:** Okay. I'm from an Inuit
7 community in Labrador. My background is -- my academic
8 background, my undergraduate and early graduate degree,
9 Master of Arts degree was in sociology. I'm currently a
10 PhD candidate at Memorial University in the
11 Interdisciplinary department with a focus on Inuit
12 governance and sustainable communities. And, I manage and
13 direct the Research, Education and Culture department at
14 the Indigenous governing organization that represents my
15 people and communities, the NunatuKavut Community Council.

16 And, I guess I engage in -- I'm also a
17 researcher, so I engage in research in my communities, but
18 I'm also involved in research that seeks to develop
19 research governance processes so that any research
20 conducted within our territory, within our communities
21 would be done so following our cultural protocols. And, in
22 addition to that, we're developing and I'm leading the
23 development of a culturally relevant community engagement
24 plan that can be used as we partner and collaborate with
25 various institutions, and whether they be academia,

1 government departments or what have you.

2 **MS. FANNY WYLDE:** Thank you. So, if we look
3 at your résumé then, what are some of the highlights that
4 you would like to point out to the Commissioners?

5 **MS. AMY HUDSON:** I guess primarily I'd like
6 to point out the Inuit governance and sustainability
7 research work that I do, because I do that work led by
8 Inuit women in our communities. And, the work that I do,
9 so my PhD work, is certainly a reflection of the direction,
10 interests and needs of our communities of which women
11 certainly play a key leadership role in driving and
12 determining what the looks like.

13 **MS. FANNY WYLDE:** Thank you. So, I will now
14 ask that the résumé of Mrs. Hudson be marked as an exhibit?

15 **CHIEF COMMISSIONER MARION BULLER:** The
16 résumé of Amy Hudson will be Exhibit 35, please.

17 --- EXHIBIT NO. 35:

18 CV of Amy Hudson (eight pages)

19 Witness: Amy Hudson, Manager of

20 Research, Education and Culture

21 Department, NunatuKavut Community

22 Council

23 Submitted by Fanny Wylde, Commission

24 Counsel

25 **MS. FANNY WYLDE:** Thank you. So, I would

1 now, before I do ask the Commissioners to qualify Mrs.
2 Hudson as an expert, I would like to address to the
3 standing parties if they have any objections or if they
4 want us, on the record, to take note that they don't do --
5 they don't take any positions to do so right now. Thank
6 you.

7 So, Commissioners, I am seeking to qualify
8 Mrs. Amy Hudson as an expert in the domain of sociology,
9 racism and the impacts on the communities of NunatuKavut,
10 and also knowledge keeper based on her personal,
11 professional and academic experience.

12 **CHIEF COMMISSIONER MARION BULLER:**

13 Certainly. We are satisfied on the evidence tendered that
14 Ms. Hudson is an expert in the domain of sociology, racism
15 and the impact on the communities of NunatuKavut, and that
16 she is a knowledge keeper based on her personal,
17 professional and academic experience. Thank you.

18 **MS. FANNY WYLDE:** Thank you. So, Ms.
19 Hudson, I believe you do have a presentation to share with
20 us this afternoon? So, if the technical team could put the
21 PowerPoint presentation on, please, at this point?

22 Thank you. Maybe you can start by your
23 presentation?

24 **MS. AMY HUDSON:** Mm-hmm. Firstly, I
25 certainly wanted to acknowledge the Indigenous territory on

1 which we sit today, and I thank you for giving me the
2 opportunity to share some of the stories and voices from
3 women in my communities. And, I would like to thank and
4 acknowledge the presenters from yesterday and today, as
5 well as the people leading ceremony and prayer. And, I'd
6 like to acknowledge and thank the woman keeping the fire,
7 that's a part of my culture and I guess story as well, and
8 it's very grounding to see that lit all day today and all
9 day yesterday. So, I appreciate that very much.

10 Nakurmiik.

11 So, I guess in listening to the stories and
12 to what people have been sharing, it's very fitting and
13 validating that I've been hearing people talk about the
14 importance of stories and the significance of storytelling,
15 and women as storytellers in their communities and what
16 that means for our culture, for our people, for our health
17 and for wellness.

18 And, I'm learning that stories exist in many
19 ways. Stories exist in actions, they exist in words, they
20 exist in our interpretations and they exist as we learn
21 from role models and leaders, and strive to be those in our
22 communities as well.

23 So, a part of this discussion today, and as
24 it relates to my, sort of, cultural protocol, it's
25 important that I situate myself in relation to this

1 discussion and who I am and where I come from, and to, kind
2 of, expand upon that, because when asked about one's
3 expertise, I can't exactly separate my personal experience,
4 my upbringing, and what I've learned from my community and
5 people and family from the work that I do professionally
6 and academically. They really cannot be separated from one
7 another.

8 So, the story I share here today -- well,
9 I'll share part of my own personal story of who I am. I
10 certainly cannot speak for women, but I will aim to do my
11 best to give voice to and bring and share some of the
12 teachings that -- from women that have certainly been
13 powerful influences and teachers in my life. And so, we'll
14 see some pictures of that as we go through as well.

15 And, I want to note as a researcher, as an
16 Indigenous researcher -- I get that research has certainly
17 occupied a very negative space in Indigenous communities,
18 in our communities and certainly in my community throughout
19 history and today, present day. However, as Indigenous
20 scholar, Linda Smith -- oh, Sylvia is one of my PhD
21 supervisors. You know, I too tend to think of research as
22 an opportunity for survival and for cultural survival.

23 So, while certainly my MO, my rationale for
24 doing the work that I do in research and education is
25 certainly premised on this ideal of social justice where,

1 you know, we're responsible for countering -- working to
2 counter many of the colonial injustices that have been and
3 continue to be right against us. And, I was reminded this
4 morning by Paul that it's our voices that are needed here
5 today, and that it's our stories and that it's my
6 responsibility to do that. So, I thank him for that,
7 although I don't think he's in the room at the moment.

8 Next slide, please. And so, I mentioned
9 that I'm from an Inuit community in NunatuKavut which is on
10 the Southeast coast of Labrador. It's a remote island
11 community off the Southeast coast of Labrador, and the
12 nearest community is 60 miles away.

13 So, it's primarily a fly-in, fly-out
14 community. No road connection, no trees. So, the picture
15 next to it is actually where I live now in central Labrador
16 because there's trees there. In my community, there are no
17 trees, and there's no road access, and there is a short
18 period of ferry service boat during our few summer-like
19 months of the year.

20 (LAUGHTER)

21 And, I'm also -- I'm a mom of my daughter,
22 and it's her and I, and the dog team there is my uncle's
23 dog team in Goose Bay. And, she's almost 13 now. And so,
24 she obviously shares my Inuit roots, but she's also an
25 Anishinaabekwe from Couchiching First Nation, so it was

1 nice to -- it's nice to hear from other people who share in
2 her culture over the last day and a bit.

3 Next slide, please. And then some of the
4 primary influences in my life have certainly been and
5 continue to be my grandmothers, both of whom are deceased
6 right now, but who still invade my mind and my spirit every
7 day, for sure. Very strong, strong women for -- in -- both
8 in their own rights for sure and both who influence my
9 direction today and who I certainly privilege -- and a
10 large part of the reason why I do this work.

11 The woman on the right, we share a birthday,
12 my grandmother, and she experienced a lot of violence and
13 abuse by her non-Indigenous partner and his family. And
14 so, I just want to respect her in particular and what she
15 went through on her journey and what she has taught me.

16 Oh, next slide. And so, then my story is a
17 part of a collectivity. It's a story that I share with,
18 you know, hundreds and hundreds of other people who share
19 my history, my culture, my identity, my upbringing. People
20 who are my cousins, my aunts, my uncles. People from
21 neighbouring communities who we share similarities and, you
22 know, common aspects of life together. And, again, I
23 should note, I also work for the Indigenous governing
24 organization that represents us. So, you know, I'm a
25 mother, I'm a granddaughter, and I'm also a community

1 member and I belong to that community in the larger
2 community of people.

3 And, I think it's important that we situate
4 the story of the Inuit of NunatuKavut as an integral part
5 of understanding and uncovering the history of racism and
6 institutional racism that have been and that continues to
7 be -- continues, you know, to exist and to pervade life and
8 experiences in various ways.

9 Next slide. But, before I do that, I'm just
10 going to share with you a little bit about where we all
11 live. And, NunatuKavut actually means our ancient land or
12 our people's land translated from Inuktitut. And, our
13 people reside primarily in Southeastern and Central
14 Labrador.

15 Next slide. And, this is just a map of
16 Labrador, and you can see where the community names are
17 listed, that indicates where our people live and exists
18 today. And, if I was closer, I'd be able to show you where
19 my community is there, but -- it's just down from the
20 inlet, it's called Hamilton Inlet, the space separating I
21 guess today how we separate the coasts of Labrador.

22 The next slide, please. And, the
23 NunatuKavut Community Council or the NCC is, as I mentioned
24 a representative, governing organization of Inuit from and
25 belonging to our communities. And, there's an elder and a

1 knowledge holder in that picture, and our President.

2 And, certainly, our approach to governance
3 is shaped by and informed by our values and our culture and
4 informed by our people and our communities. And, because
5 of that, you know, we tend to, in trying to teach and share
6 with people about how we work and what we do, there's
7 really no better way to explain than that we're a people
8 whose identity is shaped by the land and water and ice that
9 we belong to and that's a part of us. Next slide.

10 NCC is also a modern land claimant
11 organization, and we represent the rights and titles of our
12 people, and that includes our children. And, this is
13 likely -- this would be a picture of one of the many
14 protests that our youth have been involved in over the
15 years for various reasons, whether that be hunting
16 protests, land rights' protests, water.

17 I should note that before Canadian and
18 provincial jurisdiction, our people were primarily self-
19 governing, and the bit of the history there about that is
20 that prior to Newfoundland joining Confederation with
21 Canada, which wasn't until 1949, Labrador was largely
22 unrepresented by any level of government. And, certainly,
23 it wasn't until the seventies that Labrador was represented
24 in a way in which people from Labrador were actually a part
25 of representative provincial or federal governments. So,

1 it wasn't -- recent history. It was only in the 1960's
2 when Labrador became to be a bit more formally represented
3 by various forms of government we started moving into
4 settlements, into communities, full time.

5 So, prior to that, people would live in what
6 we call the bays in the winter, or in the country, in the
7 wooded areas, for purposes of hunting and subsistence, and
8 then move out to the headlands in the summer months for
9 salmon fishing or cod fishing or what have you.

10 And, I should note that people still occupy
11 and continue to go back to their ancestral homes. You
12 know, our communities, even though we're settled into
13 particular, you know, year-round permanent communities
14 right now, people still ensure that they have homes and
15 cabins in their other seasonal homes as well, and they're
16 occupied throughout the year as well.

17 So, it's especially important that the story
18 of Inuit women is shared, and it's especially important to
19 share that story to discuss and to bring to the fore ways
20 that we can overcome racism and counter the continued
21 colonial injustices that impact our lives. It's important
22 to note -- this is Minnie Turnbull, by the way. She was a
23 healer, a medicine woman. She is the grandmother of
24 colleagues of mine. She is the great grandmother of
25 colleagues of mine, and she lived in a community that had

1 been resettled, which is about a 10 to 15-minute motorboat
2 ride from my community. So, she was an important woman and
3 an important memory to keep alive and that continues to
4 guide us today.

5 However, her story and the story of women
6 like her never got told, and it certainly didn't get told
7 from our perspective, from an Inuit perspective or from an
8 Inuit women's perspective. Essentially, what had happened
9 is that much of what has been written about us and told
10 about us academically in reporting or otherwise has been
11 told through the lens of Euro-Canadian males and scholars
12 who came upon our lands, into our communities, made
13 observations about our people, about the interactions of
14 our people, about the way we lived, and built narratives
15 around that, that reflected their own cultural biases,
16 reflected their own understandings of gender and the role
17 of men and women in communities.

18 It was a patriarchal story that erased the
19 role of women, Inuit women, in our communities. And,
20 yesterday we heard, I think it was Albert, talk about the
21 intentional erasure and minimization of Indigenous women
22 from the history, and that was an act of assimilation, a
23 tactic of assimilation. It made me think further about
24 what has been done in the way stories have been retold
25 about us without our consent and retaught to our people and

1 to our children over generations about who we are, or more
2 specifically, who they like to tell us we are not. And, by
3 "they", I mean Canada, the state, federal governments. I
4 mean teachers, I mean churches, and what have you.

5 That's why the story of Inuit women in our
6 communities is so important, and that's why our role in
7 countering colonial injustices, and reclaiming back what's
8 ours, and repositioning the role of women and our
9 communities is so fundamental to overcoming the racism that
10 continues to plague our people. Next slide.

11 And, of course, not unlike other Indigenous
12 nations and communities across Canada and across the world,
13 colonial systems of governance were imposed upon our people
14 and communities, and they were imposed through various
15 means, whether it be through residential school, education,
16 curriculum, church, government, various policies and laws,
17 forced relocation of people from our communities.

18 Actually, the last forced relocation of our
19 people from our communities was last fall. One of our
20 communities was forcibly relocated. The government tried
21 to tell us they weren't forcibly relocated because they had
22 to have a vote about whether to stay or leave, but we say
23 they were forcibly relocated because what's been happening
24 in our communities, because the government in our province
25 promised that they would not do that to Indigenous people

1 anymore, that they wouldn't forcibly remove people from
2 their homes because they recognize the connection between
3 Indigenous people and the land and their ancestors, and
4 that tie, and how that's integral for their health and
5 wellbeing, and for not perpetuating those same colonial
6 injustices.

7 So, what they began to do is eliminate
8 significant and necessary services in our communities and
9 take services away from our people. So, whether that be
10 school, or health, housing, whatever the case may be, and
11 bit-by-bit, once all these resources are gone, families
12 can't live there anymore, or families are broken up and
13 torn apart because someone has to go away to go to school,
14 or someone is sick and has to stay away for health care
15 reasons. So, we understand that to be a continued act of
16 colonization and injustice against our people,
17 disconnecting us from our lands and from our homes and from
18 our ties to our ancestors.

19 And, these acts of violence have certainly,
20 you know, impacted women and girls disproportionately in
21 our communities, particularly in the context of thinking
22 back to what I just said about, you know, the erasure or
23 the silencing or the invisibilization of women and the role
24 of women in our communities, and the predominant role that
25 they have traditionally occupied in our communities. These

1 types of injustices have disproportionately harmed and
2 impacted women and girls in our communities.

3 You know, violence -- and violence not just
4 in the sense of physical violence or acts of physical
5 violence, but violence in the sense of cultural violence;
6 violence perpetuated against people and communities that
7 create circumstances of internalized racism. And what does
8 internalized racism do?

9 When someone is told, whether they were in
10 residential school, or you know, going to church -- my
11 father and his siblings all went to residential school in
12 Labrador, so whether -- you know, being told, it's the same
13 story, right, being told over and over and over again,
14 "This is not who you are. This is who you can't be. You
15 have to read like this. You have to talk like this. You
16 have to think like this. To do otherwise is dirty and is
17 bad." When you tell that to -- well, when you tell that to
18 adults over time they begin to believe it but certainly
19 when you start with young children and you reinforce those
20 negative aspects of self, of culture upon children, it
21 creates what we know as intergenerational trauma that
22 Indigenous peoples and nations and communities are still
23 trying to recover from.

24 And I should note I was also very happy this
25 morning to hear the word, "Eskimo" be used because my --

1 one of my grandparents, that's the only word he knows. And
2 he is a raw meat eater. And he wouldn't know another way
3 to describe himself but through the term, "Eskimo". And I
4 guess I feel really lucky and privileged that I've grown up
5 around that type of terminology and around people who
6 understand that. And he certainly made concerted efforts
7 to point out that he comes from and we come from Eskimo.
8 So that's a really important part of my identity, that I
9 should have brought up earlier.

10 But that's important because as a child I
11 had that privilege. You know, I had that privilege of
12 being exposed to, however little or however limited or
13 however restricted or impinged upon due to the education
14 system I was in or the Catholic Church that I was expected
15 to attend, I still had that; those fundamental principles
16 and ideologies supported and reinforced by people in my --
17 some people in my life, you know.

18 But what do we do when there are children
19 and women and people in our communities who don't have
20 that? What do we do when systemic bias discrimination and
21 racism are so pervasive that Indigenous peoples -- not just
22 Indigenous peoples, communities and institutions; not just
23 discrimination and bias and dominant colonial ideologies
24 from institutions like academia and government departments
25 being perpetuated against our people, but what do we do

1 when we see it happening between Indigenous communities
2 themselves? When we see it happening between different
3 Indigenous nations or people that are cousins to each
4 other? What do we do? What impact does that have?

5 It just shows -- you know, demonstrates the
6 strength of the colonial mentality. Well, maybe I'll
7 retract on the word, "strength" but the false foundation
8 upon which the colonial mentality is built, and the way in
9 which it has been allowed to thrive and survive through the
10 reinforcement of particular laws, policies, government
11 agendas, or what have you.

12 And Albert also mentioned a text by Albert
13 Memmi, which I read a long time ago. It talks about this
14 colonizer/colonized relationship and about how the
15 colonized end up in positions where they tend to take on
16 the will of the state. And that has been really
17 fundamental to me in understanding and being patient and
18 tolerant in understanding these violent relationships that
19 sometimes exist, even between Indigenous -- Indigenous
20 peoples.

21 Next slide, please.

22 So in addition to the various forms -- or a
23 part of the various forms of violence that has impacted not
24 just our people and communities but certainly many
25 Indigenous communities the world over, there are specific

1 daily impacts that our people and communities live with as
2 part of everyday life in their community. And, again,
3 these impacts disproportionately impact upon women.

4 In this picture, you know, we're describing
5 some of the -- lack of health services, lack of adequate
6 health services to provide for -- to provide adequate
7 assistance and care to people in our communities. You
8 know, there are no mental health services, not to mention
9 culturally relevant mental health services available to
10 most or all of our communities in a way that is equitable
11 or accessible.

12 You know, the provision under the *Healthcare*
13 *Act* in Canada means something different to us and reads as
14 very vague when it talks about how all Canadians are
15 entitled to -- you know, reasonable access to -- reasonable
16 access to healthcare services. Well, when you live on the
17 coast of Labrador, remote from all urban or larger centres
18 with very little resources and very little healthcare
19 available on hand, equitable access becomes something else
20 and reasonable access to services becomes defined or
21 understood a little bit differently. And certainly our
22 people don't have access to non-insured health benefits at
23 the time -- at this time either.

24 And I just want to point -- share with you a
25 bit of a story around the picture on the right; that's

1 actually my home community.

2 So about two years ago -- again, this is a
3 community that's remote and removed, fly in/fly out, 60
4 miles from the nearest community, hour and a half to two
5 hours on a snowmobile ride to the nearest community in the
6 winter.

7 Our provincial government and local health
8 authority -- regional health authority decided that they
9 had to make significant financial cuts. So one of the cuts
10 to that was the proposition and intention to act upon the
11 subsequent removal of the sole health care provider
12 institution in our community, which is a clinic with one
13 nurse. So they were going to get rid of that.

14 They decided that this community on an
15 island off the coast of Labrador, known for the most
16 treacherous weather conditions, one of the most
17 inaccessible communities in our province, if not the most
18 inaccessible, could do without. "This is where we could
19 justify making the cut. We can make the cut here." These
20 people didn't need that.

21 This is not new for our community -- for my
22 community or for communities in my homeland. And certainly
23 community members were very vocal about that and scared and
24 voiced how, why do you -- the sign says, "Do I matter?" I
25 can't pick it all out here. "All lives need health care";

1 a theme that has permeated the lives and the minds of
2 people living in this community.

3 I should add in addition to the remote
4 factor, I neglected to tell you this community has never
5 had running water and sewer so even though I'm fairly young
6 I do come from an era of hauling water in buckets and then
7 pouring that water from five-gallon buckets into a barrel
8 and carrying that home on a komatik and being privileged,
9 as I was, we had a fish tub to put our water into and hold
10 it most of the year when the pipes weren't going to freeze
11 up, where most people every time they brush their teeth or
12 run a bath or are pouring water into a tub are putting this
13 doughnut thing that you plug into the wall that takes hours
14 and hours and hours to heat the water.

15 So people living in communities like this
16 already have underlying health conditions, whether they be
17 chronic health conditions, diabetes, significant physical
18 health issues related to the wear and tear of everyday life
19 in community. But our government and our regional health
20 authority decided this is the logical area to make this
21 cut.

22 So our governing organization and our
23 communities got together -- and our community got together
24 and protested and I flew home with our president that day
25 and the CEO of Labrador-Grenfell Regional Health

1 Authorities, that I'm speaking of, to attend this protest.
2 And, when we got there, what was remarkable was that there
3 was all women stood up with signs in a circle outside the
4 clinic chanting, and saying things, and holding all of
5 these signs, primarily all women. And, men were there
6 supporting them, but they were behind. They were sitting
7 on ATVs or sitting in the back of the truck, and they were
8 just behind the women. And, the women were very vocal and
9 very invested in ensuring that this decision would change.
10 And, we had APTN, the Aboriginal Peoples Television
11 Network, there with us as well that day. We had APTN
12 there. And, anyway, we had a positive end to all of this,
13 and we didn't lose the health care facility. That was a
14 great moment.

15 Now, flash forward a few hours later, we
16 land in Goose Bay. I'm there with APTN hauling the char
17 and salmon out of my box that I was just gifted from my
18 home. And, a security person at the airport in Happy
19 Valley-Goose Bay walks up to us and asks APTN what they
20 were doing here. And, APTN described that we were just in
21 Black Tickle, and we were there for this reason, and there
22 was this Aboriginal rights protest. And, she proceeded to
23 inform me and everyone else in -- who could hear that there
24 was no Aboriginal people there, wondered why they thought
25 -- wondered why APTN thought there was.

1 And, the APTN videographer was like, really
2 -- kind of didn't know what to do with that. And, he's
3 like, "Well, I can assure you there are." And, it's like,
4 "Yes, there are. Like, I'm one of them. Like, I know."
5 "No, no, there's not." And, she argued with me, and she
6 continued to argue with me on the basis that she once knew
7 a teacher that used to teach there, and she could guarantee
8 me that there were no Indigenous people in that community.
9 It did not matter that I was from there, that my ancestral
10 ties were there. It didn't matter what I knew or didn't
11 know, she was -- that was -- she wasn't having it any other
12 way.

13 And, that was really harmful for me. I
14 laugh about it because it's kind of dumbfounding, but I
15 thought about it. And, what if that were a teenager? What
16 if that were a child? What if that were one of the girls
17 that was just on that picture? What if that were one of
18 those impressionable individuals who hadn't yet lived and
19 had enough life experience and privilege that I have
20 relative to most people in my communities? What if that
21 was them? How would they have felt? Would they have
22 walked away angry that someone had the audacity to look at
23 them and tell them they're not who they said they were?

24 No, they probably would have walked away
25 questioning, is this who I am? How come she don't believe

1 me? How would that have impacted? Well, that's what's
2 happened. They have already been impacted. This is just a
3 modern-day example of how we face racism from various
4 institutions that we have relationships within our lives.
5 It still makes me a little bit upset.

6 Next slide, please? And, of course, you
7 know, like other Indigenous communities as well, we face a
8 lot of infrastructure issues in our communities. I spoke
9 to the water and security. Many of our communities have
10 serious water and security issues, fuel, gas and security
11 issues, transportation barriers, like what you see in front
12 of you. And, again, this has an impact on women because
13 women are the caretakers and the providers. Men are
14 usually travelling for work or out hunting in our
15 communities, but the women are the ones at home dealing
16 with -- primarily dealing with the consequences and the
17 burdens associated with lack of services, with lack of
18 infrastructure of which our people and communities and
19 women have been discriminately impacted by.

20 And, we have to consider why, and we have to
21 link this back to ideas of racism, internalized racism.
22 Racism, colonization. How do we determine who deserves
23 what? What services? Isn't water another Canadian right?
24 Access to clean, health-safe drinking water? Don't we see
25 emergency boil orders, emergency services commencing for

1 any community that's going hours without access to drinking
2 water? I see that all the time. I see it all the time. I
3 see helicopters being flown in with bottles of water. I
4 see boats being shipped in with bottles and bottles of
5 water.

6 You know, the last time -- well, we always
7 have a water and security issues in many parts of our
8 community, and you can imagine communities with no running
9 water and sewer that finding safe, potable drinking water
10 is a bit of an issue and a challenge. I remember the last
11 time that it was newsworthy, there was refusal to send in
12 water. The government representatives and departments had
13 refused. I think The Salvation Army did it.

14 Next slide, please? So, I talked about the
15 colonial injustices that were brought and continue to be
16 brought on our people, and perpetuated against our people
17 and communities. Again, I talked about residential
18 schools, I talked about what I can only describe as a
19 violent racist education and curriculum, you know, laws and
20 policies that are not informed by our reality, our culture,
21 our people. I talked about all that. And so -- I talked
22 about intergenerational trauma.

23 So, when we talk about people living and
24 existing with all of these consequences, living with these
25 injustices, living with these traumas and these

1 intergenerational traumas, these people don't even -- also
2 don't have access to culturally relevant services to help
3 heal and deal with these traumas. So, people that are, you
4 know, the product of residential school, the product of
5 racist education, people who experienced domestic violence
6 in their homes perpetuated on them by their husbands or
7 sons, where do they go? They stay right in their homes.
8 There's no shelter, there's no emergency services, and the
9 remoteness makes it very difficult to access any of these
10 services.

11 As a governing Indigenous organization, the
12 NunatuKavut Community Council recognized in the sense of
13 not receiving funds and resources necessary to provide
14 services are unable and unequipped to deal with healing
15 services and other services that are required in order for
16 people to be well and to live well. So, in the absence of
17 all of that, you know, it's like this double or
18 revictimization; right? This idea where, you know,
19 colonization has brought about these injustices. And, our
20 people live the consequences daily.

21 But, then, you know, we see these great
22 things happening where Indigenous communities are able to,
23 sort of, advance wellness and well-being in their community
24 through initiatives and relationships however restricted
25 they might be with various levels of government whether

1 through -- whether that's through, you know, a modern land
2 claim agreement, or a specific treaty, or some other means
3 that resources are flowing through. That doesn't happen
4 for the most part in our communities. So, not only do we
5 suffer the impact and consequences of these types of trauma
6 and these colonial injustices, we also live with them every
7 day with very limited and restricted means to heal and to
8 raise our children.

9 Next slide, please? And, I did speak to,
10 you know, the enforcement of various policies or laws that
11 sort of restrict or define or determine for us the way in
12 which we live in relation to our land and our natural
13 environment which dictate our hunting, our fishing or our
14 way of being on our land. And, that certainly has
15 implications for people's ongoing relationship to the land.
16 And, that has implications for learning, and for knowledge
17 production, and for cultural knowledge transmission because
18 that's how we learn; right? It's from the land.

19 Next slide. I want to note, talking with
20 all these negative things really exhausts me, and so my
21 research really comes from a strength-based perspective, so
22 I'm really glad to get to this slide. Because at the end
23 of the day, our communities, our women and children are
24 resilient, and they demonstrate this every single day in
25 resisting and resurging against all of these colonial

1 injustices that has been and continues to be perpetuated
2 against them through deciding I'm not leaving my community,
3 I'm not abandoning my culture, I will continue to learn,
4 transmit cultural knowledge and relearn and reclaim my
5 culture and my heritage.

6 And it's such a treat and such a privilege
7 for me to be able to be the person that's learning and
8 relearning and embracing all of this knowledge and wisdom
9 and connection from all of these people.

10 And, oh, just go back one. I just want to
11 tell you a -- so, like, fires are a big deal. Like, that's
12 my community. We don't have trees so we use -- steal
13 people's palettes and have fires with them.

14 And we -- through some of our initiatives
15 and through some of the governance and sustainability work
16 that I've been doing, we've really been -- which -- of
17 which, again, I know that women in communities are leading,
18 we've also been working with children to help, you know,
19 embrace them and kind of get them expressing their sense of
20 pride. So we have these why we love our community days.
21 So whether why we love St. Louis, why we love Norman Bay,
22 why we love Black Tickle, why we -- et cetera. And we --
23 and then we had a sports element of that. And the kids
24 unanimously drew pictures of animals and nature. And this
25 little girl drew a picture, her favourite thing that she

1 loves about her community is bake apple picking. It was
2 all about the land and family. It was that connection.
3 That was the theme. And if that's not research worthy and
4 if that's not direction for the future in building
5 governance and building what our communities need to
6 continue to look like, I don't know what is.

7 And we continue to be rich in culture. And
8 so I don't know if you can see very well but that's a
9 Qulliq lit there as well at a table where a bunch of women,
10 again, from communities who are invested in working in
11 community -- in re-governance and sustainability and
12 building sustainability plans for their communities. We've
13 been gathering to talk about that, to build plans and to
14 build -- and to get direction from communities. And it's
15 been 99.7 per cent women doing this work and participating
16 in all of this work.

17 Next slide, please. But, again, at the end
18 of the day, I work with institutions and I sometimes
19 struggle, even though I only speak English, sometimes I
20 feel like I speak a couple of different languages because I
21 struggle with articulating in a way that's culturally and
22 environmentally relevant. And I find myself going back,
23 back and forth and trying to find some balance, of which I
24 have not, but remembering that we also work with
25 institutions and that we do have relationships with

1 institutions, again, whether it be academia, government
2 departments, what have you. We work with institutions.

3 And we do recognise that our work with
4 institutions is an important part of advancing our people
5 and our communities. But in order to do that, institutions
6 and us, we have to get to know each other, and we can't
7 have a relationship, an effective or productive, honest,
8 integral relationship unless both parties are genuinely
9 willing to do that and to embrace that and to acknowledge
10 the colonial ideologies that are so pervasive and continue
11 to pervade, guide, control and power over our communities.

12 So, you know, so we also have to be super
13 equipped with building our own capacity to be able to
14 engage and to effectively engage institutions in the work
15 that we do. And sometimes that means perhaps referring
16 back to what Sylvia talked about with regards to two eyed
17 seeing. Perhaps it also means being versed in multiple
18 worldviews and ways of knowing the world so that we can
19 articulate and embrace and help people understand where we
20 are and where we come from.

21 And Indigenous feminism is an important
22 concept in placing and positioning some of that work
23 because it allows us at institutions, in different types of
24 scenarios, environments and conversations, I think it's
25 useful for people to kind of understand what we mean when

1 we say colonization has displaced and changed, at least
2 perceptually, the role of women in Indigenous communities.

3 What that means, from our perspective in our
4 communities, is that we have our own way of seeing and
5 doing and that we feel most comfortable in that way of
6 seeing and doing. And I often hear this frustration from
7 women when they're, like, I don't understand why the
8 government does it that way, why this MP or MHA is doing it
9 this way. Why can't they come and talk to us? This is not
10 important to us. This is not where we're at.

11 And there's two different completely ways of
12 seeing and knowing the world going on here and the two
13 aren't meshing. And my community's feeling invalidated by
14 the way in which this other way of seeing and knowing the
15 world is working. And this other way of seeing and knowing
16 the world is probably thinking, oh, we're the government.
17 It's my responsibility to protect and take care of you.
18 And I have the knowledge and the power to do that.

19 The point is, no, you don't. We were self-
20 governing before and we will be again. And the message I'm
21 getting from women in communities, we need to be the ones
22 with the autonomy to make decisions that impact our people
23 and our communities, and to make sure that it's done in
24 ways that reflect and respect who we are.

25 So Indigenous feminism, not being the only

1 concept to try and tackle that, but an example of the way
2 in which we can work together and we can engage each other
3 in ways that make meaning for all of us.

4 Okay. Next slide, please? So I think I've
5 already really talked about this, what we've learned. And
6 by "we" I mean probably me. I think communities have
7 already known that and that's why I've learned it for. But
8 my role is important in that it's my job to sort of -- a
9 part of my job, one of many people's jobs, to listen to our
10 communities, take direction from our communities and to
11 rearticulate that in a way that has meaning and in a
12 governance apparatus, an Indigenous governance apparatus
13 that will consequentially impact our lives and our
14 community's lives through our own various policy and
15 programming and services and how we identify what's
16 relevant and what's immediate, what's urgent, and what's
17 priority.

18 And I think what we're all learning is that
19 our communities and our people will -- and I think, you
20 know, this -- other people can resonate with this will be
21 most healthy and well when we do have that autonomy to make
22 decisions for ourselves supported by, not in the absence
23 of, not trying to invert, you know, the power dynamic that
24 currently exists, not trying to invert that, but to
25 acknowledge how to exist now and to work together.

1 So when I -- what I expect of some
2 institutions is sort of, you know -- and I've had in my
3 short professional tenure, I guess, relative to many
4 others, I've had a lot of experience in institutional
5 racism and being the brunt of that, so much so now that I'm
6 starting to be thankful that I'm the one receiving it,
7 because it's had such a dramatic and traumatic impact upon
8 me in my life. I really just don't want other people
9 experiencing it. And, of course, they all have before me.

10 It's a cycle. But I think it's important
11 that, you know, you guys understand, that you understand,
12 and that institutions understand, that in order -- you
13 know, all this talk of reconciliation and moving forward,
14 and the TRC, Truth and Reconciliation Commission, and 94
15 calls to action. That's great, but how do we mobilize?

16 I find institutions struggle and have
17 difficulty with understanding or finding a way to mobilize
18 or operationalize their mandates and to do things well and
19 productively, you know? And it tends to be in a context
20 where they come to us with a decision, or a process, or a
21 policy, and be like, "Here you go. This is -- I've thought
22 about you and considered you and this is what we're going
23 to do." But that's not it.

24 And I think it really, we can't get to how
25 we're going to make this world work until institutions and

1 outsiders understand that they really have to get to where
2 we are. They have to be as invested in understanding
3 concepts like two-eyed seeing, or different ways of knowing
4 the world, or learning a new language, or embracing new
5 people and new culture. They have to get there to be able
6 to effectively engage us. From my perspective, we've done
7 a lot of work to get to a place where we can effectively
8 engage, and speak another language, and participate
9 meaningfully. We need other people to be able to do that
10 as well, otherwise we can't -- literally, can't move any
11 initiatives forward because we don't -- we don't understand
12 each other.

13 And what that usually looks like in a
14 research context is researchers who really want to work in
15 Indigenous communities, because, you know, they're great
16 social justice seekers and all these types of things. What
17 I want in a research partner, and I have with many non-
18 Indigenous researchers as well -- not many, a couple -- is
19 researchers who are as invested or almost as invested in
20 countering colonial injustices as I am. And yet -- yeah.

21 You know, yesterday again, I learned so much
22 from the presentations yesterday and this discussion of
23 pronouns and you know, people having the right and the
24 autonomy to determine how they are referred to and spoken
25 to. And it just really made me reflect on the woman at the

1 airport and so many other examples of that situation, where
2 people somehow think they have the license to tell other
3 Indigenous People who they are or who they're not. That's
4 an act of violence.

5 **MS. FANNY WYLDE:** Thank you, Amy, for your
6 presentation.

7 **MS. AMY HUDSON:** Oh, next slide though so
8 you can see my nanok (phonetic), please.

9 **MS. FANNY WYLDE:** So I would like the
10 presentation of Amy, the PowerPoint document to be marked
11 as the next exhibit.

12 **CHIEF COMMISSIONER MARIAN BULLER:** Yes.
13 Inuit Women and Racism in Labrador will be number 36,
14 please.

15 --- EXHIBIT No. 36:

16 Powerpoint presentation of Amy Hudson
17 "Inuit Women and Racism in Labrador:
18 The women and girls of NunatuKavut and
19 NunatuKavut Community Council's rights
20 and recognition journey," June 12, 2018
21 (23 slides)

22 Witness: Amy Hudson, Manager of
23 Research, Education and Culture
24 Department, NunatuKavut Community
25 Council

1 Submitted by Fanny Wylde, Commission
2 Counsel

3 **MS. FANNY WYLDE:** Thank you. So Amy, you've
4 brought some materials with you in order to share them with
5 the Commissioner. I'm wondering if you could highlight
6 some of the -- or resume the documents called "The Culture
7 Carriers"?

8 **MS. AMY HUDSON:** Okay.

9 **MS. FANNY WYLDE:** I believe this is a
10 research report that was written by yourself; am I correct?

11 **MS. AMY HUDSON:** Yeah, and the research team
12 included Dr. Sylvia Moore and another colleague of ours as
13 well. And basically, this is a part of the research that
14 Sylvia prefaced earlier, the intention of which, at least
15 from my perspective, was about sort of having enough of
16 what's been written, what's been told, and how other people
17 have decided to define and redefine our culture.

18 And we decided that, you know what? We'd go
19 and talk to women and hear stories from them, and learn
20 from them, and re-write our own story and our own
21 narrative. And privileged that instead of stories that had
22 been written without our consent and filled with
23 inaccuracies and racist -- and colonial ideologies. So
24 that's what we did, and I don't know if you have a question
25 about the report. So -- yeah.

1 So primarily, I mean, what -- and there's
2 nothing concluding, I should say ended. It's not an end,
3 but what I think is important, the important message to
4 take from this is that -- and what we learned from the
5 women is that they overwhelmingly identify who they are and
6 where they come from in relation to their land, in relation
7 to their community, in relation to the water, in relation
8 to rocks, and islands, and other areas that they have grown
9 up seasonally. And identity became a marker -- connection
10 to the land and water, and that close connection to
11 ancestors was a theme, and sort of a marker of cultural
12 identity for the women that we spoke with.

13 **MS. FANNY WYLDE:** Thank you. So I will ask
14 that the culture carrier's document be marked at the next
15 exhibit.

16 **CHIEF COMMISSIONER MARIAN BULLER:** Yes. The
17 "Culture Carriers" is Exhibit 37.

18 --- EXHIBIT No. 37:

19 "The Culture Carriers: Reflections on
20 Southern Inuit Women's Stories"
21 prepared by Amy Hudson (Researchers:
22 Amy Hudson, Drs. Sylvia Moore & Andrea
23 Proctor), March 31, 2015 (11 pages)
24 Witness: Amy Hudson, Manager of
25 Research, Education and Culture

1 Department, NunatuKavut Community
2 Council
3 Submitted by Fanny Wylde, Commission
4 Counsel

5 **MS. FANNY WYLDE:** Thank you. And as well,
6 you -- we tendered as an exhibit earlier into Dr. Moore's
7 presentation, the research project summary, UAKN Atlantic,
8 referring to Exhibit 34. Can you maybe explain a bit your
9 participation in that research project, the highlights and
10 the message?

11 **MS. AMY HUDSON:** I think I was co-applicant.
12 So yeah, that research -- we're involved -- I'm involved in
13 a lot of research right now. This research -- okay --
14 primarily served to connect urban youth and individuals
15 living in areas like Happy Valley-Goose Bay with women, and
16 culture, and knowledge in coastal communities.

17 So what's happening in is that not unlike
18 other Indigenous Peoples and communities across Canada, you
19 know, when people move into larger urban settings, and move
20 away from their homes and communities, there sometimes is
21 disconnect and this gap in cultural knowledge transmission
22 and that feeling of connection and belonging. So
23 certainly, we recognize that and we recognize too that a
24 lot of our work as a governance organization is certainly
25 focused on and directed by a remote coastal community.

1 So you know, we see it also as important to
2 ensure that we include urban in with youth, and kids, and
3 families, in the work that we do and create spaces to
4 validate, you know, who they are and their existence, and
5 their connections. And to serve as -- so that they -- we
6 can ensure that also they're being taught and learning
7 about culture from people that they are connected to
8 ancestrally. Whether that be through community ties, an
9 Auntie, a Grandmother, a Great Grandmother, what have you.
10 So that's kind of the rationale of that work.

11 **MS. FANNY WYLDE:** Thank you, Amy. I -- you
12 had mentioned a few recommendations during your
13 presentation. Would you like to add anything regarding
14 that and to address to the Commissioners?

15 **MS. AMY HUDSON:** Yeah. I didn't forget, but
16 I just -- that's okay. Education, right? And we hear this
17 all the time, but again -- and I work with the provincial,
18 our provincial education department through various
19 committee work and different initiatives, and to date it's
20 nothing too productive yet. It's still kind of in this
21 long journey of learning and learning how to relate to one
22 another.

23 But the point is that the education system
24 has to change. Curriculum content has to change. The way
25 we -- the expectations we have on, you know, which

1 knowledge is important, and privilege has to change, and
2 that it's simply not acceptable. And in fact, it's a
3 violent act to have children in schools in our province
4 omitted -- their history and culture omitted from
5 curriculum, or erased, or marginalized, or oppressed. It's
6 an absolute atrocity.

7 I mean, what we know from education, you
8 know, from the scholarly literature that Indigenous kids do
9 better, fare better, retention is better when they see
10 themselves reflected in the curriculum, you know? When
11 their culture is validated, when they're seen as important
12 human beings and important part of Canadian society. We
13 don't have that outside of the work that NunatuKavut has
14 been doing in the area of education, but from a provincial
15 or national level, we don't have that, and that absolutely
16 has to change. That's an immediate and urgent act that
17 really has to happen.

18 I had a teacher -- I found out once, in our
19 community, sometimes we had teachers marry into our
20 community, and they stayed there for a long time. At about
21 28 years old, I found out from a research colleague of
22 mine, an outsider from my community who went in and said,
23 "How come you don't do anything like culturally relevant in
24 our schools and validate kids' existence?" And, she was
25 told -- the teacher told her that because if we tell them

1 that they're Indigenous or reinforce that they're Inuit,
2 they will never leave the community and become anything.
3 So, that's an example of the violence that is pervasive.

4 **MS. FANNY WYLDE:** Thank you, Amy. At this
5 point, I don't have anymore questions. Commissioners, do
6 you have any questions for the witness?

7 **CHIEF COMMISSIONER MARION BULLER:** Both of
8 us are going to defer until after cross-examination.

9 **MS. FANNY WYLDE:** Thank you. So, that
10 resumes the examination in-chief. I suggest we take a
11 short break before cross-examination starts. And, Mrs.
12 Porter has an announcement to make.

13 **MS. MEREDITH PORTER:** We were going to
14 suggest that we take -- we only need 10 minutes, but during
15 those 10 minutes, if that's agreeable to you, Chief
16 Commissioner, I'd ask that the parties go to the parties
17 with standing room and verify the order of cross-
18 examination with Francine Merasty who will be meeting you
19 in that room. But, we can certainly reorganize and be
20 ready to go in 10 minutes, if that's agreeable to you?

21 **CHIEF COMMISSIONER MARION BULLER:** 2:55.

22 **MS. MEREDITH PORTER:** Thank you.

23 **MS. FANNY WYLDE:** Thank you.

24 --- Upon recessing at 2:45 p.m.

25 --- Upon recessing at 2:45 p.m.

1 **MS. MEREDITH PORTER:** Welcome back. Hello?
2 Could I just ask everybody to take their seats and we'll
3 get going with the cross-examination? Thank you. We had
4 pulled numbers and organized the order of cross-examination
5 for the parties with standing. And, I understand that on
6 consent, two parties have agreed to swap their times
7 because one of the parties does have to depart early. And,
8 it's my understanding that the Assembly of First Nations
9 who were scheduled to cross-examine the witnesses in third
10 order have swapped with the Assembly of Manitoba Chiefs who
11 were scheduled to start with cross-examination.

12 So, at this time, I'm going to call the
13 representative for the Assembly of First Nations, and ask
14 that six-and-a-half minutes be put on the clock for the
15 cross-examination of the witnesses by the representative
16 from the Assembly of First Nations. And, I'll ask all the
17 parties with standing before -- right when they get started
18 with their questions to, for the record, state their name.
19 Thank you.

20 **--- CROSS-EXAMINATION BY MR. STUART WUTTKE:**

21 **MR. STUART WUTTKE:** Good morning, my name is
22 Stuart Wuttke. I'm with the counsel of the Assembly of
23 First Nations. I have a few questions to ask, primarily,
24 it would be with yourself, Dr. Lavallee. But, before I
25 start, I would like to acknowledge that we're on the

1 Mississauga New Credit's First Nation territory.

2 So, you mentioned earlier this morning that
3 First Nation were prone to intergenerational racism, and I
4 think this is an important subject matter that is highly
5 relevant to the work of this Inquiry. Now, as I understand
6 it, with respect to children that are being born, Dr.
7 Lavallee, is that when the fetal is being developed inside
8 a woman, they're subject to hormonal -- basically hormones
9 dictate when certain switches turn off and turn on to
10 regulate the normal development of fetuses; is that
11 correct?

12 **DR. BARRY LAVALLEE:** Yes.

13 **MR. STUART WUTTKE:** And, I also understand
14 that certain medical and psychological studies are now
15 correlating a connection between stress in a woman and how
16 certain hormones that relate to stress can impact fetal
17 development; are you aware of that?

18 **DR. BARRY LAVALLEE:** Very basically. I
19 don't -- I can't articulate those references.

20 **MR. STUART WUTTKE:** Okay. So, as far as I
21 understand, I'll put this question to you if you can answer
22 it, hopefully you can, essentially from what I understand
23 from the science is that if a woman is living in a very
24 abusive situation, she is subject to various stressors
25 herself to deal with the abusive situation she's in. It's

1 a highly stressful relationship, for instance, there's
2 family violence, they basically live in fear which releases
3 a number of hormones throughout her body. And, some of
4 that translates and interferes with fetal development where
5 certain switches can sometimes not turn on, they turn on
6 late or they don't turn off at the right time which can
7 have physiological impacts to a fetus; is that correct?

8 **DR. BARRY LAVALLEE:** I don't know. You're
9 asking me a path of physiology that's not part of my
10 research. My research is looking at social positioning of
11 families in the context of downstream impacts. So, for
12 example, adverse childhood experiences or adverse adult
13 experiences are interrelated and they're associate for
14 children with increases in suicidality, development of type
15 2 diabetes, chronic disease, poverty, et cetera. But, the
16 path of physiological relationship is not within my areas
17 of expertise.

18 **MR. STUART WUTTKE:** Okay. And, given that,
19 would you agree that children that are growing up in, sort
20 of, stressful environments are more susceptible to, you
21 know, introverted type of characteristics, tend to be more
22 shy, those types of things?

23 **DR. BARRY LAVALLEE:** I don't know.

24 **MR. STUART WUTTKE:** Okay. All right. I'll
25 basically move on to questions for the whole panel at this

1 point. You have all provided some good evidence with
2 respect to institutional racism and how it translates to
3 poor outcomes and services for First Nation individuals.
4 Basically, the first question I have for the whole panel
5 is, would you agree that colonization was about the use of
6 social and political cohesion and power to dictate how
7 Indigenous peoples ought to live or should live or operate
8 within the broader society?

9 **MS. AMY HUDSON:** Sure. I mean, I don't want
10 to pretend to speak on behalf of a colonizer or a colonial
11 mentality, but speaking from some of the more scholarly
12 influences in my life, I think I would argue that, and,
13 well, share in the arguments of people, like Harold
14 Cardinal, that would say that colonization was about the
15 disposition of land. It was about the removal of
16 Indigenous people from their land and territory. Then, I
17 think we can get into a discussion of some of the
18 consequences of that for power, control, dynamics and all
19 those types of things. But, primarily, I would perhaps
20 suggest and share in some of those thinkings and writings.

21 **DR. SYLVIA MOORE:** I think when we look at
22 what's come out about residential schools and some of those
23 comments, and I can't reference the quotes where things
24 like, "Getting rid of the Indian in the child." So, is
25 that about how the child should live as he or she becomes

1 an adult, or is that about completely extinguishing the
2 culture and identity?

3 **DR. BARRY LAVALLEE:** Some of the people that
4 I study, like Sherene Razack, for example, who's a
5 sociologist, colonization is about the elimination of
6 Indigenous peoples in context of the land.

7 And so in medicine, as a medical scientist
8 what I see is that the politics of Indigenous elimination
9 in settler Canada are actually effective, and that our
10 mortality rates are higher than settler people, and our
11 sicknesses are to a greater degree than settler people.

12 And so what's really frightening about this
13 idea around colonization is that the Indian body becomes
14 proxy to the acquisition and the reacquisition of our
15 ancestral lands. And as a scientist, I see those patterns
16 that are predictable.

17 **MS. FARIDA DEIF:** I have nothing to add.
18 Thank you for the question.

19 **MR. STUART WUTTKE:** Okay. And my last
20 question, since we're running out of time, basically,
21 violence and terror in the international sense, in the
22 Canadian sense, violence and terror, whether it's state-
23 sponsored or otherwise, usually directed at Indigenous
24 people is really to justify control over and dominion -- or
25 domination of Indigenous peoples by a colonial power.

1 disproportionate death and suffering of Indigenous peoples
2 on their lands. And I can only read from the literature
3 that I study to try and educate physicians that there is a
4 purpose. And that's just my opinion.

5 **MS. SYLVIA MOORE:** Can you repeat the
6 question?

7 **MR. STUART WUTTKE:** It was basically
8 violence and terror, state-sponsored or otherwise, are
9 directed to justify control and domination of Indigenous
10 people by Canadians. Would you agree that systemic and
11 institutional violence against First Nations women is an
12 extension of colonization?

13 **MS. SYLVIA MOORE:** Right. So since my field
14 is education, mostly K to 12, I think that that question is
15 outside of what it is that I deal with.

16 **MS. AMY HUDSON:** I think -- I think I don't
17 have the answer to the question. I'm trying to think in
18 the context of, I think, my experiences and what I've
19 learned from other women. And I think in speaking to that
20 and giving voice to that as much as possible -- it's
21 difficult. I don't necessarily -- I don't want to answer
22 the question and minimize the gravity and the context and
23 the scope. But certainly I -- on a personal level I
24 certainly feel, as I discussed today, that violence whether
25 it be through education, whether it be through a physical

1 violence, a cultural violence of any kind certainly feels
2 as though it's an extension of colonization and intentions
3 to colonize, oppress, and assimilate a people, and
4 eliminate and ultimately to remove people's connections and
5 relationships to their land which has larger and -- as you
6 probably know has larger implication and meanings behind
7 that.

8 I don't know if that answers the question.

9 **MR. STUART WUTTKE:** Thank you. Those are
10 all my questions.

11 **MS. MEREDITH PORTER:** Thank you. The next
12 party I'd like to invite up is the Treaty Alliance of
13 Ontario, and that party will have six and a half minutes
14 for their questions. So I'd ask that six and a half
15 minutes be put on the clock.

16 **--- CROSS-EXAMINATION BY MS. KRISTYN ORDYNIEC:**

17 **MS. KRISTYN ORDYNIEC:** Good afternoon, it's
18 Krystyn Ordyniec for Treaty Alliance Northern Ontario. And
19 just for some background, the Treaty Alliance is made up of
20 Nishnawbe Aski Nation and Grand Council Treaty 3 northern
21 communities in Ontario and eastern Manitoba.

22 I would just like to begin by acknowledging
23 the traditional territories of the Mississaugas of the New
24 Credit.

25 I'd like to ask questions to everybody but I

1 don't think I'm going to have a lot of time, so I wanted to
2 start to thank you very much for your very powerful
3 testimony and stories today.

4 My first question is for Dr. Lavallee. We
5 heard in a previous panel on government service delivery
6 about non-insured health benefits. In Exhibit 22, page 3
7 of the report First Peoples Second-Class Treatment, there's
8 a quote that says:

9 "The delivery of NIHB poses challenges
10 to equitable access to health services
11 in comparison to non-Indigenous people,
12 particularly in northern and remote
13 communities." (As read)

14 Could you expand on the failures,
15 specifically with respect to Indigenous women and girls
16 living in those communities?

17 **DR. BARRY LAVALLEE:** I'm sorry; I'm trying
18 to make an association between non-insured health benefits
19 and then services specifically, gender-specific as well as
20 child-specific.

21 Could you re-clarify that?

22 **MS. KRISTYN ORDYNIEC:** Sure. And maybe you
23 can just speak on it in a general way if it's not with
24 respect to women and girls, but perhaps service delivery in
25 general.

1 DR. BARRY LAVALLEE: So service delivery
2 through non-insured ---

3 MS. KRISTYN ORDYNIEC: That's right.

4 DR. BARRY LAVALLEE: --- health benefits?

5 MS. KRISTYN ORDYNIEC: Yes.

6 DR. BARRY LAVALLEE: Okay. So that would
7 apply not only in communities but also in urban areas if
8 you have -- are enumerated in Ottawa.

9 So the services, like, for example, with
10 dental services. One of my students who's actually
11 studying pediatric dentistry, part of her thesis will be to
12 understand why is it that First Nations children, that the
13 system preferentially prefers extraction of teeth versus
14 actually looking at greater restorative processes, rather
15 than the old-fashioned extraction of dental caries, right,
16 as an example.

17 But the other thing is that in practice for
18 physicians who serve First Nations patients is that there's
19 a changing -- there's a changing resources for medications,
20 they change. And when you actually try and get
21 medications, certain medications for First Nations people,
22 it's a very difficult process to try and advocate to have
23 this one specific medication done. So it's actually quite,
24 quite difficult in many ways.

25 Basic services around medications, basic

1 eyeglasses, basic cleaning of teeth, et cetera, are fine
2 but when you're actually looking at equitable access
3 compared to the, say, average settler in Canada who -- let
4 me make an assumption, and it's not completely true --
5 might have access to private health services, there is a
6 difference in outcomes.

7 As well as, for example, I might throw in
8 looking at prevention services for people living with Type
9 2 diabetes who are First Nations in terms of foot care and
10 those types of services. It's a moving target that's
11 actually, in practice, hard to follow.

12 **MS. KRISTYN ORDYNIEC:** Thank you. And so
13 would you agree that this form of service delivery would be
14 a form of systemic racism?

15 **DR. BARRY LAVALLEE:** Yes, I would agree.

16 **MS. KRISTYN ORDYNIEC:** Thank you.

17 And next I'd ask; do you agree that trauma
18 counselling for sexual assault victims would be an
19 essential part of healing and a service that should be
20 available?

21 **DR. BARRY LAVALLEE:** Yes, I do agree.

22 **MS. KRISTYN ORDYNIEC:** Thank you.

23 So one of the issues that remote communities
24 face are that victims themselves are being asked to provide
25 services and counselling services to fellow community

1 members and counselling services to fellow community
2 members. And, I wonder if you could speak on the effect of
3 that in respect of re-traumatizing.

4 **DR. BARRY LAVALLEE:** So, if you clarify that
5 for me for a moment. So, the counsellor...

6 **MS. KRISTYN ORDYNIAC:** So, in certain
7 communities where the resources are limited, it's often
8 individuals that have themselves experienced violence, and
9 I wondered the effects of that on both the service
10 provider, as well as the individual seeking the counselling
11 services.

12 **DR. BARRY LAVALLEE:** That's a very good
13 question because it's an important question, and I'll give
14 you an example. We work with nurses who provide diabetic
15 care in community, and one of the things that we do from a
16 program I work with called the Nandewae Wigimake (phonetic)
17 in Manitoba is actually work with the nurses who are First
18 Nations or Métis to overcome some of the trauma that they
19 actually experience in having to deliver care to
20 communities.

21 If you don't attend to supporting health
22 care providers, Indigenous ones, for them to overcome their
23 own trauma and to be re-traumatized by providing care in
24 communities, then the delivery of care to the person who
25 needs that care is diminished. So, you have to attend not

1 only to the patient, but you have to attend to the
2 Indigenous provider, for them to be able to deal with their
3 own trauma in a very effective way. That's why that's a
4 very important question.

5 **MS. KRISTYN ORDYNIEC:** Thank you very much
6 for that. And, my last question, Ms. Deif spoke briefly on
7 the overrepresentation of Indigenous women in detention,
8 and actually my question will be directed to Dr. Lavallee,
9 what is, in your work, the intersection between the lack of
10 health care services and that overrepresentation, if any?

11 **DR. BARRY LAVALLEE:** Repeat that for me,
12 please, because I...

13 **MS. KRISTYN ORDYNIEC:** So, Ms. Deif spoke
14 about the overrepresentation of Indigenous women in
15 detention, and I wondered if in any of your work there is a
16 link between the lack of health care services available to
17 Indigenous women.

18 **DR. BARRY LAVALLEE:** Again, I don't work
19 specifically in that particular population except when they
20 are actually released from prison. And so, I don't, not in
21 terms of my research, do I have any information. So, I can
22 only really theorize and I'm not too sure if that's what
23 you want, because it would be generalized.

24 **MS. KRISTYN ORDYNIEC:** I'd like to hear the
25 general answer.

1 DR. BARRY LAVALLEE: Okay.

2 MS. KRYSYTN ORDYNIEC: Thank you.

3 DR. BARRY LAVALLEE: Yes. So, when you're
4 looking at services in general for First Nations women, you
5 have to throw on a lens of looking at how racialized
6 poverty looks in communities, including communities in the
7 urban areas. And, you also have to look at how classism
8 impacts Indigenous women, and you have to go on and look at
9 how racism impacts Indigenous women. Not only for their
10 opportunities that they may or may not have in their day to
11 day lives or their intergenerational lives, but you have to
12 be able to understand, kind of, their access to resources,
13 health resources and opportunities are also diminished
14 because of the ongoing racism that they would experience
15 trying to gain access to health services.

16 Now, what does that mean? One author, and I
17 spoke with my colleague about this, her name is Komach
18 (phonetic), looked at racialized policing. And so, there's
19 two phenomena according to this text that occurs, number
20 one is racialized poverty, so that Indigenous people
21 experience poverty at greater rates than non-Indigenous
22 people. So, it's targeted poverty, okay? And, now by
23 doing so, the chances that you're actually going to end up
24 in jail increase because of poverty.

25 But, when you add the second phase to what

1 Komach talks about is that there is racialized criminality,
2 so people are assigned the role of being criminal only
3 because you're Indigenous. So, when you mix those two
4 together, it's no wonder that you end up with high rates of
5 occupation in prisons.

6 **MS. KRYSYTN ORDYNIEC:** Thank you very much,
7 and thank you for all of your time.

8 **MS. MEREDITH PORTER:** Thank you. The next
9 party I would like to invite up is from the Assembly of
10 Manitoba Chiefs, and the representative from the Assembly
11 of Manitoba Chiefs will have 12.5 minutes for their
12 questioning. So, I'll ask that that time be put on the
13 clock.

14 **MS. JOËLLE PASTORA SALA:** Thanks.

15 **MS. MEREDITH PORTER:** Thank you.

16 **--- CROSS-EXAMINATION BY MS. JOËLLE PASTORA SALA:**

17 **MS. JOËLLE PASTORA SALA:** Good afternoon.
18 My name is Joelle Pastora Sala, I am counsel to the
19 Assembly of Manitoba Chiefs. Thank you all for your
20 presentations today. I'd like to thank my colleagues from
21 NWAC and LEAF for sharing their time with me. Because of
22 my limit of time, most of my questions will be for Dr.
23 Lavallee, except my first two questions for Ms. Deif -- I'm
24 sorry, is that how you pronounce your name?

25 Would you agree, yes or no, with the

1 statement that Indigenous women and girls, 2SLGBTQ+ and
2 gender diverse people experience violence and racism while
3 incarcerated or in police custody?

4 **MS. FARIDA DEIF:** Yes, I would agree.

5 **MS. JOËLLE PASTORA SALA:** Would you agree,
6 yes or no, with the statement that the voices of
7 incarcerated Indigenous women and girls, 2SLGBTQ+ and
8 gender diverse people are vital to any inquiry aimed at
9 addressing systemic violence against Indigenous women and
10 girls?

11 **MS. FARIDA DEIF:** Yes.

12 **MS. JOËLLE PASTORA SALA:** Thank you. Dr.
13 Lavallee.

14 **DR. BARRY LAVALLEE:** Yes.

15 **MS. JOËLLE PASTORA SALA:** You stated that
16 the experience of racism includes perpetuation of common
17 stereotypes about Indigenous people, agreed?

18 **DR. BARRY LAVALLEE:** Yes.

19 **MS. JOËLLE PASTORA SALA:** Would it be fair
20 that the experience of First Nations with racism in health
21 care in Manitoba include damaging assumptions about
22 individuals and their families?

23 **DR. BARRY LAVALLEE:** Yes.

24 **MS. JOËLLE PASTORA SALA:** Racism in the
25 workplace of First Nations health professionals, would it

1 also include?

2 DR. BARRY LAVALLEE: Yes.

3 MS. JOËLLE PASTORA SALA: Minimizing
4 Indigenous experiences of racism?

5 DR. BARRY LAVALLEE: Yes.

6 MS. JOËLLE PASTORA SALA: You reference the
7 experience of Brian Sinclair as one explicit example of the
8 impacts of racism in health care being death due to racism;
9 correct?

10 DR. BARRY LAVALLEE: Yes.

11 MS. JOËLLE PASTORA SALA: And, you spoke of
12 one of the impacts of racism in health care as not seeking
13 care to avoid experiencing racism, agreed?

14 DR. BARRY LAVALLEE: Yes.

15 MS. JOËLLE PASTORA SALA: What are other
16 specific examples of the impacts of First Nations people
17 experiencing racism in the health care system?

18 DR. BARRY LAVALLEE: So, racism -- and this
19 is, again, not a black and white phenomena as everybody
20 here knows, but the public will assume that I am -- that
21 this whole thing is about sweeping the whole health care
22 system. There are First Nations people who go to an
23 emergency, they have chest pain that's ischemic in origin
24 and within 12 hours their chest pain is attended to
25 correctly.

1 **MS. JOËLLE PASTORA SALA:** Mm-hmm.

2 **DR. BARRY LAVALLEE:** So, I'm not denying --
3 that phenomena does occur, where people do experience care.
4 But, the patients can read providers body language quite
5 easily. So, even if a person, for example, says, I've
6 never said anything racist against an Indigenous person, a
7 lot of patients, Indigenous people too, are well aware of
8 the body language that you use when you're actually engaged
9 with somebody, even if you're in a dialogue about their
10 disease. So, the levels of the impact of racism occur in
11 many ways.

12 Number one is dismissal, you don't believe
13 what I'm saying. You give me this antibiotic, meanwhile I
14 need that antibiotic. In fact, you might not provide me
15 with counselling, you might not provide me with a
16 prescription that would allow you to get Tylenol extra
17 strength as part of your -- what you can get as First
18 Nations person. There's different levels. All the way to
19 actually not receiving particular investigative procedures.

20 Now, we don't have the data there. There's
21 data that comes from the Maori people in New Zealand, but
22 we don't have the ability just as yet to take data that's
23 First Nations specific, carry it through the health care
24 system and compare it to non-Indigenous people to see
25 relative access to specific things that occur. All we have

1 at this point in time are narratives from people that tell
2 us what's going on in the community. So, those are the,
3 kind of, one to one.

4 The structural issue really is about if --
5 like I said earlier, if you are born into an environment
6 where federal systems control everything about you, in
7 terms of your education, your health, inability to get
8 jobs, all those kinds of things, it has an impact. That's
9 how structural supported racism can affect health.

10 **MS. JOËLLE PASTORA SALA:** Would one of the
11 impacts be missing scheduled appointments for care or
12 treatment?

13 **DR. BARRY LAVALLEE:** Can you expand to that?

14 **MS. JOËLLE PASTORA SALA:** Would one of the
15 potential impacts of First Nations experiencing racism in
16 health care be them not attending an appointment?

17 **DR. BARRY LAVALLEE:** Yes. Absolutely.

18 **MS. JOËLLE PASTORA SALA:** Based on your
19 research and the work of the working group, is there
20 evidence to suggest that First Nations feel the impacts of
21 racism differently in Manitoba depending on factors such as
22 age?

23 **DR. BARRY LAVALLEE:** That's a loaded
24 question because one's consciousness about how you're
25 treated as a First Nations person varies, because when I

1 spoke about normalized oppression of Indigenous peoples in
2 context, we, as Indigenous people, see things as normal but
3 they're not normal. So, the exposure on how it actually
4 impacts a person depends on one's ability to see if what
5 happened was wrong or not wrong. So, it's a bit of a hard
6 question to answer.

7 **MS. JOËLLE PASTORA SALA:** Let me try this.
8 Would it differ depending on geographical location, the
9 types of racism or the impacts of racism?

10 **DR. BARRY LAVALLEE:** In some cases, yes.

11 **MS. JOËLLE PASTORA SALA:** How?

12 **DR. BARRY LAVALLEE:** If you have a smaller
13 hospital, a smaller-based hospital, for example, where
14 there's evidence of high rates of violence, the opportunity
15 for a First Nations person to gain access to alternate
16 health services is much minimized. If you're in a larger
17 place like Winnipeg or perhaps Toronto -- I don't know
18 about Toronto -- there might be opportunities where you
19 have less impact of racism, depending on the services you
20 try to gain, as compared to, say, example, Thompson
21 Manitoba, or The Pas, or Flin Flon.

22 **MS. JOËLLE PASTORA SALA:** Or, a remote
23 community?

24 **DR. BARRY LAVALLEE:** Yes, absolutely.

25 **MS. JOËLLE PASTORA SALA:** And, speaking

1 about the responsibilities of medical professionals, you
2 stated something along the lines of we are all prepared to
3 support community people; is that correct?

4 **DR. BARRY LAVALLEE:** Yes.

5 **MS. JOËLLE PASTORA SALA:** I'd like to focus
6 on how the healthcare system supports First Nations who
7 must travel to obtain healthcare services. What are the
8 main challenges of First Nations who must travel from their
9 communities to urban centres to access healthcare services
10 in Manitoba?

11 **DR. BARRY LAVALLEE:** Well, the first
12 challenge for people trying to gain access to services
13 outside the community is the nursing station and the local
14 resources that you have in a community, and depending on
15 where you come from, like in Manitoba specifically, you
16 might not have access to a physician. The policy, the
17 working policy - I don't know if it's a written policy -
18 for the federal government is that a First Nations person
19 must go to, for example, a nursing station, and then there
20 must be a specific reason why you would actually have to go
21 see a physician. So, your options are limited, in some
22 cases, at the word get-go.

23 **MS. JOËLLE PASTORA SALA:** The report you
24 submitted, which is one of the exhibits, Out of Sight, by
25 the working group, outlines a number of recommendations

1 aimed at tackling racism in healthcare; agreed?

2 **DR. BARRY LAVALLEE:** Yes.

3 **MS. JOËLLE PASTORA SALA:** The first
4 recommendation is that the federal government implement a
5 national overarching explicit anti-racist policy at all
6 levels of healthcare systems in Canada; correct?

7 **DR. BARRY LAVALLEE:** Yes.

8 **MS. JOËLLE PASTORA SALA:** To your knowledge,
9 has the Government of Canada created or implemented such a
10 policy?

11 **DR. BARRY LAVALLEE:** Not that I'm aware of
12 at present.

13 **MS. JOËLLE PASTORA SALA:** The second
14 recommendation is for the Province of Manitoba and other
15 jurisdictions to adopt explicit anti-racism policies and
16 implementation plans, and report on the progress in annual
17 reports; correct?

18 **DR. BARRY LAVALLEE:** Yes.

19 **MS. JOËLLE PASTORA SALA:** To your knowledge,
20 has the Government of Manitoba created or implemented this
21 recommendation?

22 **DR. BARRY LAVALLEE:** Not that I'm aware of
23 at present.

24 **MS. JOËLLE PASTORA SALA:** I'd like to take
25 you to the report *Indigenous Health Values and Principles*.

1 It's your Schedule B.

2 DR. BARRY LAVALLEE: Yes.

3 MS. JOËLLE PASTORA SALA: Can you go to that
4 report? I'd like to take you to a specific quote.
5 Actually, I'll just read it to you. You may not need to
6 see it.

7 DR. BARRY LAVALLEE: Okay.

8 MS. JOËLLE PASTORA SALA: At the bottom of
9 page 6, it says one of the challenges is to move from
10 ideology to concrete actions. Do you see that?

11 DR. BARRY LAVALLEE: I don't have my glasses
12 on.

13 (LAUGHTER)

14 MS. JOËLLE PASTORA SALA: Do you recall --
15 bottom of page 6. You can also agree with me, subject to
16 check, that it's in there.

17 DR. BARRY LAVALLEE: Okay.

18 MS. JOËLLE PASTORA SALA: What are the top
19 three challenges in moving from ideology to concretely
20 tackling racism in the healthcare system?

21 DR. BARRY LAVALLEE: Settler resistance was
22 number one.

23 MS. JOËLLE PASTORA SALA: Do you have two
24 more?

25 DR. BARRY LAVALLEE: Well, the ongoing

1 practice of racism in institutions, including educational
2 institutions. Three would be, actually, the sharing of
3 power to actually make decisions in institutions to effect
4 those changes, and move from ideology to action.

5 **MS. JOËLLE PASTORA SALA:** What does that
6 mean in practice?

7 **DR. BARRY LAVALLEE:** It means that while on
8 paper it's nice to say things, in the action of the
9 institutions, it's much harder to hold them accountable if
10 you actually don't have an ability to hold them accountable
11 to make those changes.

12 **MS. JOËLLE PASTORA SALA:** And, what are some
13 of the ways that we can hold institutions accountable?

14 **DR. BARRY LAVALLEE:** I don't know. All I
15 know is that many places across Canada, even though we have
16 Indigenous physicians, were not physicians to move
17 resources and allocate resources appropriately.

18 **MS. JOËLLE PASTORA SALA:** Is one of the ways
19 the complaint mechanism that you suggested?

20 **DR. BARRY LAVALLEE:** In the beginning, yes.
21 But, perhaps I'm less confident that actually making a
22 policy will result in actual changes that are supported by
23 an institution.

24 **MS. JOËLLE PASTORA SALA:** In the Indigenous
25 Health Values and Principles Report, there is the reference

1 to the Indigenous Health Advisory Committee.

2 **DR. BARRY LAVALLEE:** Yes.

3 **MS. JOËLLE PASTORA SALA:** Could you provide
4 additional information on how the findings and
5 recommendations of this committee are implemented in
6 practice in schools and by practitioners?

7 **DR. BARRY LAVALLEE:** Sure. As an example --
8 for an example, recently, it will be a requirement of all
9 healthcare -- well, medical schools and post-grad and
10 undergrad schools to increase or to have Indigenous health
11 as part of training programs for psychiatrists,
12 pathologists, surgeons, et cetera. And that, in fact, in
13 order to exit as a qualified surgeon, or pathologist, or
14 dermatologist, there must be questions particularly that
15 you would have to answer correctly in order to move to
16 practice.

17 So, really, what we're saying is that from
18 the top down that we're going to require, by the time you
19 get into med school, you better start thinking about
20 Indigenous health and context. So, it kind of throws the
21 responsibility down to undergrad as well as post-grad to
22 ensure providers leaving those programs will address
23 Indigenous health, or at least have some basic skills to do
24 that.

25 **MS. JOËLLE PASTORA SALA:** Can you answer the

1 same question for the Health Advisory Committee?

2 **DR. BARRY LAVALLEE:** About its content or
3 process?

4 **MS. JOËLLE PASTORA SALA:** About the
5 implementation of the recommendations by schools and
6 practitioners.

7 **DR. BARRY LAVALLEE:** I'm not too sure what
8 your question is. Sorry.

9 **MS. MEREDITH PORTER:** Your time is up
10 anyway.

11 **MS. JOËLLE PASTORA SALA:** Am I allowed?
12 Okay. Thank you.

13 **MS. MEREDITH PORTER:** Thank you. The next
14 party I'd like to invite up is a representative from the
15 MMIWG Coalition in Manitoba, and the representative will
16 have 6.5 minutes, so if that time could be put on the
17 clock?

18 **--- CROSS-EXAMINATION BY MS. CATHERINE DUNN:**

19 **MS. CATHERINE DUNN:** Good afternoon,
20 Commissioners. For the record, my name is Catherine Dunn.
21 I am appearing on behalf of the Manitoba Coalition, and
22 before I begin this afternoon, on behalf of my client, I
23 would like to acknowledge the traditional lands in which we
24 are standing today, and as well, to acknowledge the work
25 and ceremony and prayers of the two elders that started the

1 day off today.

2 My first question is for Dr. Lavallee. Dr.
3 Lavallee, I would like to focus your evidence this
4 afternoon on the Brian Sinclair case, and I take it Brian
5 Sinclair represents death by racism, at least in Winnipeg?

6 **DR. BARRY LAVALLEE:** Yes.

7 **MS. CATHERINE DUNN:** Specifically, with
8 respect to Exhibit 18, which you have entitled, Out of
9 Sight, is the story of Brian Sinclair; is that correct?

10 **DR. BARRY LAVALLEE:** Yes.

11 **MS. CATHERINE DUNN:** And, Brian Sinclair
12 attended the Health Sciences Centre in Winnipeg, which is
13 one of the biggest health science centres in Winnipeg; is
14 that right? It's the predominant hospital?

15 **DR. BARRY LAVALLEE:** It is the largest.

16 **MS. CATHERINE DUNN:** Mr. Sinclair attended
17 to the Emergency Room in a wheelchair; is that correct?

18 **DR. BARRY LAVALLEE:** Yes.

19 **MS. CATHERINE DUNN:** Therefore, his public
20 appearance would be bigger as a result of being in a
21 wheelchair than just walking in; is that fair to say?

22 **DR. BARRY LAVALLEE:** You mean his physical
23 appearance?

24 **MS. CATHERINE DUNN:** His physical look.

25 **DR. BARRY LAVALLEE:** Yes.

1 **MS. CATHERINE DUNN:** It would be hard to
2 miss a man in a wheelchair, one would think ---

3 **DR. BARRY LAVALLEE:** Yes.

4 **MS. CATHERINE DUNN:** --- entering an
5 Emergency Room; is that fair?

6 **DR. BARRY LAVALLEE:** Yes.

7 **MS. CATHERINE DUNN:** And, yet, in the Brian
8 Sinclair case, 150 people were processed after Mr. Sinclair
9 attended that Emergency Room.

10 **DR. BARRY LAVALLEE:** Yes. That's what we
11 understand.

12 **MS. CATHERINE DUNN:** And, as a result of Mr.
13 Sinclair attending that Emergency Room, not a single member
14 of that health facility looked after him?

15 **DR. BARRY LAVALLEE:** They attended to him
16 when they found him dead.

17 **MS. CATHERINE DUNN:** Yes. But, while he was
18 alive, no one attended to him?

19 **DR. BARRY LAVALLEE:** That's what we
20 understand.

21 **MS. CATHERINE DUNN:** And, in that health
22 facility, the only people who attended to Mr. Sinclair were
23 two members of the public who sought out a security guard,
24 and asked him to help Mr. Sinclair because, they as laymen,
25 saw him in medical distress?

1 DR. BARRY LAVALLEE: Yes.

2 MS. CATHERINE DUNN: And, that is a very
3 concrete example of how racism affects Indigenous people in
4 the medical world?

5 DR. BARRY LAVALLEE: Yes.

6 MS. CATHERINE DUNN: Mr. Sinclair died of
7 toxic shock; is that fair to say?

8 DR. BARRY LAVALLEE: He died of septic
9 shock.

10 MS. CATHERINE DUNN: And, I take it, it took
11 him approximately 36 hours to die?

12 DR. BARRY LAVALLEE: He -- probably less
13 than that.

14 MS. CATHERINE DUNN: Okay.

15 DR. BARRY LAVALLEE: Yes.

16 MS. CATHERINE DUNN: And, members of the
17 public saw that he was in medical distress; correct?

18 DR. BARRY LAVALLEE: Yes.

19 MS. CATHERINE DUNN: Why do you think that
20 the medical people did not see the distress that members of
21 the public did?

22 DR. BARRY LAVALLEE: I believe that the
23 community of people in there, medical or not, only saw Mr.
24 Sinclair with a lens of stereotype. That's all they could
25 see in us.

1 **MS. CATHERINE DUNN:** And, as a result of
2 that stereotype, his rights were not only denied, but he
3 was denied his life?

4 **DR. BARRY LAVALLEE:** Yes.

5 **MS. CATHERINE DUNN:** Now, Dr. Lavallee, as a
6 result of Mr. Sinclair's death, there was a criminal
7 justice process in connection with his death; is that
8 correct?

9 **DR. BARRY LAVALLEE:** That's what I
10 understand.

11 **MS. CATHERINE DUNN:** And, in terms of
12 Exhibit 18, that criminal justice system also failed Mr.
13 Sinclair; is that correct?

14 **DR. BARRY LAVALLEE:** That's what I
15 understand.

16 **MS. CATHERINE DUNN:** And, what happened in
17 Mr. Sinclair's case was extreme negligence to have a man
18 come into emergency and sit there for less than 36 hours
19 and die because he was neglected. That is negligence; is
20 that correct?

21 **DR. BARRY LAVALLEE:** I think it goes beyond
22 negligence.

23 **MS. CATHERINE DUNN:** It is abhorrent?

24 **DR. BARRY LAVALLEE:** Yes.

25 **MS. CATHERINE DUNN:** And, yet,

1 notwithstanding that 26 law professors across the nation
2 defined what happened to Mr. Sinclair as criminal
3 negligence, not only medical negligence, but criminal
4 negligence and a failure to provide the necessities of life
5 that his medical treatment, there was no police charges
6 laid in the case of Mr. Sinclair ---

7 **DR. BARRY LAVALLEE:** That's correct.

8 **MS. CATHERINE DUNN:** --- with respect to the
9 people who looked after him; is that right?

10 **DR. BARRY LAVALLEE:** That's right.

11 **MS. CATHERINE DUNN:** And, in fact, it took
12 two years to convince the Winnipeg Police to investigate
13 whether there was a possibility in the criminal charge;
14 correct?

15 **DR. BARRY LAVALLEE:** Yes. Yes.

16 **MS. CATHERINE DUNN:** That request came not
17 from the medical community, not from the police services,
18 but from his family?

19 **DR. BARRY LAVALLEE:** Yes.

20 **MS. CATHERINE DUNN:** And, it's also true to
21 say that not a single medical person, be it doctor, nurse,
22 aid, whatever, was disciplined, reprimanded or otherwise
23 dealt with in a punitive way for the death of Mr. Sinclair?

24 **DR. BARRY LAVALLEE:** I believe some nurses
25 received a letter from their College, but I don't think

1 anything punitive particularly had occurred.

2 **MS. CATHERINE DUNN:** And, with respect to
3 the inquest that was held with respect to Mr. Sinclair,
4 that, too, failed him because an inquest is directed to the
5 cause of death, not the systemic reasons for it?

6 **DR. BARRY LAVALLEE:** In this case, they
7 eliminated an examination of the social deterrents of
8 health.

9 **MS. CATHERINE DUNN:** And so, basically what
10 happened for Mr. Sinclair is that there was an inquest that
11 resulted in nothing for him or for people like him?

12 **DR. BARRY LAVALLEE:** That's correct.

13 **MS. CATHERINE DUNN:** Just one last question,
14 what role do you think community-based organizations have
15 in the disbursement of medical services?

16 **DR. BARRY LAVALLEE:** Could you be specific,
17 please?

18 **MS. MEREDITH PORTER:** Actually, I'm sorry,
19 but their time is up.

20 **MS. CATHERINE DUNN:** Sorry. Thank you for
21 your help, Doctor.

22 **MS. MEREDITH PORTER:** Thank you. I'm going
23 to invite up the next representative, and I apologize for
24 my pronunciation of the name, but it's Iskwewuk
25 Ewichiwitochik. I'm sure that's not even accurate, but the

1 party will have six-and-a-half minutes to ask the questions
2 of the witnesses.

3 **DR. BARRY LAVALLEE:** Thank you.

4 **--- CROSS-EXAMINATION BY MS. DARLENE SICOTTE:**

5 **MS. DARLENE SICOTTE:** Meywasin. Thank you
6 to Elder Jacobs on this morning's thanksgiving address and
7 to the elders, NFAC and the Commissioners, and thanks for
8 the morning greetings. Miigwetch to all the panelists.

9 I am Nehiyaw Cree from Beardy's & Okemasis
10 First Nation near the Town of Duck Lake, Saskatchewan. I
11 am the co-chair of Iskwewuk Ewichiwitochik, Women Walking
12 Together, an ad hoc 12-year concerned citizen group with no
13 office, no funding. We're not even non-profit. We raise
14 awareness, support and create remembrance of the families
15 of the murdered and missing. I am also a family of late
16 Shelley Gale Napope who was killed by serial killer, John
17 Crawford.

18 I have two panelists to address. I have a
19 question to Dr. Barry Lavallee and comments to Farida Deif.
20 I will first make my comments to Farida. As Iskwewuk
21 Ewichiwitochik being one of the 16 bodies that assisted in
22 the research and the search for participants for the
23 research, I want for the record that Iskwewuk
24 Ewichiwitochik would gladly do this again regarding
25 policing, and to confirm every effort was made to keep the

1 women safe in the process.

2 To Dr. Barry Lavallee, after reading Out of
3 Sight and Mind and having some remembrance of the Brian
4 Sinclair case and in addressing racism towards Indigenous
5 people and missing and murdered Indigenous women and girls,
6 it's going to be kind of a long-winded question. I hope I
7 can convey what I'm trying to say. Would you agree that an
8 Indigenous health ombudsman is needed to address TRC Action
9 No. 19 which states:

10 "We call upon the federal government in
11 consultation with Indigenous peoples to
12 establish measurable goals to identify and
13 close the gaps in health outcomes between
14 Indigenous and non-Indigenous communities,
15 and to publish annual progress reports and to
16 assess long-term trends." (As read)

17 Would a national policy with an Indigenous
18 health care auditor, would this possibly with review and
19 reporting with Indigenous peoples and to government on the
20 progress and failures including health care treatment and
21 health care quality indicators of the services of the
22 government and provinces on providing health care services
23 and treatment to Indigenous peoples, yes or no, would a
24 national health ombudsmen help?

25 **DR. BARRY LAVALLEE:** I think it's a step,

1 and that's not a cop-out response. Again, like providing
2 positions that are termed "Indigenous" in those
3 institutions still don't have a lot of power, because to
4 have an ombudsman or have a system that we can actually go
5 to, to articulate what happens, still requires that that
6 office have the power to enact a policy or to enact a
7 process.

8 So, I think in part it would have to be a
9 lot deeper, a lot more resources, and it would have to be
10 believed by the systems in order to ensure that Indigenous
11 peoples are protected, and their right to gain access to
12 services and resources, et cetera. So, I'm a little bit
13 halfway there only at this point.

14 **MS. DARLENE SICOTTE:** Would an Indigenous
15 health care ombudsman supplement an auditor?

16 **DR. BARRY LAVALLEE:** I don't know.

17 **MS. DARLENE SICOTTE:** Say the government
18 wanted to do this, would you consider being one of those
19 ombudsman or auditors?

20 **DR. BARRY LAVALLEE:** They never would offer
21 me the position.

22 **MS. DARLENE SICOTTE:** You never know.

23 (LAUGHTER)

24 **DR. BARRY LAVALLEE:** And, you know, I don't
25 mean to make fun of them. I'm not making fun of your

1 response by any stretch. I'm saying that we would need
2 really grassroots people to guide us on how to do that
3 rather than entertain a political process to ensure that we
4 have equitable access to services and that we can hold
5 people accountable. I just haven't seen that with a lot of
6 our assigned positions at this point in time.

7 **MS. DARLENE SICOTTE:** Okay. I'm not sure if
8 this is a good line of questioning, but during the
9 extension announcement from Minister Bennett, she talked
10 about \$21.3 million for health services for families of
11 missing and murdered. Would a ombudsman and auditor go
12 well in that role?

13 **DR. BARRY LAVALLEE:** You know what? I hadn't
14 given that any thought, so I really can't give you a decent
15 response to that. It would just be off the fly.

16 **MS. DARLENE SICOTTE:** Okay. Thank you very
17 much.

18 **DR. BARRY LAVALLEE:** Sorry. Okay.

19 **MS. DARLENE SICOTTE:** I don't have any more
20 questions.

21 **MS. MEREDITH PORTER:** Thank you. The next
22 party I'd like to invite up to cross-examine the witnesses
23 is from the Association of Native CFS Agencies of Ontario.
24 The representative will have six and a half minutes for
25 questioning.

1 --- CROSS-EXAMINATION BY MS. KATHERINE HENSEL:

2 MS. KATHERINE HENSEL: (Speaking in Native
3 language) to the Commissioners and to the witnesses. My
4 name is Katherine Hensel. I am counsel for the Association
5 of Native Child and Family Services Agencies of Ontario.

6 I should begin by acknowledging our presence
7 and giving thanks for our presence here on the territory of
8 the Mississaugas of the New Credit and other Indigenous
9 peoples.

10 Because of my limited time I'm going to
11 direct my questions solely at Dr. Lavallee.

12 And I should begin by noting, for the
13 Commission's benefit and Dr. Lavallee's benefit, that the
14 organization I represent is 13 child welfare agencies,
15 native child welfare agencies in the province of Ontario.

16 And it is the perception and the position of
17 the Association that involvement in child welfare, for a
18 mother who's lost her children to child welfare or for
19 girls and women who have been in care, directly or inter-
20 generationally, even when it is warranted, that these
21 interventions are a major and critical factor in the lives
22 of many Indigenous girls and women that places them at
23 risk, causes them harm, and, in many case, directly
24 contributes to the events and circumstances leading to
25 their deaths. So it's on that basis that I'm going to be

1 asking the questions that I'm going to ask you.

2 In your experience, Dr. Lavallee, would you
3 agree that Indigenous women accessing medical care for
4 their children are frequently, as you put it, assigned the
5 role of -- you put it in relation to criminality, but
6 they're the -- assigned the role, in these cases, of unfit
7 or unsafe parents?

8 **DR. BARRY LAVALLEE:** I would say that is
9 true.

10 **MS. KATHERINE HENSEL:** And that stereotypes
11 for your colleagues in your profession, and students that
12 you teach, that stereotypes come into play concerning their
13 fitness to parent and safety -- the safety of their
14 parenting?

15 **DR. BARRY LAVALLEE:** Yes. And, in fact,
16 just when we looked at the stereotyping data from the
17 San'yas Cultural Safety Training Program there are three
18 areas of medicine where there is a highest rates of
19 violence against Indigenous people. Number one was the
20 emergency rooms. Number two was obstetrics. And number
21 three was cancer care.

22 So you imagine with the data from obstetrics
23 that when a woman goes in to deliver a baby you're going to
24 come out with a baby. There's at those moments where the
25 stereotyping comes to harm and where the targeting of women

1 can occur by physicians and nurses and other people in a
2 system that's supposed to care for them and deliver a
3 healthy baby.

4 **MS KATHERINE HENSEL:** So -- and would you --
5 can you tell us a bit more about the assumptions in your
6 experience and what you've observed? The assumptions that
7 come into play in invoking these stereotypes about whether
8 it's a pregnant Indigenous woman delivering or seeking
9 medical care for her child?

10 **DR BARRY LAVALLEE:** The assumptions -- like,
11 and it's also including paediatric emergencies, rooms where
12 women might take their babies for a whole variety of
13 things, and including fevers. You know, so the assumptions
14 are is that -- that are prevalent are that Indigenous women
15 don't know how to use Tylenol for a fever. So if a child
16 comes in with a fever perhaps you think that the mother's
17 negligent.

18 And, in fact, in one case we had that was
19 presented to me was a case in Manitoba where a First
20 Nations woman, who was actually in the university, she was
21 really being targeted by paediatrics because her son had
22 cancer and the assumption was that she was negligent in the
23 care of her son who, in fact, could get bruising. But this
24 First Nation's woman caught it and came to us and we
25 attended paediatrics to expose how that stereotyping to

1 harm was occurring for that woman and try and protect her
2 and maintaining her child, because, in fact, the
3 paediatrics hospital offered her to put her child in
4 voluntarily into Child and Family Services so that the
5 child could be cared for appropriately.

6 **MS. KATHERINE HENSEL:** Right.

7 **DR. BARRY LAVALLEE:** And that's an actual
8 case.

9 **MS. KATHERINE HENSEL:** I would note, it's
10 one among many comparable cases.

11 **DR. BARRY LAVALLEE:** M'hm.

12 **MS. KATHERINE HENSEL:** Would you agree that
13 it's a reasonable concern for Indigenous mothers and
14 families that when presenting at an urgent care facility
15 and an ER that their presence there seeking medical care
16 for their child may trigger a referral to Child Welfare
17 authorities and the cascade of harm and trauma that may
18 flow from such a referral?

19 **DR. BARRY LAVALLEE:** I believe that's a
20 reasonable fear.

21 **MS. KATHERINE HENSEL:** And do you believe
22 it's one that's widely perceived by your patients and
23 members of your community?

24 **DR. BARRY LAVALLEE:** Yes.

25 **MS. KATHERINE HENSEL:** Okay. So in other

1 words, a woman seeking medical -- an Indigenous woman
2 seeking medical care for a child has to -- in assessing the
3 risks of doing so, or failing to do so, one of those risks,
4 they're balancing the risk of not seeking medical at all or
5 in a timely way, or risking unwarranted or -- and harmful
6 intervention by Child Welfare authorities?

7 **DR. BARRY LAVALLEE:** That is completely
8 possible.

9 **MS. KATHERINE HENSEL:** You'll agree that
10 that's not only discriminatory, but it poses a real barrier
11 to accessing medical care for Indigenous children?

12 **DR. BARRY LAVALLEE:** That's how racism
13 looks.

14 **MS. KATHERINE HENSEL:** Yes. And that
15 extends to, for example, accessing prenatal care for
16 Indigenous mothers?

17 **DR. BARRY LAVALLEE:** Yes.

18 **MS. KATHERINE HENSEL:** And even extends to
19 the decision of whether or not to attend at a hospital to
20 give birth?

21 **DR. BARRY LAVALLEE:** Yes, or late
22 attendance.

23 **MS. KATHERINE HENSEL:** Yes. And that gives
24 rise to further risk and actual harm for not only the
25 mothers and the children.

1 DR. BARRY LAVALLEE: Yes.

2 CHIEF COMMISSIONER MARION BULLER: Thank
3 you.

4 MS. KATHERINE HENSEL: Thank you.

5 MS. MEREDITH PORTER: Thank you so much.

6 The next representative I'd like to invite up to question
7 the witnesses comes from the Inuit Tapiriit Kanatami, ITK.
8 And that representative will have six and a half minutes
9 for their questions.

10 **--- CROSS-EXAMINATION BY MS. ELIZABETH ZARPA:**

11 MS. ELIZABETH ZARPA: Good afternoon. My
12 name is Elizabeth Zarpa. I'm legal counsel with Inuit
13 Tapiriit Kanatami and represent 60,000 Inuit across Canada
14 from the four land claim regions known as Inuvialuit,
15 Nunavut, Nunavik and Nunatsiavut.

16 I want to thank everybody here today for
17 giving your testimony, and also the Commissioners and the
18 Elders in the room. Thank you.

19 I'm going to also thank the traditional
20 territory of the Hodinishoni, the Anishinaabe and the
21 Mississaugas of New Credit.

22 So my questions will hopefully -- Dr. Sylvia
23 Moore, you're a professor at Memorial University. And in
24 your testimony today you highlighted the link between
25 education and racism within Indigenous communities. And

1 examples of that you highlighted include Indigenous people
2 are invisible within the curriculum and the pedagogies of
3 public and post-secondary institutions and that education
4 is more Euro-centric and western in its approach; correct?
5 Can you please say yes for the record?

6 **DR. SYLVIA MOORE:** Yes, yes.

7 **MS. ELIZABETH ZARPA:** And that within the
8 Nunatsiavut bachelor of education -- Inuit education, there
9 currently are no Inuit instructors teaching within your
10 four-year program?

11 **DR. SYLVIA MOORE:** In that cohort, that's
12 right.

13 **MS. ELIZABETH ZARPA:** Could you please speak
14 up for the mic?

15 **DR. SYLVIA MOORE:** Sorry. Yes, within that
16 cohort, that's right.

17 **MS. ELIZABETH ZARPA:** Great. Thank you.
18 Just for the record.

19 Are there Inuit professors at ---

20 **DR. SYLVIA MOORE:** I can't answer that. I
21 work in Labrador, so I'm really not down on the main campus
22 very often. I don't ---

23 **MS. ELIZABETH ZARPA:** So is it fair to say
24 there aren't?

25 **DR. SYLVIA MOORE:** I don't know.

1 **MS. ELIZABETH ZARPA:** Okay. Aside from
2 that, would it be fair to recommend that a -- to bridge the
3 gap within education and the perpetuation of racism within
4 those institutions that a recommendation be made that
5 provincial territory and local Inuit land claim governments
6 increase the level of Inuit instructors and professors
7 within colleges and universities in Canada.

8 **DR. SYLVIA MOORE:** Absolutely.

9 **MS. ELIZABETH ZARPA:** And, a recommendation
10 be made that a university or college infused with Inuit
11 pedagogies, traditional knowledge, language be established
12 in all of the Inuit regions of Inuvialuit, Nunavut, Nunavik
13 and Nunatsiavut by 2030.

14 **DR. SYLVIA MOORE:** I think that that's
15 outside of my expertise and it's not something that I have
16 an answer to.

17 **MS. ELIZABETH ZARPA:** Would you agree that a
18 university in Nunatsiavut is something that would benefit
19 the community in which you teach in?

20 **DR. SYLVIA MOORE:** A university in
21 Nunatsiavut?

22 **MS. ELIZABETH ZARPA:** Yes.

23 **DR. SYLVIA MOORE:** If the Nunatsiavut
24 Government wanted that, that makes sense to me. I don't
25 know whether or not they want that.

1 **MS. ELIZABETH ZARPA:** Okay. Thank you. My
2 next questions are geared towards Dr. Lavallee. A
3 recommendation was to increase the number of First Nation
4 medical students within the profession and to also pay
5 attention to Inuit who travel from up north to attend
6 medical schools. Can you briefly please elaborate on why
7 you don't see many Inuit medical students within your
8 institution or the profession overall?

9 **DR. BARRY LAVALLEE:** I don't know. My
10 observation from the university and in the south of
11 Manitoba is that I don't think we make the right effort to
12 actually engage with the northern communities to look at
13 bridging or to look at ways to get learners from up north
14 to come to our medical schools, and that's the way I see
15 it. I'm a medical educator, I'm a senior medical educator
16 Indigenous at the University of Manitoba and that for me,
17 professionally, is a failure.

18 **MS. ELIZABETH ZARPA:** Would it be fair to
19 make a recommendation that medical institutions, such as
20 the one that you teach at and others across Canada, bridge
21 the gap of lack of Inuit medical students within their
22 programs by piloting programs throughout Inuit Nunangat?

23 **DR. BARRY LAVALLEE:** I would completely
24 agree. And, in fact, with our technology, we can have year
25 -- med 1 in communities anywhere in the north with the

1 technology we have.

2 **MS. ELIZABETH ZARPA:** Great. Thank you.

3 And, my next questions go to Amy Hudson. Hi, Amy. You
4 mentioned earlier that the experience of inadequate health
5 services, poor community infrastructure, lack of relevant
6 education and community supports are something that's, sort
7 of -- are racism within institutions for southern Inuit in
8 Labrador; correct?

9 **MS. AMY HUDSON:** Correct.

10 **MS. ELIZABETH ZARPA:** Okay. And, would you
11 say that the experience of institutional racism is a direct
12 reflection of the lack of adequate representation of Inuit
13 from Newfoundland or Labrador within the provincial
14 legislature?

15 **MS. AMY HUDSON:** I would agree.

16 **MS. ELIZABETH ZARPA:** Is there -- would you
17 make a recommendation that there be more Inuit people from
18 Newfoundland or Labrador within the provincial legislature?

19 **MS. AMY HUDSON:** That question is so much
20 more than that from my particular context and knowledge
21 base and expertise, but generally speaking, yes, I would
22 agree.

23 **MS. ELIZABETH ZARPA:** All right. And so, in
24 the experience of the institutional racism that you
25 highlighted, the lack of services, roads, health care,

1 programming, culturally relevant programming, who do you
2 see as the decision makers in that process to alleviate
3 that reality?

4 **MS. AMY HUDSON:** Mm-hmm. Mm-hmm. So, I did
5 speak about the autonomy of communities and the necessity
6 of community members, and Inuit themselves to make
7 decisions that determine their lives and their direction,
8 and to inform necessary and integral services to their
9 health and wellbeing. However, we do live in a society
10 whereby there are people within influential positions of
11 power and who actually are directly involved in making
12 those decisions, and it's certainly incumbent upon the
13 people like you identify whether they be within provincial
14 or federal government departments or representatives of
15 those governments to act and to ensure that such services
16 are provided and accessible.

17 **MS. ELIZABETH ZARPA:** And, would you agree
18 that Inuit from different regions throughout Labrador be
19 present within those decision-making powers to alleviate
20 living realities that you highlighted that are perpetuated
21 due to institutional racism?

22 **MS. AMY HUDSON:** Mm-hmm. My understanding
23 is that's the only possible way forward.

24 **MS. ELIZABETH ZARPA:** Okay. Thank you.
25 Those are my questions.

1 **MS. AMY HUDSON:** Thank you.

2 **MS. MEREDITH PORTER:** Thank you. The next
3 representative I'd like to invite up to pose questions to
4 the witnesses is from the Battered Women's Support
5 Services, and the representative will have 6.5 minutes.

6 **--- CROSS-EXAMINATION BY MS. ANGELA MARIE MACDOUGALL:**

7 **MS. ANGELA MARIE MACDOUGALL:** Good
8 afternoon. My name is Angela Marie MacDougall and I am
9 with Battered Women's Support Services. We are an
10 organization that is based in Vancouver, the Musqueam,
11 Tsleil-Waututh and Squamish Nations. We work to end
12 violence against women and provide direct services
13 regionally and work broadly for systemic change.

14 I want to -- I'm extreme grateful for the
15 Haudenosaunee, the Mississaugas of New Credit and the
16 Anishinaabe people for the opportunity to be here and to
17 have this conversation today, and thank you for the
18 witnesses for your remarks. Very grateful for the
19 information that was shared today.

20 I have a number of questions and I hopefully
21 will get through them all. I'd like to start with Dr.
22 Lavallee first, if I may. You remarked earlier today about
23 -- that Indigenous people can't enter the health care
24 system unless it's within a stereotype.

25 **DR. BARRY LAVALLEE:** Yes.

1 **MS. ANGELA MARIE MACDOUGALL:** Would you
2 agree that Indigenous women and girls cannot enter the
3 health care system without being subject to a racist and
4 sexist stereotype?

5 **DR. BARRY LAVALLEE:** Stereotype in general,
6 yes. And, again, let's make sure. So, if a First Nations
7 woman looks like a white woman and her name doesn't reflect
8 local communities where I come from, she might not have
9 entered into stereotype.

10 **MS. ANGELA MARIE MACDOUGALL:** Mm-hmm.

11 **DR. BARRY LAVALLEE:** But, once there's an
12 identity that occurs, then stereotype -- the phenomena of
13 stereotyping seems to be endemic.

14 **MS. ANGELA MARIE MACDOUGALL:** So, the
15 identity based on a name, based on self-identification
16 also ---

17 **DR. BARRY LAVALLEE:** Or colour.

18 **MS. ANGELA MARIE MACDOUGALL:** --- the amount
19 of melatonin perhaps in her skin?

20 **DR. BARRY LAVALLEE:** Mm-hmm.

21 **MS. ANGELA MARIE MACDOUGALL:** Would you
22 agree that colonial hegemonic Indigenous femininity
23 simultaneously signals subordinate racial and gender
24 position and defines Indigenous women and girls as
25 racialized others, and within that, are subject to a

1 particular form of surveillance within the health care
2 system?

3 **DR. BARRY LAVALLEE:** Yes, I would.

4 **MS. ANGELA MARIE MACDOUGALL:** Would you be
5 willing to comment on that a little bit? In what way would
6 you see that?

7 **DR. BARRY LAVALLEE:** So, I'm not an expert
8 in the areas of overlapping oppressions particularly, but
9 to be brown -- it appears, to be brown skinned, and to be
10 Indigenous and to be female places you at risk at probably
11 the lowest on the social scales that we have with other
12 women, white women, you know, settler women, et cetera.
13 And, it's the racialization of our Indigenous women despite
14 their colourway -- including their colour, as well as their
15 gender, does place them at risk, there's no doubt about
16 that, when they enter the health care system.

17 **MS. ANGELA MARIE MACDOUGALL:** Right. Thank
18 you.

19 **DR. BARRY LAVALLEE:** Yes.

20 **MS. ANGELA MARIE MACDOUGALL:** Thank you.
21 And then would you agree then, that within that settler
22 Canada then perceives Indigenous women and girls as threats
23 to be managed in some way?

24 **DR. BARRY LAVALLEE:** Policed and managed.

25 **MS. ANGELA MARIE MACDOUGALL:** Thank you.

1 I'd like to ask Amy Hudson a couple of questions, if I may,
2 please. Thank you for your remarks today.

3 Would you agree that Indigenous girls are
4 materially denied access to privileges and protections of
5 modern girlhood?

6 **MS. AMY HUDSON:** I'm sorry, I missed a word
7 in that, so if you can repeat the question?

8 **MS. ANGELA MARIE MACDOUGALL:** Would you
9 agree that Indigenous girls are materially denied access to
10 privileges and protections of girlhood?

11 **MS. AMY HUDSON:** I think that's a very large
12 question. And, I think that in circumstances in which --
13 and again, speaking from -- I lack expertise when it comes
14 to urban areas and urban environments, but speaking from
15 knowledge and awareness in more remote isolated regions,
16 certainly geography alone is but one factor that can lend
17 to that.

18 **MS. ANGELA MARIE MACDOUGALL:** Mm-hmm. Thank
19 you. And, within that, would you say that Indigenous girls
20 are typically held in some form of custody, in terms of
21 child welfare, state custody, foster care, boarding school
22 arrangements or youth detention centres in terms of the
23 denial of girlhood?

24 **MS. AMY HUDSON:** Due to personal recent
25 trauma, I actually can't answer that question. I

1 apologize.

2 **MS. ANGELA MARIE MACDOUGALL:** Thank you.

3 Thank you.

4 **MS. AMY HUDSON:** No, it's fine.

5 **MS. ANGELA MARIE MACDOUGALL:** Okay.

6 I'll ask questions of Farida Dief. You
7 spoke earlier about the absence of a dual arrest policy
8 within policing. I'm wondering if you're aware of the
9 *Violence Against Women in Relationship Act* within British
10 Columbia, as well as the RCMP domestic violence policy
11 nationally?

12 **MS. FARIDA DEIF:** I am aware of those, yes.

13 **MS. ANGELA MARIE MACDOUGALL:** Are you aware
14 that they have provisions that are deemed primary aggressor
15 or dominant aggressor?

16 **MS. FARIDA DEIF:** Yes. The RCMP does. In
17 Saskatchewan, we were focused more on the municipal police
18 services, and when we asked those municipal police services
19 whether they had a policy on dual arrests, none of them
20 could identify such a policy.

21 **MS. ANGELA MARIE MACDOUGALL:** Okay. So,
22 thank you for clarifying that it was specifically municipal
23 police in Regina.

24 **MS. FARIDA DEIF:** Regina, Prince Albert and
25 Saskatoon.

1 name is Darrin Blain, and I am a lawyer working in Calgary.
2 I'm also a member of the Peguis First Nation in Manitoba.
3 I would assume, Dr. Lavallee, you would know where that is
4 ---

5 **DR. BARRY LAVALLEE:** Yes, I do.

6 **MR. DARRIN BLAIN:** --- Peguis First Nation?
7 Great. Good afternoon to all of you and good afternoon to
8 Ms. Jacobs who led us this morning. I thought one of the
9 most beautiful things I've heard all day is when she said
10 women come here to make the world great. I just thought of
11 my mother and my sister when she said that, and I just
12 thought that was a really beautiful way to start the day.

13 Dr. Lavallee, is it fair to say that you are
14 an advocate of bringing medical education to the north, to
15 the Northern Territories of our country, and that the
16 Commission ought to refer to this in their report?

17 **DR. BARRY LAVALLEE:** I think that's a wise
18 decision.

19 **MR. DARRIN BLAIN:** And, I noticed that the
20 College of Law at the University of Saskatchewan is doing
21 that with their law students, and last fall, they just
22 started law school in Nunavut, and that was quite the deal,
23 as it should be. You're suggesting that something like
24 that take place in the north, are you not?

25 **DR. BARRY LAVALLEE:** Yes, I would suggest

1 that.

2 **MR. DARRIN BLAIN:** Right. Let's make that a
3 recommendation to the Commission.

4 Sir, can you tell me what the name of your
5 national governing body is?

6 **DR. BARRY LAVALLEE:** As...?

7 **MR. DARRIN BLAIN:** Is it the College of
8 Physicians and Surgeons?

9 **DR. BARRY LAVALLEE:** No. I mean, it
10 depends. For my licence or for my ---

11 **MR. DARRIN BLAIN:** Yes. Yes.

12 **DR. BARRY LAVALLEE:** My licence is
13 provincial.

14 **MR. DARRIN BLAIN:** Okay.

15 **DR. BARRY LAVALLEE:** The College of
16 Physicians and Surgeons of Manitoba.

17 **MR. DARRIN BLAIN:** Okay. Who governs
18 doctors, medical doctors, nationally in this country?

19 **MR. DARRIN BLAIN:** Doctors' professional
20 behaviour is governed by the colleges. So, the college
21 exists to protect you from us; okay? That's essentially how
22 that goes.

23 (LAUGHTER)

24 **DR. BARRY LAVALLEE:** Now, if you're looking
25 at standards of care, then you're looking at whatever you

1 belong to. So, for example, I belong to family doctors.
2 And so, I have both a provincial and a national
3 organization that directs my specialty in that regard.

4 **MR. DARRIN BLAIN:** Who would be the national
5 body to advocate on behalf of doctors vis-à-vis the
6 government bodies that are interested in the medical care
7 of Indigenous people? For example, for us, it's the law
8 society of our province, and the Federation of Law
9 Societies in this country. Who would be your national
10 advocate?

11 **DR. BARRY LAVALLEE:** So, it would be the
12 College of Physicians -- it would be the College of Family
13 Doctors of Canada, if you imagine that, and then the
14 College of Specialists and Surgeons of Canada.

15 **MR. DARRIN BLAIN:** Okay.

16 **DR. BARRY LAVALLEE:** So, those would be two
17 advocacy levels the public can go to.

18 **MR. DARRIN BLAIN:** Okay. As I understand
19 it, you're asking that the advocacy folks in your
20 profession that you've mentioned make recommendations or
21 start thinking about having more Indigenous executives in
22 the health regions across Canada because one of the things
23 you've talked about, Doctor, is that there's not enough
24 Indigenous executives in the health regions across our
25 great country; is that right?

1 **DR. BARRY LAVALLEE:** That's correct.

2 **MR. DARRIN BLAIN:** Ms. Deif, good afternoon.

3 **MS. FARIDA DEIF:** Good afternoon.

4 **MR. DARRIN BLAIN:** Is it your suggestion
5 today that because of the racism that has resulted in a
6 great level of distrust among Indigenous women -- great
7 level of distrust in the police forces, that women are
8 essentially saying, "Screw it, I'm not going to press
9 charges, I'm not going to speak to the police. I can't
10 trust them because of what they've done to me or my loved
11 ones." So, they are essentially saying forget it or "screw
12 it", to use my client's words, and as a result of that, as
13 a result of not getting the protection they need, and
14 having the prosecutions proceed that they need, these women
15 may be some of the women that we're talking about in this
16 Inquiry that get murdered, go missing, or leave by suicide;
17 is that fair?

18 **MS. FARIDA DEIF:** I think it's fair to say
19 that many of the women that we spoke to avoid any contact
20 with the police and avoid that interaction in a similar way
21 that they may avoid going to receive health services, and
22 the fear that that might trigger a certain response in the
23 police sector as well. They would avoid that. Some of the
24 women said, "We try to be invisible. We try and be as
25 invisible as we possibly can," which means that if they

1 were a victim of a crime, they would not seek police
2 assistance. If they were a witness to a crime, they
3 wouldn't seek the police's intervention out of fear that
4 the Indigenous woman in question might actually be also
5 subject to physical or sexual abuse.

6 So, there is an avoidance of interaction
7 with the police that certainly could result for victims of
8 violence in the situation that we have today, which is the
9 crisis of missing and murdered women. There is a number of
10 -- there are a number of silent cries for help that go
11 unheard, and when you accumulate those silent cries for
12 help, at the end stage, you have the crisis that we have
13 today.

14 **MR. DARRIN BLAIN:** Right. And, I think
15 we're all aware of what happens when we get to that point.

16 Ms. Hudson, good afternoon. Thank you for
17 being here. You were hard on yourself in indicating that
18 your articulation wasn't great today. I think any
19 institution, be it government or at community-level ought
20 to be happy to have you, quite frankly.

21 I do have a bilateral question for you, and
22 my question is whether or not you've attended the funerals
23 of women that go murdered as a result of not accessing
24 health services, be they physical health services or mental
25 health services in the community that you live in because

1 they're just not available?

2 **MS. AMY HUDSON:** I guess in a literal sense
3 of actually attending funerals, if I'm interpreting your
4 question accurately, then, certainly, my observation is
5 that inaccessible and inadequate health services has led to
6 the exacerbation of existing health conditions, and in some
7 circumstances, some death, yes.

8 **MR. DARRIN BLAIN:** Good afternoon. Thank
9 you.

10 **MS. MEREDITH PORTER:** Thank you so much for
11 your questions, and I understand that the panel is in need
12 of a break, so I'll leave it to your discretion about how
13 much time you should take, Chief Commissioner.

14 **CHIEF COMMISSIONER MARION BULLER:** They're
15 not the only ones who want a break. We'll take a 10-minute
16 break, please.

17 **MS. MEREDITH PORTER:** Thank you very much.
18 We will return to the room, then, at 4:30. Thank you.

19 --- Upon recessing at 4:23 p.m.

20 --- Upon resuming at 4:38 p.m.

21 **MS. MEREDITH PORTER:** All right. Okay. So,
22 we'll get started again. And, the next representative I
23 would like to invite up for questioning the witnesses is
24 from Aboriginal Legal Services. And, the representative
25 from Aboriginal Legal Services will have 10-and-a-half

1 minutes for questioning.

2 **--- CROSS-EXAMINATION BY MR. JONATHAN RUDIN:**

3 **MR. JONATHAN RUDIN:** Good morning. Good
4 afternoon, sorry. Everyone was saying good morning. Good
5 afternoon. My name is Jonathan Rudin. I am counsel for
6 Aboriginal Legal Services. That's our English name. Our
7 Ojibwe name is Gaa kinagwii waabamaa debwewin, which
8 translates as all those who seek the truth, and I want to
9 thank the panelists for helping all of us in that quest
10 today. I also want to thank the Commissioners for being
11 here, and the elders for opening. And, I also want to
12 thank the Ministry of The Attorney General who's given me a
13 few more minutes, so I might even speak slowly.

14 My first question is for Drs. Lavallee and
15 Moore, and Ms. Deif. And, I'd like to build on the last
16 question you were asked. And, I wonder if -- you tell me
17 if it's fair to say that the reason that racism in
18 institutions, such as schools and police and education, are
19 so important in the context of murdered and missing
20 Indigenous women and girls is because those are the
21 institutions that we normally expect people to go to when
22 they are in need, and those are the institutions that often
23 are the early warning symbols and organizations that see
24 early warnings. And, the problem with racism is that it
25 keeps those individuals away from the places that are, in

1 fact, supposed to keep them safe; would that be fair?

2 **MS. FARIDA DEIF:** Yes, that would be fair.

3 **MR. JONATHAN RUDIN:** Dr. Lavallee?

4 **DR. BARRY LAVALLEE:** Yes, they're complicit.

5 **MR. JONATHAN RUDIN:** Dr. Moore?

6 **DR. SYLVIA MOORE:** Well, I don't think I
7 would describe education as a place people would turn to,
8 to find safety, although we certainly wouldn't say that
9 it's not to be a safe place. The concern with education is
10 that it shapes the way we think, and it nurtures, or at
11 least does not extinguish racism.

12 **MR. JONATHAN RUDIN:** Okay. I follow that up
13 with you, Dr. Moore, because the -- one is often told in
14 school that when you have problems, you are to -- you can
15 go to your teacher, and this is the place that you go maybe
16 when things are not working well at home. And, teachers
17 have a responsibility to pick up on a -- on an earlier
18 question, teachers have the responsibility to talk to child
19 welfare agencies so that younger girls who are at risk,
20 leaving aside whether they're Indigenous, younger girls who
21 are at risk, there is some sort of expectation that the
22 school will be able to pick some of that up; is that fair?

23 **DR. SYLVIA MOORE:** Definitely. Yes.

24 **MR. JONATHAN RUDIN:** But, racism in the
25 school, and as you said, whether it be through the way

1 things are taught, that prevents that from occurring; is
2 that fair? That can prevent that from occurring?

3 **DR. SYLVIA MOORE:** It can. It can
4 contribute to it.

5 **MR. JONATHAN RUDIN:** Thank you. So, my next
6 question is for Dr. Lavallee and Ms. Deif. Both of you,
7 when you spoke about how to address the problem of racism
8 in institutions, and you were talking in the medical
9 institutions and in policing, both used the same word,
10 which I thought was interesting. You both spoke about
11 accountability. You didn't talk about cross-cultural
12 training, you didn't talk about any of those things, you
13 talked about accountability. So, I wonder if you could
14 each, perhaps briefly, talk about what accountability means
15 in the context of, on the one hand, medical institutions,
16 and the other hand, policing.

17 **DR. BARRY LAVALLEE:** I didn't talk about
18 cultural safety training because Indigenous culture is not
19 the issue. The issue around accountability is that white
20 patriarchy needs to be dismantled in institutions, and
21 white patriarchy is the epitome of what happens when
22 they're not held to account.

23 And so, really, it's the Settler participant
24 and actor in that large theatre that's about Settler Canada
25 that needs to hold himself or herself accountable in the

1 context of what's going on with Indigenous people as well
2 as in medical education. That's our intention when people
3 exit the medical school that they have an ability to see
4 themselves as actually providing good care and good care
5 plus for Indigenous peoples that they'll engage with.

6 **MS. FARIDA DEIF:** Now, on the policing side,
7 you know, there is quite a bit of training that happens,
8 cross-cultural training, et cetera, that -- certainly that
9 can be strengthened that -- you know, in many different
10 ways depending on what police force we're talking about.
11 But, really what we've seen is that Canada, as a whole, and
12 certainly in the provinces where we've done work, has made
13 very limited progress on -- to ensure that the police are
14 accountable for their policing failures relating to
15 Indigenous women and girls.

16 And so, there is very little accountability
17 for policing failures, for police misconduct and abuse, for
18 failing to support victims of violence adequately. And,
19 the systems that are in place, I mean, there are certainly
20 complaints mechanisms that are in place both for the RCMP
21 and for the Municipal Police Services where, in theory, a
22 member of the public who has suffered misconduct or abuse
23 could file a complaint -- or negligence by the police could
24 file a complaint through those two different mechanisms.

25 But, they really essentially -- I mean, (1)

1 there's retaliation issues and fear of retaliation that
2 prevent Indigenous women from using those mechanisms; but
3 (2) those mechanisms really act as a, sort of, advisory
4 role. They can't, you know, in a way compel the police
5 chiefs to really do anything, so they act as a, sort of,
6 advisory council. They make recommendations, but there's
7 no way that they can compel the police chiefs to change a
8 policy or practice, et cetera, and so they don't really
9 have that level of authority, which is a problem.

10 And then the other thing is that there isn't
11 really -- every province doesn't have an independent
12 civilian investigation mechanism that could investigate
13 police abuse and misconduct. And, even in certain
14 jurisdictions where they do have that, sometimes certain
15 crimes are omitted. And so, for example, in British
16 Columbia, there is a civilian investigation mechanism to
17 look at police misconduct and abuse, but that actually
18 exempts rape and other forms of sexual violence from their
19 investigations. And so, even that, you know, falls short
20 of standards.

21 **MR. JONATHAN RUDIN:** Thank you. The next
22 thing I'd like to get at, I'll start with you, Dr.
23 Lavallee, we talk about the need for institutions to be
24 accountable, but there's also a need, isn't there, for
25 there to be Indigenous-specific institutions created to

1 provide service for Indigenous people. Would you say
2 that's important?

3 **DR. BARRY LAVALLEE:** Yes.

4 **MR. JONATHAN RUDIN:** And, have you had
5 examples? Are there examples in -- that you know in
6 Manitoba of Indigenous-specific health organizations
7 providing services for Indigenous people?

8 **DR. BARRY LAVALLEE:** There are specific
9 examples in Winnipeg. Aboriginal Health and Wellness
10 Centre is one such sector that's been around I think for
11 about 15, 16 years, but it's under the -- it's a sub of --
12 within the Winnipeg Regional Health Authority. It does
13 have some governance structure that attempts to mimic the
14 urban Indigenous community as allocated money for resources
15 from a number of areas.

16 **MR. JONATHAN RUDIN:** Would you think that it
17 would make sense as for funding to be created and for
18 Indigenous-specific organizations to be available to
19 provide health care as an alternative to using large multi-
20 service organizations like the Winnipeg hospitals?

21 **DR. BARRY LAVALLEE:** I think the two would
22 complement each other, because we can't remove the
23 responsibility of publicly funded institutions who may not
24 provide good care for Indigenous peoples to be off -- to
25 offset their responsibility to provide care for citizens in

1 Manitoba just because we create a centre that's for
2 Indigenous people. That's a very slippery slope to walk
3 on.

4 **MR. JONATHAN RUDIN:** But, is there -- would
5 you -- is there a role for both then?

6 **DR. BARRY LAVALLEE:** Yes, there is.

7 **MR. JONATHAN RUDIN:** Okay. And, Dr. Moore,
8 is that also true in education?

9 **DR. SYLVIA MOORE:** Sure. But, that's what
10 we see happening when there are land claim settlements or
11 other kind of legal agreements where Indigenous communities
12 have the right to take over their own education system, and
13 they do so. Whether or not that happens off reserve or
14 outside of those land claim areas, I think I would echo
15 what Dr. Lavallee just said in terms of it being a slippery
16 slope, but also that both need to happen. So, we certainly
17 wouldn't want to deny that public schools, K-12, need to
18 change their curriculum, how we approach it and so on.
19 And, there are certainly many, many Indigenous students in
20 public schools. So, are we suggesting that there be
21 another school built in a town or a community for just
22 Indigenous children and one for not? So, I don't think
23 that I can speak to that, but certainly within their own
24 communities, absolutely.

25 **MR. JONATHAN RUDIN:** Thank you. And, rather

1 than try and squeeze a question and answer in 17 seconds, I
2 will give those 13 seconds to the next speaker.

3 **MS. MEREDITH PORTER:** Thank you. The next
4 representative I would like to invite up to cross-examine
5 the witnesses comes from the Ontario Native Women's
6 Association. And, the representative from the Ontario
7 Native Women's Association will have six-and-a-half minutes
8 for questioning.

9 **--- CROSS-EXAMINATION BY MR. ROBERT EDWARDS:**

10 **MR. ROBERT EDWARDS:** Thank you. Madam Chief
11 Commissioner and Commissioners, my name is Bob Edwards. I
12 have the honour of being one of the legal counsel for the
13 courageous women of the Ontario Native Women's Association.
14 I first wish to echo the acknowledgment and respect given
15 by previous speakers and counsel for the traditional lands
16 and the people we visit today, the elders, the drums and
17 the drummers, and the sacred items that are present.

18 I propose to ask my clients' questions to
19 two of our excellent presenters today being Ms. Deif and,
20 if time permits, a brief question for Dr. Lavallee, and
21 possibly a wrap-up zinger for all four panelists with a 20-
22 second answer. Ms. Deif, you spoke of -- I'm going to --
23 it'll be a bit of a prolix introduction, but I'm confident
24 the question will be very direct, and I hope you can help
25 us out.

1 You spoke of a very fractured relationship
2 with police services both in Saskatchewan and Northern
3 British Columbia where Indigenous women were apprehensive
4 about interacting with police, understandably suspects, but
5 also after being victimized themselves by serious crime.
6 My imperfect notes show that this included situations of
7 victim-blaming questions or blaming for actions taken even
8 in self-defence. But, you did speak of possible tools for
9 improvement such as trauma-informed training, non-
10 judgmental and non-racist questions, better personal search
11 practices to lessen the trauma of the situation, if that's
12 possible.

13 I do want to ask you on behalf of my client
14 about another possible tool in the toolkit of investigation
15 of serious violent crime against Indigenous women and
16 girls. My client is well along in discussions with the
17 Thunder Bay Police Services about finalizing a pilot
18 project. It's implementing an enhanced version of what is
19 sometimes referred to as the Philadelphia Model of
20 investigative practices. I'm confident you're familiar
21 with that.

22 But, this would involve certain designated
23 advocates for Indigenous women becoming reviewers in real
24 time of investigations involving sexual assault or other
25 crimes of violence against Indigenous women and girls,

1 missing and murdered investigations, and possibly even also
2 human trafficking. The purpose of the reviewers would be
3 that they're as advocates in real time to ensure that no
4 stone is left unturned in the investigation, all leads are
5 followed up, thorough questions are asked in an appropriate
6 and trauma informed manner, and an appropriate level of
7 communication is made with the family.

8 Question, finally, from your expertise in
9 this field, does this seem like a promising area of
10 discussion? And, if so, do you have any suggestions,
11 encouragement or cautions for parties who may be
12 considering such an agreement?

13 **MS. FARIDA DEIF:** Yes, I would agree that
14 that is a promising area. The Philadelphia Model has been
15 recognized quite widely as a best practice in the area
16 providing victims of sexual assault with an advocate, with
17 someone who can voice their concerns, that someone can
18 ensure that there are the right types of protections and
19 confidentiality and other forms of protection they might
20 need when they are being questioned by police officers.
21 And so, I would very much be an advocate for that.

22 **MR. ROBERT EDWARDS:** My understanding,
23 often, is the Philadelphia Model is sort of after the fact,
24 that there's a review of practices months later. Are you
25 familiar with situations where there has been, sort of, a

1 live, real time involvement or engagement of the advocates?

2 **MS. FARIDA DEIF:** You know, certainly in
3 models in other countries where there is a, sort of, one-
4 stop centre type of model for victims of violence, it
5 wouldn't be, sort of, sexual violence, specifically, but
6 all victims of violence. There would be a similar type of
7 model where, in a one-stop centre, where that individual
8 could receive a variety of services, whether that's, sort
9 of, shelter services, health care services, the legal
10 services, the provision of someone who would, sort of,
11 follow them throughout their case. And so in that sense
12 it's sort of a similar type of model where you would have a
13 peer kind of guidance person that would sort of support you
14 throughout your ordeal, legal, you know, and otherwise, to
15 ensure that your -- you know, your rights are respected
16 throughout that process. But it does seem like a model --
17 I'm not aware of that kind of model being used in Canada.

18 **MR. ROBERT EDWARDS:** Yet.

19 **MS. FARIDA DEIF:** Yet. Exactly.

20 **MR. ROBERT EDWARDS:** Thank you.

21 Dr. Lavallee, thank you so much for your
22 enlightening evidence today. It was ---

23 **DR. BARRY LAVALLEE:** Yeah.

24 **MR. ROBERT EDWARDS:** And thank all the
25 panellists. It was really very helpful and a remarkable

1 evidence.

2 I want to put a question to you, Doctor,
3 that might reflect on the tragedy of Mr. Sinclair's death
4 by racism in the emergency room. Is there any experience
5 that you're aware of where advocates are in -- placed in
6 busy emergency rooms, major hospitals, to start with at
7 least, that are there sort of looking out for exactly the
8 sort of circumstance that occurred in Mr. Sinclair's
9 situation. Is there -- you think after 34 hours somebody
10 might have intervened. And is there any practice that
11 you're aware of of creating positions for people to do just
12 that?

13 **DR. BARRY LAVALLEE:** Indigenous specific?

14 **MR. ROBERT EDWARDS:** Yes.

15 **DR. BARRY LAVALLEE:** Not that I'm aware of.

16 **MR. ROBERT EDWARDS:** Non-Indigenous?

17 **DR. BARRY LAVALLEE:** I'm not a part of the
18 Winnipeg Regional Health Authority, so I'm not -- and I
19 don't visit emergency rooms unless I need to.

20 **MR. ROBERT EDWARDS:** Yeah, all right.

21 **DR. BARRY LAVALLEE:** But I understood or
22 that post Brian Sinclair case that a social worker was
23 assigned, trying to help people navigate at the point of
24 entry and that, in fact, you were taped, you were -- a band
25 was put on you at the point of entry and you were monitored

1 to which direction you would go. I don't know the outcomes
2 of that, but I know that ---

3 **MR. ROBERT EDWARDS:** Thank you.

4 **DR. BARRY LAVALLEE:** --- I don't think that
5 that ---

6 **MR ROBERT EDWARDS:** I was just going to ask
7 you if you knew the outcomes, but if -- we -- perhaps we
8 could follow up on that.

9 I have 32 seconds left for the zinger
10 question from my client. We're interested, members of the
11 panel, in hearing your one recommendation that you would
12 offer to create safety for Indigenous women and girls.

13 **MS. FARIDA DEIF:** One recommendation I
14 suppose for me would be back to accountability and ensuring
15 that there is a really kind of adequate accountability
16 mechanism for police abuse.

17 **MR. ROBERT EDWARDS:** Thank you.

18 **DR. SYLVIA MOORE:** Making changes to what we
19 teach and how we teach it.

20 **MR. ROBERT EDWARDS:** Thank you.

21 **MS. AMY HUDSON:** Just listening to us. It's
22 not being accountable. It's we're doing our work. We're
23 waiting for other people to catch up.

24 **MR. ROBERT EDWARDS:** Thank you.

25 Doctor?

1 **DR. BARRY LAVALLEE:** Letting women be free
2 to have their babies without being accosted in our
3 institutions.

4 **MR. ROBERT EDWARDS:** Well, very helpful
5 suggestions all, and thank you so much.

6 **CHIEF COMMISSIONER MARION BULLER:** Thank
7 you.

8 **MR. ROBERT EDWARDS:** Thank you, Madam
9 Commissioner.

10 **MS. MEREDITH PORTER:** Thank you.

11 The next representative I'd like to invite
12 up to the podium to question the witnesses is from the
13 Aboriginal Women's Action Network and the representative
14 will have six and a half minutes for questioning.

15 **--- CROSS-EXAMINATION BY MS. FAY BLANEY:**

16 **MS. FAY BLANEY:** Thank you. Where's --
17 there you are.

18 Farida, I wanted to ask if you used the
19 cultural safety model when you were conducting your
20 research in Northern British Columbia?

21 **MS. FARIDA DEIF:** Yeah, so it was a
22 colleague of mine who did the research in Northern B.C.
23 And generally our policy at Human Rights Watch is, first of
24 all, of course, to have any interviews done completely
25 voluntarily with the consent of the individual that's being

1 interviewed. There's no payment for any type of -- for,
2 you know ---

3 **MS. FAY BLANEY:** M'hm.

4 **MS. FARIDA DEIF:** --- receiving the
5 testimony.

6 **MS. FAY BLANEY:** Because my time is limited
7 ---

8 **MS. FARIDA DEIF:** Okay.

9 **MS. FAY BLANEY:** --- I really want to focus
10 on cultural safety. So I wanted to ask a follow-up
11 question.

12 **MS. FARIDA DEIF:** Okay.

13 **MS. FAY BLANEY:** So did they go in with an
14 understanding of Indigenous beliefs and the power relations
15 dynamic between the researcher and the subjects?

16 **MS. FARIDA DEIF:** Yes, very much so. I
17 mean, we -- in both the cases in Saskatchewan and in
18 Northern B.C. the work was done very much in partnership
19 with Indigenous social service providers and Indigenous
20 women's rights organizations who accompanied the
21 researchers on -- in the visits to the community, who
22 accompanied the researchers, and in some cases also
23 attended the interviews with the researcher.

24 **MS. FAY BLANEY:** So did it include an
25 understanding of the historical legacy of patriarchy within

1 the *Indian Act*?

2 **MS. FARIDA DEIF:** Yes, it did. And if you
3 look at both of the research that we've done, both the
4 reports, they have a very lengthy background section that
5 goes into great detail about that.

6 **MS. FAY BLANEY:** Okay. I did look at them
7 and it includes residential school. So that's just a
8 preface to the next question that I want to ask you.

9 So I looked at recommendation number two in
10 the B.C. report that's directed towards Canada and then
11 recommendation number one that's directed towards the RCMP.
12 And the first one deals with a national action plan to
13 address violence. And the RCMP report deals with data
14 collection. That's not the main point though.

15 The main point for me pertains to the fact
16 that your recommendation suggests that it should be done in
17 cooperation with Indigenous communities. And what I'm
18 wondering is, when you say Indigenous communities, did you
19 take into consideration the fact that Indigenous women are
20 extremely marginalized under patriarchy?

21 **MS. FARIDA DEIF:** Yes, we did. I mean, when
22 we reference Indigenous communities we are also very much
23 talking about including the voices of every member of that
24 community.

25 **MS. FAY BLANEY:** Yeah, well, we're invisible

1 in that I have to tell you. Where does it say Indigenous
2 women in that? You cannot assume that we're there
3 somewhere ---

4 **MS. FARIDA DEIF:** M'hm.

5 **MS. FAY BLANEY:** --- that we have to search
6 for it. I'm very alarmed at that, the exclusion of
7 Indigenous women. I see it as an exclusion that we aren't
8 ---

9 **MS. MEREDITH PORTER:** I'm going to ---

10 **MS. FAY BLANEY:** --- mentioned there.

11 **MS. MEREDITH PORTER:** Can I stop the clock
12 for a moment, please? There's a couple of details I did
13 want to clarify.

14 First of all, the representative, if you
15 could just give your name for the record because I think
16 you neglected to do that at the beginning?

17 **MS. FAY BLANEY:** All right. My name is Fay
18 Blaney.

19 **MS. MEREDITH PORTER:** Thank you. And if I
20 could ask that we -- we have a rule of procedure for these
21 -- for the hearings that we have respectful questioning
22 that could be put to the witnesses. So I'd ask that you
23 frame your questions in that manner to the witnesses and
24 allow any of the witnesses that you're posing questions to
25 the time to answer your question adequately.

1 **MS. FAY BLANEY:** M'hm. Okay. Well, if you
2 perceive my questions not to be respectful it's because of
3 the passion that I feel. I am an Indigenous woman. She's
4 writing about me. She's doing research about me. And I
5 feel passionate about that.

6 **MS. MEREDITH PORTER:** I can appreciate that.
7 Thank you.

8 **MS. FAY BLANEY:** Thank you. Thank you.

9 **MS. FARIDA DEIF:** And just to clarify, there
10 was no intention to exclude Indigenous women's voices. I
11 mean, all of the reporting is on the experiences of
12 Indigenous women and girls. All of the organizations that
13 we work with are, you know, are basically representative of
14 the community of Indigenous women in that community. And
15 so in every situation, whether it was in Northern B.C. or
16 in Saskatchewan, there were the voices of Indigenous women
17 who guided the entire research process, who ---

18 **MS. FAY BLANEY:** Yes.

19 **MS. FARIDA DEIF:** --- participated it --
20 participate in it in every way, who reviewed the documents
21 and the materials, who were there to collect the
22 testimonies with us and ---

23 **MS. FAY BLANEY:** And my clock ---

24 **MS. FARIDA DEIF:** --- and to frame the
25 recommendations.

1 **MS. FAY BLANEY:** My clock is ticking away.

2 I heard that answer two hearings ago that we
3 have Indigenous women working with us too. The fact is
4 that you need Indigenous women's groups. I don't know if
5 I'm crossing the line again but ---

6 **MS. FARIDA DEIF:** I just ---

7 **MS. FAY BLANEY:** --- Indigenous women
8 groups. I guess I can ask you the question. Do you have
9 an organization of Indigenous women with an Indigenous
10 women's liberation focus in your organizing and amongst
11 those women that you speak about?

12 **MS. FARIDA DEIF:** Well, in Saskatchewan, the
13 16 different organizations, the different people that were
14 part of our working group were all representative of
15 different organizations, including Women Walking Together,
16 including the Elizabeth Fry Society that dealt with
17 corrections. We really tried to get a spectrum of
18 individuals that could be -- talk to us and help guide us
19 through every aspect of the Indigenous woman's experience
20 and could help support and guide the research, that could
21 help support and review the recommendations as well to make
22 ---

23 **MS. FAY BLANEY:** Okay.

24 **MS. FARIDA DEIF:** --- sure that they were
25 sensitive.

1 **MS. FAY BLANEY:** All right. One minute and
2 40 seconds remaining.

3 The recommendation to B.C. number three says
4 provide adequate shelter and social services for, this word
5 again, "victims of violence". Indigenous women are much
6 more than that. But anyway, going past that you say that
7 you provide culturally sensitive services or that should be
8 provided. I'm asking you if the omission of Indigenous
9 women in those categories of Indigenous communities was
10 inadvertent, why would you then omit Indigenous or gender-
11 specific services there, the importance of gender-specific
12 services?

13 **MS. FARIDA DEIF:** I mean, the entire report
14 is about Indigenous victims of violence. And so perhaps in
15 some places the shorthand "victims of violence" was used
16 because it was clear that the entire research project was
17 on Indigenous victims of violence; there were no other
18 victims that we were speaking about. And so in that sense
19 it was just a shorthand way.

20 **MS. FAY BLANEY:** Okay. So the
21 recommendation should not be in shorthand, though. I'm
22 asking you why you did not include gender-specific. You
23 include cultural sensitivity, and that's evident and
24 obvious throughout the report, but you do underscore it in
25 the recommendations. Should not gender sensitivity be

1 underscoring in that recommendation as well?

2 **MS. FARIDA DEIF:** Yes. And I think it was
3 implicitly mentioned.

4 **MS. FAY BLANEY:** Okay.

5 **MS. FARIDA DEIF:** But perhaps, you know, if
6 you would prefer it to be explicitly, I understand that.

7 **MS. FAY BLANEY:** Yeah, okay. Thank you very
8 much.

9 **MS. MEREDITH PORTER:** Thank you.

10 **MS. FAY BLANEY:** My time is up and I want to
11 thank you for that research. I appreciate it. I'm just
12 flustered that women are not -- are somewhat erased.

13 **MS. MEREDITH PORTER:** The next
14 representative I'd like to invite up is from the Regina
15 Treaty Status Indian Services, and the representative will
16 have six and a half minutes for questioning.

17 **--- CROSS-EXAMINATION BY MS. ERICA BEAUDIN:**

18 **MS. ERICA BEAUDIN:** Thank you very much.

19 Good afternoon. Once again, thank you to
20 the Elders, the drummers, singer for their prayers and
21 songs yesterday, as well as the citizen of Treaty 4.

22 I again acknowledge the traditional
23 homelands of the Mississaugas and Anishinaabe and
24 Haudenosaunee -- I always get that wrong, my apologies; no
25 disrespect -- and bring well wishes from our Treaty area.

1 My name is Erica Beaudin and I'm the
2 Executive Director of the Regina Treaty Status Indian
3 Services.

4 **MS. ERICA BEAUDIN:** Dr. Lavallee, miigwetch
5 and (undiscernible) for your presentation this morning.

6 While your testimony gave me hope for the
7 future by hearing what you are committed to in teaching
8 future medical doctors, it also fills me with sadness for
9 the medical treatment many of my loved ones and people I
10 know and work with did not receive, many of whom are no
11 longer with us.

12 My first question is accountability of
13 institutions and the people who work in them. You already
14 answered a question very close to my question from my
15 colleague, Darlene; however, do you believe there should be
16 provincial health ombudsman offices; further, that
17 prioritize the experiences of Indigenous people in
18 healthcare to ensure Indigenous people are able to report
19 any concerns of under or mistreatment?

20 **DR. BARRY LAVALLEE:** Yes, I do; and that
21 they be empowered to follow through.

22 **MS. ERICA BEAUDIN:** Okay. I'm mostly also
23 thinking about our most vulnerable who are likely to not
24 report. Do you believe this service should be delivered by
25 Indigenous organizations, or should Indigenous people

1 deliver this in larger, mainstream organizations?

2 **DR. BARRY LAVALLEE:** That all depends on the
3 power assigned to people who are given money to create an
4 organization that's run by our own community. In case
5 that's, again, a slippery slope in terms of if we have
6 Indigenously-led organizations to support our community
7 people, how far will it go, depending on the relationship
8 you have with the main -- you know, the Western system.
9 That's a caution.

10 **MS. ERICA BEAUDIN:** Okay. Do you believe
11 there may be alternative measures for Indigenous people?
12 And, secondly, how do we ensure there's enforceability, and
13 should the College of Physicians and Surgeons have a key
14 role in this?

15 **DR. BARRY LAVALLEE:** The second question,
16 yes. I got lost in your first part; sorry.

17 **MS. ERICA BEAUDIN:** Okay. Do you believe
18 there may be an alternative measure for Indigenous people
19 in a reporting mechanism?

20 **DR. BARRY LAVALLEE:** No. I think in the
21 overall end, there have to -- we have to have a system to
22 complain to the main bodies of the health systems,
23 including institutions, colleges, all of those kinds of
24 things we have to have because the change has to occur
25 within their culture, not our culture.

1 **MS. ERICA BEAUDIN:** Right.

2 **DR. BARRY LAVALLEE:** So there has to be
3 something strengthened within there.

4 **MS. ERICA BEAUDIN:** Okay. Dr. Lavallee, in
5 the Tribal Council I work for we have the All Nations
6 Healing Hospital in Fort Qu'Appelle which allows for both
7 traditional and western concepts of healing and wellbeing.
8 I feel very fortunate to be able to access the services for
9 both myself personally and professionally.

10 Due to the nature of science being, in many
11 cases, very black and white when it comes to diagnoses, do
12 you believe there is space in the teaching of medical
13 doctors, indigenous knowledge in medicines, especially in
14 regards to women's health as just as valid as the science
15 that is being taught?

16 **DR. BARRY LAVALLEE:** As a Western science,
17 yes.

18 **MS. ERICA BEAUDIN:** Okay. Do you foresee
19 the realization of health services in all hospital settings
20 like we do in the All Nations Healing Hospital which
21 honours both ways?

22 **DR. BARRY LAVALLEE:** That's a hope.

23 **MS. ERICA BEAUDIN:** Okay. Dr. Lavallee, as
24 a follow-up question, how do you see the legitimization by
25 the mainstream medical community of Indigenous traditional

1 medicine occurring in medical settings? Secondly, how can
2 the people who are imparting this knowledge, both teachers
3 and practitioners, be properly compensated in the way that
4 medical doctors are?

5 **DR. BARRY LAVALLEE:** The compensation should
6 occur with equity. So, for example, we have traditional
7 people who study for 40 years, a lot longer than one PhD
8 does to get their PhD. And at the university, for example,
9 we're driving that our Elders who work with us have a level
10 as a senior academic, at least at the base, for example.

11 But in practice, my understanding about the
12 people who practice our arts and our medicines are on-call
13 24/7 and they should be remunerated appropriately for
14 providing those kinds of services. So not \$50; I'm
15 talking, like, 200, \$300,000 a year.

16 **MS. ERICA BEAUDIN:** Yes. Oftentimes we have
17 the cap of \$150 regardless of the time that our
18 practitioners, our traditional practitioners provide
19 services.

20 Thank you for your time today.

21 Ms. Deif, than you for your presentation
22 this morning. My organization, us being the only
23 Indigenous owned and operated service delivery agency in
24 Regina, was also one that you visited with -- once.

25 So in your research, have you studied if

1 there's a direct correlation between police and social
2 services in upholding the balance of power within
3 Indigenous women and having control over them?

4 **MS. FARIDA DEIF:** No, that's not something
5 that we researched.

6 **MS. ERICA BEAUDIN:** Do you believe that
7 would be a worthwhile cross-sectoral study, especially if
8 it is done in partnership with Indigenous child care
9 researchers?

10 **MS. FARIDA DEIF:** Yes, I do.

11 **MS. ERICA BEAUDIN:** Would this benefit
12 future policies and procedures for women in these systems?

13 **MS. FARIDA DEIF:** Yes.

14 **MS. ERICA BEAUDIN:** Do you believe that a
15 non-systemic -- that non-systemic advocates for Indigenous
16 female victims, or even people who are charged in those
17 systems, are necessary?

18 **MS. FARIDA DEIF:** Non-systemic advocates?

19 **MS. ERICA BEAUDIN:** Yes.

20 **MS. FARIDA DEIF:** Can you clarify that?

21 **MS. ERICA BEAUDIN:** That aren't system-
22 based; for example, most of our victim services are police-
23 based or system-based. They're housed right in those
24 systems.

25 **MS. FARIDA DEIF:** Can you repeat your

1 question then?

2 **MS. ERICA BEAUDIN:** Okay. Do you believe
3 that non-systemic advocates for Indigenous female victims,
4 or even if they're charged in those systems, are necessary?

5 Would you like me to reframe?

6 **MS. FARIDA DEIF:** No, I understand your
7 question now. It's not really one that I can answer, to be
8 honest. I mean, I think we -- because our focus is on
9 international law and international human rights law, we
10 put a very strong emphasis on the state's responsibility.
11 And so the state, through its various actors, whether
12 that's the police whether that's healthcare providers as
13 the sort of system that's in place, we place a certain
14 degree of responsibility on them to ensure that adequate
15 services are provided, to a community to ensure that the
16 community is protected from violence, et cetera.

17 That's not to diminish the role of sort of
18 non-system actors but it's not one that we really looked
19 into because we do very much focus on the existing systems
20 in place and the gaps and the weaknesses in those systems
21 that need to be improved.

22 **MS. ERICA BEAUDIN:** Okay.

23 **MS. MEREDITH PORTER:** Thank you.

24 **MS. ERICA BEAUDIN:** Thank you for all the
25 panel members for your time. You're valued -- you give

1 value and we appreciate your dedication to the safety and
2 security of Indigenous women and girls.

3 **MS. FARIDA DEIF:** Thank you.

4 **MS. MEREDITH PORTER:** The next
5 representative I'd like to invite up to question the
6 witnesses is from the Saskatchewan Association of Chiefs of
7 Police, and the representative from the Saskatchewan
8 Association of Chiefs of Police will have 10 and a half
9 minutes for questioning witnesses.

10 **MS. KATRINA SWAN:** Sorry; if I can just have
11 a minute?

12 (SHORT PAUSE)

13 **--- CROSS-EXAMINATION BY MS. KATRINA SWAN:**

14 **MS. KATRINA SWAN:** Good afternoon, Elders,
15 Chief Commissioner, Commissioners, members of the National
16 Family Advisory Circle. And I will acknowledge that we are
17 standing on traditional lands. I thank you today to the
18 experts for your testimony.

19 **MS. KATRINA SWAN:** My name is Katrina Swan
20 and I'm legal counsel for the Saskatchewan Association of
21 Chiefs of Police. It is an organization that is made up of
22 the chiefs of police of the municipal police services in
23 Saskatchewan.

24 RCMP are a part of this SACP but I'm not
25 here representing the RCMP today. My questions will be

1 limited to the municipal police agencies, as I'm sure it's
2 not a surprise, my questions are directed to Ms. Deif.
3 And, I'd like to state just for the record to start that
4 it's not my intention to dispute the lived experiences of
5 any of the people interviewed in your submission on the
6 police abuse of Indigenous women in Saskatchewan. I
7 understand and acknowledge that many Indigenous people in
8 Canada have had negative experiences with police dating
9 back many generations, and I understand that there is
10 mistrust between some members of the community and the
11 police. But, against that back drop, I do have some
12 questions.

13 You indicated in your submissions that you
14 did meet with the Chiefs of Police of the municipal police
15 services in Regina and Saskatoon.

16 **MS. FARIDA DEIF:** In Prince Albert, we had a
17 phone call with them because, unfortunately, there was a
18 storm that day and we weren't able to meet with them in
19 person.

20 **MS. KATRINA SWAN:** Yes. Welcome to
21 Saskatchewan. Approximately how much time would you have
22 spent speaking with the chiefs?

23 **MS. FARIDA DEIF:** I would say in both those
24 cases it wasn't just the chiefs. As I mentioned earlier,
25 it was -- you know, in the Saskatoon Police Service, it was

1 Chief Weyhill, and I would say at least 15 to 20 of his
2 colleagues. In the Regina situation, it was about five or
3 six colleagues. I would say we spoke to them for probably
4 two hours, perhaps more.

5 **MS. KATRINA SWAN:** That's the information I
6 had as well. Thank you. And, arising out of those
7 meetings, or perhaps it was in advance of the meetings, you
8 had sent quite a detailed list of questions, approximately
9 48 questions, and those were entered with consent of
10 Commission counsel this morning, and I thank you for that,
11 as Exhibits 28, 29 and 30. You reviewed those submissions
12 in drafting your report?

13 **MS. FARIDA DEIF:** Yes, we did.

14 **MS. KATRINA SWAN:** And, the submissions
15 today didn't necessarily include it, but there were
16 policies and other documents that were provided as part of
17 the response?

18 **MS. FARIDA DEIF:** Sorry, can you repeat your
19 question? I'm not quite clear.

20 **MS. KATRINA SWAN:** We did provide policies
21 for you as well to review?

22 **MS. FARIDA DEIF:** Right. Right.

23 **MS. KATRINA SWAN:** But, those -- the
24 responses in the policies weren't included in the
25 submission other than by reference related to dual charging

1 and acknowledgements that you had received the letters.

2 **MS. FARIDA DEIF:** Right. Well, because our
3 -- you know, as I mentioned earlier, our focus was not on
4 gaps and weaknesses in policy. Our focus was on gaps and
5 weaknesses in practice, and as I've said before, from a
6 policy perspective from the protocols in place, there are
7 many of them, short of a few weaknesses that I've
8 identified earlier, they are quite good and inline with
9 best practices that you would see in any other developed
10 country that would have similar types of policing practises
11 and policies.

12 But, our issue in terms of the experiences
13 of the subset of women that we spoke to in Saskatchewan was
14 on deviations from the policy, was on weaknesses in terms
15 of providing discretion for certain types of behaviour, was
16 on the lack of enforcement of policy. So, that's why we
17 didn't go into much detail and analysis about policy in our
18 submission because that wasn't the focus.

19 **MS. KATRINA SWAN:** I certainly appreciate
20 the acknowledgement and the recognition that the policies
21 certainly are in place, that, you know, we are attempting,
22 at least, to address those issues. In terms of follow up
23 that happened after the release of the report, did you meet
24 with any of the police services?

25 **MS. FARIDA DEIF:** Not as a follow up. We

1 met with Public Safety Canada in Ottawa.

2 **MS. KATRINA SWAN:** Right.

3 **MS. FARIDA DEIF:** We, you know, because of,
4 sort of, limited capacity issues, we're not able to sort of
5 go back to each province multiple times. You know, I
6 mentioned both in the meetings that we had with all of the
7 Chiefs of Police that I would welcome any information from
8 them as to any progress that was made, any developments,
9 any new policies or practises.

10 Certainly, I think that the burden at this
11 stage, having done the research and the reporting, is
12 really on the police services to then identify progress
13 that they've made. I can't be in Saskatoon and Regina
14 everyday monitoring what the police services do, and any
15 types of new initiatives that they have with the community,
16 but I would very much like to hear about them, because
17 that's something that we would like to acknowledge in some
18 way.

19 **MS. KATRINA SWAN:** Great. And, I believe
20 you said this morning that the response that you felt had
21 come from the police services was a defensive one in terms
22 of you released your report and, simultaneously, it was
23 actually all of the municipal police services did a news
24 release to release the exhibits that were hear this
25 morning, because the police are proud of the policies and

1 the work that they are trying to do in the communities.

2 So, in terms of that, then, I guess -- well,
3 you're speaking today about accountability and how you feel
4 that accountability is one of the most important things
5 that needs to come out of the research that you've done,
6 and I'll ask if you recall receiving initial letters. When
7 you brought some of the concerns to the chiefs, there were
8 letters that were drafted and sent to you asking for
9 information about the allegations that were being made so
10 that the chiefs could have those investigated and then try
11 to hold the members accountable. Do you recall receiving
12 those?

13 **MS. FARIDA DEIF:** I do recall, but it's not
14 our policy to provide any information about the victims
15 that we speak to, the survivors of violence and their
16 experience with police, any information that would identify
17 them to the police services in question. In fact, we
18 interview them with the knowledge that we would keep their
19 information confidential. So, while the police services
20 wanted information about the specifics of each case in
21 order to follow up, that's certainly not something
22 ethically that we could do.

23 **MS. KATRINA SWAN:** But, you understand that
24 it's difficult to hold them accountable if they don't have
25 the information presented?

1 **MS. FARIDA DEIF:** It's not -- the research
2 that we do is not in order to hold specific police officers
3 accountable for specific acts of misconduct or abuse. It's
4 to shed light on a pattern and weaknesses in an entire
5 system that could then initiate and trigger a response from
6 the police services.

7 **MS. KATRINA SWAN:** And, you understand where
8 I'm coming, though, to say that it's difficult to address
9 that if they don't have the information? I'll move on.
10 Thank you.

11 Obviously, I'm not going to dispute that
12 more can be done, but I will say -- or would you
13 acknowledge that based on the information that was provided
14 to you that the chiefs in all of the municipal police
15 services are working hard to build relationships in the
16 Indigenous communities? And, I'll specifically refer to
17 the questions 13 and 15 in the submissions from the police
18 services; referring you to pages 12 to 15 of the Saskatoon
19 Police Services submission; 7 to 11 of the Regina Police
20 Services submission; and 6 to 7 of Prince Albert. And,
21 they have detailed information in there about initiatives
22 that are being undertaken with communities.

23 **MS. FARIDA DEIF:** There are certainly a
24 number of initiatives in the community that are taking
25 place.

1 **MS. KATRINA SWAN:** Thank you. In terms of
2 another one of the areas that you highlighted was about
3 police oversight and speaking around civilian oversight.
4 Did you speak to the Public Complaints Commission of
5 Saskatchewan?

6 **MS. FARIDA DEIF:** Yes. We spoke to both the
7 Public Complaints Commission and then the Civilian Review
8 and Complaints Commission in Ottawa, because there isn't a
9 Saskatchewan branch.

10 **MS. KATRINA SWAN:** That's RCMP. Right. So,
11 do you know a lot about the Public Complaints Commission,
12 that it is completely independent of police?

13 **MS. FARIDA DEIF:** We know that it is
14 independent of the police, but we also know that it's only
15 an advisory -- it only has an advisory function. It cannot
16 compel any of the Chiefs of Police to do, really, anything
17 at all.

18 **MS. KATRINA SWAN:** But, if the police
19 service -- so in Section 48 of the *Saskatchewan Police Act*,
20 which I'm not expecting you to have intimate knowledge of,
21 Section 48, if a police chief wanted to provide a remedial
22 order in way of discipline, that the Public Complaints
23 Commission has to consent to that before it can be offered,
24 and if they don't consent, the police service has to charge
25 a member with a discipline offence?

1 **MS. FARIDA DEIF:** I mean, I couldn't really
2 speak to it at that level of detail, but that does sound
3 accurate.

4 **MS. KATRINA SWAN:** And so, that would be a
5 way that they do have oversight and some ability to control
6 what the chiefs are doing?

7 **MS. FARIDA DEIF:** If the police chief
8 triggers it; right? It's the police chief that's
9 triggering it, and the problem is that what we're looking
10 for is for the complaints mechanisms to have the authority
11 over the police chiefs in order to trigger action.

12 **MS. KATRINA SWAN:** Thank you.

13 **MS. FARIDA DEIF:** Not the other way around.

14 **MS. KATRINA SWAN:** Thank you. You've
15 provided six examples of excessive force, and I know that
16 the woman you spoke to expressed the concern about making a
17 complaint and fear of retaliation. You've said you didn't
18 report those concerns to the police service. You classify
19 the stories of excessive force but you didn't get any
20 information from the police about those particular
21 circumstances?

22 **MS. FARIDA DEIF:** No, because as I said, we
23 don't mention specific cases to the police services.

24 **MS. KATRINA SWAN:** Yes, thank you.

25 **MS. FARIDA DEIF:** That would be a breach of

1 trust.

2 **MS. KATRINA SWAN:** I understand. I believe
3 that you had acknowledged, though, that sometimes force is
4 necessary? Police are authorized and legally justified to
5 use force on occasion?

6 **MS. FARIDA DEIF:** Yes.

7 **MS. KATRINA SWAN:** So, it's possible in
8 these circumstances that perhaps force was justified? Just
9 because there's an injury doesn't necessarily mean force is
10 excessive?

11 **MS. FARIDA DEIF:** No. But, in these cases,
12 given the information that we knew, it seemed that the
13 force that was being used was disproportionate to the
14 threat against the officer.

15 **MS. KATRINA SWAN:** Based on the information
16 that you had.

17 **MS. FARIDA DEIF:** Right.

18 **MS. KATRINA SWAN:** Thank you. I think I've
19 covered those. I don't have very much time left, but you
20 did talk about the domestic and sexual assault
21 investigations. I will indicate that in the policies in
22 Regina and Saskatoon, there is the aggressor -- I'm sorry,
23 the words, I don't have them here.

24 **MS. FARIDA DEIF:** Primary?

25 **MS. KATRINA SWAN:** Primary aggressor, that

1 that is in the policy, and it's my hope that in a couple of
2 weeks when we're dealing with policing in Regina that we
3 will have some information about policies on domestic
4 violence and sexual assaults. Those are my questions.
5 Thank you very much.

6 **MS. MEREDITH PORTER:** Thank you. The next
7 representative I would like to invite up is from the
8 Independent First Nations, and the representative will have
9 6.5 minutes for questioning.

10 **--- CROSS-EXAMINATION BY MS. SARAH BEAMISH:**

11 **MS. SARAH BEAMISH:** All right. Good
12 afternoon. My name is Sarah Beamish. I'm counsel for
13 Independent First Nations which is a group of 12
14 Haudenosaunee, Anishinaabe and Oji-Cree Nations in Ontario,
15 and all of these nations have lost women to violence. On
16 behalf of the IFN, I acknowledge and thank our hosts on
17 this territory, the elders in the room with us, the
18 Commissioners and our witnesses today.

19 So, my questions are for Ms. Deif and Dr.
20 Lavallee. Ms. Deif, I'll ask you a couple questions first.
21 In your materials, it talked about rape and sexual assault
22 by police not being within the mandate of one of the
23 civilian oversight bodies. And so, just simply, I would
24 like to ask, would you make a recommendation that
25 complaints regarding rape and sexual assault by police be

1 included in the mandates of all civilian oversight bodies
2 of police forces across Canada?

3 **MS. FARIDA DEIF:** Yes.

4 **MS. SARAH BEAMISH:** Okay. I'd also like to
5 ask you about strip searches. So, in the materials that
6 you put forward from the Saskatchewan Association of Chiefs
7 of Police, it talked about their procedures around strip
8 searches. And, it said in one of them that the general
9 approach is that men are to be searched by men, women are
10 to be searched by women, and then if someone identifies as
11 trans, they can make a request about who they would like to
12 be searched by. But, this does require people to identify
13 themselves as trans in what is already likely a distressing
14 situation, and it also might not be appropriate for people
15 of other genders or people who are intersex.

16 So, would you agree that a better approach
17 would be to simply ask all detainees what gender of officer
18 they would prefer to have conduct the strip search and to
19 respect that request to the extent possible?

20 **MS. FARIDA DEIF:** Yes, I would agree with
21 that approach.

22 **MS. SARAH BEAMISH:** Okay. And, the document
23 also talked about the same protocols regarding strip
24 searches being followed for both adults and minors. The
25 document didn't mention this, but I want to ask you if you

1 know whether the parents or guardians of minors are
2 generally contacted before strip searches are done on
3 youth.

4 **MS. FARIDA DEIF:** I don't know if that's the
5 case.

6 **MS. SARAH BEAMISH:** Don't know.

7 **MS. FARIDA DEIF:** The focus of our work in
8 Saskatchewan was on adult women, so I'm not sure for girls.

9 **MS. SARAH BEAMISH:** Okay. Would you
10 recommend that parents or other caregivers should be
11 notified and given time to attend where that's possible and
12 appropriate before a minor is strip searched?

13 **MS. FARIDA DEIF:** I would think that there
14 would be almost -- there would be -- there should be very,
15 very limited, if any, circumstances in which a minor should
16 be strip searched to begin with.

17 **MS. SARAH BEAMISH:** Yes.

18 **MS. FARIDA DEIF:** And so, it's -- I mean,
19 certainly if in the incredibly exceptional case that that
20 was necessary, yes, the parent should be there.

21 **MS. SARAH BEAMISH:** Okay. Thank you. I'd
22 also like to ask, the human rights reports on Northern BC,
23 it looked at some of the violence that was related to what
24 we call The Highway of Tears. And, you may know that there
25 has since been a shuttle bus put in place on that highway.

1 But, one consequence of that has been that the Greyhound,
2 the private for-profit bus routes in Northern BC have now
3 been cut back directly because of that shuttle bus. And,
4 some people in that area now have been saying that when
5 that service gets cut, they are now going to have to resort
6 to hitchhiking. Do you -- does Human Rights Watch or do
7 you have any recommendations based on your research in that
8 region about how these -- when these gaps emerge or worsen,
9 what should be done to address them?

10 **MS. FARIDA DEIF:** Certainly, there should be
11 adequate and accessible and available transportation in all
12 of that -- in all of The Highway of Tears, that the
13 concerns that we have certainly in terms of hitchhiking in
14 that area, the fact that there isn't, sort of, accessible
15 -- both financially accessible and in terms of time of day,
16 et cetera, the fact that those systems aren't in place is a
17 huge challenge. Certainly.

18 **MS. SARAH BEAMISH:** Okay. With the rest of
19 the time, I'm going to ask some questions to Dr. Lavallee.
20 So, in your document, Indigenous Health Values and
21 Principles, "health" is defined holistically and within a
22 cultural context. Now, here in Ontario, when I believe in
23 some other provinces as well, it's the practice that,
24 during visits to primary care clinics, patients are told
25 that they can only seek help with one problem per visit.

1 Would you say that this practice would generally make it
2 more difficult to understand and treat health concerns in a
3 holistic way?

4 **DR. BARRY LAVALLEE:** Yes.

5 **MS. SARAH BEAMISH:** Would you recommend that
6 primary health care delivery processes be reviewed with the
7 goal of making them better suited to holistic conceptions
8 of health?

9 **DR. BARRY LAVALLEE:** Yes.

10 **MS. SARAH BEAMISH:** Okay. So, now, I want
11 to come back to the idea of death by racism that we've been
12 talking about. Dr. Lavallee, are you familiar with the
13 story of Barbara Kentner, the woman in Thunder Bay -- the
14 Indigenous woman in Thunder Bay who was killed after being
15 hit by a trailer hitch that was thrown at her from a moving
16 car?

17 **DR. BARRY LAVALLEE:** I recall the case.

18 **MS. SARAH BEAMISH:** Okay. So, one
19 disturbing part of that story that was reported fairly
20 widely in the news was that her life may have been saved
21 through a liver transplant, but that she was deemed
22 ineligible for this transplant because she had not
23 abstained from alcohol use for six months. Would you agree
24 that alcohol and drug use by Indigenous people is often
25 related to the trauma, discrimination, poverty and other

1 kinds of oppressive conditions that they too often live
2 with?

3 **DR. BARRY LAVALLEE:** Yes.

4 **MS. SARAH BEAMISH:** Would you then agree
5 that policies that would deny Indigenous people the life
6 saving care they need because of alcoholic or drug use are
7 racist in their impacts?

8 **DR. BARRY LAVALLEE:** Yes.

9 **MS. SARAH BEAMISH:** Are there any
10 recommendations you would make to address this?

11 **DR. BARRY LAVALLEE:** Stop the practice.

12 **MS. SARAH BEAMISH:** Okay. So, I have a
13 minute left, and I would like to ask you one more question
14 about something in the document that you put forward
15 called, *First People, Second Class Treatment*. It made the
16 point that there's a connection between *Indian Act*
17 determinations of who is an Indian and health outcomes for
18 Indigenous people. And, one example that it pointed to was
19 that the Non-Insured Health Benefits Program does not
20 include Métis or non-status people. Can you -- do you want
21 to say anything more about the connection between *The*
22 *Indian Act* and health outcomes for Indigenous peoples, and
23 are there any recommendations you would make related to
24 this?

25 **DR. BARRY LAVALLEE:** I'm going to say

1 something even more politically incorrect, so I'm going to
2 apologize ahead of time.

3 **MS. SARAH BEAMISH:** Go for it. Yes.

4 **DR. BARRY LAVALLEE:** If you -- this sounds
5 terrible. If you have a status card in Canada, the
6 likelihood that you have -- that you can become ill is
7 greater than if you don't. Now, that's not to diminish
8 First Nations' identity in any way, shape or form, but it
9 actually speaks as a proxy to what happens in a contextual
10 way if you identify, and Ottawa sees you as a First Nations
11 person.

12 Now, indeed, you know, dark skinned Métis in
13 Northern Manitoba can experience poor health outcomes, like
14 First Nations people in Northern Manitoba, so that racism
15 actually doesn't attend to whether they have a card or not,
16 but it speaks to the array of how racism looks, both
17 structurally right down to the individual impact of racism.
18 So, if you -- that's kind of how -- and it's a funny thing
19 that works that way.

20 **MS. SARAH BEAMISH:** Okay. All right. Well,
21 thank you all for your answers today.

22 **MS. MEREDITH PORTER:** Thank you. The next
23 representative I would like to invite up to the podium is
24 from West Coast LEAF. And, the representative from West
25 Coast LEAF will have six-and-a-half minutes for questioning

1 the witnesses.

2 **--- CROSS-EXAMINATION BY MS. RAJI MAGNAT:**

3 **MS. RAJI MAGNAT:** Good afternoon. My name
4 is Raji Magnat. I'm counsel for West Coast LEAF. I'd like
5 to echo the thanks offered by others to the elders,
6 grandmothers, Commissioners and witnesses today, and to
7 convey my gratitude for the welcome that I have received to
8 these lands by their custodians.

9 I would like to just ask a few questions to
10 Ms. Deif. Many of my questions, as always, seems to happen
11 at these hearings, get scooped by others, so these are a
12 few, kind of, clean up questions, maybe. My take away from
13 your evidence today is that Indigenous women in Canada are
14 both, sort of, ironically over-policed and under protected;
15 is that fair?

16 **MS. FARIDA DEIF:** That's a fair assessment.

17 **MS. RAJI MAGNAT:** So, I would like to start
18 with the over-policing aspect of that. You spoke about the
19 presumption of criminality that applies to Indigenous
20 women, and how Indigenous women are often arrested or
21 detained when they are the ones that are seeking justice.
22 And, you spoke earlier with Mr. Blain about Indigenous
23 women avoiding the police or wanting to render themselves
24 invisible so that they don't come into that contact, which
25 has been very harmful for them. Would another reason for

1 Indigenous women to want to avoid the police be a potential
2 for police contact to result in removal of their children?

3 **MS. FARIDA DEIF:** Yes.

4 **MS. RAJI MAGNAT:** Was that something that
5 came up in the work that Human Rights Watch did? I have
6 read both reports, but I don't recollect...

7 **MS. FARIDA DEIF:** That was not an issue that
8 came up in terms of a barrier to seeking police protection
9 or support from the interviewees that we interviewed.

10 **MS. RAJI MAGNAT:** But, it is your
11 understanding, as someone who works in this area, that that
12 would indeed be another reason why many Indigenous women
13 may want to avoid contact with the police to avoid having
14 children removed?

15 **MS. FARIDA DEIF:** Yes, certainly.

16 **MS. RAJI MAGNAT:** Okay. Thank you.

17 **MS. FARIDA DEIF:** Yes.

18 **MS. RAJI MAGNAT:** And, now, I'd just like to
19 turn to the police responsibility to address structural or
20 systemic discrimination, which also came up in your
21 evidence earlier. BC Solicitor General recently asked for
22 groups to provide submissions around developing policies
23 for unbiased policing.

24 **MS. FARIDA DEIF:** M'hm.

25 **MS. RAJI MANGAT:** Do you have

1 recommendations based on your work in Canada, and maybe
2 more directly your work outside Canada, on how police
3 services in Canada could begin to dismantle the misogyny
4 and racism and sexism that takes place in those day-to-day
5 exercises of discretion that you've spoken about today?

6 **MS. FARIDA DEIF:** Yeah, I mean, I think the
7 root causes are often sort of structural in systemic bias.
8 And so I think that, you know, there isn't -- you know,
9 there isn't a lot of focus in the trainings that are done
10 of various police services on bias.

11 **MS. RAJI MANGAT:** M'hm.

12 **MS. FARIDA DEIF:** You know, there is --
13 there can be a lot of different elements of sort of, you
14 know, cultural understanding, et cetera, but there isn't
15 really a sense that police officers who are the new cadets
16 that are being recruited or sort of more periodically as
17 part of a training of existing police officers, that there
18 is a sense that people are -- that officers are being asked
19 to question their inherent bias about different communities
20 in Canada. That I think is a big gap.

21 **MS. RAJI MANGAT:** Thank you. Do you think
22 that using terms like discipline offences or police
23 misconduct is a proper characterization of the kinds of
24 experiences that Human Rights Watch uncovered in terms of
25 what Indigenous women in B.C. and Saskatchewan are facing

1 and with their contact with the police? Is it -- does it
2 seem proper to call that -- to call some of those things
3 discipline offences or misconduct? I think you said
4 something earlier that I maybe would like to pursue a bit
5 around that this is criminal activity and why are we not
6 regarding it as such.

7 **MS. FARIDA DEIF:** No, I mean, I never use
8 the term discipline ---

9 **MS. RAJI MANGAT:** I see.

10 **MS. FARIDA DEIF:** --- conduct, but I think
11 we really -- there was a spectrum of abuses that we were
12 looking at; right? I mean, from excessive use of force
13 where, you know, the handcuffing caused sort of bloody
14 wrists, to sexual assault. That is a wide spectrum of
15 abuses. In the human rights world, in the international
16 human rights world we would call that sort of a variety of
17 human rights violations and abuses. Not to diminish the
18 severity of the abuses, but just to kind of be able to
19 highlight the spectrum of that, and so not all of the
20 abuses that we documented were criminal in nature.

21 **MS. RAJI MANGAT:** I see.

22 **MS. FARIDA DEIF:** There was -- and some of
23 it was, you know, more misconduct than it was criminal.
24 And so I think it was just more to kind of highlight the
25 entire spectrum of the abuses that we documented that are

1 of varying severity.

2 **MS. RAJI MANGAT:** Okay. Thank you.

3 We've talked a lot about accountability and
4 sometimes transparency becomes part of accountability
5 frameworks. I would like to invite you, in the time I
6 have, to speak a bit about how you think transparency, or
7 what sorts of recommendations could be made around
8 transparency where there is this civilian oversight body,
9 and let's say it does have the right mandate, where does
10 transparency fit into that accountability framework, in
11 your view?

12 **MS. FARIDA DEIF:** I mean, I think
13 transparency is critical because I -- you know, even if
14 there are effective initiatives that are being taken place
15 by the various public complaints mechanisms, if the public,
16 the general public isn't aware of that, isn't aware, for
17 example, that these complaints mechanisms exist, isn't
18 aware of the effect of their work, the impact of their
19 work, how it's changing, policies and practices, how it's
20 changing, police -- I mean, if that's not part of the
21 public awareness and dialogue, then it becomes a bit of a
22 meaningless exercise in a way, because part of the issue is
23 that you want to build a bridge between law enforcement and
24 the Indigenous community. And in order to do that, there
25 needs to be transparency.

1 If a police officer is criminally charged
2 for the abuses that they have inflicted on Indigenous
3 women, that should be made public. That -- anything from
4 disciplinary action to other types of, you know, criminal
5 action or criminal penalty, those things should be public
6 and transparent in order to -- I mean, it is only in the
7 best interest of the police service to make that clearly
8 apparent so that in a way it does start to build a level of
9 trust in law enforcement because there is a sense that
10 those individuals who are, you know, mistreating or abusing
11 Indigenous women are going to be held account by a system
12 in place.

13 **MS. RAJI MANGAT:** Thanks. That's my time.
14 Thank you, everyone, for your evidence
15 today.

16 **MS. MEREDITH PORTER:** Thank you.

17 The next representative I'm going to invite
18 up to the podium is from Manitoba Keewatinowi Okimakana,
19 MKO. And the representative from MKO will have six and a
20 half minutes for questioning.

21 **--- CROSS-EXAMINATION BY MS JESSICA BARLOW:**

22 **MS. JESSICA BARLOW:** Good afternoon. I'd
23 like to begin by acknowledging the Elders, singers,
24 drummers, and the families and survivors that are either
25 here with us today or at home in our communities. I'd also

1 like to recognize the sacred items in the room.

2 I'd like to thank the witnesses for sharing
3 with us today. I'd also like to thank the Commissioners.

4 I'd like to express gratitude to the
5 Anishinaabe, Mississaugas of New Credit and Hodinishoni
6 peoples for welcoming us to their territory to conduct this
7 work in a good way.

8 My name is Jessica Barlow. I am legal
9 counsel on behalf of MKO. And with the greatest of respect
10 for all of the panel members all of my questions today will
11 be for Dr. Lavallee.

12 A lot of my questions have been aptly asked
13 and answered already, and so I just have a few follow-up
14 questions for you, Doctor.

15 And my first question pertains to your
16 testimony you spoke about differential access. And I'm
17 just wondering if you're able to elaborate on that term,
18 differential access, and specifically, differential access
19 in racism and health and health services as it pertains
20 specifically to First Nations communities in northern and
21 remote communities in Manitoba, if you're able to comment
22 on that.

23 **DR. BARRY LAVALLEE:** Sure. So differential
24 access it's a fancy term to try and hide racism and how it
25 looks actually. So one of the things -- I'll give you an

1 example; okay? So, one of the things that we try and do is
2 promote prevention.

3 **MS. JESSICA BARLOW:** M'hm.

4 **DR. BARRY LAVALLEE:** Right? So, prevention
5 so that people don't lose their legs, for example, or they
6 don't need to go to dialysis, but the onslaught of
7 colonization on the body of Indigenous peoples in many
8 areas, including areas around Thompson, are that the
9 nursing station is inundated with a lot of sick people who
10 have multiple needs, and there's limited resources in terms
11 of practitioners to provide care for people. That in
12 itself -- so when the need is not met and the need is not
13 being met, that's how racism looks, okay, is one kind of
14 example.

15 And it morphs out into a whole slew of
16 things, for example; right? So if somebody has a chest
17 pain and if a nurse decides that it's not ischemic in
18 origin, or it doesn't warrant a medivac to Thompson, or to
19 Winnipeg, and if there's a mistake, that is a problem, so
20 that the level of diagnostics that are available in the
21 community and the providers who are available in the
22 community can't do it, that's how racism looks, for
23 example; okay? And it's just -- I could just go on and on
24 about that.

25 **MS. JESSICA BARLOW:** M'hm.

1 DR. BARRY LAVALLEE: Okay?

2 MS. JESSICA BARLOW: Perfect. Thank you.

3 And earlier today you spoke about the health
4 of the Indigenous body, and more specifically you spoke
5 about the health of the woman and how the effects -- this
6 also affects the health of the family and that to heal the
7 environment and the structure is to heal the person. Do
8 you recall saying that?

9 DR. BARRY LAVALLEE: Yes.

10 MS. JESSICA BARLOW: And I'm wondering if
11 you can elaborate on this comment and unpack it a bit for
12 us, if you will, and if you can also provide any
13 recommendations as to how this may be implemented in
14 practice?

15 DR. BARRY LAVALLEE: The second part
16 requires more than a few minutes.

17 MS. JESSICA BARLOW: Okay.

18 DR. BARRY LAVALLEE: Not that I have the
19 answers, but even just to unpack it. So, for example, we
20 know by numbers that if we increase the breastfeeding rates
21 for First Nations it actually has a protective factor, a
22 influence downstream so that people can have less diabetes,
23 as an example; right? But how is it that our women's
24 groups and our MKO and KTC actually influence communities
25 in such a way that we make breastfeeding again very, very

1 normal in a culturally appropriate way for women and gender
2 appropriate way is a question. How much resources does the
3 federal government and the provincial government provide
4 for those organizations to promote that one small part
5 about the health of the future for First Nations people?

6 Now, you know, in reality, it appears, at
7 least from my limited view, that the protection of women
8 from violence, for example, and the promotion of healthy
9 relationships where people enter a relationship cognizant
10 of their responsibility for relationship -- and that's not
11 a deficit analysis, so please it's not saying -- placing
12 the blame on Indigenous People. But it's saying, what do
13 we -- what can we do structurally to ensure that
14 relationships start out in a good way. So that -- it
15 sounds crazy, but that the conception itself is at its best
16 most healthy, is actually a large, large determinant of
17 health. In theory, for downstream for the communities,
18 like 20, 30 years downstream. It's just -- I could just go
19 on about that.

20 **MS. JESSICA BARLOW:** Thank you. Now, we
21 just heard you make a recommendation that Indigenous women
22 should not be accosted by our institutions during birthing.
23 Do you recall that?

24 **DR. BARRY LAVALLEE:** Yes.

25 **MS. JESSICA BARLOW:** I'm wondering if you

1 would also extend that recommendation to include that
2 Indigenous women should not be accosted in our institutions
3 generally?

4 **DR. BARRY LAVALLEE:** Yes.

5 **MS. JESSICA BARLOW:** Thank you. And I only
6 have a minute left, and so with that time I would like to
7 offer you the opportunity to speak on any further
8 recommendations that you would have for the Commission on
9 racism, as it relates to Indigenous health and health
10 services, as well as medical or public education.

11 **DR. BARRY LAVALLEE:** And I just might take
12 one option to say that, having a job and having access to
13 economic viability by women actually is about the health of
14 that particular family. So while we focus on trying to
15 change these -- the institutions and make them safe for
16 people to gain access to health, there are other major
17 influences on health that are not being addressed
18 currently. That we need to actually branch out. It's
19 jobs, it's housing, you know, it's all of those kinds of
20 things that are vitally important.

21 **MS. JESSICA BARLOW:** Wonderful. Thank you
22 so much. Thank you all.

23 **MS. MEREDITH PORTER:** The next
24 representative I would like to invite up to the podium is
25 from Pauktuutit, and the representative from Pauktuutit

1 will have eight and a half minutes for questioning.

2 **--- CROSS-EXAMINATION BY MS. BETH SYMES:**

3 **MS. BETH SYMES:** Thank you. My name is Beth
4 Symes. I represent Pauktuutit. The Inuit women of
5 Labrador, Saturviit, the Ottawa Inuit Children's centre,
6 and the Manitoba Inuit Association. My questions are all
7 about Inuit. I'll begin with you, Dr. Moore.

8 You've described for us today an affirmative
9 action program to educate Inuit teachers. I think that's a
10 fair description of your program.

11 **DR. SYLVIA MOORE:** I would say it was
12 started at the request of Nunatsiavut government, yes.

13 **MS. BETH SYMES:** But it is by Inuit persons,
14 is that right?

15 **DR. SYLVIA MOORE:** Yes.

16 **MS. BETH SYMES:** And it is for Inuit
17 children?

18 **DR. SYLVIA MOORE:** Definitely.

19 **MS. BETH SYMES:** And would you agree with me
20 that it was created as a partnership, I guess, to address
21 the shortage of Inuit teachers?

22 **DR. SYLVIA MOORE:** My understanding from
23 conversation with the education staff at Nunatsiavut, is
24 that they signed their land claim agreement 10 years ago,
25 and that they have the right to take over their own schools

1 in their land claim area and they have not yet done that.
2 They have told me they will when they're ready and that
3 having this class of teachers graduate is part of that
4 plan.

5 **MS. BETH SYMES:** And to your knowledge, Dr.
6 Moore, is it the only such teachers' program in Canada for
7 Inuit?

8 **DR. SYLVIA MOORE:** As far as I know.

9 **MS. BETH SYMES:** How many Inuit students are
10 in the cohort?

11 **DR. SYLVIA MOORE:** It started with 15.
12 We're now at 11 with one on a leave of absence.

13 **MS. BETH SYMES:** You said -- you described
14 it as a one off, that is it's not going to continue
15 forever; is that correct?

16 **DR. SYLVIA MOORE:** Right. This is not
17 ongoing intake into this program.

18 **MS. BETH SYMES:** Why is it ending? Why is
19 it a one off?

20 **DR. SYLVIA MOORE:** Because Nunatsiavut asked
21 for one cohort of students to be trained. This is not
22 unusual. Just before that they also had a cohort of social
23 workers, then before that they had a cohort of nurses.

24 **MS. BETH SYMES:** But would you agree with me
25 that the need for teachers in Nunatsiavut and other areas

1 in Inuit Nunangat is acute?

2 DR. SYLVIA MOORE: Yes. Definitely.

3 MS. BETH SYMES: Dr. Lavallee, in your
4 training -- I gather you trained partly at the Winnipeg
5 Health Sciences; is that correct?

6 DR. BARRY LAVALLEE: Where I train people?

7 MS. BETH SYMES: No. Where you yourself
8 trained.

9 DR. BARRY LAVALLEE: Oh, I -- yes. I
10 trained at the Health Science Centre.

11 MS. BETH SYMES: And do you also do training
12 there as well?

13 DR. BARRY LAVALLEE: No.

14 MS. BETH SYMES: Okay. When you were at the
15 Winnipeg Health Sciences, I presume that you would have met
16 a number of Inuit persons coming south to the Health
17 Sciences for treatment?

18 DR. BARRY LAVALLEE: Yes.

19 MS. BETH SYMES: And we have evidence in
20 this case that last year there were some 15,000 medical
21 visits to Winnipeg from Nunavut, western Nunavut.

22 DR. BARRY LAVALLEE: I'm not aware of the
23 numbers.

24 MS. BETH SYMES: Are you aware that the
25 numbers are high?

1 DR. BARRY LAVALLEE: I'm not.

2 MS. BETH SYMES: Okay.

3 DR. BARRY LAVALLEE: Sorry.

4 MS. BETH SYMES: Now, I want to explore with
5 you racism in the health care system, as compared to just
6 very bad health care. And I want to explore with you a
7 number of possibilities that the Commission has heard
8 evidence of as we went across the north. So the first we
9 heard in Rankin Inlet from a lawyer, Susan Enuaraq, who she
10 said had a white spouse, and that when she went to seek
11 health care she got far better treatment, far better
12 attention if her spouse was with her. Does that surprise
13 you?

14 DR. BARRY LAVALLEE: No.

15 MS. BETH SYMES: Secondly, that the health
16 care provider directed their attention to her spouse, even
17 though it was Susan who was seeking health care. Does that
18 surprise you?

19 DR. BARRY LAVALLEE: And Susan is not white?

20 MS. BETH SYMES: In -- Susan is Inuk. Does
21 that surprise you that the health care provider would focus
22 the attention on the white spouse, rather than the actual
23 patient?

24 DR. BARRY LAVALLEE: Today, I'm a bit
25 surprised.

1 **MS. BETH SYMES:** Would you agree with me
2 that that is -- that example is blatant or facial
3 discrimination?

4 **DR. BARRY LAVALLEE:** It's exclusion.

5 **MS. BETH SYMES:** And it's exclusion based on
6 race?

7 **DR. BARRY LAVALLEE:** It appears so.

8 **MS. BETH SYMES:** And when you educate your
9 students, do you teach them that they are to in fact focus
10 on the patient, not on the mother, or the sister, or the
11 spouse?

12 **DR. BARRY LAVALLEE:** Yes. That's a standard
13 practice.

14 **MS. BETH SYMES:** Now, I want to take some
15 other more -- slightly more difficult questions. In Happy
16 Valley-Goose Bay, Silpa and Gordon Obed told us that their
17 young son who was I think in his 30s, living in Nain, died.
18 And on autopsy, he had TB which had never been diagnosed.
19 Does that surprise you?

20 **DR. BARRY SYMES:** No.

21 **MS. BETH SYMES:** Now, that could be poor
22 medicine, or would you say racism?

23 **DR. BARRY SYMES:** The fact that First
24 Nations People and other peoples in the north die at
25 similar rates from TB is a function of racism.

1 **MS. BETH SYMES:** Let me take a second
2 example. This we heard when we were in Rankin -- when --
3 sorry, we were in Montreal, and it comes from Iqaluit.
4 Sarah Birmingham told us the story of her three-year-old
5 son. They were living in Iqaluit. She took him to
6 hospital for a year and he would be -- or they would be
7 released with Tempera. He actually had leukaemia and died.

8 Dr. Lavallee, is that just bad medicine, or
9 is that racism?

10 **DR. BARRY LAVALLEE:** I can't tell. It
11 certainly is bad medicine. Whether it's racism I can't
12 tell with what information that you gave me.

13 **MS. BETH SYMES:** What extra information
14 would you need?

15 **DR. BARRY LAVALLEE:** Well, what happened the
16 other times, what information was given to the parents?
17 And how was it delivered?

18 **MS. BETH SYMES:** The mother was discharged
19 with Tempera after having been at the hospital on numerous
20 occasions over the case -- over the space of 12 months.

21 **DR. BARRY LAVALLEE:** So if the mother's
22 concern about her child was dismissed ---

23 **MS. BETH SYMES:** Yes.

24 **DR. BARRY LAVALLEE:** --- that is racism.

25 **MS. BETH SYMES:** Now, you've told Mr. Blaine

1 that as a physician you are governed by the College of
2 Physicians and Surgeons of Manitoba.

3 **DR. BARRY LAVALLEE:** Yes.

4 **MS. BETH SYMES:** Your College, every
5 College, puts out standards of practice for medical care?

6 **DR. BARRY LAVALLEE:** Yes.

7 **MS. BETH SYMES:** Is one of those standards
8 the requirement to provide competent, culturally
9 appropriate care to the patient who is seeking care?

10 **DR. BARRY LAVALLEE:** In many ways, yes.

11 **MS. BETH SYMES:** And, you've indicated in
12 your materials that the college fails to hold doctors
13 accountable for -- when they don't meet that standard.

14 **DR. BARRY LAVALLEE:** Racial. You have to
15 put a racial lens on it.

16 **MS. BETH SYMES:** Let's put a racial lens on
17 it then. And, when the care, and I've given you three
18 different examples, and you've said that they would be
19 racist or results of racism, why can't the governing body
20 for doctors hold physicians and surgeons accountable for
21 the lack of care that they provide to Inuit, First Nations
22 and Métis people?

23 **DR. BARRY LAVALLEE:** Because the receiving
24 college, as far as I'm concerned, has no word about being
25 First Nations and care, being First Nations, racism and

1 care. So, we encourage people to write a report about
2 their experience and to articulate what happens, but we're
3 not confident about what happens at the other end. That's
4 another hill we have to climb.

5 **MS. BETH SYMES:** Thank you.

6 **MS. MEREDITH PORTER:** Thank you. The next
7 party I'd like to invite up to ask questions is from the
8 NunatuKavut Community Council, and that representative will
9 have 6.5 minutes for questioning of the witnesses.

10 **--- CROSS-EXAMINATION BY MR. ROY STEWART:**

11 **MR. ROY STEWART:** Good afternoon, everybody.
12 My name is Roy Stewart, and I'm fortunate enough to be one
13 of the council for the NunatuKavut Community Council. And,
14 I'd just like to again thank you, Commissioners, elders and
15 all the families contributing to this Inquiry.

16 I have a few quick questions. The first two
17 are for you, Amy; Amy or Ms. Hudson, which do you prefer?

18 **MS. AMY HUDSON:** Mr. Stewart, I think Amy
19 would be fine.

20 **MR. ROY STEWART:** All right. I just want to
21 go back to the presentation you gave this morning. You
22 spoke about the lack of adequate or mostly flawed studying
23 and reporting by government and academics on the southern
24 Inuit of Labrador. And, from what I gather from your
25 presentation is that this places your peoples and their

1 communities in a sort of, I guess, vacuum of statistics,
2 leaving the people of NunatuKavut, you know, especially the
3 women having to validate their internal needs against
4 external observers. And, I was just curious, is this part
5 of the cultural violence that you were getting at in your
6 presentation?

7 **MS. AMY HUDSON:** Absolutely.

8 **MR. ROY STEWART:** And, you also were
9 explaining that until rather recently, given the position
10 of Labrador and Newfoundland being late joining
11 Confederation that the Inuit of NunatuKavut freely used
12 their land and its resources until rather recently, and
13 that a vital role in contribution was that of the Inuit
14 women in your communities. And, you also stated the
15 importance of your people through the governing body of
16 NunatuKavut Community Council is that of reclaiming what
17 was theirs and repositioning themselves in their rightful
18 place in the territory.

19 So, linked to that, I was just wondering if
20 you could explain if this reclaiming and repositioning is
21 linked to, I guess, the importance of a land claim
22 agreement that you sort of -- given the time you glossed
23 over?

24 **MS. AMY HUDSON:** Certainly, I think in
25 getting back to -- just pointing to the discussion around

1 Confederation and about when land claims actually became a
2 bit of a discussion or a reality in Labrador, and in fact,
3 in this country wasn't until, I think, perhaps the '70s
4 and, certainly, it primarily was a state-centred solution.
5 You know, modern land claims and agreements is a state-
6 centred solution to basically deal with, you know, the
7 Natives, to deal with Natives in uncertainty around
8 Indigenous assertions to rights and title.

9 So, the irony in that is it also -- the
10 period in which you're talking about in which, you know,
11 prior to the sixties and seventies that Inuit in my
12 communities were fairly self-governing, but not unimpacted
13 by other forms of colonization is interesting and timely,
14 given the fact that that's only during the period at which
15 other Indigenous nations across Canada -- you know, where
16 land claims became a pursuit at the hands of government and
17 the irony in which we had to begin mobilizing to sort of
18 find ways in our relationships with the state to take back
19 that which had been stolen.

20 So, that's a really important point in
21 understanding the history of land claims and our
22 relationship to land claims in this country. However, as
23 we always do and as we always have, we adapt and evolve,
24 and we learn to work with what we have around us, and that
25 includes our relationships with other human beings.

1 land claims. Ideally, it will become a situation in which
2 self-government agreements between the state will be
3 between Canada and another autonomous nation.

4 **MR. ROY STEWART:** Thank you, Ms. Hudson.
5 Dr. Lavallee, I just have one quick question based on what
6 Amy just said. She raised the issue of services in the
7 communities. And, this morning, you discussed the -- I
8 think you phrased it, and correct me if I'm wrong, the
9 entitlement of settlers to question who we are as
10 Indigenous people is institutionalized. Does that sound
11 about right?

12 **DR. BARRY LAVALLEE:** It's a bit fractured.

13 **MR. ROY STEWART:** Okay. Forgive me. On
14 that note, are you aware that the NunatuKavut Inuit in
15 southern Labrador are not eligible for First Nation and
16 Inuit health grant services?

17 **DR. BARRY LAVALLEE:** I wasn't aware of that.

18 **MR. ROY STEWART:** Okay. Well, now you are.

19 (LAUGHTER)

20 **MR. ROY STEWART:** Is that a part of the
21 structural deficiencies you spoke of this morning?

22 **DR. BARRY LAVALLEE:** It's a problem that has
23 nothing to do with me being a doctor. It's a problem when
24 white systems define who we are and our identity. And, by
25 doing so, they usurp our sovereignty, as one of my

1 colleagues says. And, in doing so, they reacquire our
2 lands continuously. Yes. There's a reason why I'm sure
3 that occurs, and they have no right to do that.

4 **MR. ROY STEWART:** Thank you.

5 **DR. BARRY LAVALLEE:** It depends on what the
6 community wants.

7 **MR. ROY STEWART:** I see I'm already over
8 time, so I want to thank all panel members.

9 **MS. MEREDITH PORTER:** Thank you. Chief
10 Commissioner and Commissioner Eyolfson, that concludes our
11 questioning from the parties with standing. At this time,
12 I'd like to seek your direction on the next step, if you
13 would like to proceed with your questions to the witnesses,
14 or we could also proceed. I have one question on re-exam
15 for one of the witnesses, and I'm going to just canvass my
16 colleague here.

17 What would you like to do in terms of the
18 next steps?

19 **CHIEF COMMISSIONER MARION BULLER:** Will you
20 go ahead with re-examination, please? And, between the two
21 of us, we don't have a great number of questions. So, I'll
22 ask all of the panel members to please bear with us.

23 **--- RE-EXAMINATION BY MS. MEREDITH PORTER:**

24 **MS. MEREDITH PORTER:** Okay, thank you. My
25 only follow up question is for Dr. Lavallee, and it's based

1 on something that Ms. Deif had made comments when she was
2 responding to some questioning this morning. She was asked
3 if police services that she was aware of that had been part
4 of the two reports that she spoke to had received trauma
5 informed or trauma training or training around trauma. So,
6 my question -- I'd like to pose the exact same question to
7 Dr. Lavallee in the context of physicians and the training
8 that they receive. Are physicians, to your knowledge,
9 trained in the area of trauma? And, if not, why not? And,
10 if yes, could you please elaborate on, sort of, the
11 approach to the training, the scope of the training?

12 **DR. BARRY LAVALLEE:** Yes. So, for our
13 course, we include actually trauma-informed training. Very
14 little. It's like one hour to an hour-and-a-half out of
15 thousands of hours for a medical student. And, we don't
16 have specific resources to actually do the trauma-informed
17 care.

18 Now, for post-grad -- so medical school is
19 undergrad, then post-grad. So, post-grad training is only
20 at its infancy and trying to -- attempting to get thousands
21 of learners to address Indigenous health, so -- and that's
22 two, three years down the road. But, one of the things, I
23 spoke with one of my colleagues here, is that with the
24 trauma-informed care, there are some assumptions when you
25 train somebody to approach somebody in a trauma-informed

1 way, because in a trauma-informed way means that make no
2 assumptions and make a lot of assumptions about the
3 patient. But, be careful about the distance that you
4 approach a patient with, be careful of your choice of
5 words, be careful of how you ask questions, because you
6 might uncover and not be aware that somebody's actually
7 been violated in different ways; right? So, there's
8 different -- it's much more than that.

9 But, one of the things that we see, I want
10 to be really -- one of the many ugly things that we see
11 with Settler learners and Settler society is that there is
12 disbelief about the experiences of Indigenous peoples in
13 the context of violence and the context of their illness,
14 and that disbelief really can ask the question, why do you
15 need trauma-informed care when you're the one who caused
16 everything yourself; you know?

17 So, there's mechanisms that are really ugly
18 that we're trying to deal with and contend with to support
19 learners to be better providers so that people aren't
20 traumatized, re-traumatized in a clinical situation. And
21 so, we're just on the cusp of trying to examine that and
22 trying to figure out through literature as well as practice
23 how to do that.

24 **MS. MEREDITH PORTER:** Thank you. That was
25 my only question on re-exam. So, at this point, I would

1 like to turn it over to the Commissioners and invite any
2 questions or comments that they would like to share or put
3 to the witnesses.

4 **--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON:**

5 **COMMISSIONER BRIAN EYOLFSON:** Thank you.
6 Thank you very much, everybody. I just have a few follow-
7 up questions. I'd like to start with Dr. Lavallee.
8 Earlier on, you were giving some evidence about developing
9 an Indigenous health course at the University of Manitoba,
10 and you talked about taking a different approach or moving
11 to a different approach that looks at the position that
12 Settlers are in and occupying our land. I'm wondering if
13 you could just comment a little bit more on that approach,
14 and any successes you have seen with that approach or what
15 your views are of any successes.

16 **DR. BARRY LAVALLEE:** So, you have to look at
17 the background to that. So, Linda Diffey, who's my
18 colleague, developed a course where the Indigenous person
19 becomes a textbook, and so adopting Western practices about
20 knowledge. So, we have as part of our course where we
21 invite several dozen people from our community, so dark
22 skinned, light skinned, gay, not gay, professional, not
23 professional, ex-gang, you know, whatever it is, you know,
24 that are kind of the stereotypes and non-stereotypes.

25 And, what we found is that we get four

1 medical students to read the book to essentially ask
2 questions of the book that don't interrogate the person.
3 But, one of the phenomena that occurred, and we didn't
4 realize this, was that the Settler students are having an
5 emotional reaction. For some, this is the first time
6 they've ever talked with an Indigenous person out of this
7 sphere of stereotyping to realize that they're just as
8 human as they are, and it's one of the most powerful
9 interventions we have.

10 And so, that has nothing to do with -- about
11 the book that we hire to teach the four students, but it
12 has everything to do with the positionality of the Settler
13 coming to the medical school, or nursing school, or police,
14 or wherever it is that we're trying to get them to change
15 how they see us. And so, it morphed over time that we
16 realized. And, we drew upon social sciences, literature
17 from education, actually, when we were looking at
18 racialized environments in America, and we do a lot on that
19 source of literature to help us put meat on the skeleton of
20 the curriculum.

21 **COMMISSIONER BRIAN EYOLFSON:** Thank you.
22 And, related to that, you were also talking about
23 resistance from people in positions of power and you talked
24 about using the word "racism". I'm not sure if you were
25 talking about the same course or educating in a different

1 context in your professional sphere, but I'm wondering if
2 you could comment on that as well ---

3 **DR. BARRY LAVALLEE:** Sure. Yes.

4 **COMMISSIONER BRIAN EYOLFSON:** --- and any
5 challenges or successes.

6 **DR. BARRY LAVALLEE:** Sure. So, anything in
7 this institution where we prioritize Indigenous health and
8 it comes along with asking for resources, for example, and
9 people will criticize me when I get back home about this,
10 is that everything is multiple steps to do, and sometimes
11 they don't occur when the need is great. And so, one of
12 the participants here asked about when the need is so great
13 and you actually don't meet the need, that's how racism
14 looks.

15 But, the barriers that occur and the
16 resistance that occurs in the institution is that your
17 answers are never -- your questions are never answered.
18 There's diversions that occur. You don't get responses for
19 six months, and suddenly it's not a priority anymore. But,
20 what we do with on-gong-mis-win (phonetic) and our
21 leadership at the University is we move forward wanting
22 more Indigenous people in the academy, and we want
23 leadership for our women leads, and we want them in
24 positions of higher power including deanship across this
25 country. And, in all those positions so that we can gain

1 access to the resources, the millions and millions of
2 dollars that these institutions hold, we want to be able to
3 gain access to that to make changes.

4 **COMMISSIONER BRIAN EYOLFSON:** Okay. Thank
5 you very much, Dr. Lavallee. I think I have one question
6 for Ms. Deif. So, you were asked a fair number of
7 questions about accountability mechanisms for police, and
8 you talked about civilian oversight and complaints
9 mechanisms. But, one thing you also mentioned a few times
10 was that real fear of retaliation for Indigenous women in
11 filing complaints. So, I'm wondering if you have any
12 thoughts or recommendations on how you can maintain or
13 ensure accountability when there is that such a fear of
14 retaliation with complaints processes that are complainant
15 driven.

16 **MS. FARIDA DEIF:** Yes. I mean, I feel like
17 it is a conundrum, right, because in a way you have a
18 situation where you can strengthen the public complaints
19 mechanisms, make them much more independent, make them
20 purely civilian, make them have more authority over the
21 police chiefs, make them not only an advisory role. But,
22 at the same time, you have the same types of concerns that
23 people have, and Indigenous women in particular have, in
24 using those mechanisms. And so, is there a point in
25 strengthening them, in a way.

1 But, I know that in, you know, some places
2 they do have -- you know, in Saskatchewan, for example,
3 there is a way for Indigenous women to go through the FSIN,
4 which is the Federation of Saskatchewan Indigenous Nations,
5 and actually file police complaints through the FSIN that
6 would then be redacted in whatever way is needed and sent
7 to the public complaints mechanisms. So, that is a useful
8 way to actually allow women to have, sort of, more trust in
9 the system, because they're going not to a, sort of, you
10 know, agency of the state, but they're going through the
11 FSIN, which is a body that they trust implicitly already.

12 So, those types of mechanism, I think, are
13 needed more, sort of, widespread across provinces to ensure
14 that. And, in addition, to have complaints mechanisms that
15 are more robust, because there are Indigenous people that
16 are using those complaints mechanisms, but it's just
17 unclear as to what type of impact -- you know, they file
18 reports regularly, the complaints mechanisms, but it
19 doesn't, unfortunately, seem like they have much more
20 authority than that.

21 **COMMISSIONER BRIAN EYOLFSON:** Okay. Thank
22 you very much. I don't have any further questions. I just
23 want to thank all the panelists very much for taking the
24 time to be with us today and share your expertise, so thank
25 you.

1 --- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER:

2 **CHIEF COMMISSIONER MARION BULLER:** Thank
3 you. I have fewer questions now than I did at the
4 beginning of cross-examination. First of all, Dr. Moore,
5 is the expectation of the graduates of the program, the
6 Inuit Bachelor of Education Program, that they're able to
7 teach all grades K-12?

8 **DR. SYLVIA MOORE:** No, it's specifically K-
9 6.

10 **CHIEF COMMISSIONER MARION BULLER:** K-6.
11 Okay. And, was fluency in Inuktitut a requirement for
12 entry?

13 **DR. SYLVIA MOORE:** No. Actually, none of
14 them were speakers. They are taking the language training
15 that Nunatsiavut is offering them.

16 **CHIEF COMMISSIONER MARION BULLER:** Thank
17 you. Ms. Hudson, you used the term "internalized racism".
18 How do you define that term?

19 **MS. AMY HUDSON:** It depends on the
20 circumstances of the day, but perhaps today, I think
21 internalized racism is a circumstance, you know, in which
22 people internalize colonial ideology and a perpetuation of
23 colonial mentalities through the various forms that we
24 discussed within ourselves and within themselves in ways
25 that create a sense of inferiority and lesser than, which

1 lends to, you know -- lends to a person in their ability to
2 be confident, and to exist in a world, and to engage in a
3 world, and to be able to willingly come to something like
4 this and be re-victimized, because we're also people, too,
5 that endure this on a daily basis, but recognizing the
6 importance of that.

7 That's why I kept mentioning my relative
8 privilege, one, because of my -- I'm familiar with that
9 type of research relative to privilege related to the
10 colour of one's skin being an Indigenous person. And,
11 also, because I have the academic training to be able to
12 engage and articulate these types of discussions.

13 But, certainly, internalized racism, but the
14 expression of that then varies and certainly takes on
15 different meaning. And, from my experience, becomes more
16 harmful even when it's between Indigenous people themselves
17 and these types of internal colonial mentalities, and
18 become perpetuated against each other, which is a whole
19 other realm of danger and colonial persistence, which is
20 perpetuated within our educational institutions.

21 **CHIEF COMMISSIONER MARION BULLER:** Thank
22 you. Ms. Deif, in your report, summary of findings, in
23 your recommendations, especially to the provincial
24 Government of Saskatchewan, you stated, "ensure that chief
25 commissioners of civilian oversight bodies are mandated

1 with the power to require Chiefs of Police to comply with
2 the recommendations of civilian oversight bodies."

3 You didn't go so far as to recommend
4 legislation to that effect. Is there any reason why you
5 didn't go that far?

6 **MS. FARIDA DEIF:** No. I mean, I think that
7 there would be -- I think that would actually be a more
8 optimal recommendation. I think that there is only benefit
9 in strengthening the civilian oversight bodies that exist.
10 So, in any way that that's done, we would certainly be
11 supportive of that.

12 **CHIEF COMMISSIONER MARION BULLER:** Okay,
13 thank you. Dr. Lavallee, in your testimony earlier today,
14 you stated, and I'm paraphrasing, Indigenous women are not
15 vulnerable; they are under attack. And, you went on to
16 describe what you meant from a medical perspective what
17 vulnerable means to you.

18 **DR. BARRY LAVALLEE:** Yes.

19 **CHIEF COMMISSIONER MARION BULLER:** Can you
20 explain that again, please/

21 **DR. BARRY LAVALLEE:** So, if I irradiate your
22 body, all of your immune cells will cease to exist. So,
23 common infections could kill you because you don't have
24 that ability. So, truly under the term "vulnerable", you
25 are vulnerable to. But, the problem in social sciences

1 when you look at the racialized literature is that it says
2 that vulnerable groups like Indigenous people, it fails to
3 account for why Indigenous people experience disparities.
4 It only goes so far.

5 So, in reality, one might argue that the
6 term Indigenous people as vulnerable to the state they find
7 themselves in is really around supporting white patriarchy.
8 That's all it's about. So, there are some texts that we
9 use to claim that excessive death rates of First Nations
10 people, that's my -- my expertise is First Nations, not
11 Métis or any other group. First Nations -- to claim that
12 disproportionate deaths due to poverty of a racialized
13 group like First Nations people is nothing short of murder.
14 It's socially-accepted murder; okay? And, in that same
15 text, what you have to think about, and it's -- this
16 particular author talks about it, is that those groups that
17 you traditionally say are vulnerable are actually targeted
18 by social structures and systems. And so, I never say
19 "vulnerable". It's targeting, and it's targeting
20 genderized, targeting homophobia. You know, the targeting
21 occurs at multiple levels, including racial levels.

22 **CHIEF COMMISSIONER MARION BULLER:** Thank
23 you. Assuming for the moment that our national healthcare
24 system is under resourced, does that mean that there's a
25 greater impact on Indigenous women and girls from that

1 under resourcing?

2 **DR. BARRY LAVALLEE:** Could you tell me the
3 first part of that statement?

4 **CHIEF COMMISSIONER MARION BULLER:** Assuming
5 for the moment that our national healthcare program is
6 under resourced or ---

7 **DR. BARRY LAVALLEE:** Yes.

8 **CHIEF COMMISSIONER MARION BULLER:** No, let
9 me rephrase that. I don't mean the federal healthcare
10 programs. I mean nationally Canada.

11 **DR. BARRY LAVALLEE:** Generally, yes.

12 **CHIEF COMMISSIONER MARION BULLER:** Yes.
13 Healthcare is under resourced. Does that under resourcing
14 have greater impact on Indigenous ---

15 **DR. BARRY LAVALLEE:** It will have
16 differential impact on people who are targeted, including
17 people who live in poverty, people who are old, ageism,
18 people who are non-traditional -- who are not heterosexual,
19 but also racially.

20 So, one of the things is that one of the
21 senior people in Manitoba sent my boss a letter, and I
22 won't tell you which level of government it comes from,
23 making claims that the cuts by the Premier in our province,
24 nothing bad is happening. And, the only question I asked
25 my senior person is, did he racialize his data? Do we know

1 it actually is happening to First Nations people because
2 those cuts occurred in Manitoba? No.

3 So, the real big frustration is actually not
4 having the proper data to monitor and to hold the systems
5 accountable to any changes. But, the most logical and
6 theoretical thing to think about is if you're poor and they
7 cut physiotherapy, for example, you have to have private
8 insurance or be very, very wealthy to do physio so you know
9 that people who are at the end of the spectrum, who
10 actually are poor, and we occupy spaces with poverty much
11 more than other people, then it has a targeting effect.
12 So, yes, I would argue with anybody that Indigenous people
13 are differentially affected.

14 **CHIEF COMMISSIONER MARION BULLER:** By
15 offloading health services to Indigenous organizations, are
16 we creating a situation where mainstream institutions,
17 healthcare institutions, are not being held accountable?

18 **DR. BARRY LAVALLEE:** I think, again, that's
19 the slippery slope of accountability because any
20 institution that receives public funds counts Indigenous
21 bodies in those public funds. So, there is an issue about
22 inequities; right? So, social inequities, economic, you
23 know, social explosion, racism. When you enter a
24 healthcare system to ask for -- you have a cough, and
25 suppose you are Métis and a poor Métis and you go to a

1 doctor and the doctor fails to ask you, "Can you afford the
2 medication I'm going to give you?" They have not attended
3 to the inequity that you present with; right?

4 You know, it works in many ways. So, if
5 somebody who is First Nations, say, for example, comes and
6 they're depressed, and if you fail to address their context
7 and say, "How is everything at home?" You know, any number
8 of things like, "Where were you living?" You know, all
9 that kind of stuff, you actually fail to address the
10 inequity that's constructed for First Nations people,
11 because you assume they're just depressed and you give them
12 medication for that.

13 So, it seems simple but it's actually more
14 complex. So, the idea that -- like, we just got a lot of
15 -- we got millions of dollars to address foot care that was
16 done by our First Nations nurses over a number of years in
17 Manitoba, and our reps from MKO and KTC will know about
18 this work. But, it's a lot of money, relatively, and I'm
19 not going to give you details because that's not my
20 business, but it fails to account for the genesis of the
21 lost foot. It doesn't occur over a week or two weeks. It
22 occurs intergenerationally, so when you actually just patch
23 something on.

24 And so, we're taking it on because we're
25 experts in diabetes, but when you do that, you've actually

1 failed to address the genesis of why diabetes can be quite
2 complex for First Nations people. And, \$50 million or \$100
3 million won't do it. We need much more that, and
4 intergenerationally, to take care of those issues.

5 **CHIEF COMMISSIONER MARION BULLER:** Right.
6 Okay. Thank you. Those are my questions, and I'd like to
7 do three things. First thing is to pass along a message
8 from Commissioner Robinson who says to all the panelists,
9 "Thank you very much for your expertise, for your evidence,
10 for your patience, and for your generosity of your time and
11 your spirit."

12 I want to thank you also for coming and
13 sharing with us today. It's been nothing short of a great
14 day. I think we've all learned a lot and will continue as
15 we think about what you've said today.

16 We have tradition, of course. For all of
17 the people who come and share with us, we have gifts
18 because by sharing, you have given us a gift. We were told
19 by matriarchs on Haida Gwaii that we should give witnesses
20 eagle feathers, and we don't argue with matriarchs.

21 So, we have eagle feathers for you to hold
22 you up during those times when you need to be lifted up and
23 held up. Hopefully, that doesn't happen too often. But,
24 also, the eagle feathers are there to lift you up to places
25 you thought you could never fly to, because that's what

1 you've done with all of us today.

2 So, on behalf of all of us at the National
3 Inquiry, I hope you'll accept these gifts from us for your
4 tremendous contribution to our work. What you've done has
5 made a big difference to the work of the National Inquiry,
6 and I think to just about everybody in the room here and
7 the people who have been watching. So, our sincere thanks,
8 our gratitude for sharing today. Thank you.

9 (PRESENTATION OF GIFTS)

10 **MS. SHERI DOXTATOR:** Yong-go (phonetic) chi-
11 miigwetch a-new-shik (phonetic). Thank you very much and
12 thank you very much. To all the panelists today, thank you
13 very much for your presentations. Very informative,
14 indeed. And, thank you to Commissioner and Chief
15 Commissioner today for going through that as well, and our
16 chairs as well for walking us through this afternoon.

17 We know it's been a long day, and I do have
18 a quick announcement, and then we're going to do a closing
19 as well. So, just this morning I indicated there was some
20 drumming at the Native Women's Resource Centre. That is
21 not actually happening tonight. It's tomorrow night. So,
22 just a correction, it's not tonight, it's tomorrow night.
23 So, you haven't missed it.

24 We are starting tomorrow morning at 8:00
25 right back here again for opening ceremony, and we look

1 forward to two panels tomorrow for Media, Journalism and
2 Film, Racism against Indigenous Children and Youth as well
3 for Panel 4. So, we thank our panelists again for looking
4 at racism and institutions in various sectors, and that
5 would be in health, justice, specifically police services
6 and education.

7 So, we would like to call upon Reta Blind to
8 give our closing prayer today. So, I'm not sure, Reta, do
9 you want to come up? Okay.

10 **MS. RETA BLIND:** (Speaking in Indigenous
11 language).

12 **MS. SHERI DOXTATOR:** Thank you very much.
13 Now, I would like to go to the extinguishing of the qulliq
14 today, and I thank Naulaq Ledrew for overseeing that. And,
15 I'll turn it over to you, Naulaq.

16 **MS. NAULAQ LEDREW:** Thank you. Firstly, I
17 would like to share something. Tomorrow night there will
18 be a special event going on at AGO, Art Gallery of Toronto
19 [sic] from the time of 6:00 p.m. to 9:00 p.m. For those
20 who knew Hin-oy-yee-vuk-ah-suh-vuk (phonetic) from Kate
21 Dorset (phonetic), late Kinoy Ah-suh-vuk (phonetic) and
22 late Tim Pit-su-luk (phonetic), they are going to be
23 remembered. And, if you -- you all are welcome. And, if
24 you would like to come and try out some seal meat, please
25 do so. I can lend you my ulu.

1 (LAUGHTER)

2 **MS. NAULAQ LEDREW:** And, secondly, I
3 have a younger sister. She's three years younger than me,
4 so I started school first. And, after kindergarten school,
5 I would rush home and go teach her what I learned that
6 morning.

7 And today I'm very proud of her because she
8 received her master's degree.

9 (APPLAUSE)

10 **MS. NAULAQ LEDREW:** I have a -- I'm very
11 proud of her because of the way she got the master's
12 degree.

13 (LAUGHTER)

14 **MS. NAULAQ LEDREW:** Well, I'll do a closing
15 prayer, the Lord's prayer.

16 (PRAYER IN INUKTITUT)

17 **MS. NAULAQ LEDREW:** I wish you guys a very
18 good evening. See you tomorrow morning.

19 **MS. MEREDITH PORTER:** Thank you. Thank you
20 very much for that. That's great.

21 So we do have some drumming that we want to
22 share with you and a song, so we're going to turn it over
23 to the lovely ladies again to bless us with some drumming
24 and singing.

25 Okay. Just before -- excuse me. Hello. We

1 should adjourn before they do this. Do you want to
2 adjourn? On the record? Can we -- we should ---

3 **CHIEF COMMISSIONER MARION BULLER:** We'll
4 adjourn now.

5 **MS MEREDITH PORTER:** We'll adjourn now.
6 Okay. We'll adjourn now just prior to hearing from the
7 drummers. Thank you.

8 **MS CHRISTA BIG CANOE:** And just one quick
9 housekeeping announcement for the parties in attendance.
10 If you can please draw numbers for both panels tomorrow
11 between 7:30 and 8:00 a.m.? There will be legal staff
12 there for you.

13 --- Upon adjourning at 6:36 p.m.

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LEGAL DICTA-TYPIST'S CERTIFICATE

I, Nadia Rainville, Court Transcriber, hereby certify that I have transcribed the foregoing and it is a true and accurate transcript of the digital audio provided in this matter.

A handwritten signature in cursive script that reads "Nadia Rainville". The signature is written in black ink and is positioned above a horizontal line.

Nadia Rainville

June 12, 2018