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 & Murdered Indigenous Women & Girls

Truth-Gathering Process Parts II & III

Institutional & Expert/Knowledge-Keeper Hearings: "Colonial Violence"

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Panel I: "Inuit Perspective Panel"

Elisapi Aningmiuq, Tukisigiarvik Centre (Iqaluit)
Hagar Idlout-Sudlovenick, Director of Social Development, Qikiqtani Inuit Association
Inukshuk Aksalnik, Qikiqtani Truth Commission Coordinator

Panel II: Indigenous Peoples' Resilience
Witness: Dr. Janet Smylie

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Vancouver Sex Workers Rights Collective	Carly Teillet (Legal Counsel)

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(OPENING REMARKS/PRAYER)

MS. LISA KOPERQUALUK: Nakurmiik. Thank you. I'm teaching you. Thank you. Masicho. Miigwech. Tiniki.

(Speaking Inuktitut). We are here in Iqaluit. This is the second day of the Institutional and Knowledge Keeper Hearing. My name is Lisa Koperqualuk. I am a staff member in the research team of the National Inquiry Into Missing and Murdered Indigenous Women and Girls. Please be welcome.

I am going to present or introduce the kind of work we are doing in Iqaluit now. First, in Inuktitut, to explain this process of the hearings that is occurring right now.

We are here in Iqaluit to -- for the Commissioners to have the hearing here. Good morning. And there are four of them.

When it started in 2016, the Inquiry on Aboriginal missing women and murdered women, and after the Inquiry has been known by the people, the mothers and their grandparents have lost their -- or lost their loved ones. A lot of them have lost their loved ones in Canada.

And they wanted the inquiries to be done because our loved ones are just being murdered and missing. How come? Why -- what's the reason? And that was the question that was being raised for quite a long time.

Let's start it -- and the loved ones started to -- wanted to be heard. "Listen to us. Let's get some inquiries done. Let's get federal government to do inquiry." And they didn't get an approval for longest time, but they didn't give up for the inquiry to happen. And there are still missing women for those reasons.

In 2016, the Inquiry started, and since then the Commissioner -- the Commissioners that were chosen from the Aboriginal, from the Métis, and ordinary people represent -- that will be representing the women, and this started in 2016. And they hired staff and all of us, and -- because they wanted to start this Inquiry.

So 2017 to -- part of 2018, there were inquiries in First Nations lands, Inuit lands. In February, we were also in Rankin Inlet, and also down south. We are going across Canada, from north and south, British Columbia over to Newfoundland -- down to Newfoundland. And they were also in Happy Valley, Goose Bay, just to go and listen for those who have lost their loved ones or murdered. And for those reasons, the people talked about your loved ones being missing, and this is a

good place for the people who are missing your loved ones to be heard right here. But, the Inquiry is continuing with experts on the Commission, and also who are representing the other organization and who have been -- the people who have been representing Inuit for a long time, and that's why we're here in Iqaluit, so that the people who are listening will understand the process of this Inquiry and the work of the Commission is continuing.

And, they also made a proposal or a request to continue this Inquiry, so it's going to go up to April, and we'll probably get a report at the end of April or April. And, I wanted this to be understood, and before we continue with our work today.

Today, I just introduced rapidly to listeners in Iqaluit what the whole hearing process has been before we begin our day today. So, we are into the Institutional and Knowledge-Keeper hearings here in Iqaluit as the Commissioners have finished the section on the community hearings that occurred 2017 and into 2018.

Aujourd'hui, on dit merci à nos commissaires qui sont ici à quatre et puis tout le monde, bienvenue encore à la deuxième journée des audiences des institutions et des porteurs de connaissances.

Alors, les commissaires avaient fait leur travail dans les communautés, les audiences

communautaires, en 2017 et jusqu'à 2018 et on est maintenant dans une section d'audience des institutions et de porteurs de connaissances. Bienvenue, tout le monde.

And, we also had a question period yesterday, and we're going to proceed with that. So, let's get on with our qulliq lighting, and we have Louise Haulli from Igloolik who is lighting our qulliq this morning.

GRANDMOTHER LOUISE HAULLI: Thank you, and I'm very pleased that we're able to get together on this beautiful morning. It's a very good morning in my dialect, and over here down in south Baffin Bay. It's a beautiful morning, and we are going to proceed today on this beautiful day. We will be lighting up the qulliq, and it is going to be of benefit to us.

Maybe I'll give a brief overview of the qulliq. A long time ago, the nomadic Inuit used to bring the qulliq everywhere when they were travelling by dog team. It is an essential tool, and with that, we have brought it here to this conference.

There's people from all over Canada, and again, we brought the qulliq light long time ago. We have established our camp here and we are now lighting up the qulliq. And, even though it's not a qulliq, there is a source of heat that is brought everywhere, no matter

where you go. It has been -- the qulliq has been in use for thousands of years by the Inuit. It is very important.

(Grandmother Louise lights the qulliq)

And the other person who will be lighting up the qulliq at a later date will give you a brief overview. I'll leave it at that and have a good morning.

MS. LISA KOPERQUALUK: And, good morning. Thank you very much, Louise. And, again, we have invited Meeka to say the opening prayer.

ELDER MEEKA AMAKAK: And, good morning. Let us rise. Let us pray. We have to accept when God has given us a task to do, and let us pray.

(Opening prayer in Inuktitut)

MS. LISA KOPERQUALUK: Merci pour cette belle prière, Meeka.

Thank you, Meeka. Yesterday, (inaudible) who was not here yesterday and who has joined us this morning. Nous avons un commissaire qui est avec nous ce matin et qui va nous addresser. Elle n'était pas avec nous hier, mais comme promise par Chef commissaire Marion qu'elle sera avec nous aujourd'hui, alors bienvenue, Michèle.

Vous pouvez commencer vos

présentations. Michèle Audette is part of the Commission who is from Quebec, representing the people of Quebec. Michèle.

COMMISSAIRE MICHÈLE AUDETTE: Makomik, Lisa. Merci beaucoup.

Alors, je vais parler en français, alors si vous avez des écouteurs, je vous donne le temps de pouvoir vous mettre dans la traduction.

Alors, avant de commencer, c'est toujours important de dire un gros, gros merci au peuple qui nous accueille sur les terres ancestrales. Alors je salue le peuple Inuit et je salue aussi le peuple Wendat. Alors, je suis ici à Québec, près de Wendake, alors deux belles nations qui nous accueillent.

Merci beaucoup aux ainés pour les mots pour l'ouverture hier lors de la première journée de cette audience à Iqaluit. Merci encore de nous accueillir sur votre terre ancestrale et j'aurais beaucoup, beaucoup aimé ça être avec vous aujourd'hui et au courant de la semaine.

Je tiens à saluer mes collègues, la Commissaire en chef Marion Buller, Qajaq Robinson et Brian Eyolfson. Merci beaucoup d'être là physiquement. Merci beaucoup d'être là physiquement, ce qui me permet, moi, aujourd'hui d'avoir la possibilité d'être une commissaire mais aussi une maman à temps plein cette semaine. J'ai la

garde de mes trois enfants cette semaine et c'était important pour moi d'être avec eux et avec vous. Alors, merci à mes collègues. Merci à la technologie de nous permettre de pouvoir travailler à distance. Alors, c'est ce qu'on appelle conciliation famille-travail.

Je veux saluer aussi les membres du NFAC, Meeka, nos aînés, Louise, et nos aînées qui sont présentes à Iqaluit. Un gros merci à toute l'équipe de l'Enquête nationale d'être dévouée à tous les jours pour faire en sorte que les travaux avancent. Alors, merci infiniment.

Pour ceux et celles qui ont bravé tous ces kilomètres, je parle ici des organisations qui ont la qualité pour agir, les avocats et les représentants, j'ai entendu quelques-uns d'entre vous hier lors du contre-interrogatoire. Alors, je salue tous ceux et celles qui sont présents.

J'étais très touchée d'écouter Elisappe, Hagar et Inukshuk via la CPAC toute la journée hier, des témoignages très touchants, des témoignages dans lesquels, même si les gens du sud ne connaissent pas la réalité du nord, à plusieurs moments on a pu ressentir les mêmes injustices, les mêmes réalités du point de vue de la colonisation et de ses impacts.

Et vous avez parlé de la vie, de la

culture et aussi de la guérison Inuit, et ça pour moi c'était un bel enseignement en tant que commissaire et en tant que femme. Et c'est ce qui a dominé toute, toute, toute la discussion, les échanges au courant de la journée et j'espère que ceux et celles qui nous écoutent à travers le Canada, que ce soit les gouvernements ou les gens qui s'intéressent aux questions autochtones, ont appris de bonnes leçons que malgré de vieilles politiques aujourd'hui, on en subit encore les conséquences.

Alors, merci pour avoir partagé ce grand savoir.

L'automne s'annonce une saison très, très, très chargée pour plusieurs d'entre nous, la même chose au sein de l'équipe de l'Enquête nationale et de mes collègues, les commissaires, des audiences sur différents sujets, différents enjeux à travers le Canada encore une fois, des tables rondes, des groupes de travail, une analyse judiciaire sur des cas bien précis et évidemment la rédaction du rapport. Alors, je le répète, nous allons avoir un automne et un hiver très chargé.

Pour terminer, j'aimerais rendre hommage à toutes les familles, à toutes les survivantes qui continuent de demander réponses, demander justice, de demander à ce que le Canada change la façon qu'on fait les choses auprès des femmes et des filles autochtones. Vous

avez tout mon amour et mon admiration pour ce que vous faites au quotidien.

Je dis merci aussi à ces familles qui nous guident dans nos travaux, dans nos réflexions et dans ce grand défi, dans ce grand projet de société.

La semaine passée, j'étais avec trois jeunes, trois jeunes, deux autochtones de l'Ontario et une femme des États-Unis, des jeunes qui ont quitté l'Ontario le 31 décembre dernier, donc il y a huit mois de ça, qui sont partis pour marcher à travers le Canada afin d'éduquer et de sensibiliser tout le monde sur cette grande tragédie qui est la question des femmes assassinées et disparues. Alors, je les remercie de marcher pour ceux et celles qu'on aime et qui sont nos sœurs d'esprit.

Lorraine Granger, une femme du Québec, qui marche 8 000 kilomètres pour sensibiliser les Québécois, les Canadiens, sur ce que le femmes Inuit vivent dans le grand nord du Québec, du Labrador et du reste du Canada, et c'est une femme qui doit avoir peut-être 70 ans qui marche pour vous, peuple Inuit. Elle a toute mon admiration.

Alors, je vais continuer encore, à partir de Québec, de vous suivre sur la CPAC, de préparer mes questions d'où je suis et de faire en sorte qu'on puisse, ensemble, encore une fois, trouver une façon pour

amener les meilleures recommandations dans un rapport important, un rapport historique, pour faire en sorte qu'enfin les choses bougent.

Félicitations à tous ceux et celles qui ont participé à différents rapports dans le passé, différentes commissions, qui nous permettent aussi de nous éduquer.

Je vous envoie beaucoup d'amour, ici avec ma petite famille et mes collègues de l'équipe de Québec. Au revoir. Nakumik.

Mme LISA KOPERQUALUK: Merci beaucoup, Michèle de Wendake. C'est loin, mais tu es tout près. On vous entend très, très bien.

(Speaking in Native language)

Have -- each have a staff, but usually travel around with the crew. They each have a grandmother that they can look up to, or somebody, or a wise individual. Marion has Cathy, Brian has Lou, and Qajaq has Louise. They have a wise person that travels around with the Commissioners, their grandmothers, and we thank them very much for -- they support, the moral support that they've provided.

Je viens d'expliquer comment nos commissaires sont toujours accompagnés par les grands-mères ou les ainés. Donc, chacun a quelqu'un proche d'eux

qui les accompagne à chaque voyage, chaque audience qu'ils voyagent.

Donc, merci à toutes les grands-mères et les ainés.

We are going to take a brief break and again, at lunchtime we're going to be having -- there's lunch available in this same building. It will be at the Stonehouse Bar and Grill.

Vous pouvez avoir le dîner aujourd'hui encore servi au même restaurant comme hier. Alors, une petite annonce de logistique, ça.

Alors bienvenue tout le monde. On va prendre une pause pour cinq minutes. Five-minute break.

(Speaking in Native Language)

--- Upon recessing at 8:40 a.m.

--- Upon resuming at 8:52 a.m.

MS. LILLIAN LUNDRIGAN: Good morning. (Speaking Indigenous language). We are going to continue this morning with the cross-examination. Good morning, Commissioners, oo-kla-kut (phonetic). Commission counsel would like to call on Beth Symes who is representing Paukuutitut, Saturviit, AnânauKatiget Tumingit, Ottawa Inuit Children Centre and Manitoba Inuit Association. Beth will have 62 minutes, please.

--- CROSS-EXAMINATION BY MS. BETH SYMES:

MS. BETH SYMES: Thank you, Lillian. And, with me today is Parniga Akeeagok. That is the closest I can get, and I apologize, who is a member of Paukuutitut's board. I haven't been in Iqaluit for 20 years. And, as Commissioner Robinson said yesterday morning, in 20 years, this place has been transformed. I am simply overwhelmed by the changes in this community.

Elisapi, Inukshuk and Hagar, thank you so much for sharing your wisdom with us yesterday. And, I am going to ask you -- begin with the QTC reports and focus my questions on housing. I have got to acknowledge the really high quality and the acceptance of the findings of fact in these reports and the wisdom in the recommendations. And, as you are -- you two are tasked with implementing the recommendations, it must be clear that QTC is blessed by having had the Commissioner, a well-respected Inuk judge, who was clearly trusted by the Inuit people who came to tell their stories. And, the independence of the Commissioner must be key to the acceptance of his findings.

And, I want to mark it so much in contrast to the report of the RCMP on the sled dog slaughters where it was "we did nothing wrong", or the INAC report from 2006, Canada's relationship with Inuit, which is, I would say, "we did our best". And, I contrast your reports as

being so exceptional for their clarity and their truth.

I am going to focus then on two of your reports, Exhibit 8, which is the final report, and Exhibit 5, which is the report on relocation as it relates -- as they both relate to housing. So, I want to just explore, first of all, the speed with which the transformation in living occurred. I understand, and please correct me if I'm wrong, that in 1950, Inuit lived in approximately 100 seasonal camps or places on the land in small family clusters; is that correct?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, by 1975, almost all of the Inuit lived in only 13 communities, 12 hamlets and Iqaluit; is that correct?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And so, the change then -- I mean, this is a radical transformation for any society. The transformation occurred in less than 25 years.

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, Commissioners, we have heard across the north whether it was Rankin Inlet or Happy Valley-Goose Bay or in Montréal from Inuit who they, themselves, were born when their families lived on the land and have seen, lived out, this transformation.

In some cases, the relocation was done with

little or no notice; is that right?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, Inuit left behind the important things in their life either because they thought they would be going back to pick them up, was that one possibility, or that they wouldn't need it, because everything would be supplied in the new settlement; right?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, in some cases, where they were relocated to was so very different from where they had lived for centuries in terms of different land, different climate, different animals that the adjustment was painful or, in some cases, unsuccessful; right?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Now, I want to talk next then about what was the deal or the understanding; right? What was the agreement between the government and the Inuit? And, let's, first of all, talk about what did the government get from this deal; right? The deal to move into settlements.

Of course one of the things that we don't much talk about was asserting sovereignty in the High Arctic, and that was an important thing for Canada at that time, or even today; right? Sovereignty establishing presence on the land. So, that was one thing Canada got;

is that correct?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, in the other thing was that they achieved efficiencies, administrative efficiencies and cost; is that correct? In other words, it was way easier to serve Inuit with health, education, other kinds of services in 13 communities rather than 100 communities across the land. Could you just say yes for the record or no, or anything else? Thank you.

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, that centralizing the services in 13 larger communities made it just easier to deliver the services for the government?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, of course, it significantly reduced the cost of providing those services?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. INUKSHUK AKSALNIK: Yes.

MS. BETH SYMES: And so, we now figure out why it was in the government's interests to relocate Inuit from their traditional way of living into modern settlements, and that that happened in 25 years or less. Okay. So, then, what did the government promise the Inuit, right? In order to get -- in order to get the

Inuit to relocate, was one of the promises, education for the children, education in the communities for their children?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: A second promise, healthcare for the families in their community?

MS. HAGAR IDLOUT-SUDLOVENICK: Mm-hmm.

MS. BETH SYMES: And, as I reviewed all of the reports, am I correct that many Inuit told the Commissioner that they had been promised housing?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Some said we were promised good housing. Some said that they were promised free or low-cost housing. Some said the housing would cost no more than $2 or $6 a month; right?

MS. HAGAR IDLOUT-SUDLOVENICK: Yeah.

MS. BETH SYMES: Now, there's -- would you agree with me that there's very little in writing in which the government said, we, the government, Canada, promise that there will be housing for you when you relocate to Pangnirtung or to any other place? Is there anything in writing?

MS. INUKSHUK AKSALNIK: It was all oral.

MS. HAGAR IDLOUT-SUDLOVENICK: Yeah, we have never seen that.

MS. BETH SYMES: But, it is undisputed from -- there must be more than 20 references in your reports of different Inuk telling the stories that they had been promised housing; right? It's not that the same person said it over and over again, but the promise of housing was told by many different people; right?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, no one has ever denied -- to your knowledge, no one has ever denied that the promise was made by Canada.

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Now, of course, the other thing that happened is when -- if an Inuit family was not persuaded to relocate, the government then used a stick to compel them to relocate; is that fair? In other words, they forced them by, in some cases, shutting down services to where they lived.

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: In other cases, they threatened them that if you don't relocate, you won't get a family allowance.

MS. HAGAR IDLOUT-SUDLOVENICK: Yes. Yeah, I think the more common than normal was that if you don't send your children to school, you won't get your family allowance. And, I remember that, government officials

telling my parents the same thing through interpreter, because I wasn't going to school yet but, you know, they would come in a plane in the summer to pick up my older siblings, and they would, you know, count how many kids are a certain age that have to go to school. And, them telling them that if you don't send children to school, then you don't get the family allowance, because you have to send so many kids. And, that was told to them, but again, in the testimonies, that was repeated by other people.

MS. BETH SYMES: Absolutely. And then let's look at the next step, then. When families relocated to one of the 13 communities, is it fair to say that for some of those families, maybe even a significant number of families, there was absolutely no housing available for them in the new community?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes. Again, based on the testimonies starting between '50s and '60s, there was very little housing provided. At a later date, in the later '60s and '70s, they did provide -- started providing more housing. But, in the early part of the -- when they first started moving people to this community, it was very little or almost none for some families.

MS. BETH SYMES: And, even in the '50s and '60s when they began to provide housing, there was just

not enough for the families who had relocated; is that fair?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Would you agree with me that the housing provided was not of good quality? It was, in fact, of poor quality?

MS. HAGAR IDLOUT-SUDLOVENICK: Some of the houses that were provided were very small, and multi-families had to live in the same house for certain years or even, you know, during -- at least most -- during the cold winter months. And, in the summertime, they have the option of being in a tent. But, the first part of the group of housing, they were very small, also known as "matchboxes". So, they had no plumbing. They had very little -- what we know today, like, very little electricity, or it was just very basic shelter.

MS. BETH SYMES: Hagar, these matchbox houses were 12 feet by 24 feet. That is, 288 square feet, and housed sometimes 20 families?

MS. HAGAR IDLOUT-SUDLOVENICK: Multiple families, yes.

MS. BETH SYMES: 288 square feet and multiple families is not acceptable housing; right?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, would you agree with

me that the construction of these matchbox houses was simply not suitable for the arctic, whether it was the materials used or the design, but they deteriorated rapidly?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, at that time, there were DEW line posts in this area, right, across the north?

MS. HAGAR IDLOUT-SUDLOVENICK: Mm-hmm.

MS. BETH SYMES: And, they were largely staffed by Americans?

MS. HAGAR IDLOUT-SUDLOVENICK: I believe they were staffed by Canadians and Americans.

MS. BETH SYMES: And, the Americans were very critical, very publicly critical of Canada's efforts or lack of efforts to house Inuit?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, in fact, Americans publicly said that Canada had built slums or created slums for Inuit?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And so, the story with respect to housing, then, for Inuit starts out very badly. I want to not fast forward, but come forward in terms of where is Canada's obligation with respect to housing today. In Quebec City, on the human rights framework, we

had Exhibit A21, which was the updated data from the 2016 census. The population of Nunavut is growing very rapidly, do you agree?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, the 2016 census shows that the population of Nunavut grew at 22.5 percent over 10 years from 2006 to 2016. That must be the fastest growing community or area/province/territory in Canada. But, has the rate of housing kept up with the population growth?

MS. HAGAR IDLOUT-SUDLOVENICK: No.

MS. BETH SYMES: The same 2016 census says that in Nunavut, 34.3 percent of Inuit live in dwellings in need of major repair. What are those kinds of repair? What is the state of housing in Nunavut?

MS. HAGAR IDLOUT-SUDLOVENICK: I think I would have to go back to the exact details of the report from the -- you know, the one -- the most recent one, but generally, it would be overcrowding. Because of such overcrowding, the houses tend to -- you know, the wear and tear tend to be much higher, and larger communities tend to have the more overcrowding than smaller communities.

So that's kind of the general -- usually the need because there's such high use, you know, people cooking, so them *[sic]* all tend -- you know, people

cooking, sometimes poor ventilation. And also, the climate also tend to be part of the -- in the cold winter months there is less ventilation, so there would be more moisture build up around windows, doors, and that tend...

I know this because in a previous -- past, I used to be a house manager, so that -- you know, that was, you know, 20 years ago, but it's still the same issue that is being addressed by people. You know, Nunavut -- I said all that, it's still the same issue, it's the same situation. They're small. There's you know, poor quality doors and windows that are -- you know, that are -- that leak, frost build up. So it's ongoing.

MS. BETH SYMES: And that same census said that in Nunavut 56.4 percent of dwellings are overcrowded. So I presume occupied by more people than they were designed for?

MS. HAGAR IDLOUT-SUDLOVENICK: M'hm.

MS. BETH SYMES: You talked yesterday about couch surfing. How prevalent is it?

MS. HAGAR IDLOUT-SUDLOVENICK: Well, actually, I think that was Elisapi's presentation from Tukisigiarvik? Yes.

MS. BETH SYMES: So let me just -- I'm going to ask you questions after.

So what is your sense of the rate of

homelessness in Nunavut?

MS. HAGAR IDLOUT-SUDLOVENICK: I think there's a lot -- you know, Elisapi's presentation yesterday was -- I guess we could look at it two ways. There's hidden homelessness from the -- again, based on the reports that we've -- you know, we -- I have read or we've have taken -- we have participated, there's hidden homelessness. Many others -- people who have inadequate housing that still live with families, extended family members, but they don't have their own rooms, they don't have their own bed to sleep on, but they still are housed, but they don't have their own place.

And then in Iqaluit, it's different as -- based on Elisapi's report yesterday, and you know, again being from the community, that there is actual homeless people that have no place to go.

MS. BETH SYMES: And down on the water, there are a number of what look like pretty-temporary structures. Are they occupied year round?

MS. HAGAR IDLOUT-SUDLOVENICK: Some are.

MS. BETH SYMES: And so that's -- if that's not homelessness, it's got to be the very next thing to it, because they are inadequate in terms of heat, sanitation, warmth, et cetera; right?

MS. HAGAR IDLOUT-SUDLOVENICK: M'hm.

MS. BETH SYMES: In Québec City, Tim Argetsinger from ITK was qualified by Commission Counsel and the Commissioners as an expert witness. And he said that there is housing crisis in Inuit Nunangat. Do you agree that there is a housing crisis in Nunavut?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Now, the Government of Canada -- the evidence was the Government of Canada committed $240 million over 10 years to build new housing in Nunavut. So that's $24 million a year. Hagar, from your past experience, what would be the average cost of a unit of housing in Nunavut?

MS. HAGAR IDLOUT-SUDLOVENICK: I can’t say at this point, because it changes from year to year, so I couldn't really pinpoint the exact dollar, but, you know, that's something that can be looked up through a housing corporation, through the website that, you know, what the cost of building is in Nunavut. Again, it's based on which community because higher -- North Baffin communities will have higher costs.

MS. BETH SYMES: Would it be somewhere in the neighbourhood of $500,000 a unit?

MS. HAGAR IDLOUT-SUDLOVENICK: Probably on average.

MS. BETH SYMES: On average.

MS. HAGAR IDLOUT-SUDLOVENICK: Yeah.

MS. BETH SYMES: And as you said, more expensive the further north you go and the more remote?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Okay. If my math is correct, and I divide $500,000 per unit into $24 million a year, that's only 18 new housing units a year. If you want to check my math? Lots of zeroes. At that rate of building new housing units, will the gap in adequate housing for Inuit in Nunavut be closed?

MS. HAGAR IDLOUT-SUDLOVENICK: It would take a long time.

MS. LISA KOPERQUALUK: Sorry, Beth. I think we need to take a small recess. Five minutes, please.

CHIEF COMMISSIONER MARION BULLER: Yes. Certainly. Stop the clock please, and 5 minutes. Thank you.

MS. LISA KOPERQUALUK: Thank you.

--- Upon recessing at 9:17 a.m

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

MS. LILLIAN LUNDRIGAN: (Speaking Indigenous language). Thank you for your patience. We can continue.

MS. BETH SYMES: Thank you. I want to then

move on to the impact of substandard and overcrowding. So, if a child is living in overcrowded housing, do you agree with me that that could have a profound negative effect on her schooling?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Maybe there is no place for her to do her homework?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Maybe there is not enough place for her to have a good night's sleep?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Do you agree with me that for women fleeing violence, ending marriages that they and their children can be homeless?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: That if women and her children are living with extended families -- family in a dwelling, that she may have no right to stay there; right?

MS. HAGAR IDLOUT-SUDLOVENICK: Mm-hmm.

MS. BETH SYMES: And, are there immediate places for her to go with her children?

MS. HAGAR IDLOUT-SUDLOVENICK: It's very limited. There are very limited options.

MS. BETH SYMES: And, as a result of that, do some women and children have to leave? Go south?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes. Occasionally, yes.

MS. BETH SYMES: Would you agree with me that overcrowding also has profound negative effects on health?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, one of the challenges of overcrowding is the spread of communicable diseases like TB?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, that has had an unfortunate, in fact, tragic resurgence in Nunavut?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Does it also, overcrowding, have a profound and negative effect on mental health?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: And, is it one of the risk factors for suicide?

MS. HAGAR IDLOUT-SUDLOVENICK: I couldn't answer that.

MS. BETH SYMES: Fair enough.

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. VIOLET FORD: Commissioners, can we stop the clock for a minute? Commission -- Commissioner -

- I mean, sorry, legal counsel, if we can just keep your questions to those that they have provided evidence for yesterday in direct examination? Some of these questions are not related, even though this information that you are basing some of your questions on are in the reports. Some of the more specific information, they did not speak to yesterday and they do not have the particular knowledge in certain areas. And, it is getting to the point where it is almost -- you are getting them to speculate. So, if you can just kindly rephrase some of your questions? Thank you.

MS. BETH SYMES: With respect, I don't agree at all. All of this information is in the various reports that QTC has provided, and these are very sophisticated witnesses. You have heard them say "I can't answer that", "I don't know". Of course, if they say that, I don't press, I don't ask again. But, these questions with respect to the status of housing and its impact is vital as these people are mandated to -- it's a job to try and implement the recommendations of the QTC. So, I submit that I have been entirely appropriate basing my questions simply on the reports and their implications for Inuit women and girls.

CHIEF COMMISSIONER MARION BULLER: Anything further from Commission counsel? Well, just a reminder to

counsel that when a witness answers "I don't know" or "I'm not sure" or is asked to speculate in their answer, their answer -- their testimony, not the question of course, but their testimony is of little probative value, not relevant perhaps, as far as not relevant, and also of little weight, so of little assistance to us and our fact finding, our conclusions and our recommendations. So, bearing that in mind and the need for getting to the point, I understand your strategy in your cross-examination, however from our perspective, much of the testimony is of little weight, little probative value when a witness can't provide an answer. So, I know counsel is experienced, understands the difficulties of cross-examination, I don't intend to lecture experienced counsel in that regard. However, when a witness can't answer or has to speculate, as I have said, little probative value, not relevant and really not helpful. Thank you.

MS. BETH SYMES: Thank you. Going back then to overcrowding in housing then, would you agree with me, from your experience, that overcrowding and inadequate housing is a risk factor to family violence?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

MS. BETH SYMES: Now, we started the story in 1950, as the government -- as Canada tried to and compelled Inuit to move from living on the land, in

housing that was suitable to the climate and to their way of life, into 13 settlements where it was inadequate, through to the present day where you said that there is a housing crisis in Nunavut. As the people in charge of trying to get the QTC's recommendations implemented, what's the way forward for Nunavut in terms of housing?

MS. HAGAR IDLOUT-SUDLOVENICK: For QIA, this is something that one of our mandate under QIA, kind of stepping aside from QTC, is to represent Inuit in Qikiqtani region on, you know, any matters to the Inuit, the needs, aspirations, culture, language. One of them, you know, we advocate on behalf of the Inuit in various areas including housing, and this is something that we will always advocate for, and also working with various government departments, both federal and territorial, to advance or -- how would I say? To make sure that, you know, the needs are being -- they are doing their best to meet the needs of Inuit in the Qikiqtani region.

MS. BETH SYMES: Hagar, I have no doubt that you are a fabulous advocate and the QIA is in fact a powerful force, a voice on these issues, but why is the progress so slow with respect to much needed -- undisputed need of many, many more housing units? Why so slow?

MS. HAGAR IDLOUT-SUDLOVENICK: I would say it was mainly to do with money, inadequate programming.

And, the building of houses is costly in the regions, especially in the more isolated communities, and that is something that, you know, may probably be like that in the foreseeable future, but the -- there is some progress, but it's just going to take time.

MS. BETH SYMES: And, how long did you work in housing?

MS. HAGAR IDLOUT-SUDLOVENICK: Ten years.

MS. BETH SYMES: Yesterday, you called for a recommendation that the RCMP examine its history with Inuit. I'm correct on that?

MS. INUKSHUK AKSALNIK: Yes.

MS. BETH SYMES: I wanted to ask you why are you asking that the RCMP examine its own history given the RCMP's report on the sled dogs slaughter. Why are you asking, in essence, for the RCMP to examine itself?

MS. INUKSHUK AKSALNIK: That sled dog report was forensic, and the QTC focused on individual testimony or oral history. So, with both of those styles combined, the RCMP should take that approach into looking into the history of their relationship with Inuit.

MS. BETH SYMES: So, my puzzlement is, why are you not asking for a recommendation that an independent fact-finder, like your Commissioner was. Why aren't you asking for that to be done as opposed to the

RCMP to examine themselves?

MS. INUKSHUK AKSALNIK: Has it been asked yet? I don't think so. I don't know.

MS. BETH SYMES: I see the Commissioners looking. We would like to support your recommendation, but we don't understand why you are calling for an internal examination as opposed to an external independent examination.

MS. INUKSHUK AKSALNIK: Yes, I'm not sure what that question is. Yes.

MS. BETH SYMES: Okay. So, thank you. Those are my questions I have about the housing. If you come up with an answer as to why you are recommending to the Commissioners an internal examination, that would be helpful. They may, in fact, ask you more about that.

Elisapi, my next questions are to you and of the work that you are doing in terms of reclaiming culture, heritage, and as a result, empowering women, Inuit women. You told us yesterday that the programs that you run are dependent upon funding from several different sources; is that correct?

MS. ELISAPI DAVIDEE ANINGMIUQ: That's correct.

MS. BETH SYMES: And, that much of the funding is time limited grants. A grant for a year, or

something like that?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes, most of them, except for one.

MS. BETH SYMES: Does that mean that your organization is always chasing money to fund?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: You're always looking for your next dollar?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: Can you give us any estimate of the percentage of time that, say, your Executive Director spends on chasing money?

MS. ELISAPI DAVIDEE ANINGMIUQ: Majority of his time is spent in the report writing and also writing proposals and -- so quite a bit of time.

MS. BETH SYMES: And so, therefore, if you had your forever funding and adequate funding, but even just a little bit less than that, but long-term funding, that that would free up significant portions of time in order to do your real work, is that fair?

MS. ELISAPI DAVIDEE ANINGMIUQ: It would free up more time to concentrate on the programs and delivery for sure.

MS. BETH SYMES: And, in fact -- or sometimes, are you, sort of, trying to fit your programs

into somebody else's box? You know, make them look like what the funder is prepared to give money for?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes, that has happened.

MS. BETH SYMES: And, when you do that, does that sometimes change your program and not for the better?

MS. ELISAPI DAVIDEE ANINGMIUQ: Change our program not for the better? I'm not sure what you mean.

MS. BETH SYMES: If you try and make programs that the funder wants, does that sometimes distort what you actually deliver?

MS. ELISAPI DAVIDEE ANINGMIUQ: It could, but when we are open to including culture, then we have that option of doing it -- according to their mandate, but doing it in a way that suits us too.

MS. BETH SYMES: Okay. Now, are there other organizations in Nunavut running similar programs, like not necessarily making kamiks but similar programs, culture programs for women. There are several programs across Nunavut. And is an added problem then for each of you that you are going to the same funder for scarce resources?

MS. ELISAPI DAVIDEE ANINGMIUQ: True.

MS. BETH SYMES: And because of the -- I

don't want to say piecemeal, but I can't think of a better word -- approach to this very important issue, are there some glaring gaps?

MS. ELISAPI DAVIDEE ANINGMIUQ: I'm not sure what you mean. Would you explain that?

MS. BETH SYMES: For example, communities that don't have any such programs.

MS. ELISAPI DAVIDEE ANINGMIUQ: For communities that don't have programs? I can't speak for the communities, but I do know that some communities can lose out if they don't have the resources to put these proposals together and to do the research.

MS. BETH SYMES: Now, your class on kamiks was three -- three evenings a week; is that correct?

MS. ELISAPI DAVIDEE ANINGMIUQ: It's two evenings a week ---

MS. BETH SYMES: Oh, two.

MS. ELISAPI DAVIDEE ANINGMIUQ: And about seven hours on Saturday, on the weekend.

MS. BETH SYMES: And that would be a really big commitment for someone who was working or going to school?

MS. ELISAPI DAVIDEE ANINGMIUQ: The reason why we have them in the evenings is to meet the time for people that have full-time work. So we hold it in the

evenings starting at 6:30 to 9:00, and then Saturday ones are from 11:00 until 6:00.

MS. BETH SYMES: Wow. Now, your target audience or students then, are anyone who is interested in the project?

MS. ELISAPI DAVIDEE ANINGMIUQ: Anyone who is interested. It's open to anyone.

MS. BETH SYMES: Okay. But in fact, you have attracted women who are on income support?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes. Also yes.

MS. BETH SYMES: And women who have had problems with addictions?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: And that, in fact, is the people who maybe have benefitted the most from your programs, the cultural, the self-confidence building, et cetera?

MS. ELISAPI DAVIDEE ANINGMIUQ: I think anybody that learns a cultural skill, if it's their background, or even if it's not their background and they are exposed to it and they learn it, that they get a deeper understanding. So the understandings can be different for different people. But I think are very important for all.

MS. BETH SYMES: Your programs are taught by Elders; is that correct?

MS. ELISAPI DAVIDEE ANINGMIUQ: That's correct.

MS. BETH SYMES: Elders are present?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: And so your Elders then -- you pay your Elders?

MS. ELISAPI DAVIDEE ANINGMIUQ: We pay our Elders.

MS. BETH SYMES: Which is -- it's not realistic to expect that Elders would volunteer their time for free?

MS. ELISAPI DAVIDEE ANINGMIUQ: Elders have volunteered their time enough.

MS. BETH SYMES: Yes.

MS. ELISAPI DAVIDEE ANINGMIUQ: So it's high time that we honour them.

MS. BETH SYMES: And Elisapi, in fact, many of your Elders depend upon the money that they receive to feed, and clothe, and house their families?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: And the second thing is that the materials that you use, I have learned, are very expensive, right? They are not free. The moose hide, or

the seal, or sealskins, or caribou or whatever. They're not free, you have to pay for them.

MS. ELISAPI DAVIDEE ANINGMIUQ: You have to pay for them. We don't use moose hide when we make a pair of kamik. We use only two different types of skins, and the process to clean that, to get that is very timely. First, you have to go out hunting, butcher it, then after it's butchered the women has to clean it, take out the blubber, take out the membranes, and that takes time and skill. And then dry it, and after it's been dried the person who purchases it now has to stomp on it, wash it, stretch it, and finally cut out. And then there's another process for the sole.

So it's -- you think that it's -- when you think of money that it's expensive, it doesn't really honour the time that it takes to pair it -- to prepare it to that stage.

MS. BETH SYMES: And you'll forgive us, but many of us here are southerners, and other than seeing the seal, or beautiful seal products, have no idea the amount of work, and skill, and time, and effort that it takes to produce a useable product. But they cost money.

MS. ELISAPI DAVIDEE ANINGMIUQ: They do.

MS. BETH SYMES: And again, it's not realistic to assume that they'll be donated to this

project.

MS. ELISAPI DAVIDEE ANINGMIUQ: Some women have been very generous in donating, and there are women, just -- not everybody can clean a sealskin. When you make a commitment to do -- to work fulltime at a, you know, government job anywhere, you know, you're sacrificing that cultural skill that you may have learned at home. And I think that is why one day my mother said, "Stay at home, you are going to learn more." And I think she meant that learn her culture more.

MS. BETH SYMES: And Elisapi, aside from that gorgeous picture in your material of the women with their legs out and their kamiks on display, which is you know, a really affirming photo, what you -- your programs do is provide women with a connection to culture, to their culture, do you agree?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes, definitely.

MS. BETH SYMES: It provides them with a pride that they have made something as beautiful as the kamik, do you agree?

MS. ELISAPI DAVIDEE ANINGMIUQ: I agree.

MS. BETH SYMES: It also increases their self-confidence. If I can make a kamik, maybe I can do other things as well?

MS. ELISAPI DAVIDEE ANINGMIUQ: True.

MS. BETH SYMES: It, through the process, creates community.

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: The women are supported by the Elders and each other in this journey?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: And there's a period in which there is sufficient trust in this community that they begin to share, the women begin to share?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes.

MS. BETH SYMES: And is this community then part of the healing process?

MS. ELISAPI DAVIDEE ANINGMIUQ: It really is, because as I mentioned, learning a cultural skill is very therapeutic, and it builds self-confidence. It builds that bond between the Elder and the participant or student. So it's very valuable to the learning, as well as building that person up.

MS. BETH SYMES: Now, in preparation for today, I was talking to Anne Curley from Hall Beach, who advised me that there is a sewing program in Hall Beach, and how may people would live in Hall Beach?

MS. ELISAPI DAVIDEE ANINGMIUQ: I don't know.

MS. BETH SYMES: Is it small?

MS. ELISAPI DAVIDEE ANINGMIUQ: It's small.

MS. BETH SYMES: It's very small?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yeah.

MS. BETH SYMES: Okay. And so, you said that not every community in Nunavut has such a program, like your kamiks, or sewing, or whatever. Would it be your recommendation that these kinds of programs be funded across Nunavut, across Inuit Nunangat, to create community for women and develop skills, and confidence, et cetera?

MS. ELISAPI DAVIDEE ANINGMIUQ: I can speak for the Centre and for the community of Iqaluit where it comes to cultural skill, development programs and stuff, and I can't fully speak for the communities. But I do know that there is a value in learning a culture and I have heard many times on the radio how people are wanting programs such as these.

MS. BETH SYMES: Okay. Now, last week -- last weekend, sorry, the CBC News reported on a research project of Professor Terry Bear, who is a professor at the University of Alberta, who CBC said is examining the question of why Indigenous women and youth are so resilient. And she's studying First Nations women and youth in the south. And the CBC report was that her hypothesis for the research is that resilience depends

upon being part of, and building, community. And her workshops that she used, so the report said, were making ribbon skirts, which is culturally tradition in her community, but of course not here.

I don't -- her research is not finished; her research is not published. It's just an article of interest.

But given that a professor at the University of Alberta is studying exactly what you have been doing for 20 years, how do you feel about that?

MS. ELISAPI DAVIDEE ANINGMUIQ: It's not just 20 years. I think the last 20 years is when we have started doing programs. But it is something that was practised or done by generations.

The reasons why programs seem to be very important today is everybody -- a lot of -- I should say not everybody but a lot of people are in the workforce, so they don't, therefore, have time for that one-to-one teaching that they may have received at home traditionally in the past.

MS. BETH SYMES: Well, Elisapi, it looks certainly as though you have been, and you continue to be, on the cutting edge of creating community and resilience for Inuit women and girls, and for that we say thank you.

MS. ELISAPI DAVIDEE ANINGMUIQ: I think

there is a lot more women that do the same thing and I think, you know, they're just not known. There's a lot of women that are doing it in their own communities, in their own ways.

MS. BETH SYMES: You're very generous in sharing the thanks.

I want to ask just a couple of totally isolated questions. We've heard certainly the role that Elders play in Inuit communities; for their wisdom, their practical knowledge, et cetera. Can you tell me, as Elders age and become less robust and need care, what's the status of Elder care in Nunavut?

MS. ELISAPI DAVIDEE ANINGMUIQ: There needs to be more. There needs to be more Elder care. There needs to be more communication to the Elders, and I think there are needs that aren't -- that the Elders need but are not met.

MS. BETH SYMES: For example, having had a mother with dementia for many years, is there any treatment or housing facilities for Inuit Elders with dementia?

MS. ELISAPI DAVIDEE ANINGMUIQ: Not with dementia, not that I know of in the territory.

MS. BETH SYMES: And so where do they go?

MS. ELISAPI DAVIDEE ANINGMUIQ: From what I

have seen in the community, and I'm not an expert on it, is there are people from Iqaluit and other communities that are in Ottawa right now because there is no other facilities up here that they can be in.

MS. BETH SYMES: That must be very difficult as a family.

MS. ELISAPI DAVIDEE ANINGMUIQ: Both for the Elder and the individual for sure, yes.

MS. BETH SYMES: Especially as you begin to lose your facilities. Okay.

The other thing I wanted to ask about, you were asked some questions yesterday about TB and forcible removal from communities with respect to it. When this happened in -- I guess maybe in the early 1900s, moving more rapidly into the 1950s, did the Inuit understand that TB was a communicable disease? Does anyone know?

MS. ELISAPI DAVIDEE ANINGMUIQ: I'm not sure who you're referring the question to.

MS. BETH SYMES: Any of you.

MS. ELISAPI DAVIDEE ANINGMUIQ: Oh.

MS. BETH SYMES: I just want to follow-up about sending Inuit south for treatment for TB. Do we know if this was of general knowledge that this was a communicable disease?

MS. HAGAR IDLOUT-SUDLOVENICK: I think it

did later on. There weren't -- you know, there weren't any extensive public health education or information being provided, because at that time, too, there was limited interpreter available.

So there was always -- even now, there is -- always there's language barrier between the healthcare professionals and, you know, Inuit. So I think that would be part of that. But, you know, there weren't widespread public education at that time, so when people went to the -- to city health, you know, or got picked up by plane to go to the communities or settlements, you know, they would do a screening and they would just be told, "Well, you have TB so we're going to have to send you out."

There wasn't wide public education being taught at that time. I think they understood to a certain point but, again, because information was limited.

MS. BETH SYMES: Okay. And we heard in Winnipeg the story of Annie Bowkett who, when she was not yet three, was taken from her -- where her family lived on the land. The nearest place would have been Pangnirtung, and flown down to Toronto, we think. She has a very -- she has a child's memory of that.

And after she was well again, she was lost. She just got lost in the system and it took maybe 14 years before she came back to Nunavut.

Are these stories with families in Nunavut, these kinds of stories of, you know, long stays in the south. Annie said she lost her language; she couldn't stand eating raw meat or raw fish when she came back, and that she was unable to talk to her mother. She had nothing; she was unable to communicate.

Are these common stories in many families?

MS. HAGAR IDLOUT-SUDLOVENICK: Yeah. Again, based on the testimonies, there are some people who testified that, you know, this was -- for those people that were sent south, you know, especially when they were younger children ---

MS. BETH SYMES: Yes.

MS. HAGAR IDLOUT-SUDLOVENICK: --- they became -- language became -- when they came back language became an issue because they had forgot a lot of their languages.

And also for people that were -- even older people that had gone, sometimes they would come back and -- because sometimes it would be many years and some of the family, you know, situation may have changed. Some of the family members that, you know, would have passed away. And so it was a very different environment when they came back.

MS. BETH SYMES: Those are my questions.

Thank you very much, to all three of you, for your wisdom and your time, and we're counting on you to continue.

Thank you.

MS. LILLIAN LUNDRIGAN: Nakurmiik, Beth; thank you.

Commission counsel would like to now call on the final counsel to come up to the podium to ask her questions. Carly -- I'm sorry; I don't know how to say your name, last name; Teillet? She is representing the Vancouver Sex Workers Right Collective.

Carly will have 12 minutes, please.

--- CROSS-EXAMINATION BY MS. CARLY TEILLET:

MS. CARLY TEILLET: (Speaking in Native language); bonjour, and good morning.

I'd like to thank the community for welcoming us to their Inuit territory. And I'd like to take a moment, on behalf of myself and my clients, to acknowledge the survivors, the families, the Elders, the sacred objects, the medicines, and all the people that are here today to help us do our work in a good way.

Before coming to this hearing, I was asked by my clients to keep something in mind; to remember this as we go forward. I was asked to think about this statement; "That without a voice, I feel like my life doesn't have value." And so with that, I'd like to thank

all of the panelists today for your voices and for the strength and for the knowledge that you brought to the hearing and to the panel. Thank you.

I would like to start, Elisapi, by asking you some questions about some of the services that your organization provides. Now, I understand the organization provides counselling and services for women and children and other members of the community. There is knowledge sharing, there is culture revitalization and many other programs. Now, is your organization sometimes asked to be part of a healing plan for a mother to get her children back?

MS. ELISAPI DAVIDEE ANIGMIUQ: To be a healing, what?

MS. CARLY TEILLET: So, if a mother's children are taken away, are you sometimes asked to provide that mother with counselling or help to heal so that she can have her children back home?

MS. ELISAPI DAVIDEE ANIGMIUQ: We have many women that come to us from all walks of life, and we have had mothers who have had their children taken away come to us.

MS. CARLY TEILLET: Okay. So, is it the mothers that asked for help or is it the -- like the child and family -- the people that takes the children

that are asking you to provide the service?

MS. ELISAPI DAVIDEE ANIGMIUQ: We have people that come to us and we also have referrals that are given to us.

MS. CARLY TEILLET: Okay. Now, when a woman is trying to escape violence, do those women come and get services from your counselling or a safe place to be?

MS. ELISAPI DAVIDEE ANIGMIUQ: A lot of times we would see women after they have gone to a shelter or are in a shelter. But, a lot of times too, we have women that just come up with absolutely no place to go to.

MS. CARLY TEILLET: Okay. And, is your drop-in program an overnight program? Is it during the day?

MS. ELISAPI DAVIDEE ANIGMIUQ: It's a day program.

MS. CARLY TEILLET: A day program?

MS. ELISAPI DAVIDEE ANIGMIUQ: It starts at -- we open at 9:00 and open till 5:00 for our day programs. And then we have the two evening programs in cultural skill development and also the Saturday for the cultural skills.

MS. CARLY TEILLET: Okay. And so,

women who have come up with nothing, who are -- have experienced violence, where do they go when your drop-in program is finished, do you know?

MS. ELISAPI DAVIDEE ANIGMIUQ: Where do they go?

MS. CARLY TEILLET: Where do they go? Like, where can they spend the night? Is there somewhere -- is there a shelter in Iqaluit they can go to?

MS. ELISAPI DAVIDEE ANIGMIUQ: Unfortunately, a lot of times, it is the choice of the women. We have been able to make referrals when we have to. But, a lot of times, if they are not asking for the help, we can't force them either.

MS. CARLY TEILLET: Okay. So, when children are removed from women or when women come because they are escaping violence, do you have specific funding or programs to deal with that?

MS. ELISAPI DAVIDEE ANIGMIUQ: Not that in particular.

MS. CARLY TEILLET: Okay. Would that be helpful?

MS. ELISAPI DAVIDEE ANIGMIUQ: That would be helpful. But, it would take, you know, more human resources.

MS. CARLY TEILLET: Of course.

MS. ELISAPI DAVIDEE ANIGMIUQ: Yes.

MS. CARLY TEILLET: Of course. I have the pleasure of going last. So many of my excellent colleagues have already asked lots of my questions, so I will be trying to narrow in on some specific areas. And so, I would like to jump to talk a little bit about the importance of language and -- in your funding proposals.

So, specifically, you mentioned the word "love" in a community proposal. And, you said that that funding proposal was screened, and you were told that the word "love" shouldn't be part of the proposal, that that word had to be erased. And so, I want to ask you a little bit about the importance of language in those proposals and how funding is still being used as a tool of colonial violence.

I'm going to start by sharing. My clients provide services for Indigenous women in Vancouver's downtown Eastside. We -- one of my clients have a drop-in shelter with 300 women that come every night because they have nowhere else to go. They have described the process of applying for funding as a form of colonization, those were their words.

They said that the funding determines the programs and services that are offered, and that the services tend to respond to the funding instead of being

what the community really needs, and that they are having to take their truth, the truth of their experience, their lived experience and the needs of their communities are being erased, like the word "love", or having to be sculpted to fit into what people want to fund. And, they are saying this is harmful.

And so, I'm wondering about that specific example of erasing "love" from your proposal, that you talked about community consultation. And, it seems if you put love in a proposal, there was a need for funding for love. And so, would you agree that having to shape these proposals in a way where you actually get the funding means that important things like love get left off to the side and that can be harmful?

MS. ELISAPI DAVIDEE ANIGMIUQ: I'm glad that you asked that question. I have been doing healing retreats and healing programs even before the creation of the centre that I am currently doing the programs in, there's other programs. But, years ago, I was talking to a friend, and we were saying that, "You know, what a great thing it would be if there was a love centre for children." And, I'll elaborate a little bit on that, because I think the first years of your life really shapes you to become the adult that you can become in a healthy way.

So, I think a love centre just where children can receive love would be a really -- you know, a valuable place to be, because there are a lot of children who don't receive love, who don't receive the hugs, you know, who don't just feel that presence of being themselves and being children while they are children.

MS. CARLY TEILLET: That's a wonderful idea. Now, a lot of people have brought up the issue of short-term funding. And so, I just want to ask something kind of specific about that. When we're dealing with bigger issues, kind of larger issues of the massive impact of colonization on our Indigenous people, on our communities, are you able to do long-term bigger projects to actually make change and heal from generations of trauma with this short-term funding?

MS. ELISAPI DAVIDEE ANIGMIUQ: I think even the short-term funding can be, like, the starting point ---

MS. CARLY TEILLET: Okay.

MS. ELISAPI DAVIDEE ANIGMIUQ: --- to create more bigger things. But, it really also depends on, you know, if they are granted the funding. So, it's important -- like I said yesterday, it's important for us to be understood rather than as always trying to be the ones to understand.

MS. CARLY TEILLET: Thank you. I would like to turn to ask some questions about the QTC. So, Inukshuk and Hagar, yesterday you mentioned that many of the recommendations of this report have yet to be implemented. And, the report was issued in 2013, so we are now five years later and you are still working on implementing some of the recommendations; is that right?

MS. INUKSHUK AKSALNIK: Yes.

MS. CARLY TEILLET: Okay. So, in Vancouver, we had the Missing Women's Inquiry Commission. It was also called the Opal Commission or the Picton Inquiry looking into the murdered and missing women in the Vancouver's downtown Eastside. And, they produced a report in 2012. It is now six years later and many of those recommendations have not been implemented. And, here we are again looking to make more recommendations.

But, I believe you hold this wonderful knowledge of trying to implement recommendations. And so, I'm hoping you can share with us some lessons you have learned on the other side of the report. So, you have recommendations in hand, how do you get them? What has worked to get them implemented?

MS. INUKSHUK AKSALNIK: Through meaningful collaboration by all parties, by all -- like just by working together. And, I think I mentioned this

yesterday, just breaking the cycle of the silos of public, territorial governments and Inuit organizations. So, by working together we can implement some of these recommendations that do call upon the Government of Canada and the Government of Nunavut and working with QIA. And, of course some of these ones, like Hagar had mentioned, we will always advocate for, such as housing.

MS. CARLY TEILLET: Okay. So, if collaboration is the goal to get them implemented, are there things that you have tried to get recommendations implemented that have not worked?

MS. INUKSHUK AKSALNIK: Sorry?

MS. CARLY TEILLET: Are there steps that you have taken to try and get the recommendation done, to check it off, that have not worked?

MS. INUKSHUK AKSALNIK: I don't think so.

MS. CARLY TEILLET: Okay.

MS. INUKSHUK AKSALNIK: Yes.

MS. CARLY TEILLET: Thank you. That's my time. Thank you very much. Tashi.

MS. LILLIAN LUNDRIGAN: Thank you, Carly. That concludes the cross-examination of the parties with standing. If we can ask for a few minutes for counsel to ask a couple of re-direct questions to the panel.

CHIEF COMMISSIONER MARION BULLER: Do you

want to do that before or after our morning break?

MS. LILLIAN LUNDRIGAN: What is easiest for you?

CHIEF COMMISSIONER MARION BULLER: It's unanimous up here. Let's take the break. 15 minutes, please.

--- Upon recessing at 10:12

--- Upon resuming at 10:33

MS. LILLIAN LUNDRIGAN: If we can get started again, please. So, for Commission Counsel to re-direct, we don't -- I don't think we are going to need the full allotted time. We just have a couple -- a question or two. So, if Registrar can put 20 minutes on the clock, we can begin.

--- RE-EXAMINATION BY MS. VIOLET FORD:

MS. VIOLET FORD: Thank you. My re-direct question is to either Hagar or Inukshuk, or both. Yesterday, we were talking about power relationships between Inuit and government agencies, including the RCMP and others. In the Nuutauniq Report, where they talk about moves into the communities and relocations, the report outlines that there were cross-cultural challenges to the interpretation of consent and what affected consent. And, the report indicates that government agencies, and others such as nurses, believe that

relocations were -- they were consented to by Inuit because Inuit never said, I will not go.

Now, before the relocations, there was already an established power relationship between the RCMP and the government agencies and Inuit at the time of those relocations. And, yesterday, there was much discussion on the whole concept around intimidation and fear of Inuit from those type of authorities and others in power. And, my question is a question of recommendation, what recommendation, if any, could you give to the Commissioners around the whole cross-cultural complexities of the concept of consent? And, what would you recommend to the Commissioners around those cross-cultural challenges of consent and the future building of relationships between Inuit and governments in the future?

MS. INUKSHUK AKSALNIK: Violet, can you ask that again? Sorry. I just want to write a couple of things down.

MS. VIOLET FORD: I won't give the background again, I'll just ask the question. What recommendation would you give, if you had any recommendation to give, to the Commissioners as to the future way of receiving consent from Inuit regarding any future relationships or relationship building between Inuit and government agencies because of the complexities

around cross-cultural ways of showing consent, that the RCMP and others misinterpreted in the past. What would you change or what would you recommend how those agencies obtain consent from Inuit?

MS. INUKSHUK AKSALNIK: I think by providing a really good and comprehensive orientation into Inuit culture, which is actually one of the recommendations that the QTC Commissioner made, because like in the Nuutauniq Thematic Report, qallunaat may have mistaken silence or withdrawing as compliance, which is not true or which didn't happen or which did happen. And so, that is one of the things that, personally, I am very passionate about is ensuring that newcomers to Nunavut have a proper orientation into who we are.

MS. VIOLET FORD: Hagar.

MS. HAGAR IDLOUT-SUDLOVENICK: Nakurmiik. One -- I think one of the -- it's the cross-cultural differences. I think that is often the -- I think we need to orientate the people that come to our regions, to make sure that they recognize and respect Inuit culture through education, through orientation, or if you are going to go to another community or region, try to give them orientation as to their way of living and what their cultures are, and what the problem have been. ...and these are the things that should be looked at, just like the

government has produced some written materials on the problems that we faced. There's some reports available. If they can look over these reports, or -- because we can correct these -- some of these wrongdoings or misunderstandings. That's the way I would say it.

Don't repeat the past wrongs, because if this still happens. Get a bit of knowledge of, you know, who Inuit are, what our communities are, and also, working with people, work in partnership, work in collaboration, so that the mistakes are not repeated from the past. That will be my recommendation.

MS. VIOLET FORD: Nakurmiik to both of you. Thanks.

That's my question -- time.

MS. LILLIAN LUNDRIGRAN: Qujannamiik. I don't have any re-direct questions for my witness. So if you want to -- if the Commissioners have any questions for Elisapi, Hagar and Inukshuk, you may begin.

CHIEF COMMISSIONER MARION BULLER: Just so that the record is clear, the first Commissioner to cross-examine is our dear colleague, Commissioner Dr. Audette, followed by Commissioner Eyolfson, then myself, and Commissioner Robinson will be the last.

Go ahead, Michèle. Doctor.

COMMISSIONER MICHÈLE AUDETTE: Merci

beaucoup.

--- QUESTIONS BY COMMISSAIRE MICHÈLE AUDETTE:

COMMISSAIRE MICHÈLE AUDETTE: Alors, je vous entends, mais je ne vous vois pas car l'image est gelée. Vous avez un très beau visage, une chance.

Alors, suite à vos témoignages hier dans le courant de la journée, vous avez parlé de l'impact du colonialisme et où ça m'a vraiment frappé, et c'était la première fois que j'entendais de façon... dans le cadre des audiences de l'Enquête nationale, que le gouvernement fédéral, déjà en 1958, était au courant de la violence sexuelle, des abus envers les femmes, et je crois que c'est Hagar qui a souligné une série de situations auxquelles les femmes Inuit, soit par le viol ou abus sexuel ou violence, qu'elles auraient subi.

Ma question pour Hagar, est-ce que...

CHIEF COMMISSIONER MARION BULLER: Michèle?

COMMISSAIRE MICHÈLE AUDETTE: Oui?

COMMISSAIRE EN CHEF MARION BULLER: Un moment, s'il vous plaît. The witnesses need their headsets, les écouteurs, and you'll have to start again, please, when they're ready.

Okay.

COMMISSAIRE MICHÈLE AUDETTE: O.k.

CHIEF COMMISSIONER MARION BULLER: Okay.

COMMISSAIRE MICHÈLE AUDETTE: Faites-moi signe parce que l'écran ici est gelé, les visages des témoins.

CHIEF COMMISSIONER MARION BULLER: Can you start again with your question, please? We're ready.

COMMISSAIRE MICHÈLE AUDETTE: Maintenant?

COMMISSAIRE EN CHEF MARION BULLER: Oui.

COMMISSAIRE MICHÈLE AUDETTE: Parfait.

Alors, comme je disais dans mon introduction, malheureusement, je ne peux pas vous voir car... parce que vous avez... l'image du Skype, vous êtes *frozen,* gelés, mais vous avez quand même un beau visage.

Alors, dans vos présentations, dans vos témoignages, vous avez parlé de l'impact du système colonialiste, des lois colonialistes. Et ce qui m'a frappé dans le cadre des audiences de l'Enquête nationale, on m'apprend hier que le gouvernement fédéral, dans les années '50, '60, était au courant que des femmes Inuit vivaient une violence sexuelle, le viol ou une exploitation sexuelle.

Déjà là, dans ces années-là, vous nous partagez que le gouvernement est au courant, même un officier, un policier de la GRC dénonce l'exploitation émotionnelle et sexuelle envers les femmes Inuit.

Ma question s'adresse... je crois que c'est

Hagar qui a présenté cette série de situations dans ces années-là. Est-ce que depuis, le gouvernement a réparé les torts faits envers les femmes Inuit suite à ces dénonciations-là?

MS. HAGAR IDLOUT-SUDLOVENICK: I don't believe that it has. I don't believe there has been any acknowledgement. As I mentioned yesterday, on all those QTC recommendations on the report, we still have not received acknowledgement. That's what QIA was asking for. The acknowledgement piece is asking the government to acknowledge what is the content of this report, but to date, we still have not received that.

COMMISSAIRE MICHÈLE AUDETTE: Dans ce cas, est-ce que l'Enquête, comme commissaires, nous devons amener comme recommandation de faire suite au rapport à QTC auprès des autorités fédérales?

MS. HAGAR IDLOUT-SUDLOVENICK: I believe so. I think we -- QIA has been asking for (speaking Inuktitut) -- has been asking for the acknowledgement and apology. And I think that, you know, this would be just another avenue that would help us, you know, get to what we have been seeking. Qujannamiik.

COMMISSAIRE MICHÈLE AUDETTE: Merci beaucoup. Merci.

Au Québec, les Inuits, ma compréhension,

sont reconnus comme des municipalités, les villages, depuis la Convention de la Baie James.

Est-ce qu'à travers tout le Canada où il y a les Inuits dans leurs villages et leurs communautés, est-ce que les institutions financières canadiennes sont très actives pour financer le logement? Vous avez souvent parlé du logement, de l'habitation, et des avocats, en contre-interrogation ont mentionné aussi les enjeux entourant la question du logement.

Est-ce que les institutions financières canadiennes vous financent de façon active pour contrer cette pénurie-là ou cette réalité-là?

MS. HAGAR IDLOUT-SUDLOVENICK: It's kind of hard to answer that in one answer, I think, because the housing we talked about is public housing, or social housing. So the stats are responsible -- the Nunavut Housing Corporation, through funding from CMHC.

The Homeownership and Other Form of Housing Limited, you know -- we all know that in order to get a mortgage you need to -- you know, from a financial institution, you need to have a steady job, you need to have income. And often, in the smaller communities, you know, it's -- the implement rate is very low. High unemployment, so to seek, you know, a mortgage, that's near impossible. So they have to rely on public housing

or social housing for their families.

So -- and also, financial institutions like the banks, many communities in Nunavut, in -- particularly, (indiscernible) region, do not have banks in their communities. You know, the main one we have is in Iqaluit and Rankin, as far as I know, Cambridge Bay. Other communities, you know, it's absent in -- you know, you just can't go down the street and go to a bank and apply for a mortgage; it's just not possible.

So those are some of the limits -- limitations that people face. I know that most southern Canadians do not -- you know, it's not an issue for them. But this is, you know, this -- some of the impediments to better housing, even if you had a job, you know, just trying to get a mortgage you're having to go through electronic means sometimes. Again, there's other areas that comes up, another issue is broadband and so forth. So they can access, you know, mortgages, but again, it's through limited means.

--- SHORT PAUSE

COMMISSAIRE MICHÈLE AUDETTE: Merci beaucoup, parce que c'est important la réponse que vous nous donnez. Comme vous le savez surement, un des objectifs de l'Enquête nationale c'est aussi le volet éducationnel. Les gens du sud malheureusement sont,

incluant moi, très, très perdant à ne pas connaitre la richesse du peuple Inuit mais aussi l'histoire, tout l'impact du colonialisme qui se rend jusqu'à chez vous, malheureusement. Donc, c'est important d'expliquer aux Canadiens qui écoutent, aux gens du sud, les différences comment vous êtes traités versus les Canadiens qui ont une banque à tous les trois coins de rue, ce que vous n'avez pas. Alors, ça l'a un effet majeur.

Pour terminer, vous avez parlé hier, des témoignages très puissants, très profonds sur la culture, sur votre richesse. Je m'entends; excusez-moi, je dois couper mon son.

Et croyez-vous que les états, le gouvernement fédéral, les provinces et territoires doivent contribuer avec vous pour maintenir votre culture, vos traditions et votre guérison pour faire en sorte que vous ayez votre place au même titre que ceux du sud?

Ensuite, pour terminer j'ai besoin d'entendre de vous, pour notre exercice au niveau du rapport final et des recommandations, vous, comme experte, quelles sont les recommandations qu'on doit absolument mais absolument mettre dans le rapport final? Vous êtes les expertes, pas moi.

MS. ELISAPI DAVIDEE ANINGMIUQ: I think it's absolutely important that there is continual funds

available for people to regain self-esteem, resilience, and dignity amongst the communities. And if we start now, and we have started, but if there is more funding available to deliver the programs that are needed in the communities. It's so important to include the children too as well, because they are our future and they are the ones that need -- that place of confidence that they are going to grow up loving, healthy, and positive contributors to their families, community, and the territory.

So it's so very important that funds are available to all of the territory in order for us to gain our dignity and to continue healing. It has started, but it's just come a very short way yet. There's a lot of work to be done to all the damage that has been done in the last 50 years. Thank you.

MS. HAGAR IDLOUT-SUDLOVENICK: On the second part of the question, about what is the most -- what would be the -- what kind of recommendation would we like to bring forward or -- I think in that -- in the recommendation we would ask this inquiry about consider asking the RCMP to examine the history of the forces interactions with Indigenous women and girls in a collaboration with Indigenous scholars. And fairly shedding light on the darker historical moments in the

force's history, as well as times when the RCMP supported our women and girls. It would be transformative for the RCMP and serve knowledge the truth that you are hearing.

We would also ask that it be done quickly, before more records and memories are lost. And this history would be one way to serve those who have waited for so long, to see themselves in the history of one of the Canada's oldest and most pervasive institutions. That was part of our presentation yesterday, so I'm just re-reading that as part of the recommendations. Nakurmiik.

MS. INUKSHUK AKSALNIK: And if I may add, I think one of the counsel had asked earlier -- so an independent inquiry, while it's ideal, I think -- we think it's important that the RCMP do an internal investigation to look at themselves and how they treated Indigenous Peoples, Inuit.

COMMISSIONER MICHÈLE AUDETTE: Merci beaucoup. Thank you so much.

Very powerful recommendation. And I know my colleagues are here with you in the same space, and from here where I am, I will make sure that -- and we'll meet next week in Quebec, and we'll continue this discussion regarding recommendation of the -- well, I took note of everything you said, and I wish I was able to hug all of you. Nakurmiik.

CHIEF COMMISSIONER MARION BULLER: Thank you, Michèle.

Commissioner Brian?

--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON:

COMMISSIONER BRIAN EYOLFSON: Thank you very much. Elisapi, Hagar, Inukshuk, thank you so much for your evidence. I have some questions for you. A lot of the questions I had, have already been asked or asked in part or perhaps in a slightly different day, and I don't want to be repetitive, but I do have some follow-up questions for you just to seek some clarification, if you don't mind.

Elisapi, you talked about when the centre, ITC, was getting started, you talked about a focus on factors such as wellbeing, dignity and self-esteem. And, I know you have been asked a couple of questions related to those principles and values, and the programming of the centre. And, you have also talked about resilience as well.

I just wanted to ask you if you have anything to add in terms of how the centre's programming makes a difference in the lives of the people that access that programming, in particular the lives of Inuit women and girls, if you had any other examples or things to add about how it helps. I just want to give you that

opportunity, any observations you have?

MS. ELISAPI DAVIDEE ANIGMIUQ:

Nakurmiik. Thank you. The centre has been opened for a number of years now. And, I think almost on a daily basis there is some kind of reference to Tukisigiarvik in the community, just how valuable it is and the things that it has contributed to the community and to the lives of many people.

The centre, I think, sometimes it is a very focal place for people that have no place to go. As I mentioned yesterday, like, we have had to move out of the place that we were renting, because development is taking place in that area, and -- but the owners were good enough to extend that for a bit for us. But, because we have nowhere else to go, we have taken -- moved into the (indiscernible) I hope just for a time, and I hope it's not too longer than a year.

But, just last week, you know, some of the people that come to the centre regularly were just coming in, even before we -- because we have had to do some upgrades to the centre, and they are telling us, "We have nowhere to go." So, it is a very crucial centre for the folks that are using it, people that are homeless. We have a breakfast that starts (audio technical difficulty). And, we have the shower and laundry facilities that people

-- that are used daily when we are open, the days that are open.

And, for the other programs that we deliver, I get constant requests or questions as, "When are you going to start the kamik making program again?" I get that very regularly. I get a lot of questions like that regularly. So, the use and the importance of these centres is so crucial in all of the communities, I believe.

COMMISSIONER BRIAN EYOLFSON: Okay. So, a major part of our mandate of the National Inquiry is to identify practices that are effective in reducing violence and increasing the safety of Indigenous women and girls. So, in your experience, can programming, such as that provided by the centre, help women and girls to be less vulnerable to violence and increase their safety in their lives? Can you comment on that?

MS. ELISAPI DAVIDEE ANIGMIUQ: Yes. We have people from all walks of life that come to the centre. And, I mentioned earlier, too, that sometimes people will not seek help or want help unless they want it themselves. But, when we see that there has been unhealthy practices happening and it's visual, you know, be it physical violence, then we can say, "Is it okay that, you know, you -- that we talk to you and support

you, anything that you might need, because we see that you have been in a lot of stress."

And so, we are able to do that with the people that come there, although they are not asking for it, because a lot of times people are shamed -- ashamed to ask for help. And, it's so important that these centres also provide a place where there is confidential entrances, because the type of the centre that we are is a drop-in counselling centre, and the people that we serve are mostly homeless, and we have more homeless men in this community than women. Some families will be hesitant even to come to a centre that they know will help them, because of confidentiality, of -- just confidentiality meaning just them going to the centre discreetly.

COMMISSIONER BRIAN EYOLFSON: Okay. You also testified yesterday that land programs are so important. I'm wondering if you wanted to say a little bit more about that, about land programs.

MS. ELISAPI DAVIDEE ANIGMIUQ: The land programs really connects us to who we are. There is no escaping for an Inuk in their culture and who they really are. And, getting out on the land gives you that space of reconnecting with yourself in a place that, you know, nothing else but nature, nothing else but nature

happening around you. It is so serene and so, again, healing and therapeutic.

And, you sometimes have to be out there in order to see it. It's very hard just to describe it in words. But, if you need a time-out, that's when you get the real time-out for a place that is going to strengthen you, is going to give you that piece of space. And, I have had people where -- we have had people out on the land. And, we have had -- when it's our time to come back, people say, "No, can we stay longer?" I have had children that said, "I wish it was summer all year-round." "Why?" "So we can be at your cabin." So, I think that speaks volumes, and I think it's -- there's a lot of learning that happens.

There's a lot of community building, team building with the whole family, children to the elders. And, they learn a lot of safety. They learn things that, you know, they are not normally exposed to in the city, which is like nature walks, berry picking, fetching water, how to even light a stove, how -- you know, to make sure that before you get in the boat, you remove all -- try and remove as much sand as you can and stay away from danger areas. So, there is a lot of learning out there. It's outdoor education, if I can say that.

COMMISSIONER BRIAN EYOLFSON: Okay. And, just to clarify, I think you also said at one point yesterday that, earlier on, you realized there was no support for single mothers and children to go out on the land. And so, have -- has that been able to happen then since then?

MS. ELISAPI DAVIDEE ANIGMIUQ: Mm-hmm. And, I think it's happening. It's happening not only in Iqaluit, in other places too, that I hear. And, it's so important because, as a single mother, you are going to be very hesitant to ask a family to take you out if you have children. So, it's important, you know, that there are programs that people who are disadvantaged, marginalized, whatever, to be able to be in a program that they can call their own and not feel intimidated or a burden.

COMMISSIONER BRIAN EYOLFSON: And, yesterday you were also talking about the example of women having to come to Iqaluit to give birth when they were eight months pregnant, and leaving their children where they could be vulnerable, and that also separations happen and that can do damage. I'm wondering if you could comment a little bit more on those issues.

MS. ELISAPI DAVIDEE ANIGMIUQ: I don't think that I can really because it's, you know, away from my expertise, and it -- but it is something that I have

seen and I shared that yesterday.

COMMISSIONER BRIAN EYOLFSON: Okay. Thank you.

MS. ELISAPI DAVIDEE ANIGMIUQ: Okay.

COMMISSIONER BRIAN EYOLFSON: I'm wondering -- yesterday, you also talked about the lack of mental health services. You said that there were mental health offices... ...but they were so overwhelmed, there was a long waiting period to see a mental health worker. Are you able to comment based on your experience? Does the lack of timely mental health services contribute to the vulnerability of women and girls, make them less safe?

MS. ELISAPI DAVIDEE ANINGMIUQ: Are we able to, what? I'm sorry. I missed that.

MS. BETH SYMES: I'm sorry. Are you able to comment on whether or not the lack of timely mental health services contributes to women and girls being more vulnerable or less safe?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes. There are situations that I have seen where men needing help, wanting help, with the mental health here. But, when the appointments are so long and then they just say, no, it's not worth it. I can't wait that long.

And, to be able to have that choice of services to go to when you are in those needs is so

important. We provide counselling services, but like I said, some people want a place that is more discreet to go to sometimes, too. So, it's so important to have those options. And, when you don't have those options, a lot of times there's going to be more layers of stuff happening inside you if you don't deal with it.

COMMISSIONER BRIAN EYOLFSON: Thank you, Elisapi. Nakurmiik.

MS. ELISAPI DAVIDEE ANINGMIUQ: (Speaking indigenous language).

COMMISSIONER BRIAN EYOLFSON: I think I have one question for Inukshuk or Hagar. Going back to the recommendations around the RCMP and the history of the RCMP in terms of their interaction with Indigenous women and girls, I think, Hagar, you referred to pregnancies by RCMP officers when husbands were away hunting.

Could either of you comment a bit more on the interaction between the RCMP and women and girls in terms of the ongoing impact of that, what that interaction has meant for Inuit women and girls, and what does it mean today in terms of the relationship between Inuit women and girls and the RCMP in your region?

MS. HAGAR IDLOUT-SUDLOVENICK: One second. I guess I'll try and answer it broadly. Again, it's based on the testimonies that were given, you know,

during the hearings. You know, some of these things, these interactions did happen. I think a lot of it is also public knowledge. You know whose father is who. So, it's something that I think is quite known to a lot of (Speaking indigenous language) these things did happen. They are your own children that were fathered by RCMP officers.

And, now, I think the policy is different now, and I'm not sure what has been done to address it from -- you know, from these -- from the past. But, like we said on the recommendation, it would be ideal if that can be -- you know, based on the research and the history that was done, if they can re-examine that.

And then, I don't know -- to now, I don't know if that has taken place, further examining their policies or the past wrongs. But, as far as, you know, the testimonies that -- you know, these things did happen and then sometimes felt that they haven't been addressed.

COMMISSIONER BRIAN EYOLFSON: Does this continue to affect, for example, say, the trust that people would have in the RCMP today?

MS. HAGAR IDLOUT-SUDLOVENICK: I think this is one of them. There are many other issues that we mentioned, you know, when it comes to relationship with

the RCMP. There are many other issues that also contribute to that mistrust and the relationship that they have today.

COMMISSIONER BRIAN EYOLFSON: Okay. Thank you, nakurmiik, for answering my questions.

--- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER:

CHIEF COMMISSIONER MARION BULLER: Well, first, Inukshuk, Hagar, Elisapi, thank you so much for being here. I'm very grateful to have learned from you over the last day or so, maybe even longer. So, I'm very grateful that you are here.

Hagar and Inukshuk, to start, I have a question based on the document about policing, and if you could turn to page 44, please? Just a few things I would like your help with. Right at the top of the page there is a quote from one of the witnesses, and in that quote, it says, amongst other things, "If the DNA of RCMP officers were to be looked at, they would be found everywhere because people were forced for sexual favours. We Inuit know that. When they accept it, the child was told what happened in tradition, but with the RCMP, the child would not be able to talk to the father."

So, I just have a few questions about that, and maybe you're read other testimony going through the various reports. Why was the child not able to talk

to the father, do you know?

MS. INUKSHUK ALSANIK: I think it was because of the policy, that there were no interactions allowed between the RCMP and Inuit women. So, even though they may have fathered children, they were standing by that policy of not being able to talk to their biological father.

CHIEF COMMISSIONER MARION BULLER: Okay. Then, it goes on to refer to that quote, that the speaker linked the negative energy from the RCMP relations with Inuit women to problems within families, including abuse. And, we've heard testimony that husbands, men would go away, maybe for TB treatment, and come home and find their wives were pregnant, or to go hunting and come back and find their wives were pregnant.

So, did that situation of women becoming pregnant while their husbands were absent contribute to the abuse that Inuit women suffered?

MS. INUKSHUK ALSANIK: Yes, I believe so. Yes.

CHIEF COMMISSIONER MARION BULLER: Okay. So, these children that were born of RCMP fathers and Inuit women, were they accepted by their families? Were they outcast? What happened to them?

MS. INUKSHUK ALSANIK: I'll just read you

one of the people who gave testimony, Elisapi Ootova (phonetic). She told the QTC, "I have an RCMP father. I am different from my sister. I am ...an illegitimate child and it is embarrassing. I was so close with my non-biological father, and when I started learning that I have a white father, when I started getting -- going older, I was very agitated by it. And, that's just one testimony out of almost 350.

CHIEF COMMISSIONER MARION BULLER: Okay. Thank you. Elisapi, I have some questions for you. I would like to learn more about the programs that you have at your centre, specifically the counselling programs. And, I noticed that you have counselling for incarcerated individuals, does that include women and girls?

MS. ELISAPI DAVIDEE ANINGMIUQ: It could include if the request came. And, how the incarcerated individuals get counselling is through the phone system with our male counsellors, because it's mostly men that do request it. So, they either go to the Baffin Correctional Centre here in Iqaluit, or if it's a southern institution, it is done by phone calls with our male counsellors. But, we are there if there is any other referrals from the court, the justice system.

CHIEF COMMISSIONER MARION BULLER: Without breaching any confidences, what type of counselling would

that be?

MS. ELISAPI DAVIDEE ANINGMIUQ: I think a lot of times, we think that specialized counselling is needed for all, but sometimes that is not always the case. Sometimes individuals will want just a listening ear, just somebody that they can confide in some of the stuff that they are going through. So, I can't speak for our men either, because they don't share with us either, what it is that they talk to the people that are incarcerated. So, it's -- but I do know that it's very important to be able to speak your mother tongue when you are going through the counselling.

CHIEF COMMISSIONER MARION BULLER: Your centre also offers parenting and relationship skills counselling. Can you tell us a little bit more about what that involves?

MS. ELISAPI DAVIDEE ANINGMIUQ: Right now, we are running a program this year called Strengthening Families program. It's a recognized program throughout different places in North America, and we have been able to implement that here and we have taken the training.

So, we have parents, mothers especially, and a youth program. We have sessions for the parents and sessions for the youth or children, and what it is it teaches communication skills. It's not counselling

sessions per se, but it teaches communication skills between the parents and the children, and it gives affirmations as to the strength that the youth might have or the things that a youth appreciates with the parents.

And, it's -- there's games, it's like a skill building program that is so valuable. In fact, I think, you know, the first time that we were delivering it, we said, I wish we had this when I first started being a parent. So, it's quite effective because we can also make it more culturally relevant if we want, and I think it would be something quite strong to implement in the communities, because it's so important to be able to communicate with your children but we don't always know how. But, same thing with the youth, how, you know, it's hard for themselves to express themselves too, with parents. So, it teaches those skills.

CHIEF COMMISSIONER MARION BULLER: How often are these sessions held? Is it ongoing?

MS. ELISAPI DAVIDEE ANINGMIUQ: We have eight week sessions, once a week. And then we can have follow-ups, if they so request it on individual cases. And then we are able to deliver these twice a year to different people.

CHIEF COMMISSIONER MARION BULLER: And, how many people can attend?

MS. ELISAPI DAVIDEE ANINGMIUQ:

Comfortably, about eight parents and little bit -- around there too for children, because we don't have the proper spaces to hold these sessions. And, when we hold these sessions, we also provide child care. If there are children under 6 that need child care, we also provide it. So, we need, like, three different sections to be able to hold these and it's important to hold the sessions where it's -- you know, you don't have the distraction of their children in the same building if the building is small. So, we have to physically hold the child care in a different location, where we deliver the other programs.

And, we start with a meal. We start with a meal with all the groups, and then we break out into the sessions, and then everybody comes back. Everybody meaning the youth and the parents come back, and are able to share what it is that they have learned or, you know, whatever. And then the children come when we are finishing off, so the whole family get -- is together when we finish the programs.

CHIEF COMMISSIONER MARION BULLER: Thank you. Two things you said yesterday I would like to clarify a little bit. I'm not sure if I understood correctly. You said that a lot of elders are -- this was in the context of mental health services and the lack of

timely mental health services. You said that a lot of elders in communities were working underground due to the lack of mental health help, and they were not being recognized for this and not being paid for it.

What if anything would you recommend about recognizing the work that elders do in mental health counselling or helping people with mental health issues? Do you think they should be properly paid, recognized? Can you help us in that regard?

MS. ELISAPI DAVIDEE ANINGMIUQ: Mm-hmm. In fact, years ago, and the elder has passed on now, was the one that said, it seems like us elders' work is done underground because people don't see us -- we don't see them working, they are working at home, people go to them or they give counselling over the phone.

So, I think, yes, for sure there needs to be recognition of the elders that are providing the help. It's so important to recognize and acknowledge the services that the elders are bringing. And, as I said before, a lot of elders have volunteered their time for so long, their knowledge, their wisdom, and if we honour them with -- you know, just honouring them, they are very appreciative. They are very appreciative.

The elders are amazing. Indigenous elders are amazing. I have grown to known, once we ask an elder

to participate, and as soon as they find out exactly what we are looking for, they are able to contribute so much. And, that communication needs to be very clear with our elders of what it is that we want from them, because the better that they understand, the deeper understanding we will get from them too as well.

CHIEF COMMISSIONER MARION BULLER: And, finally, yesterday, you were talking about homelessness and couch serving that happens here in Iqaluit. And, there was one thing I didn't quite understand, you talked about safe homes for children, so that the children could stay for extended hours. Could you explain a little bit more about these safe houses, please?

MS. ELISAPI DAVIDEE ANINGMIUQ: What it is, is there are homes in the community where children visit and feel safe. They are not recognized. And, even when we ask them if there were ways to help these families that the children were extending their visits at, they did not want to be recognized in fear of being retaliation, you know, in fear of being approached by the parents, and they just wanted to be discreet. They didn't want to be known. They didn't want any kind of recognition. But, what we did was we started supporting them with snacks, toys for children, healthy snacks, bannock ingredients just to acknowledge that, you know, there were contributing

members of the community and, yet, did not want to be recognized. And, unfortunately, we don't have that money anymore, but I'm sure it still exists. But, we saw that when we were doing the community consultations.

CHIEF COMMISSIONER MARION BULLER: Well, because they want to remain quiet.

MS. ELISAPI DAVIDEE ANIGMIUQ: Mm-hmm.

CHIEF COMMISSIONER MARION BULLER: I won't ask any more questions.

MS. ELISAPI DAVIDEE ANIGMIUQ: Thank you.

CHIEF COMMISSIONER MARION BULLER: Thank you so much.

--- QUESTIONS BY COMMISSIONER QAJAQ ROBINSON:

COMMISSIONER QAJAQ ROBINSON: Thank you. I have a question or several questions. And, Marion asked you, to Inukshuk, I just want to further add. And, because she was asking in English, I will proceed to speak in English as well. With respect to the QTC, and I'm looking at the thematic report on policing, and I just want to ask a follow-up question to Marion's question about the issue of forced sexual favours for the police. And, we have also -- you shared with us yesterday in the report when it comes to the special constables talked about just all the expectations and the demands that were put on them and their families.

During this process, was there any evidence brought forward about sexual favours and expectation of that of the wives of the special constables? It seems that they were expected to do everything, and I'm wondering if it extended to this.

MS. INUKSHUK AKSALNIK: Not that I can recall reading. But, traditionally, there was sharing between families of spouses. And, I think when the RCMP saw that or Qallunaat, in general when they saw that, they didn't ask really. They didn't, because it might have been agreed upon behind closed doors by those families. In the case when the RCMP saw it, they didn't -- I don't know if you can help me elaborate on this.

MS. HAGAR IDLOUT-SUDLOVENICK: I guess (speaking Indigenous language), you know, when -- because they are talking about wife sharing, in Inuit society, that had happened. That has happened, but often it's agreed upon. It is consensus between the two men that this would happen. But, that was Inuit tradition.

However, when the RCMP came, they saw that this was happening, so they assumed that was accepted practice. But, normally, it was -- it had to be consensual, in this case, by the parties. In this RCMP situation, that did not happen. So, that's -- I think that's one of the reasons why it has been brought up,

because, yes, Inuit custom did, you know, did that practice, but it would normally be between the three parties would have to be consensus among them. But, in this situation, it was different.

COMMISSIONER QAJAQ ROBINSON: Particularly because of the power imbalance?

MS. HAGAR IDLOUT-SUDLOVENICK: Yes.

COMMISSIONER QAJAQ ROBINSON: Okay. Nakurmiik. There are so many findings and information within the QTC, and I'm really disappointed that no response has come from the Government of Canada to even acknowledge the content. That being said, it's a tremendous wealth of information and government, capital G, may not acknowledge it, but agencies, departments that are providing services in the north could gain so much knowledge and do such a better job with that knowledge.

So, I'm wondering, just looking at the community histories, for example, have any of those been incorporated into, say, RCMP orientation, teacher orientation or orientation for nurses going into any of these communities?

MS. INUKSHUK AKSALNIK: I don't know what the RCMP or NTA, what kind of orientation they have. I can speak to what I have done as the QTC implementation coordinator. We -- in February, there was a TB clinic in

Qikiqtarjuaq, and we were approached by the GM Department of Health to orientate the first cohort of specialists, x-ray techs and stuff going to that community to talk about the history of health in that region, as well to give a community history on Qikiqtarjuaq itself. So, that is what we have done. And, it was very well received, because many of these professionals, it was their first time in Nunavut and their first time even dealing with Inuit. And so, it was very well received. But, unfortunately, I can't speak for the RCMP or the teacher's association.

COMMISSIONER QAJAQ ROBINSON: Did you get any feedback from the community of Qikiqtarjuaq and those that dealt with the nurses about the quality of the service they got?

MS. INUKSHUK AKSALNIK: Unfortunately not. Yes.

COMMISSIONER QAJAQ ROBINSON: I would like to thank all of you for reporting on the Qikiqtani Truth Commission, and this is very important to our work, and it gives more information, more understanding why the situation is so (indiscernible). I think even without mentioning QTC around 1930's up to 1970's, they used to give numbers to each person as a project surname. Although it's not written in the QTC report, do you have

any -- can you give us some information? My name is Qajaq and they didn't have last name, and having last name is very important. And, it has been brought up to us that they had these numbers, dog tag numbers, like, when they were having project surname. This has also hurt some people. Can you elaborate a little bit on that?

MS. ELISAPI DAVIDEE ANIGMIUQ: I am Inuk woman. When I was born, my name -- I was named Elisapi, and there are a lot of part of my family -- I'm named after some of my families, and my name is -- and somebody asked me, "Are you Elizabeth?" I'm not Elizabeth. I was born by my father -- when my parents weren't able to speak English, so my name is Elisapi, and my name has been misspelled in so many ways.

Then, later on they give us -- my tag number is E7333, and my -- my friend whose name is also Elisapi, was also E7344. We used to be called 344 and 333.

I don't think -- I don't remember being hurt over that, but today, yes, it -- some people have been disappointed being given some numbers. I don't think anybody overly reacted in having a number, but it was the wrong way to do it, I think, giving numbers to people. And my parents -- I still have my parents' numbers. It's called the Eskimo Identification Tags.

And I have different names, and I've -- we have kinship names. And it's very important to us, because my mother -- I never mention my mother's name. If I'm going to speak to my mother, I just call her mother or father; my sister, my older sister, my younger sister. This is how we call each other, and that's how we learned to how we are related.

My daughter is named after my mother. Although she is my child, but I call her my mother. And when I thought about how important this is, so next child -- and I keep calling them Ilnuk (ph), means -- meaning "son". And when I got another, I call him my younger son. And the oldest also call me -- who also call us his sister-sister, and he has a brother and a younger brother.

And all my grandchildren, I try to get them to know how we call each other, us relatives, or kinship. And it gets us closer. Because I have uncles -- I have a lot of uncles in Cape Dorset, and I have -- I also have lots of cousins, and same thing. Because my mother had more relatives in Kimmirut Lake Harbour.

So Inuit do get closer, and -- to see, and also it gives you an idea where you came from and who you're related to. So the kinship naming is very important. So I decided to look into it to be more interested and find out.

Maybe I answered part of your questions, if it's the right answer.

COMMISSIONER QAJAQ ROBINSON: The law or regulations don't recognize any relations. When we were in Rankin Inlet, someone was speaking that the kinship name meaning -- when the -- these institutions, like nursing station or police, when they don't answer or understand -- if the people that are administering the Inuit don't understand the way Inuit relations are in place.

If a little girl is taken away by social services -- usually, when a child is apprehended, the Inuit family system is not recognized, and there's confusion. There's also loss or custom loss that should be recognized.

If I should say it in English. The definition of family in laws, needs to reflect the Inuit understanding of family in relationships. Would you agree with me that traditional laws or custom laws should be recognized and applied in today's world?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes. Inuit family system is very important, and the recognition of it. When we find that we are related, usually -- "Oh, I wonder how the families like what that person that I'm related to family is like and how we are related?"

Being related -- for example, I'll use Iqaluit as an example where there's a lot of people from all over the world, and we have -- we call, for example, if I have an uncle on my mother's side or an uncle on my father's side, there's a different word for it. And if you say my angak, again, that's an uncle, but we know that it's from my mother's side. And if it's akkak, it's on the father's side.

They're both uncles, but when you refer -- we have slightly different names which indicate whether that uncle is from my father's side or from my mother's side. And also, your in-laws, and -- it's still applied today, and we have to apply it and teach it so that it will be passed on.

COMMISSIONER QAJAQ ROBINSON: And again, we've been told on more than occasion, for -- on more than one occasion where if you lose a sister, an older sister, a younger sister, or a relation, the government should provide counselling or addiction services. And usually, it's on a one-and-one basis without looking at the other members of the family. We have to look at counselling for the whole family instead of focusing just on one individual.

And is that -- do you have a problem with that up here too?

MS. ELISAPI DAVIDEE ANINGMIUQ: Yes. For example, this -- if one individual is seeking counselling, and what I would like to see is not to just focus on that one individual but also to include the nuclear family. It would be a benefit for the whole -- the family as a whole.

The counselling system in the European culture focused on confidentiality, but in the Inuit culture, we have a different system where you don't just focus on one individual. If you focus on one individual without including the family, the individual who is being counselled is not going as far ahead as they can. We have the family counselling program. We look at both the -- including both the young or the -- and the elders.

Again, we hear on the radio, and not only on the radio, but also on other -- through other media means, we hear news or an announcement, and then we hear it on the radio, and then we say to ourselves, "I could have helped." **COMMISSIONER QAJAQ ROBINSON:** If I was to make a recommendation, should we include focusing on the entire family be it mental issues -- or mental counselling or addictions counselling, should we recommend that we focus on the family as a whole and not just on one individual?

MS. ELISAPI DAVIDEE ANIGMIUQ: It would be a benefit for the whole family and it would --

the confidentiality issue would be out, because if you only focus on one individual, it contributes to the breakage of the family. If it was possible -- and myself, personally, I think it would be more of a benefit if we focus on the family and not just on one individual.

COMMISSIONER QAJAQ ROBINSON: Looking at the programs and services that you provide through Tuksigiarvik, programs -- if I said it in English and saying the word "program", it's like -- it's not like -- it's what you do after work, it's what you do recreation, and what you do focuses on the way of life. And, at the Tuksigiarvik, you set up programs, does that hinder the work that you do?

MS. ELISAPI DAVIDEE ANIGMIUQ: I can't say a hindrance, but it's focusing on the -- taking a holistic approach. I know exactly what you mean, but it's not just a program. And, I do apologize that I am putting in English words here and there. My life is not a program. It is my way of life. Our life is not a program. It is the way of life and that has to be recognized. It is our way of life.

COMMISSIONER QAJAQ ROBINSON: It's -- (Speaking Indigenous language). It's health and social services. It's justice. It's corrections. It's all those services that are funded by the state not on a year-

by-year basis. I think that has to be changed. And, I'm not very comfortable with the word "program". I think those are all the questions I have at the moment. My gratitude is huge and I show you my gratitude. Thank you.

CHIEF COMMISSIONER MARION BULLER: We have learned from people all across Canada, and now from the north. Part of what we do, every place we go across Canada, is to give our speakers gifts because you have given us so much. It is the least we can do in return.

We were told by matriarchs on the West Coast of Canada in Haida Gwaii to give all of our witnesses eagle feathers because, across Canada, eagle feathers stand for many things, but mostly to lift people up, to hold people up and help them soar even higher than they are doing now on those days that you can. Because you are already doing such wonderful work, we want to maybe even lift you up a little higher if we can with our eagle feathers.

The eagle feathers we are giving you today were donated by an elder in Regina, Saskatchewan. He took his ceremonial regalia and took feathers out of his regalia so that we could give them to our guests. So, on behalf of all of us, the Commissioners, and I know Michèle, if we could hear you, you would be using saying, "Yes," -- no, you would be saying, "Oui, oui, oui. Moi

aussi." Thank you very much. We have learned a great deal from you, and we are in your debt for what you have done. So, on behalf of all of us here, staff included, I want to thank you for what you have done and our gratitude also to all counsel today. Thank you. And, we also have some arctic cotton and Labrador tea for you. Thank you.

MS. LILLIAN LUNDRIGAN: If I can make a quick announcement too to the parties with standing? Thomas Barnett is -- will be sitting at the Commission counsel table. You can bring your numbers for the draw for the next panel cross-examination at 12:45. After lunch, you can bring your numbers to Thomas Barnett. And, we will break for lunch and we still start again at 1:00.

--- Upon recessing at 11:58

--- Upon resuming at 13:07

--- Panel II: Indigenous Peoples' Resilience

MS. CHRISTA BIG CANOE: Good afternoon, Chief Commissioner and Commissioners, Commission Counsel at this time would like to call our next witness. Just as a manner of introduction to this territory, my name is Christa Big Canoe, I am Commission Counsel, and part of my job is to lead evidence of the witnesses and put evidence before the Commissioners. I am very glad to be here today on this beautiful land and territory. The witness that we are calling next is Dr. Janet Smylie. Before we begin,

Dr. Smylie would like to be affirmed and on her own eagle feather.

CHIEF COMMISSIONER MARION BULLER: Dr. Smylie, do you solemnly affirm to tell the whole truth today and nothing but the truth?

DR. JANET SMYLIE: Yes, I do.

--- DR. JANET SMYLIE, Affirmed:

CHIEF COMMISSIONER MARION BULLER: Thank you very much.

--- EXAMINATION IN-CHIEF BY MS. CHRISTA BIG CANOE:

MS. CHRISTA BIG CANOE: And so, the first matter that I would like to do is it is my intention today to qualify Dr. Smylie as an expert. And, before we start, is it okay if I call you Janet?

DR. JANET SMYLIE: Yes. Yes.

MS. CHRISTA BIG CANOE: So, I will be referring to Dr. Smylie as Janet for the most part. And so, Janet, can you just give us a little bit of background, as comfortable as you are, about who you are and where you come from?

DR. JANET SMYLIE: I am a Métis woman, I'm a mom of six, grandmother of two and I'm a family doctor in my professional life. I have been practising for 25 years, and for the last 15 years, I have also been engaged in health research and Public Health research in

partnership with diverse First Nations, Inuit and Métis communities. I currently sit as an applied Public Health Chair funded by the CIHR at St. Michael's Hospital and University of Toronto where I hold an appointment as a full professor in the Dalla Lana School of Public Health.

It's also important to acknowledge that I have had opportunities to work, and share and learn from diverse First Nations, Inuit and Métis in urban Indigenous communities both in my clinical work and in my research work, and I have had a number of teachers, including my mother, and my grandmother and my sister, and I currently am a member of a ceremonial lodge for the past 10 years.

MS. CHRISTA BIG CANOE: Thank you. I note that you had provided us two, not one, CVs, curriculum vitae. Just a quick question, why two?

DR. JANET SMYLIE: So, for my work career, it's quite paper dense. And, in fact, there are two things that are needed in my role as a research scientist and academic in public health. So, the first one, I think, is a big CV that's for the University of Toronto, because they have a special format of academic CVs and it draws on something that I put together for my promotion to full professor. And then the second CV is generated by what's called a common CV, so the research funders like to have that large CV.

MS. CHRISTA BIG CANOE: And, I think something that's fair to say is it is also large in girth given the academic and written work you have done over the course of your 25 year career. Is that a fair statement?

DR. JANET SMYLIE: Yes, that would be a fair statement.

MS. CHRISTA BIG CANOE: Okay. And, obviously I'm not going to make you walk through -- the one CV is 55 pages and the other one is over 20, but I think it clearly indicates that you do have a lot of expertise in particular areas of your -- in your career in health.

But, specifically, you had mentioned you are a practising physician, family physician, and you listed a number of the current leadership titles you hold, but what are some of your areas of focus over the last few years?

DR. JANET SMYLIE: So, I have been focused in applied Public Health research. I actually have been involved in supporting Indigenous midwifery in Canada for about 20 years. And, I like to say that I practise as a consulting family physician in an Indigenous focus midwifery practice now in Toronto, and I have been very fortunate to see this most recent wave of growth in midwifery practice and have been able to partner to

actually do consultations with urban communities about midwifery, speak to knowledge keepers and elders in Saskatchewan and Ontario about traditional Indigenous midwifery, and also look to see what there is in the published literature about Indigenous midwifery and reproductive care.

I am also very interested in hearing from First Nations, Inuit and Métis communities, urban Indigenous communities, what their actual health needs are, so I have engaged in partnerships with multiple urban Indigenous health services and other provincial stakeholders in Ontario to conduct detailed Indigenous health assessment surveys that are actually run by Indigenous communities.

And then the other thing that I have been working pretty hard on is to examine racism as it happens within health care systems and to try to figure out how we can change that.

MS. CHRISTA BIG CANOE: Thank you. And, again, they are very large, so I am not going to ask you to walk us through it. But, in addition to what you have shared, is there anything you want to highlight from either of your curriculum vitae?

DR. JANET SMYLIE: I think in the non-Indigenous academic world, things that seem to be

important if you are a research scientist in academic is publishing in journals and also getting research grant funding, so I have been quite successful in research grant funding. It's an unusual skill perhaps for an Indigenous woman, but I am pretty good at writing grants for research funders.

And then fortunately, communities have been generous, so we always do try to make sure, like our community partners, First Nations, Inuit and Métis partners, hear first about the collective knowledge that we gather, but also in partnership with the communities, we have been able to publish some of those things in academic journals.

MS. CHRISTA BIG CANOE: And, I know you're modest on this too, but I noted there is over 100 publications ---

DR. JANET SMYLIE: That is correct.

MS. CHRISTA BIG CANOE: --- that you have either authored or co-authored?

DR. JANET SMYLIE: That's correct.

MS. CHRISTA BIG CANOE: Chief Commissioner, Commissioners, I would kindly request and tender both curriculum vitae as one exhibit, please.

CHIEF COMMISSIONER MARION BULLER: Certainly. Both curriculum vitae will be marked

collectively as the next exhibit, and that will be Exhibit No. 14.

--- EXHIBIT 14:

Two Curricula Vitae of Dr. Janet Smylie 1) CV dated August 17, 2018 (55 pages) & 2) CIHR CV dated August 30, 2018 (47 pages)

MS. CHRISTA BIG CANOE: Thank you. If I may ask just a couple of more questions.

DR. JANET SMYLIE: Sure.

MS. CHRISTA BIG CANOE: In your 25 years of experience in working with a number of these Indigenous, as well as remote communities, you have had an opportunity to travel a lot across the country. I understand you have actually even done some work up here?

DR. JANET SMYLIE: That's correct. I think this is my third trip to Iqaluit. Unfortunately, I actually have only had brief visits, so that's my error and challenge in terms of actually trying to get the gear shifts of a busy life with the actual visiting life which I will speak to a little bit later. But, yes, I have also had an opportunity -- so working with Inuit community in Ottawa was very early on in my career, so I had the opportunity to actually spend time at the Inuit Family Resource Centre, and my very first research project was

with Tungasuvvingat Inuit in Ottawa.

MS. CHRISTA BIG CANOE: Nice. And, just if I may clarify one question. When you shared a bit of your background, you had mentioned that you had -- that you were a member of a lodge for 10 years. Can you just tell me a little bit about the lodge?

DR. JANET SMYLIE: Sure. So, the lodge is led by Elder Maria Campbell, she is a Métis elder, and I met her in 2005 I want to say, 2004/2005. So, she started this lodge 35 years ago, and that will be a big piece of the testimony because I've been working with her on it to share it here as a potential strength-based best practice. So I've been in that lodge since that time. So that includes includes -- yeah -- attending regular ceremonies in Saskatchewan at Gabriel's Crossing.

MS. CHRISTA BIG CANOE: And I understand that you will be sharing more about the lodge with us later, but I understand that you won't actually be talking about specific ceremonies of the lodge because that's something that is not done sort of in public discourse, but you will be able to speak a little bit about the lodge in your testimony?

DR. JANET SMYLIE: Yeah, I've been working carefully with Maria and then some other senior lodge members so that I can share some of what we do. But of

course, even if it was appropriate to share the specific aspects of the ceremonies I wouldn't be the one to do that.

MS. CHRISTA BIG CANOE: Thank you. And also, I know that we'll be walking through a slide presentation later, and one of the things that struck me is in every single slide when you've had a picture of someone, you've explained to me that you sought the consent of the individuals to put the pictures in. So obviously, consent and working with people is an important part of what you're going to be sharing with us today as well; right?

DR. JANET SMYLIE: That's correct, and I've -- yeah -- used a lot of images of my own family, and even my 10 year old boys have given me permission.

MS. CHRISTA BIG CANOE: Thank you.

Chief Commissioner and Commissioners, based on the knowledge skills, practical experience, training and education as described by Dr. Janet Smylie, and as evidenced in her curriculum vitae, I'm tendering her as a qualified witness in the field or area of Indigenous health, with specific knowledge in public health research as it relates to First Nation, Métis, and Inuit; research and practices as it relates to Indigenous child and family health and well-being; midwifery and Indigenous midwifery

best practices; and as a practicing family physician and teacher.

But further, I'm going to request, in addition to qualifying Dr. Janet Smylie as an expert, I also request that she's qualified as a knowledge keeper. This request is made because of her experience working with the Indigenous Elders at the Well Living House at St. Michael's Hospital in her capacity as the Director of the Well-Living House, in addition to -- sorry -- her use of informing and connecting western medicine to traditional knowledge.

And based on her practice with Mitakwayataokim (ph), which is the lodge -- and I apologize in advance if I've mispronounced it -- Dr. Smylie will modestly admit that she is still learning, but she has a requisite knowledge of ceremony and practice to enable her to speak as a junior knowledge keeper in these proceedings.

So on that basis, I please ask that she is qualified as I have submitted.

CHIEF COMMISSIONER MARION BULLER: Well, let's start with the junior knowledge keeper. I've never heard that before.

Certainly, based on the evidence that we've heard this afternoon, Dr. Smylie is more than well-

qualified to give expert opinion evidence in the field of Indigenous health, with specific knowledge in public health research as it relates to First Nations, Métis, and Inuit; research and practice as it relates to Indigenous child and family health and well-being; midwifery and Indigenous midwifery best practices; and as a practicing family physician and teacher.

And I'm not sure if I am qualified to do this part, but certainly, Dr. Smylie has the knowledge and experience to be a junior knowledge keeper, or knowledge keeper in training. Thank you.

DR. JANET SMYLIE: Thank you.

MS. CHRISTA BIG CANOE: Thank you.

MS. CHRISTA BIG CANOE: Dr. Smylie, I understand that you've actually -- for ease of walking through the number of topics we want to talk about today -- have prepared a slide presentation. At this point, I'd kindly ask the audiovisual crew to pull it up for us.

And will you be able to see that one?

DR. JANET SMYLIE: Yeah, I can see that one.

MS. CHRISTA BIG CANOE: Okay. Great. So with that, I would actually just invite you to start please.

DR. JANET SMYLIE: Okay. Thank you, very

much. It's an honour to be here. And I just want to start by acknowledging the reason that we're here, and to keep in mind, as I'm sure everybody has, all of those loved ones who have been lost and their families and their communities. And I also need to acknowledge Maria Campbell and my lodge and the Grandparents Council at Well Living House, who you'll get introduced to shortly.

If I could have the next slide, please.

This slide helps me self-locate, though I've already been pretty self-located, but it also helps me to acknowledge what a privilege and opportunity it is to be here in Iqaluit in Nunavut in the Inuit territory of Nunavut in the Inuit Nunaat. And what a beautiful territory it is.

It reminds me to talk about my homelands on the Prairie. So this is a little road near the place of Gabriel's Crossing, which is our ceremonial grounds. And I was actually out picking sage here a couple of weeks ago, so it's a communal property farm. And actually, if you follow that road down, you get to a very historic Métis land site on the Saskatchewan River.

Next slide please.

And this is my family, and of course, these were my first teachers. So that lady there in the white cap, that was my mother who was born Mavis Whitford in

Saskatoon, and then in the middle there, that's my grandmother, Ruby, who was born Ruby Whitford in a place called Philip, Alberta.

We're having a little family debate about whether it was a road allowance or actually just a homestead on a settler's farm. So we'll hear a bit about Ruby. And then that's Ruby's mother, Marguerite Sothay (ph), who was actually born in Victoria Settlement.

So it's an interesting thing. I'll share a tiny little about Métis people and Métis history just because I think it's an important thing to do so that people can understand the perspective that I'll share.

But I have an unbroken maternal kin line and we're matrilineal. So sometimes that's not the way that people think about Métis people, but I feel lucky that I've been able to face maybe some of the internalized external ideas of who Métis people are and learn a little bit more about that kin line. And of course, I call on those ancestors and all the ones before them and all the ones that go into the future as I submit my testimony.

Next slide please.

And then of course, just a tiny little bit. I understand that there may have been one or two other people speaking about Métis people, but of course, we're relatives to the Cree and other First Nations communities.

And we know that if we look at the history -- and in fact we were called in Cree Otimpemswik (ph). And my grandmother actually never told me that she was a Y-dialect Cree speaker, which is why I stumble on the words.

So I hope that there's at least one or two people listening who have that gift of language still, and I know I'll work my life to have a couple of words. But the people who own themselves; right? And that was because we -- at least a large majority of us we're not Treaty people but we're related to and we come from Treaty people. And then, of course, there's a paucity of good images of Métis people. This one I like because it actually shows the women at work as well.

And I can track my relatives. So we did come from the Red River and then push out across the Prairies in Red River carts, which was really my first knowledge translation innovation. I was like what is there that we use that came from Europe that actually we've adapted? So these Red River carts, we adapted them from Scottish carts, as far as I understand. And because we didn't always have blacksmiths on the Prairies we would replace the metal parts with wooden parts. So apparently you could tell who was coming by how squeaky their cart was.

Next slide.

So -- and then just so that people can see, because I think we hear a lot about status. I certainly do when I work in health information systems. But for Métis people and my -- many of my ancestors, when I was in medical schools in my mid-20s, I actually went to Ottawa to try to find out a little bit more about my people, and I always wonder about it. So I was able to get -- there was a nice archivist there, so all of sudden these half breed scripts started appearing.

So anyways, this is interesting. This is Marguerite's grandmother, Nancy Lebon, and this is her half breed script, actually, from January of 1885. And I guess some -- that was like a pretty big year for the Métis because it's the year the Battle of Batoche. But here she is going into the Half Breed Script Office.

So again, my mother grew up probably getting beaten up and getting called a half-breed. So it's interesting -- and I imagined in my twenties what would it be like to go into the Half Breed Script Office. And there's others much more qualified than me that can speak about script and what it meant to Métis people.

Next slide please.....And so, then just here, what's interesting -- so, again, because I said, well, we're not all Treaty people. So, here you can see

Nancy Lebon (phonetic) at the age of 50 ceased to be a Treaty Indian. So, she actually was a member of what was called the Edmonton Stragglers Band, which is now known, I think, as Papaschase. It's interesting because in Ontario, then, I actually hid this scrip for about 20 years because I was embarrassed that my treaty ties were to a band called the Half-breed Scrip, because I was living in Ontario and it seemed like there was many distinguished First Nations communities, indeed, there are.

But, one time, my Auntie Maria, I brought this scrip down one day because she was at my kitchen table. Finally, I said, "Well, I have scrip. Have you ever heard about the Edmonton Stragglers?" And, like we're going do today, and -- she has a way sometimes of turning things that one might be ashamed of into something beautiful, and maybe that is the power of narrative in our stories.

So, what she said was, "Well, those stragglers, they were actually the ones that were really resilient during treaty times," okay? And, you see, because January 1885 was not a good time on the Prairies for Indigenous people, for First Nations and Métis people. People were starving and dying. So, she said, "Well, the stragglers were the ones that actually could survive a

little bit longer during these very difficult times, so they straggled in to sign treaty."

Next slide, please. So, that's a little bit about my family. Just a tiny little bit about where I work as well because, really, it's a collective effort. So, anything that I share today is because I have had good help and support and knowledge shared through my ceremony lodge, and then, also, I have an amazing team of people. I was speaking to them this morning, so all of those different projects and things on the CVs, they are running while I'm up here.

And, at the core of it is this Grandparents Council. So, you will see in that picture there in front of that beautiful Christi Belcourt mural, which we will talk about in a moment, Madeleine Dion Stout, Jan Longboat and Carol Terry. So, one of the interesting and strategic thinks, actually, Maria Campbell advised me to do is when I move to St. Michael's Hospital in 2007, I had to get back to Toronto from the Prairies for family reasons, and I was tasked with setting up an Indigenous health research unit, she said, "Well, you should get a council of grandparents to advise you on the research."

And so, what we try to do -- and, again, it's very easy to put things into words, so I would encourage you to talk to some of the different First

Nations, Inuit, Métis and urban health service provider partners we had worked with. We're definitely imperfect, but we do try to conduct Indigenous-led. So, not only is at least half our team Indigenous, I'm in Indigenous, but also our community partners are Indigenous, and we try to make it applied health research, because it seems silly just to do research that isn't doing anything that has tangible results. And, the focus is on nurturing places and spaces where Indigenous children can find peace, love and joy.

Next slide. So, one of the things that happened early on is actually -- I think we're the only hospital in the country -- and correct me if I'm wrong, I'd be glad to hear if there was another one, the only hospital-based research unit that actually has a Memorandum of Understanding with the Council of Indigenous Grandparents. So, I actually have two sets of bosses, and that's not supposed to be a very good thing to do in mainstream business. But, actually, there is a Memorandum of Understanding that co-governs our work at Well Living House.

So, I report to the Council of Grandparents. And so, now you know them. And, if you don't like what I do here today, please -- you can tell me or you can tell them, and they will tell me. They know

that I am imperfect. And then I also report to the chain of command, which really is a hierarchical chain of command in a big hospital-based teaching research unit at St. Michael's Hospital.

So, there, you see Jan Longboat at the MOU signing ceremony. And then to her side, the guy with the fluffy grey hair, that's Art Slutsky, who has actually just stepped down as VP Research at St. Mike's. So, then the next person beside them, Pat O'Campo, who has been an amazing mentor has stepped into the acting VP Research role. So, I report to the people at St. Mike's and the Council of Grandparents.

Next slide, please. Okay. So, I think now I'm going to just try to move into the core of the testimony. I like -- I say I'm not supposed to be too much stand-up comedy at such a serious occasion, but I -- see, I like to challenge stereotypes about Indigenous people not speaking that much or having a long pause time. So, Christa and I have worked on this, and I will try not to talk too much. A little bit of laughter, not too much.

Okay. So, what I was instructed to do and inspired to do was try to present a strength-based testimony, because I think that we have heard a lot about the problems already and I guess I was hoping that this would be a piece of the puzzle that I could bring. I say

that with humility, of course, because I work as a medical doctor, so we are pretty trained at thinking about deficit- or illness-based things. So, I have learned all about strength-based by working in the community and the ceremony lodge.

We are also always bridging worldviews, and I guess that is kind of where the core of the work is. And, Christa hinted at that, like the core of the work that we do at Well Living House is really trying to bridge worldviews, so I will speak a little bit about that. And then I just want to share some information about what we need to do to optimize Indigenous family and community wellbeing. And, I am going to start in the early life space, share a Métis perspective on how we get there, and then talk about the disrupters, the colonial violence that has disrupted, what I believe, every First Nations, Inuit and Métis household and community had and still has, which is the ability to create spaces and places where infants can feel love, peace and joy.

And then the core of the testimony which, hopefully, we will get to before too long, is just going to be some strength-based examples, which I have had permission to share today. And then finally some recommendations, which I kind of have regrouped and streamlined from what went out in the summary.

Next slide, please. So, there is this lovely quote. And, actually, it took me a little while to unravel to the original source, and I was delighted to see that it was Scott Momaday, the beautiful Native American writer, around imagining ourselves richly. So, in a lot of the work that I present on Indigenous anti-racism, we talk about stereotypes about Indigenous people. And, of course, even within my own mind and family and community, those things can get internalized. So, as something as simple as diabetes; right? But, then, of course, there are other terrible stereotypes about us that kill us; right?

So, the strongest stereotype we have evidence about this, about Indigenous people, is around, like, alcohol misuse and other substance misuse. So, then we get misdiagnosis in the Emergency Department. And, somebody who is having a stroke or other medical health problem that would be treatable is misdiagnosed as being intoxicated; okay?

But, what if we imagine ourselves richly; right? So, this gift that we have, we are who we imagine ourselves to be. The greatest of gifts is to imagine ourselves richly, so this power of our stories and our imagination and this strength-based approach.

Next slide. So, the challenge that we are

facing -- and, again, my apologies. I'm -- my day job -- my first day job was as a family doctor, so you have about five to 10 minutes to try to navigate through and figure out what the plan might be. I never worked that fast. But, Approach A; right? Dig into what is wrong within colonial systems and within our own communities as a result of colonial systems fight to change colonial systems and seek restitution; right? So, I think that's a lot about what this Inquiry is about.

Approach B, we have the answers. So, the answers lie in our communities. And, I am quoting former National Chief Phil Fontaine when he was giving a plenary at an Indigenous Health Conference. So, it's in our communities, in our stories, in our lived environments and in our blood memory. So, we all know, as First Nations, Inuit, Métis, urban Indigenous people, what we need. We have it still. We know what we need.

And, actually, just like anything else, the truth lies somewhere in between; right? So, I'm not saying one approach is better than the other. It's just for this afternoon, if you'll indulge me a little bit, I'm going to focus on the answers that lie in our communities.

Next slide. And, of course what happens is, as we navigate, like, these challenges, not only are we faced with these different approaches, one to, kind of,

change the machine, right, and seek restitution -- machines like biomedicine, the Canadian legal system, they're pretty big machines. University systems; right? And then the other is just to know that we already have what we need in our communities. We also have to deal with different worldviews, because they are not going away; right? My European settler ancestors are not going back to Ireland, right?

So what I'd like to do, and I use this slide all the time, and actually did try to contact the author or the cartoonist, so if anyone sees him -- apparently he lives in Ottawa -- he can call me up; he gets at least five big dinners.

But anyways, this slide actually refers to tensions in the legal world and how we resolve them, though it could be applied to medicine. And people are nodding but -- because there's quite a few lawyers in the room, I thought I would use this slide. And I think it's actually quite useful to speak about differing world views that also we navigate.

And also when I share about the ceremony lodge, like one of the things that Elder Marie Campbell has tried to do in that lodge is help us learn how to bridge those things together. And I guess part of the work that we need to do is to figure out how to bridge

these things together better, right, so that our women and girls and two-spirit people are safe and can thrive.

So this cartoon is actually based on a famous legal case, the *Delgamuukw* decision where the Gitxsan people actually wanted their oral history accepted of the land in a court of Canadian law. And here you can see these two knowledge systems.

And of course early on, and early on in my work in medicine, my biggest question is how can I be a Métis woman and practice biomedicine? Because it seems like these worlds really collide. But in fact as we drill down in specific First Nations, Inuit, and Métis knowledge systems we understand that each one is diverse and incredibly complex in a local way. And then there's some synergies and some tensions, right?

So, for example, like I work a lot with counting; you'll see I even brought the Count from Sesame Street in my slides a bit later on. So, like, I work in numbers and health information systems. So some Indigenous people say, "Oh, well, that's colonized, only qualitative research, right, can be decolonized." I say, "Oh, no, I think we always counted," right? Like, we had to count or we wouldn't have survived.

When I show this slide and we talk about whether or not local indigenous knowledge of the land

should be accepted in a court of law, I say, well, what would have happened if on my flight up her from Ottawa we had to do an emergency landing? Like, what would I like; all those books, right, or a local person that knows how to survive on this land, right?

So we just have to match the knowledge system that we use to the challenge and the problem that we're facing.

And I'm fortunate in my work that I get this opportunity to sit in between these knowledge systems and try to bridge them back and forth; though, again, I probably do that somewhat clumsily. But we'll see how I do this afternoon.

Next slide.

Okay. So we've talked a little bit about why strength-based. Let's speak a little bit about what we need to optimize individual family and community wellbeing.

I was struck by a photograph of this painting, which is actually a large mural which is currently in the Thunder Bay Art Gallery but which is owned by Seven Generations Midwives Toronto, an Indigenous-focused midwifery practice.

But one day I was very lucky at my kitchen table to have Christi Belcourt and Maria Campbell, and she

had just painted this and she showed it to me and I was just stunned.

And I'm going to speak a little bit about the interconnections that I think are important for Métis people in that we're woven into the fabric of Métis families and communities, but one can speak but a picture literally here tells a thousand words.

We'll notice the muskrats there so this picture is named after the Muskrats, some which Christi calls her helpers. So of course this is a bit about the creation story.

But we also see, like, then Turtle Island and then what could be a sweat lodge but what struck me as a placenta, of course, because of my experience delivering babies. And I said, "This needs to be in a place where women are coming for reproductive healthcare, women and their families."

Next slide.

Okay, so why do we need to focus on peace, love, and joy in these early relationships? So why am I focused on it? It's because when I started Well Living House, this Council of Indigenous Grandparents, we were talking -- there was four of them at that time, so Maria sat with Jan, Madeleine, and Carol. We now have our first grandfather, Albert Dumont. And I said, "Well, what's the

most important thing; where can we start?" And of course, it's very overwhelming; if you start thinking about First Nations, Inuit, Métis health, it can be very overwhelming.

But anyways, the guidance was that we needed to focus on early relationships. If we could get those early relationships right, then we would be okay.

And, in fact, the other important message, though, is because many of us had different -- difficult things happen in our early relationships, we can get at it as adults as well, right?

So to know peace, love, and joy is to experience a context, then, within which physical emotional, social, and spiritual needs are being met. And this is essential work, so that's why I'm focusing on it.

Next slide.

Okay. So -- and I guess the process, as I understand it, in terms of human beings, so what we actually need to optimize health and wellbeing, at least in my understanding as a Métis woman, is these high-quality early relationships, because what that builds in is a sense of love, security, and belonging. And then that translates into a feeling of self-worth, self-acceptance, compassion and strong abilities to engage in relationships. And if relationships is the fabric and glue that holds us together, then this investment is a

critical thing.

Next slide.

So the other pieces of this, though, if we start to layer on a Cree Métis perspective, is to understand and experience our connection to this larger web of family, community, and land. And of course if we go out of the Cree Métis realm and look at psychotherapy and other kinds of philosophies we'll find that this sense of being connected to something larger is actually what would be like current thinking in terms of helping people who are feeling depressed or people who have been through severe trauma or helping people who are feeling suicidal.

And, of course, as I mentioned if we can feel this connection not only in this time and place but across generations past, present, and future, it can be quite powerful.

Next slide. Next slide, please. Yeah.

So the other pieces of it, though, are the word "self" is always interesting. And, again, I can be quite selfish and, like, I'm very good at adapting to some perhaps less collective ways of living.

But what I understand, and what I get told and sometimes scolded about when I think I'm doing good by working too hard or not taking care of myself because I think I'm taking care of others -- classic caregiver

syndrome -- is that I need to take care of my own physical, mental, emotional, and spiritual wellbeing because I'm no good to anybody, right, like if I'm doing too much and running around and getting grumpy, right?

So it's not actually selfless to be out of balance and running around and doing too much. It's actually important that I try to stay balance and grounded because it will optimize my ability to contribute to the larger wellness of family and community.

And, yeah, we'll speak about this a bit later but you can't fake those things, right? So, yeah, one of my areas of development is to try to set balance limits and not do too much. We live in a world that encourages us to do a crazy amount of stuff, right? But, yeah, my Auntie will know within about three seconds if I've been taking care of myself or not.

So this also, then, includes the ability to understand and process emotions and manage behaviours so that individual and collective harmony is maintained. So as I raise I have, of my six children, five of them are boys, right, and one girl. So part of my job is not only to learn how to manage my own emotions but to teach. So I have these 10-year-old twin boys, that you'll see soon on the slide presentation, I need to teach them how to manage their emotions.

So on our kitchen wall -- I didn't make a slide of it -- is like a little thing from the internet. It's like how to manage big feelings, right? So, yeah, we have lots of people with big feelings in our families and we'd look at that regularly together.

So taking care of all of our relations, including all living things, the land and the water, is another way of ensuring collective and sustainable wellbeing.

So that's very briefly, in a nutshell, my early understanding of what we need to be well.

Next slide.

And then again, of course, one thing that I really love about my day job looking at health and being able to spend time with Knowledge Keepers and Elders from diverse First Nations, Inuit, and Métis communities...

...and then also my responsibility is to, kind of, look and see what's happening out there in non-Indigenous Public Health and population health science is that often there is synergies, and often -- well, I think my day job is a lot about actually just demonstrating what is already known in community. And, sometimes that feels a bit dangerous or disrespectful, because why would elders or knowledge keepers need me to do that. I think we need to do it so we can punch out a bit more space, so that we can

do the things we need to do and have the resources to do it. But, I am always delighted when I see, oh, this elder has been -- like, come about 200 years ahead, right, like of what mainstream science is showing.

But, anyways. This bonding is important in Public Health as well, and it's emerging is increasingly important, especially in this time of epigenetics; right? So, there is something called an adverse childhood experiences study, and it's a large study, a cohort study, those are big popular, powerful kinds in Public Health. And, it showed that if you experienced adverse childhood experiences, there was a disproportionate rate of chronic illness and premature death among adults. That's a bit of a depressing thing, that's why I'm not digging into it, and it can actually affect our genes.

But, if we flip it around, right, we have always known in our communities that it was really important, right, to have this balance and harmony in our home and that would set us well for our life. So, here, we can see that what we have always been saying is now something that's becoming increasingly important in population and Public Health. Next slide.

And then of course I am delighted to be here, as I mentioned, in Iqaluit. And, I had the good fortune to work with Kappak Atagutsiak (phonetic), and of

course I am not saying her name very well. But, she is 96 now. I think she is the only person in Arctic Bay that still heats her home with a qulliq. And, my very first research project, as I mentioned, was with Tungasuvvingat Inuit, also Métis Nation of Ontario in Pikwakanagan First Nations, and I was interested in this understanding knowledge, sharing knowledge which was called knowledge translation then, in Indigenous knowledge, very ill-equipped.

But, what we did with that project is Kappak (phonetic) had a number of relatives in Ottawa and had been delivering babies, and there was no Inuit specific pre-natal resources. So, actually, all that happened is Kappak (phonetic) came to visit us in Ottawa, and that was really smart, so I just spent the research dollars having her come for visits. And, she knew everything about how to share information in Inuit communities, so I didn't really need to do anything. And, actually, that's a picture, we made a CD-ROM because we didn't have YouTube then, and she was perfect.

And, at that time, you will see in that article, that came out many years later, Kelly McShane is actually a professor in psychology at Ryerson, she was doing her PhD at Concordia University, looking at developmental psychology. And, she was all excited

because she said, well, Kappak (phonetic) is talking about how it's both the baby and the mom that impact the bond; right? That the baby is very interactive. And, she said, this is cutting edge psychology; right? So, some of you will know earlier on, the psychologists had been just talking all about the mom in the role of bonding.

And then, of course, as Indigenous people, we have also known for a long time, and this has emerged since that time as well, that it's not only the mom; right? It's multiple people in an infant's life. And, infants are so awesome and programmed. If I can't provide my boys with something, they can get it from another caregiver in their circle of caregivers, if there is somebody with that. Next slide, please.

And then later on again, I will spend some time speaking on Indigenous midwifery, but of course, here you see my friend and colleague, Cheryllee Bourgeois, who helped me with this presentation as well. And, you can see that she's talking about bonding and how important it is. Next slide.

Okay. So, we have -- perhaps I have tried to present a compelling argument then, that this early life space is the place to start, and it's the place that has been a priority at least in -- for the grandparents that I work with. So, how do we get there? And, again, I

just would present my own Métis perspective on that. And, of course, there are my sons, Jay and Quinn, and that's at their Cree naming ceremony.

So, I mentioned earlier, like my grandmother Ruby, you saw her picture, right, and she -- her mother tongue was y-dialect Cree, but in her whole life, and she lived until her 80s, she never spoke Cree in front of me or even told me that she was a Cree speaker; right? She was born in 1918, in that place called Philip (phonetic); right? So, she just didn't think it would be a useful thing to teach her three daughters, including my mother.

And, yes, I guess now I try to get my mouth around some of those Cree words and I feel a sense of grief and shame, but maybe some celebration as well. But, here are my boys, right, getting their Cree names. And, other people have been able to maintain our y-dialect Cree language, like my auntie Maria Campbell. And then they have their Métis sashes. So, they are getting those things that will hopefully help them feel that they belong and provide them access to that heritage that they have as Cree Métis boys. Next slide.

Okay. And then again, because it's my story and my perspective, you have to understand that, you know, this is something that I am still trying to learn

and develop in my lifetime. So, there I am as a very young physician, I worked at Anishnawbe Health. So, this picture was taken in 1996, so I was doing a year of extra training. It was funny, because I was called a women's health scholar, but I wanted to do Indigenous health, so of course we don't separate out the women's health from the men's health. But, anyways, that little baby, Bonnie, now has her own children and I have kept in touch with her grandmother who lives in Toronto.

And, when I was at Anishnawbe Health, I had that opportunity then to work with traditional healers, and Jan Longboat was there as a herbalist, and I was running around delivering babies. There was a lot of things going on. I was anxious in my first year of clinical practice, just feeling that gift that it is to attend births. And, I said to Jan, well -- and I had to do a research project; right? And, I said to Jan, well, I need to do a research project, and I'm busy and on-call, what should I do? And, she said, well, if you want to understand the health of the infants, you have to understand the health of the grandparents. And, that was a bit overwhelming at that time for me, but it stuck with me. So, what I ended up doing is asking grandparents about infant wellness for about the next 10 or 15 years, and I still do that. Next slide.

So, again, in my, kind of, junior or -- like, learning knowledge keeper role and with that experience that I've had, what I would think is how we get there, at least in my kind of perspective, would be teachings from an early age about these natural laws or protocols, like about respect, honesty, truth, wisdom, love, strength, humility. Some people call those grandfather teachings. We think they are laws.

Learning love in relationships from an early age; including everyone, which provides a sense of belonging; visiting and sharing stories. So, Dr. Anna Flaminio actually has a whole PhD thesis on visiting. It's a law thesis, she just published it at U of T. Connections with land in place, so connections with natural ecosystems. We see that in Christie's painting. I've talked about my kitchen table, I've talked about Maria's kitchen table, Maria will talk about her grandmother's kitchen table as places where you can find security and love. I'll speak about our grandmother's kitchen in a minute.

Ceremonies, big and small. Experiential, and I put in quotes, "slow learning". There's actually slow and fast thinking now, in the pop psychology books, but I have spoken already about how I think that this quick pace that I engage in in my day job, I choose to

engage in that, these phones, and 200 e-mails and travelling all around the place, coming to a place like Iqaluit just for a couple of days, interferes actually with what would help me get there or learn how to help better others to get there.

And, in all of this, there is prohibitions and taboos against violence. So, just in the same way that I spoke about how actually taking care of my own health and well-being is important, so that I can have a better collective contribution; right? So, if I am running around and start getting, you know, out of balance, and my biggest flaw is then I, kind of, get direct and grumpy with people, that's, yes, not helpful; right? And then of course -- like, for others, sometimes that escalates. There's other things happening, so we get violent; right?

So, there was strong prohibitions and taboos against that because it just interfered with the collective well-being. We didn't have time for that. And, there was ways of managing it, and I'm sure there's other expert witnesses who have talked about that. Next slide.

Okay. So, then, we have some disruptors. And, I am just going to keep checking the time here because -- it's good. Okay. So again, I don't want to

focus on disrupters because you've heard a lot about them. But to name a few historic and current colonial policies -- and I've actually had the opportunity to drill down on those, as well as I could in health, and extraction economies, inequities in the social determinants of health. And these should not be rushed through, but I think there's other people who have spoken about them, right?

So right here I went to the store, right? If it costs like, $10 to buy lettuce, or other healthy food, right, like that's a disruptor and a social determinant of health. If you have, like, a considerable portion of the community that's food insecure, if you have like, overcrowded housing, right? That's going to disrupt because it's hard to live in balance and harmony when you're hungry. Or you have illnesses and chronic diseases related to an imbalanced diet because you can buy, I think 12 bags of chips for the same cost of like, making a salad in this city. But again, I -- I'm just a visitor here. So I think there's also a lot of fishing boats and country food, right? That's happening.

Racism, the ongoing family disruption, and so I estimate in the city of Toronto, 50 to 100 Indigenous infants are still being apprehended in the first year of life. And of course, we know in the City of Winnipeg it's

one a day. Deficit based understandings and approaches which we've spoken about, and then these fast technologies and lifestyles. Next slide.

In the exhibits, you'll see the executive summary. So and we were encouraged. So I wrote this report a couple years ago with a wonderful person named Dr. Billy Allen, who's a professor now at the University of Victoria. So I think that's exhibit ---

MS. CHRISTA BIG CANOE: Actually -- yeah, if I may?

DR. JANET SMYLIE: Yeah.

MS. CHRISTA BIG CANOE: Janet, in the materials, marked under the schedule as Schedule C, is actually an executive summary of "First Peoples Second Class Treatment". As Janet has just explained, she's one of the authors. During a hearing in -- our hearing in Toronto on racism, Dr. Barry Lavolie as part of his evidence, actually put in the full paper and document. But at this time, I would kindly request that we put the executive summary in as an exhibit to Dr. Smylie.

CHIEF COMMISSIONER MARION BULLER: So Exhibit 15, please.

--- EXHIBIT 15:

Executive Summary of "First Peoples, Second Class Treatment, The role of

racism in the health and well-being of Indigenous peoples in Canada," by Dr. Billie Allan and Dr. Janet Smylie, Well Living House / Wellesley Institute, 2015 (20 pages) Authors: Dr. Billie Allan and Dr. Janet Smylie, Copyright 2015

DR. JANET SMYLIE: So we were encouraged as scholars, by Maria, to actually drill down. So you can't just have this black box of colonization. You have to try to understand exactly each policy and how it effected our diverse First Nations, Inuit, Metis, and urban Indigenous communities across the country and we've just, like, maybe been able to start that process. Next slide.

And then here, and you'll see in a minute, we actually flip in my strength-based examples. We're trying to flip and break this cycle. So I mentioned this concern that we would all share about the ongoing disruption of our families. Because how can we rebuild like, a feeling of love, peace, and joy, right, and security, and belonging, if our infants keep getting apprehended, right?

So basically, this cycle where the green circle is these underlying determinants of Indigenous maternal health. So we have unmet material needs in the

City of Toronto. There's a housing crisis too. The work we've done is showing that, like, over eight out of 10 families is living below the low income cut off, and then, like, a lack of positive social supports. So people go and ask for help, try to get healthcare and they get put down, or somebody calls child protection.

And then, of course, mental health and addictions can challenge people, as we're in this multigenerational cycle that we're just recovering from. And then somebody get pregnant in that context and then they try to get help and there's a whole bunch of barriers. So one of the stories I like to tell is about a client I had in Ottawa who came to see me and she had missed an obstetrician appointment, and the obstetrician had called the child protective services on her, and because she missed the appointment.

And I said, "Well, why did you miss the appointment?" And it's because she didn't have bus fare and it was hard to travel with her two other kids that were under the age of five. So I think all obstetricians and family doctors, and other health care providers should have to take public transit across the city with three kids under the age of five. And then they could keep that in mind before they get upset at someone for missing their appointment.

You can see then that this cycle, because what happens, and we know this, we end up embodying these social challenges. And there's actually a whole field of research about that. They used to call it weathering the premature aging of African-American women in the literature. Now they call it allostatic load and they actually can draw blood and say, okay, you're stressed out.

And now we have epigenetics too, so not only the allostatic load is all about showing different hormones and chemicals in our blood, natural chemicals like cortisol that occur when we're stressed out. But now they actually look at our DNA. So it translates into adverse health outcomes, right? But wouldn't it be a good idea if we could address some of the underlying challenges, even in this time, some of the unmet material needs.

And of course, other groups of people in Canada have benefitted from this. So the idea that housing first, right, is a national program and strategy that was used as a -- so provide people with housing first and then see if their mental health improves, right? So provide people with housing first and see if our family strength and integrity improves. So -- and then the cycle just continues because the babies get apprehended. So

we're going to talk very shortly about how to change that. Next slide.

Okay. So big breath, and now we're on to our strength-based examples. So as I mentioned, the answers lie in our communities, and I'm quoting our former National Chief Phil Fontaine when he said that at his plenary talk at an Indigenous health conference I happened to attend in Toronto. And here I am, so this is the thing that we miss, right?

This is like, this could be the plain -- like, somebody just called me up, I'm not a skilled enough clinician anymore, but there's maybe a small community nearby that's short a family doctor. So they're like, "Okay, Smylie, we need you to get to work. Enough of this sitting around in conference rooms. Like, we're going to fly you out to this community." So there I am. I could land in that community and I can say, "Oh, by the way, you know, I've been in practice for 25 years, I've had a focus on young families. I'm very concerned and want thriving homes." Right?

Maybe I could work with you to try to figure out, like, which homes and which infants maybe need some help in this community, right, and which ones are okay, right? So if I was to use all my medical training and clinical experience, and my fancy graduate degree from

Johns Hopkins, and all the like, non-Indigenous research, like, say I'd never joined the ceremony lodge. I could do that. And there's people probably that are funded to that. I could spend five years doing a big project in the community to try to figure out how to differentiate, like, which homes and children might need some help and supports and what supports they are, and which ones didn't.

Or -- this is what gets missed and the answer is already in the community. In like, five minutes, if I had the right connections and a knew how to listen, I could talk to about three aunties in that community and they would tell me the same thing, right? So really sometimes we're spending a lot of time and resources, and forgetting, like, about that. That's that same thing I say.

My auntie Maria comes, and she can know within like, 10 seconds, what my personal health and well-being is, right? But because I spent a lot of my time trying to figure out how to assess health and well-being, right, we should not underestimate the value and the knowledge, right, that's in our aunties and our uncles. Next slide.

Okay. So everyday ceremonies. So I asked and called my auntie and Elder Maria Campbell and I asked her, what should I speak about? And she talked about

everyday practices in the home. And so also, all of the Elders and knowledge keepers did encourage me to speak from my own experience. I'm not just showing my family because I'm lonely and want to show them, actually I feel a bit vulnerable doing that. But because then you can understand and it's my story, not their story.

So that's my son, Jay. That's a little beaver, they had a little mascot in their class that they got to take home. So that's him making pancakes with my partner, Nancy, and then that's his twin brother Quinn and we're out on some land. Nancy owns some land, which is a very special piece of land in her family on her traditional territory. She's Anishinaabe and he's just carving a stick there with his little pocket knife.

So I'm just going to switch to reading for a minute, and this is really the core piece of the testimony. So, if I've put you to sleep, try wake up for this part.

Okay. So, I spoke to Maria, and she -- first of all, ceremony is a funny word, she said. It doesn't translate into our languages. Making a meal can be a ceremony. Making bread can be a ceremony. These small day-to-day ceremonies are important. Story telling over a cup of tea, as I mentioned, it's so important that Dr. Anna Flaminio just did her whole Ph.D. thesis in law

at U of T on it with Maria. Visiting, because if we don't visit, we can't build relationships. So, I think the thesis is about visiting as an intervention; right? So, visiting is even more important given these current-day distractions of video games, cell phones and technologies.

The small ceremonies ensure we are ready for the bigger community ceremonies, ensure we can learn from them what we need from them. And, one thing that is important to point out, then, is actually outsiders, and sometimes insiders, we miss that all these things that we do are ceremonies; right? Because we think that if we don't understand ceremonies, and actually, the most important piece of the ceremony which is that interaction, the process; right? What happens spiritually; right? And, collectively, and collectively could be with other human beings or with our lived environments and we just see the costumes; right? We see the tools; right? And so, those are important. They help us in ceremonies, but we miss the essence; okay?

And, if we engage in these small ceremonies, they actually ensure we're ready for bigger community ceremonies, and ensure that we can learn what we need from them. And, I know this because I arrived to the ceremony lodge at Gabriel's Crossing often ill-equipped; right? Because I had forgotten. I had been running

around. I haven't been valuing or engaging in the every day ceremonies perhaps as much as I should. I saved it all up.

So, for example, Maria Campbell remembers gathering together as a family in the home at the end of the day around 7:30 or 8:00 p.m. The whole family would gather, the adults with tea, and the children might have cocoa. There would be a quiet conversation as the family came together. Plans would be made for the next day, and it would help people slow down and create a sense of security before bed.

Maria can remember her grandmother giving each child half a turnip and they would scrape it with a knife and eat the scrapings. And, while this happened, Maria's grandmother would tell stories. It provided closure at the end of the day and calmed the children down.

It is very important to do this in our families, Maria said. These peaceful experiences provide a basis of grounding and centering in place; the ability to imagine ourselves richly as we have these beautiful and rich memories. Then, throughout our lives, we can come back to this place, this body of memory and experiences when times are tough. It also helps us as adults when we work with our elders. Their stories and teachings will

remind us.

So, for example, when I heard the story of the turnips, I remembered my mother and grandmother and aunties giving me pieces of turnip to chew on. There's also a funny story because my grandmother Ruby had a house in Saskatoon but, of course, like most of my Métis family members, she had a garden. Even when she moved into a small apartment, she had a huge garden.

So, as a small child, I ate carrots from the garden, and then there was a funny story about me, because the carrots were so big, kind of putting the carrots back in the dirt and hoping that they would keep.

It also reminded me about a story about my grandmother that was very special because I did lose my mom as a teenager, but my grandmother lived into her 80's. So, I would recurrently visit her in Saskatoon, and I would come in exhausted from medical school and I would just sleep, and she would always have food cooked for me and she would give me her bed; right? Well, into her 70's she would give me her bed and sleep on the couch. So, those are just very special memories, but there was also values and teachings in there, protocols for me.

So, I grew up visiting family and attending large extended family gatherings, and I try to do this with my own family and children today. Even

though I no longer lived in the big extended family as Maria did when she was little, every evening at home, my partner and I spend time with our twin boys, provide them with a bedtime snack and read them stories. When they were younger, we would sing songs with them as well.

My older sister and I, even though we live on opposite ends of the City of Toronto, which is a bit of a point of debate; right? Because some of you that know Métis history too, know we lived in sister communities; right? So, we're matrilineal and matrilocal. So, sisters should live in the same communities. But, of course, my sister and I can't agree on which side of Toronto to live on.

But, that said, we still make an effort to get together for at least one shared meal a week. And, we see our children then building their relationships, and our relationships get nurtured and strengthened, and we've done that on purpose for about a year now. And then we have many larger family gatherings throughout the year that include all of my siblings and their children and my parents, and spend time visiting our in-laws in B.C. where we're always welcomed with a large gathering of extended family.

So, maybe this sounds very simple. People are, like, why is Dr. Smylie with all these

qualifications talking about these every day ceremonies? But, actually, that's a thing. That's the knowledge. That's the knowledge that the aunties have. So, it seems simple until you've lost it; right? And, you're trying to recover it, and I believe it is important for me to speak about these small ceremonies that we have, because I think that if we could nurture them and realize that they're really important, it would be an important strength-based approach to ending violence against First Nations, Inuit, Métis women and girls, and two-spirit people. Next slide, please.

Okay. So, my second example is going to be about the ceremony lodge. And, again, as I mentioned, I wasn't born -- I didn't grow up hearing Cree, but I'll say notokwew ahtyokan, a grandmother's lodge, and it means "first grandmother".

Our lodge is a community of people who are connected through knowledge keeper Maria Campbell. We come together at a place in the Saskatchewan River Valley known as Gabriel's Crossing, the old homestead of Gabriel Dumont located near Gabriel Dumont, located near Batoche. It is a special place for First Nations, and Métis have been gathering for centuries, possibly millennia.

In case you don't know, Gabriel Dumont was one of the most respected historic Métis community

leaders, a leader of the buffalo hunt, elected president of the Métis government and military leader of the Métis during the Battle of Batoche. Apparently, they still study his strategies at West Point; right? And, again, I guess that may matter more or less.

For the most part, the members of the lodge are not close biologic relatives, and our residents are spread across the country. We consider each other family, and we consider the Crossing home. When we come together, we do ceremonies, visit, share information and support each other in our communities.

Under the direction and guidance of her elders and mentors, Maria started our community about 35 years ago when she acquired the Gabriel's Crossing property. Her vision was of a place where artists, writers and intellectuals could come together, be inspired and co-create. Over the years, there have been dozens of writing retreats, story telling and cultural gatherings, along with traditional gardening, and visits by groups of students from grade schools and universities. We are currently in the process of creating a foundation to carry on the work.

Maria founded our ceremony lodge about 20 years ago. As I mentioned, I've been involved probably for about 10 to 12 years. And, the lodge is founded on

what in English is called "family" or "kinship". Wahkohtowin in Cree; Tiyóspaye in Lakota. Wahkohtowin is about much more than simply who we are related to by birth marriage or adoption, which is how one might translate the word "kin" in English or understand it. It is about how we live with these relations within the context of the broader ecosystem that we are a part of, including the land, water, and non-human living things, and both the physical and metaphysical aspects of these.

To quote Maria Campbell, family to our people meant sharing all things: wealth, knowledge, happiness and pain. It meant brotherhood, loving and caring enough about each other to be honest. And, from that honesty, gathering strength to change those things which would hurt us all.

Wahkohtowin, or how we live with our relations within the context of the broader ecosystem we're a part of, is a world view; okay? Sylvie Miracle, when I worked with her in Toronto, said, "Well, what does world view mean? Stop using that; okay?" So, values, beliefs, knowledges and skills that we live by; okay?

The intergenerational transfer and day-to-day application of and adherence to wahkohtowin was historically built into all aspects of community and family life. I believe that it was built into all aspects

of Métis community and family life, but I believe there's other similar concepts that were built into the family and community life of other First Nations, Inuit and Métis people. And, I believe that wahkohtowin, if we could understand those protocols, if we can remember those protocols, because we do remember them and we do still live ...them is key to addressing and stopping violence against Indigenous women, girls and two-spirit people.

So, it was built into our languages where we lived and what we did for "insiders" and those who lived in this way. It, therefore, seems rather simple. It might be taken for granted or sometimes even discounted or undervalued; right? So, we all know of knowledge keepers or elders in our communities who, like, think it's funny, right, when we go talk to them, unless you're one of those people; right? Like, so they're like, "Why is this doctor coming to talk to me," right?

My grandmother was like that; right? I would ask her -- she was really good at traditional food preparation; right? And, I would ask her to teach me that. Now, she may have known that that wasn't in my set of aptitudes as well, but she just didn't think I needed to learn it. She would go, "You're a doctor. You can go buy your canned goods at the store."

So, it gets discounted or undervalued, but

it is incredibly complex and incredibly important. So, even those stories I told about the simple ceremonies in my home, maybe they do seem simple, right, and not academic or scholarly, but actually I believe they are complex and incredibly important.

So, in anthropology, this is known as an emic perspective. Some aspects of the sophisticated worldview resonate with people from different societies and some aspects are different. So, for outsiders, key aspects are commonly missed or breached. So, this is a critical point, right, and I think it's really important in terms of the policy relevance of what we do. It's one of the key barriers that happens in health services. So, what I see is my whole career has been founded at recognizing that the common sense, the common knowledge that First Nations, Inuit, Métis, urban Indigenous people bring to health services is missed; right? And, that's a real waste.

So, for example, the projects that I worked on with the Inuit in Ottawa, I was trying to figure out health promotion, how to spread health messages. The most effective way was just to tell one community member, because there was this huge and vibrant social network. If you want to get a message out, tell someone; right? But, actually, nobody was using that system to spread

information, like of the outsider health care providers that I knew of.

One of the most disruptive parts of colonial policies and processes, attitudinal and systemic racism is when outsiders, and now sometimes insiders, have not been exposed to these ways, that could be myself, right, don't see or misunderstand or underestimate a piece of this way of living and try to replace it with something they do know, but something that won't work for us. This is extremely common, and I see it every day in health services in local, provincial and federal health policy. It often comes from well-intention people who think they are helping.

Well, it would take a lifetime to explain all of the values, attitudes, knowledge and skills that underlie our lodge, and I am ill-equipped to do this since I am still learning, some important things about our lodge that I can share and may or may not be distinct from the way that people outside our lodge that their lives include, our lodge represents an investment in each other rather than an investment in things. We are encouraged to remember that no one person or living thing is above another. In English, this may be known as humility but, again, the term doesn't translate well, and that everyone "holds a piece of the puzzle." I.e. we all have some

knowledge or skills or gifts that are needed to put the big picture of our lodge and our communities and will (indiscernible) together.

And, the final piece is our leadership lodge. And, Maria thought it was important to talk about us being a leadership lodge. And so, by a leadership lodge, what I mean is that we all came educated and gifted, but looking for place identity and confidence in who we were. So, those book learning qualifications weren't enough for us to be leaders.

The reason for these unravelled threads can be found in the multi-generational and day-to-day impacts of the list of disrupters that I went over quickly earlier. But, because this a strength-based presentation, I won't dwell on how we got unravelled. I am going to try to talk a little bit about how the ceremony lodge reweaves and strengthens these connections to place, and strengthens our identity and confidence allowing us to step more fully into leadership roles within and outside of the lodge community.

So, what does the lodge do? It teaches us, it allows us to access and share knowledge, it grounds us in history and practice, and in that way, we can learn who we are; right? So, I understand who I am now as a Métis woman. I understand that unbroken maternal kin line. I

understand that we're matrilineal and matrilocal; right? So, then I can challenge that systemic and attitudinal racism I face where people will say, "Well, your dad's white. Like, you're mixed blood. Why would you even say you're Indigenous," right? Which I heard when I was in medical school.

We can understand what our gifts are. We can understand how to work together because we practice working together, and it doesn't always go smoothly. And, it has been something that I didn't learn in my book learning either, but a critical thing for me to learn how to do if I'm going to take on a leadership role. And, it helps us get the confidence to actually carry this out, because we work together and do things together. There are lots of bumps along the way, but eventually we get the thing done; right? So, then we know that we can do it.

We grow Wahkohtowin and strengthen its intergenerational transfer in our coming together, in our visiting and working together, and we share and learn about how to live a good life. But, we did this by work, hard work; right? So, it's not really airy fairy. And, I can't talk about the specifics of the ceremony, but I can talk about the specifics of how we divide up tasks and get them done. And, it includes unromantic things like hauling water; cutting vegetables; preparing for and

leading the ceremonies, which includes a very long list even when we don't talk about the ceremonies themselves, because we have to do advanced outreach and communication to the participants; collect and prepare the different medicines and other equipment that might be needed; mobilize the team that is needed to conduct and support the ceremonies; making sure the sites are ready and all the supplies have been gathered; and make sure that everyone is physically, emotionally and spiritual ready for the ceremony. And, that's just the prep list.

There's a lot of chores to do around the home. I live in the city, but anyone who lives in an acreage or has grown up on the land knows that there is a lot of gardening and household maintenance to be done, particularly when you're living without running water. And then, of course, we do share and participate in elder's teachings. And then we do all share the responsibility of keeping the lodge going financially and making sure that that sacred site is protected and the buildings are maintained.

We get to have critical Indigenous intellectual, philosophical and political discussions around the kitchen table. So, before I do any research project, I try to actually raise it at that kitchen table, and that's where I actually can understand, because part

of what I do -- sometimes I find a useful tool on Public Health. We talked about the Red River cart, I found this tool called Respondent-driven Sampling. When I tried to talk about white fragility, that didn't go over well at the kitchen table, so there are things that get either accepted -- story, medicine is another thing. That was a good thing that hit some synergy.

So, while we're doing that work though, we also share our current challenges and problems that we're facing. So, of course because many of us are based at universities, we face different challenges there as well.

Our children are welcome at the lodge. We watch them grow up and celebrate milestones. Lodge members come together for weddings, for naming ceremonies. That naming ceremony was held by the lodge that you saw the picture of my son.

In our day jobs at universities, we work across a broad range of disciplines including history, visual arts, Indigenous studies, gender studies, law, medicine and midwifery at at least 10 universities across the country. And so, one of the things that happens when we come together is our disciplinary expertise gets woven into a more holistic Indigenous perspective. And, again, I think this is all purposeful; right? And, it's part of Maria's application of a teaching that she had from her

elder about everybody carrying a piece of the puzzle and how we need to bring it together.

And then the other piece that we are able to do is weave together both this non-Indigenous -- mostly non-Indigenous knowledge, the more Indigenous knowledge is coming to university, and then the knowledge is the Cree, Métis knowledge that we're gaining in the lodge.

We also support each other in diverse ways when we're outside of the lodge. So, we're there for each other when we need a hand or a listening ear about personal or family challenges or workplace issues. So, my dad passed away recently, and everybody was there to provide me with support, but we also help with each other's work. So, people do shared research projects and presentations, co-organize community events and activist events. So, as I mentioned, when I was preparing this testimony, I relied heavily on Maria and other lodge members to help me with it.

So, in summary, Notokwew Ahtyokan or our Grandmother's Lodge represents a strength-based practice that can promote what we need as human beings including love, reciprocity, and relationships, and a sense of belonging. And has actually promoted that for many of us as adults.

What we call the Seven Laws and other call

Grandfather Teachings are really our laws about family, community, and nations, and our lodge allows us to learn in -- our lodge allows us to learn in practice these laws. So it's an important strength-based example because it's rooted in Indigenous knowledge and practice and represents an upstream grassroots approach to addressing the trauma and dispossession experienced by Indigenous people in optimizing community health and well-being.

And the last piece is any group of people can do this. And others of you are doing it in different ways, and some of you might be doing it in ceremonial lodges, some of you are doing it in other forms of community collectives already; right? Anybody can do it with hard work, commitment and a willingness to honour and trust in local collective knowledge and practice, and to see that that is something that is very worthwhile. It doesn't require a huge amount of money, and it's self-sustaining.

MS. CHRISTA BIG CANOE: Chief Commissioner, Commissioners, I'm wondering if we could just have a short 5 minute break? I anticipate that Dr. Smylie will be about another 35 to 40 minutes, and we will then have a larger break at that point. So this would just be a short break.

CHIEF COMMISSIONER MARION BULLER: Yeah.

Five minutes, please.

MS. CHRISTA BIG CANOE: Thank you.

--- Upon recessing at 2:27 p.m./L'audience est suspendue à 14h27

--- Upon resuming at 14:40

MS. CHRISTA BIG CANOE: So, Chief Commissioner, Commissioners, if we could proceed again. Janet, where we had left off, you had already provided us two strength based examples about the answers lying in our communities and about the lodge. Can you proceed with some of the other examples that you wanted to share with the Commissioners and those in attendance today?

DR. JANET SMYLIE: I sure can. So, I will just ask for my next slide, "When There is a Chance". And, I have three or four more within community examples, and then a couple of examples that are relevant for non-Indigenous individuals communities and organizations.

So, my third example is a favourite example, and it's very appropriate for me to be speaking about the example of Indigenous midwives working in Indigenous communities here in Iqaluit, in the Inuit Nunangat, because of course we have a strength of Indigenous midwifery and the practice of Inuit midwifery which is still very much alive and well. And, in fact, the Inuit midwifery practice in Puvirnituq is actually the

oldest current day midwifery practice in the country.

So, again, we have an example, not only of a strength based example that is Indigenous, but actually a strength based example that is leading the country, all of Canada, in this Indigenous midwifery practice in Puvirnituq. And, in fact, I have been citing this Indigenous midwifery practice in Puvirnituq since 2001/2002 as a best practice in my writings.

And, as I mentioned earlier on, I have actually been really fortunate to be witness to, like a recognition and a revitalization. Though, I say that cautiously of First Nations, Inuit and Métis midwifery in the country because, of course, it never stopped, though it was disrupted and it continues to be disrupted.

So, this idea that -- actually we had excellent First Nations, Inuit and Métis reproductive health services in our communities and we always have. And, of course what is wonderful about the practice of Indigenous midwifery working in Indigenous communities is it's all about supporting love, peace and joy for Indigenous infants and their families.

So, if you look at the slide there, you can actually see, now we have a National Aboriginal Council of Midwives, I have encouraged people to have a look at their website. And then you see, also, we have Indigenous

midwives not only working in Inuit Nunangat, but we also have Indigenous midwives working in Toronto. So, as I had mentioned, my current family practice is with an Indigenous focus midwifery practice. It's been amazing to see that grow. There's 15 to 16 midwives there, half of them are First Nations, Inuit or Métis midwives. And, shortly we will speak about our birth centre. And, you can see this publication by the National Aboriginal Council of Midwives about Indigenous midwifery. Next slide, please.

So, again, Maria Campbell has shared some knowledge about Indigenous midwives. So, from a Métis perspective, in her community, she grew up helping her grandmother, who was a midwife, and she describes midwives as role models and the glue that held communities together, and she says a strong and gentle, wise and soft spoken, laughing and singing, they meant security for children.

And, they had many interconnected community roles, so not only did they attend birth -- and this is very important, this is what Cheryllee Bourgeois said has to be a key message. So, Indigenous midwifery is not just about providing pre-natal care and attending births. Historically and currently, it's about medicines to treat sick children, counselling people, including counselling

people who were fighting. So, midwives in Métis communities were important interveners when we did have family violence. And, teachers of culture through storytelling. And, actually, not only did they attend birth, they also attended death and prepared bodies after death. Next slide, please.

So, why for the last 15 plus years have I been promoting Indigenous midwifery as a best practice or a wise practice for health in Indigenous communities? I like it because it's longstanding, it's continuous and it's something that's happened in almost every First Nations, Inuit, Métis, urban Indigenous community that I've ever been aware of. I like it because of the continuity of relationships.

Of course, I'm a family doctor and I attended births, and that was one of the most rewarding parts of my practice. I feel really blessed when some tall person comes up to me, or their mother, and reminds me about how I got to attend their birth. So I think I attended about 400 births in my career, so a small, little village.

But -- actually, Indigenous midwifery is actually set up for even better continuity of relationships than I could provide; right? And we spoke about that need for love and security and a sense of

belonging. And we'll speak about how, if we don't get it as children, and maybe even we got moments of it -- hopefully every baby got a little moment of it, right -- that we can recover it; right? So in that relationship with a midwife, it's a beautiful relationship to recover that.

And I know that because I've worked with Indigenous midwives for over a decade. And part of my clinical practice is a counselling and mental health practice now, and I can see when people come to me how they've already been engaged in a beautiful and balanced relationship and can learn about balanced relationships if that's something that they haven't fully experienced in their lives yet.

I love it because it's kin-based, and of course, all of the teachings I've been getting from my lodge are about the importance of these -- of Wahkohtowin, kin in that Cree-Métis sense. And I like it because it's about health and well-being across a lifecycle. So it doesn't just start like when somebody's pregnant.

And in fact, there's beautiful examples in Indigenous midwifery. There's a beautiful birth centre in Six Nations and they have their own community-directed midwifery practice. And they bring in pre-teens for sleepovers to learn about reproductive and sexual health

and well-being.

It supports the intergenerational transfer of the knowledge and practice that was disrupted at the centre of our societies as Cree-Métis people with the infants and their grandparents. And in fact, often a lot of the childrearing was done by the grandparents because the parents were busy; right? And the reason that the infants and the grandparents are at the centre is because if something happens all that you need to carry on your society, to carry on your language and culture is the children and their grandparents; right? So the men and the women are disposable.

And then we've actually been doing quite a bit of work in partnership with that urban Indigenous midwifery practice, Seven Generation Midwives Toronto, and had a couple of students, one of whom is now training to be a midwife, interview clients. And we find out that actually if we think about cultural safety as a health service relationship where people feel safe, respected and able to be themselves, Indigenous midwives in this practice are able to provide it.

Next slide please.

Okay. And then there's linked examples. So this Indigenous midwifery is this amazing movement that builds momentum.

So another beautiful story that I have to share is about the Toronto Birth Centre. So several years ago, in Ontario, there was a announcement made that we're going to fund two birth centres in the province. It was a re-election year, and there was high rates of caesarean section in Toronto. So one was going to be in Toronto.

And I'd been working with the midwives, and they said, "We think they're going to fund the Indigenous Birth Centre", and then I went to press release, and I'm like, "No. It's not set up in a way that they're going to fund an Indigenous birth centre."

But we had been able and been working on a project in the community. We had a birth visioning meeting that was funded by the (indiscernible). We actually had a documentary film in our report, and we'd been able to support an Indigenous midwife to spend half her time helping us gather knowledge about Indigenous midwifery as a best practice.

So what happened is that the Indigenous midwifery practice, SGMT, actually won the competition, and there was actually -- that -- there was a bit of a kafuffle. The rest of the midwifery community was telling these young brilliant Indigenous midwives, Sara Wolfe and Sherry Bourgeois, that they were too young, they didn't have the knowledge to build this birth centre. And they

built this birth centre. They built this birth centre in about 14 months. And anybody who's been involved in constructing a healthcare facility knows what a huge task that is.

And so what we have in Toronto is this Toronto Birth Centre. There's a picture inside. Again, note the Christi Belcourt art. It's a birth centre that is governed by an Indigenous governance model; right? But it's turned midwifery around in Toronto.

So some of you will know that midwifery in urban areas, because it wasn't covered, was primarily used by fairly wealthy privileged people, but this birth centre has delivered over -- a thousand babies have been born, and it's a birth centre for everybody. So over half of the babies that have been born there are Indigenous, right, or they're coming from other racialized communities that are experiencing social disadvantage. They are poor. And they get access to this beautiful space.

So another example, like Puvirnituq, right, about an Indigenous community creating a health service in partnership with allies, but actually creating something that's an outstanding model for everybody, a national best practice.

Next slide please.

Okay. And then another spinoff of this

Indigenous midwifery momentum and this amazing group of Indigenous and allied midwives at Seven Generation Midwives Toronto is the Baby Bundles Project. Okay? So it's an action research project for Indigenous families during and after birth and pregnancy. And the goal is around family strengthening.

So remember, we mentioned that at least 50 to 100 babies, in my estimate, are still being apprehended in the first year of life, Indigenous babies, in the City of Toronto. So we want to break that cycle. And remember that sad circle that I showed you; right?

So what we think, and again, it's not rocket science, right, it's just simple. If we could work together in a good way as service providers and community members, and research and respond to those unmet health needs, the poverty, and the housing, and security, and the need for safe places, our families will get stronger.

Next slide.

So what's going to happen is we're actually going to try to reverse this cycle. So this is the opposite of what I showed you before. So we're investing in the underlying social determinants of health, so we're trying to demonstrate.

And we're actually having an international partnership. So we've had some colleagues in Brisbane,

Australia, amazing Aboriginal health service providers. They were able to reduce the rate of apprehension to almost zero in a period of 14 months by getting all their health services to work together. It's a big job getting us to work together. And then they provided wraparound support.

So our team is led by Indigenous midwives, but of course, as all of you know, Indigenous midwives may hold a big piece of the puzzle but it's not the whole piece of the puzzle. So now we also have counsellors, social workers, peer support workers, housing workers; right? And most importantly, the family and the community wrapping services around.

And so then the idea is that this is an upstream investment and we'll be able to break that cycle. Because of course every time an infant is apprehended it's a million dollars, if one believed in financial arguments in terms of policy. Okay? And sometimes that's our very real world, the two worlds; right? So -- yeah. It's a very good investment.

Next slide please.

Okay. So I'm not supposed to talk too fast, but this is a less concrete example. But if we're -- if anybody in the audience is still thinking, okay, it's all good that Indigenous people say that they want to be

in charge of their health services, right, and maybe it's ethical, right, and maybe it's a human right. I believe it's ethical and a human right. I guess what I'm trying to say is it's also the most effective thing; right? And I've been saying that over and over. I think -- like probably, already, people came into this audience maybe believing this; okay?

But unfortunately, in the real world, when we say it's better if we do it for ourselves, people don't believe us, right, and they think, oh, no, I have to help. Biomedicine has to help; right? They see us through a deficit lens.

So basically, what I wanted to just share is working with the Indigenous midwives we actually tried to say well, actually, we believe there's evidence, evidence in the way that non-Indigenous people would view it. So we looked at 10,000 articles in the published literature and we looked at Indigenous, pre-natal, infant, toddler, health promotion, and culture based parenting. In the end, we found about 22 studies that we could include in Canada.

And then we had -- we made up a theory. And again, it's a bit of a common-sense theory; right? But the idea was that if we had Indigenous people in charge, right, they would actually -- the services will be

better. And we drilled it down a bit.

If you could show the next slide, please. So, basically, we said, in the middle, you see something called Community Investment. We use this -- something called a Realest Review. We published it in this journal called Social Science and Medicine that I used to read in med school. So, apparently if you publish in there, then maybe the policy makers will believe you. So, find this article, and feed it to the ADM, or I think it's in one of your exhibits there, but we already knew it worked anyways; okay?

But, basically, most community members here know, if you want to do anything in the community, the first thing is you shouldn't try to do it all by yourself; right? I had to learn that mostly the hard way, because I grew up kind of reading books in my sleeping bag; okay? But, like, you know that it's a good idea to make it a collective effort; right? Like -- so community investment and how do we do that in health services; right? Well, first of all -- so -- like our lodge; right? Nothing would happen with that lodge, even though Maria is an amazing leader; right? But, we're all invested in that lodge; right? Like, we all have spent time and energy and effort.

If you can get to a critical level of

community investment, then the thing actually is owned by the community; right? So -- and, again, even you could look at something like this National Inquiry; right? Because it's very hard, right, because it actually did get started by -- like outside of Indigenous communities. They said that they put us in charge. And, again, I'm not going to drill down in that, and I think it's an amazing process, but it's hard -- a big job of the Inquiry here is to get that community investment; right? And, part of the debate is it owned or not owned by the Indigenous community, and we all do our best; right? But, that's a point. If it comes from the federal government, it's going to be hard to make it community owned. We can do our best; right?

I work at a Catholic hospital; right? So, again -- like it's hard sell in our community, right, more or less, though that's why Maria said we'll get that council of Indigenous grandparents; right? So, then people can actually see; okay? So, that's a process that we think about and we struggle with in this world, right, where we have two different worldviews and these different systems.

So, basically, most of us have gone to a community gathering where there is someone that organized it, but they didn't really get everybody in the

community onboard, right, or they were kind of grumpy, or something like that, or weren't behaving very well. So, you walk in and nobody came; right? And then you kind of walk in, and then you walk out, right, versus another community gathering. And, this happens all the time, because at my university-based research or where I have done my good job, right, of actually sharing resources, and listening, and turning over the leadership to the community partner, and then it's just going to be a go; okay? So, that's where we get to this community ownership. And, once that happens, it's going to be a go. Your health promotion program's going to be a go.

And, in fact, nobody needed this silly diagram for Indigenous midwifery, because all these things were built-in; right? But, I tried to show in the literature, in this theory, that if we can actually get to this state of community ownership where First Nations or Inuit or Métis or urban Indigenous people or some combination actually believe it's their thing, so that to participate in the thing is actually an expression of self-determination, right, it will be better aligned with what is needed and it will be better aligned with the knowledge, skills, beliefs, worldviews, and then it's going to work. It will be more likely to support us in making the choices that we need to make about improving

our behaviours.

Next slide. Okay. That slide is just a little about what I said there about the theory, so we will talk to the next slide, please, which is just about some strategies. And, again, all of you know these strategies; right? But, the community-based program, governance or management, right, integration and program with local community infrastructure, local community programming and stuff, this is going through all those articles what we found. Content and processes that reflect local community knowledge, skills, values and beliefs, and local community capacity building. So, all of these best practices that I'm talking about, all of the examples would have this built in.

Next slide. Okay. So, just a couple more community-based examples. Elder Lawrence Star (phonetic), whose contact information is up there, gave me permission to present a little bit about the workshops that he is doing on traditional male parenting, (speaking Indigenous language). I might need Elder Louis to help me out there. But, again, because I have told the story of my language -- yes, thank you for the laughter. It's good.

So, the thing is, I wanted to focus specifically on male parenting because I have talked a lot

about midwifery. And, remember, I said I was like a woman's health scholar, and everyone said, well, you can't, like, have the health of women without the health of the men. And, of course we need the health of our gender diverse people as well, and to make sure that we don't forget about them. But, like, I feel like the men and, like, our gender diverse people get forgotten sometimes.

And, actually, I looked across the country now, it's really good, because I just heard about a male parenting program in Six Nations; okay? And, I have heard about one running out of Edmonton, though I think it was linked to the prison system, which is also good, but we would like it to be in and out of the prison system. But, I have been looking around, and then I went to the culture camp at Blue Quills in May, and I met Lawrence Star, and I was just really struck by the work that he was doing.

I think the reason that I am struck by the importance of male parenting is I'm a two-spirit person. I have had female partners, and I have raised five sons; right? And then I mentioned that I delivered all these babies, and I could see that, more or less, a lot of times, like the male parents would feel less confident, right, or maybe a bit afraid of being a dad.

Not all of them. There are some excellent dads out there, including my oldest son, Alan, and I can actually see -- he's a stay-at-home-dad, and I can see how healing it is for him, like, to be with his daughter. But, actually, that has been a long journey for him.

And, I think all those disrupters, we know they interfered with our parenting and our grandparenting. But, the thing is, like, for those biologic parents, right, that we have the babies; right? And then they heal us. They are programmed to heal us and learn how to bond, even if we're scared; right? But, the men -- and, again, traditional male roles is not my area of expertise, right, but as our families and communities got split apart, right, the rules for the men in providing and protecting were undermined. And, somehow, some of the knowledge about how the male parents actually interacted with the infants, I think, got a bit shattered as well, though of course Lawrence and others are trying to recover it.

But, what I loved about his workshop is he talked about the role of male parents. So, even though they traditionally may have been working out of the house and the home might have been the domain of women, I think that he talked about the swing, and he said how it was the responsibility of the male parent actually to set

up the swing. And, he really encouraged us and he really wanted adult men to be talking to their sons about the importance of parenting.

And, in his workshop, he hands around babies, toy babies wrapped in their moss bags. And, he encourages all the men and the women, and then gender diverse people to hold the babies in the workshop. And, he talks about the bundling of the babies. So, he talks about an active role for the male parents and the infant care, and I thought it was really beautiful and I wanted to share it. And, I think it's very strength-based to be doing that, and I think we need to balance out our investments for both female, male and gender diverse parents.

Next slide, please. Okay. So, just a couple more examples. Another thing that we can do and we always have done, and the ceremony lodge is one example, is we can network together. So, I talked about in my first CIHR grant I had that opportunity to work with diverse First Nations, Inuit and Métis communities, Tunasuvvingat Inuit in Ottawa.

My second project, I said to Maria Campbell and Kim Anderson in my office, I was in Saskatchewan, then I said, "Well, I have to write another grant. What should I write it on?" And, they said,

"Write a grant to try to get different knowledge keepers together to talk about, like, infant health, infant, child and family health and wellbeing."

And, they reminded me -- so some of you will remember on the Prairies in the '70s and '80s, there was a set of gatherings where different knowledge keepers and elders came together, and it was a very powerful time where traditional prairie knowledge could be shared. And, there was just a bit of a synergy because, of course, we being back and forth between these mainstream and Indigenous ways of knowing, and they had this idea of knowledge network, so that was, like, the fad at that time, knowledge translation, knowledge networks. Now, it's intervention or implementation research, so I have to try to figure out how I can synergize with those things, that the mainstream research policy makers come up with.

So, a group of experts who work together on a common concern strengthen their collective knowledge base and develop solutions. What I liked about it is it set up an opportunity for social learning. So, here, you see a room full of 10 amazing people, and they are elders and knowledge keepers who work in the area of pre-natal, infant and child health, from First Nations and Métis communities in Saskatchewan and Ontario. So, they are the actual, like, health promotion workers, there are some

Indigenous midwives, some program managers in there.

And, what we did is we came together for five years. So, they were paid one day a week from the research grant, and the first half was to actually gather stories from knowledge keepers in their communities. Next slide. And, in a minute, I think you will see -- so that's a collection of all the stories. But, then, the second half, they applied the knowledge and the stories to their programs; right? But, it just speaks again to that transformative impact of where we're actually taking the time, because another challenge that we have already been talking about all the way through this is time; right? I'm talking too fast because I'm worried about time.

And, when I'm busy, like, doing my day job -- actually, a lot of my day job draws me away from spending time with knowledge keepers that would actually help me learn what I need to learn, what's essential for me to learn, okay? So, here was a program where, for a modest investment, the very people that are doing the work in the communities, who are often then very busy because they're caught in this interface of mainstream health services and Indigenous ways of knowing and doing, and the First Nations, Inuit and Métis knowledge often has to be incorporated at the side of their desk. They have the time, one day a week, to sit with those elders. And, it

was very transformative on our leadership as well, it had these huge ripple effects that we never would have known. Next slide.

Okay. I think this is the last example -- second last example within our communities. So, I mentioned that I was a counter, so one of the things that I worked a lot on. I'm concerned -- and maybe it's because I'm Métis; right? But, I'm concerned, I want to count, I want our experiences as First Nations, Inuit and Métis people to be counted. It's like a winter count. It's an honouring; right? And, of course we are always more than numbers; right? And, I did focus on what might be seen as a deficit. I was concerned that babies were dying and nobody was witnessing it. The counts were wrong. They were under counted, okay? But, then, I learned -- and I've learned actually that they're not even counting us probably as First Nations, Inuit and Métis people.

So, what happened is -- I worked and partnered over time in communities, one thing that is very challenging is when we move to cities like Iqaluit, Toronto, right, we don't really know -- because we're often quite mobile as First Nations, Inuit and Métis people; right? And, in a city like Toronto and Iqaluit, I'm sure too, because there's housing crisis, we move

around a lot. And, the way that the government counts us is by something called household enumeration; right? So, it looks at the houses. But, if we are moving all around the houses, and then sometimes we're going back to a home community and sometimes back to the city, it's hard to count us.

So, we started this project called Our Health Counts in Ontario, and we have worked with six cities. That was the project we did, Our Health Counts, First Nations, Inuit in Ottawa. And, actually, in that project, we showed -- because this is how it all started. Again, starting with Inuit community because I was working with the Inuit community. I said, okay, what should we do next? And, they said, well, we are having trouble with the government because they're saying there's only 400 Inuit in Ottawa and we know there's at least 2,000; right? And, they said, can you help me with that? And, I'm like, okay, I don't know how to do that. But, I talked to a colleague and she said, oh, there's this new way of finding people. It's called respondent driven sampling and it uses social networks. And, remember I said that social networks are strong in Inuit community in Ottawa, like as far as I'm aware of them. Extremely strong. And, it's amazing, because as people know here better than me, people come from 2,000 miles away to Ottawa, right, but

they still find each other.

So, actually, this respondent driven sampling is a big thing. Basically, you find people through social networks and they find other people, and you use some fancy probability statistics to actually get to what's a population-based estimate.

And, the sample in Ottawa is probably the fastest, best respondent driven sample that's ever happened, because I got to work with the people that started the method, because there's a strength there in that community connection. Next slide, please.

So, basically what we're doing is we are trying to find population health for urban First Nations, Inuit and Métis people. And, actually, it's the community that does it. It's the Inuit community that did that in Ottawa. In Toronto, we partnered with the birth centre, we hire local Indigenous people, we find each other and we talk to each other. When it happens outside of Indigenous community, you can get about 20 minutes for an interview. But, when we do it ourselves, people take their time and they spend an hour. Next slide.

There it is. I promised Sesame Street, okay? And, why would we do that with the counting? But, as I mentioned, if we don't count, then we get discounted; right? So, it's what counts -- what's counted that counts

most of the time, even if Einstein didn't quite think that. Next slide. I think he says we don't count the things that count. But, anyways.

And then there we go. And, again, we actually were able to publish in a fancy journal. And, again, that's not always relevant in our community, but here, we have actually showed now in Toronto and we have showed it in Ottawa, with the Inuit, and that's actually in press now. And, we have showed it in London. And, we will be releasing these results on Friday in London, Ontario, that there's actually two to four times more First Nations, Inuit and Métis people living in cities than the Census is counting. That actually means there could be 50 percent more Indigenous people living in the whole country. And, we're actually finally engaging -- Stats Can thought I was some kind of data witch for a while, but they are actually meeting with me now because we published it in this journal. Next slide.

So, to me, that one might be a bit more, kind of, techy, but it actually shows we've always been good counters. That's how we survived; right? Traditional ecologic knowledge, I think, is all about counting; right? And, I think that what's really important is its strength based, because the community is taking over the counting. And, I'm trying to make it even

more exiting because I would like to see more First Nations, Inuit and Métis people go into counting and data systems, because I think it's clean work, I think that is actually part of our -- I think it's ecologic work. It's a resource for us.

Okay. And then the last example from within community is around story medicine. Okay. And, I have talked a little bit about this to some of the people from the National Inquiry earlier on, just because another thing that was brought to my attention is actually, in mainstream, they're now using storytelling to help people heal from psychotrauma. And, of course, that is one of the serious impacts of all those disruptors that we talked about. And, that one I took to Auntie Maria's kitchen table and it got uptake, because of course she said, we've always been using storytelling to deal with trauma.

And, she reminded me of a story and it's been written down. So, some of the European settlers used to think on the prairies that we were, like, kind of obsessed with violence; right? Because they would see, when our warriors came back from battle, even if it was from another First Nations -- with another First Nations community, if we were fighting over land. What would happen is they would be met on the outside by the community members, and they would be walked back in. But,

that night, they would re-enact what happened in the war, right, and that was perceived by some of the European writers as really violent.

But, actually, it fits with these ideas that, if in a very supportive and safe way, right, we go through what happened at a difficult time, we can actually unpack it. It's like cleaning an infected wound; right? So, it's still always going to be a scar there, it can still be troubling, but if you can do it in a way where you feel safe and protected, right, then you can unpack that threat and it can help you as you go further in life so that the wound heals versus, like, something reminding you of that threat and then having trouble understanding what is the here and now and what that threat is about.

So, we're actually working with some families who have lost loved ones, to see if we can use this narrative exposure therapy that was actually developed in Holland after the war, which is interesting. They have done psychotrauma quite well in Holland. Okay. So let's just talk about a couple more examples that could be useful for non-Indigenous individuals, communities, and organizations.

Of course, non-Indigenous is a horrible word so I hope -- it's not used with any disrespect because, of course, everybody comes from somewhere and

everybody has a very rich history, right? And I'm thinking, I'm focused on some things from a Cree Métis perspective but I think if I was to delve into my European ancestry, you know, things have changed after the Industrial Revolution but I'm sure at the root of any successful society, would be, like, families and communities where we nurture these early relationships.

So here's just an interesting poster I was able to get on the rather slow internet connection, because I wanted to show some visuals. If we have the next slide, please?

I liked it because it's said Ally Equals Action, though I didn't actually go to that rally so I don't know how it was or how it went, right?

But one of the things -- and I've done a little bit of writing; actually, over my career worked and talked and written extensively and worked with colleagues, heroic, amazing colleagues in healthcare who are not Indigenous, who want to work and support First Nations, Inuit, and Métis communities. And often one of the troubling points is they don't know what to do; they don't know how to act. So I have a very popular talk and I give people homework right away in terms of that, because there's lot of things that you can do.

Next slide, please.

And of course the good news is because we have the Truth and Reconciliation Calls to Action, the marching orders are there for health right? So basically cultural safety training or cultural competency training is a large part of the recommendations, the calls to action in health.

So what is this cultural safety? Does it mean like, workplace safety, or you get a ticket or something like that? No. What it means is you're actually advancing relationship, this word, "relationship"; so fundamental across difference. And you're using the skill of self-reflection.

And, of course, there is an understanding of power differentials. So if you don't agree that we have power differentials in our societies, then you might want to reflect or think about that, right? Because the cultural safety training's not going to work too well if you are not grounded on the assumption that unfortunately even though Canada is a beautiful country, a beautiful diverse country, we're not sharing properly; we didn't listen to that first rule of sharing, right?

So there's an unequal distribution of health and social resources, right? And we all play a part in that, right? So I play a part in that; I'm a family doctor. I have a lot of financial resources,

right? I'm not sharing that in the way that perhaps I should, or I have to reflect and think about that.

So it takes us beyond cultural awareness or sensitivity. People get hung up on the terms, right, because the awareness is the acknowledgement of differences is one way to think about it. And, again, I draw on some work done by the National Aboriginal Health Organization and Indigenous Physicians Association of Canada.

Cultural sensitivity, that's when I say that's kind of like an allergy or something like that; "Oh, I have to, like, deal with my allergy"; I'll be sensitive, right, like, to cultural difference.

Competence is a bit of a problem. I think competencies is helpful when you work in health professions, like a competency to be self-reflective. But to be competent; how would be I competent? I work I Toronto, right, so there's tens of thousands of sociolinguistic presentations that people come in. As I mentioned, I'm just learning and developing in my competence as a Métis woman, right? So how could I be competent? But I can have a competency; I can start to think and try to reflect on what I don't know.

Next slide.

And so we borrowed this slide from the

San'yas Program in UBC. I'd encourage you to have a look at their Web site. I think they're a leader in this field, and again, people indicated that this was a helpful kind of graphic. So you can see we're trying to go up here to get to this cultural safety.

Next slide.

So another strength-based practice that people can engage in as individuals is to take a cultural safety training program. So we have programs in Ontario; we have programs in B.C. Most provinces and territories are starting them. There's a big range of them. I would encourage you to think about a program that's interactive, right? There are some very good programs that can engage people in an hour or two, but if you really want to get at knowledge you might need to engage in something like that actually involves, you know, several sessions.

Next slide, please.

And, again, we're just doing these things quite briefly because of time, but I want to try to finish by 3:30; I think we'll get close. And hopefully I've slowed down my rate of talking just a little bit, but I think there's some translators that hopefully won't beat me up after this.

It's better when I see you; it's better in clinic because I can see you and I can read the body

language. I'm looking over now.

Okay. So there's just two more things I want to talk about before I get to the recommendations. So they're all going to be along this kind of training around race bias preference and cultural safety.

So there's this other thing that I found out, like, in the last five years, and I've thought a lot about it. I found out when I was preparing my testimony as an expert witness in the inquest for Mr. Brian Sinclair, who, of course, is a lost loved one, but he died from the systemic violence in the Winnipeg Health Sciences Emergency Department.

But actually one of the things that it quite troubling is I actually think nobody woke up that morning, of the 100 people that saw him and said, "I want to hurt somebody," right, "today," or, "I'm really mad," right, or frustrated, right, or I have -- nobody had an existing troubled relationship with Brian Sinclair that we're aware of that day.

So in fact, these were health and social service workers that actually probably went into health care because they wanted to help people, right? And actually think a fair number of those people, like, killed him with kindness, right, because I think that they misdiagnosed him. But I think their intentions were to be

good that day. I really believe that their intentions were to be good and to help people.

But I think what happened is they had faulty logic happening in their brains that they weren't even aware of, right? And they assumed he was homeless, and they assumed he was intoxicated, right? And there was also system things happening as well. And compassion fatigue and burnout, right?

So the scariest part about racism in healthcare systems is I actually think the scariest kind is racism that's happening when the healthcare providers aren't even aware of it, right? So that's called implicit or unconscious race preference bias, okay? But what's really important in a strength-based best practice is actually for us to become aware of it, right, because we still have the opportunity to choose.

So there's actually quite a lot of evidence that healthcare providers suffer from this implicit or unconscious race preference bias, so we in-group and out-group people based on their appearance.

If you want to test that tonight, you can actually go online and there's something called the Harvard IAT Web site, and you can do the Black White Race Preference Test, okay? And we've actually made one at our research unit and it'll be freely available; and so if you

want to just email me. And so it's an Indigenous White Race Preference Bias Test. And what it does it uses the fact that our brain sorts things that are similar faster than things that are different.

So if you go what'll happen is you'll see -- on the Harvard Web site you'll see a whole bunch of faces that you -- most people would identify as Black faces and other faces that people would identify as White faces and you sort those. And then there's words that you would think about as positive words and negative words. And then you see faces and words at the same time, and then it catches you in your unconscious race preference bias.

Next slide.

So like I said -- and unfortunately this is a fact, and it's very interesting to me because another thing that I found in this work is that in Canada we're too polite; we think it's wrong to talk about racism or race preference bias. So that's good because we think it means that we think it's wrong, particularly in healthcare. But just like any other big problem, like violence, right, family violence, community violence, if we don't talk about it -- and this is a form of violence, unintentional violence -- it's not going to go away, right, so we have to face this elephant in the room.

There's probably a better Indigenous analogy for that.

So the majority of physicians in the U.S., actually, have a Black White race preference bias, except for the Black physicians, right? So, I can remember when I was first learning this from social psychologists. I think there was a radio show, and I actually called my Auntie Maria, and I was upset. I said, you know, "Do you believe this? Do you believe that we have this human tendency to in-group and out-group based on visual appearance," right? But, as far as I can tell, it looks like this is a very common human trait.

The strength-base piece of it is that I have never met any -- or been aware of any society anywhere that doesn't actually have mechanisms to mitigate. So, in the same way that we have tendencies to violence, right, there's also ways to mitigate the violence. So, if we have tendencies to in-grouping and out-grouping -- and the problem with it is actually we end up treating people who we in-group better than the people who we out-group. But, the good news is we can interrupt it.

Next slide, please. So, the way that we can interrupt it is actually by -- you can interrupt it -- my colleagues, Patricia Devine (phonetic) and William Cox (phonetic), who actually are now on a team, we're

working at St. Michael's Hospital trying to test best practices in Indigenous race, bias-preference training for health care providers. Actually, we have just the 2-hour intervention where people, like, do the implicit association test, and then they just talk a little bit about how racism is bad, and then they get these five exercises. So, this is another thing. And, even people here, you could look at this and you can pick one that you work on; right?

What's funny is in science and in medicine we take simple concepts and make fancy words, and then they get published in a journal; right? So, that's what we're talking about here. Something seems simple, but they're really complicated, right, but we took them for granted; okay? But, they need to be put in whatever language or fancy words so that we can get policy uptake and make good change.

I like this contact; right? That just means getting out of your comfort zone; right? Perspective taking, for me, that might be walking in somebody else's shoes or moccasins, or mukluks. Individuating, don't judge a book by their cover. The first two get a bit tricky. The counter-stereotypic imaging is why Buffy Sainte-Marie went on Sesame Street; right? It's kind of what I do. I actually have

anticipatory racism, so I try not to be late, right, because somebody might assume an Indigenous person is late. Remember I say I talk a lot; right? At least I'm countering a stereotype. I don't know if that's good or bad though. I'm sure I could benefit from being a bit quiet.

Stereotype replacement. That's the one I say I do in Toronto. And, again, it's a funny analogy to use here in Iqaluit because there isn't a subway, but many of you might have been on the subway in Toronto anyways. It's a pretty busy place. It's a very diverse place; right? And, what I do sometimes, because I have a busy mind, is I start making up stories about people I see on the subway; right?

So, this stereotype replacement would be about me catching those stories. And, of course, I'm very uncomfortable talking about my own internalized racism or racism against other groups of people that I think are different but, as I mentioned, because I have a little bit of a financial privilege -- and I actually grew up middle class, my mom was a nurse, my dad was a teacher, like -- again -- so safer for me to talk about that.

So, I might see somebody and I'll think, oh, I think they don't have as much money as me; right? Like, so I make an assumption. How do I know how

much money somebody has just by what they wear; right? And then I actually make it even worse because I assume they're not as happy as me, because I assume they don't have as much money. Both of those are faulty logic things. They're faulty logic. Like, people assume that Mr. Sinclair was intoxicated and he had nowhere to live; right?

So, what I do is I say I have to interrupt that. That's my exercise for the day. So, I'm working on this critical thinking and reflexivity as an intervention; right? So, I think we need to think about doing that. And, if we do that together and talk about it, then maybe we can address this big problem of Indigenous race-preference bias.

Next slide, please. We can go quickly over this slide. It's just to show that when people have that race-preference bias, using those implicit association tests, they actually are less likely to give lifesaving treatment to black people compared to white people. So, it's pretty scary it translates.

Next slide. Okay. And then the last piece is in your organization -- and, again, this is hot off the press from Sanyas. I'm working hard. So, Cheryl Ward, some of you might know her, you can call her up and say, "Hey, Cheryl, she's giving me permission to use

this." She actually has drilled down each of these circles.

So, this could be your organization and you could say, "Okay. I want to do an organization level assessment." We've talked about individual level cultural safety, so then you have to go through all these areas of organization, right, from the administration to the governance, to the planning, to the communications, to the HR; right? And, she's drilled down each one of these sectors into a series of questions; right? So, you could actually work and build organizational awareness tools.

Next slide. Okay. So, before I get to the recommendations, just some final words about common pitfalls, because people have said this is helpful. And, again, I've said many of these things multiple times now, but underestimating or under using local Indigenous community knowledge and skills; right? So, the strength-based approach is actually to put those at the centre, right, and put local community members who understand those skills at the centre.

Underestimating time and investment that might be required to build relationships and to bridge all of those disrupters; okay? Underestimating the complexity of Indigenous community knowledge systems and protocols, so people could call that beads and feathers,

sash it up. I think we had one that I worked on with some of my Inuit friends; right? And then underestimating the importance of context to health services including the social determinants of health; right? So, that obstetrician that called Child Protection Agency, right, those obstetricians that haven't taken public transit with three kids under the age of 5.

So, if I might, I'll just spend my last five minutes or so speaking briefly to the recommendations.

Next slide, please. I want to set the context for the recommendations. So, again, I think I have located myself. I am just one Métis person. I work as a family doctor and a research scientist. I am trusted by a lot of people in terms of providing health care over time and to do collaborative work, but I'm not a representative. I'm not -- I'm here representing this ceremony lodge, right, but I don't hold a political position. I don't have any authority particularly in this beautiful Territory of Nunavut; okay?

But, I guess what I think might be important -- so I put it in that context, so any of you who are actually do have those leadership roles where you represent groups of people or have been elected, you can take it or leave it; okay? And, I don't mean any

disrespect by suggesting them.

But, I guess I would like to -- if you thought it was a good idea, you could acknowledge and recognize the importance of strong early relationships and the fact that as First Nations, Inuit, Métis family in communities, we have always had these protocols in our different and diverse ways. And, maybe not. Maybe I'm wrong.

I don't know every First Nations, Inuit and Métis community, but I would be surprised to hear about one that didn't have built-in protocols that ensured every person experiences love, security and belonging, and that these protocols actually discouraged and addressed violent behaviours, and that colonization disrupted these ways, but they're not lost. They're still here so that family- and community-led strengthening of the protocols is key to addressing violence.

Next slide. Okay. And so, then I'm just one Métis person; right? One voter, I guess, in my City of Toronto, Province of Ontario, Country of Canada, Member of the Métis Nation of Ontario. But, anyways, all of the different governments could consider them, or not, to formally recognize the importance of these protocols; right? Because I think that they probably are, but I don't know. I know sometimes I look to see what the

health research parties are at least of our national First Nations, Inuit and Métis organizations. I know at least I haven't seen family and community on one of them. But, I know others are working hard.

We have Pauktuutit Inuit -- national Inuit organization working on these things. But, yes, wouldn't it be interesting to come together, too, and recognize how important they are, and then, like, work together on a national initiative; okay? And, one thing is, we did have the Aboriginal Healing Foundation here, and many of you may have participated in some of those programs and a lot of those programs were about family and community strengthening. And, again, it's weird to draw examples out of context, and again, I think the way we always did it is we gathered together and someone could share, and then you could take it or leave it because everybody knows their own context the best. But, I know New Zealand has invested in a national strategy around family strengthening for the Māori.

If that was to happen, of course there would need to be a series of regional and First Nations, Inuit and Métis specific meetings and joint gatherings; right? That would be funded and supported, but I know -- I hear elders speaking about the need for this. And then, of course, for the federal and provincial and municipal

governments, any kind of investments -- so we do have a big investment already; right? In First Nations, Inuit child health, maternal health, like our Head Start programs. I know with different federal governments, they've been on the chopping block. I know I wrote a big report once just to provide evidence that it was worthwhile.

And then we do have current federal investment in Indigenous midwifery, so I'd like those to continue. And then I also will raise this issue about the need to develop and implement fathering programs.

Okay. And, second last slide here. So, now that I've gone around making recommendations for everybody else, as an educator and an academic, I guess I could encourage myself and my colleagues to continue to work with First Nations, Inuit, Métis parents, children, youth, elders and service providers so that we can document and share wise practices, or support the communities in documenting it themselves, which is what we did in that knowledge network project.

And then, finally, the last two come with this cultural safety training. So, as the TRC has told us, in health, we should work on cultural safety training. I think it would be important for health policy makers and research funders to support research that will

actually tell us what kind of cultural safety training is going to be the most effective; right? Because the last thing we want is, like, the people with the good intentions who woke up in the morning but are still hurting people with their misinformation. They think, oh okay, I went to the one-hour cultural safety training, now I'm good; right? Or, for somebody who is well-intentioned, right, and trying really hard to go to cultural-safety training given by somebody who is not skilled and feel angry after that. And then the last one is about further developing and applying those cultural safety organizational and assessment tools.

Okay. Last, I guess, two slides. So, I guess I talked for a long time, so that's not really good pedagogical practice, but I guess you're supposed to say what you said. So, I hope over the last couple of hours I talked a little bit about why we need strength-based approaches.

Some of my thoughts about what we need to optimize individual family community well-being with that focus on early relationships, a perspective on how we got there, how we get there, how we always have, and some disruptors. And then the core of the testimony was these strength-based examples both from within Indigenous communities and for non-Indigenous individuals,

communities and organizations. And then I made some recommendations.

Last slide. As I started with, I wanted to acknowledge lost loved ones and their families and their communities; my family and my kin past, present and future; the elders and the knowledge-keepers who continue to be very generous in sharing even here today and very patient. And then the communities and individuals who have trusted me; the amazing team of people I get to work with in Toronto, and then all my academic colleagues and mentors.

Last slide. So, I guess we're at break and then -- yes, apparently, it's not questions; it's cross-examination.

MS. CHRISTA BIG CANOE: Actually, maybe I'll do this part.

DR. JANET SMYLIE: Yeah.

MS. CHRISTA BIG CANOE: Before we actually get to that, I just have a couple of small housekeeping things relating to your testimony, Janet, that I want to make sure go onto the record so that my colleagues, when they do cross-examine you, if they'd like to ask questions in relation to those articles, it is actually in the evidence before the Commission.

So, one of the articles, it's called

Land, Family and Identity - Contextualizing Métis health and well-being. It was by Brenda Macdougall. It was listed under Schedule B. You're very familiar with this article?

DR. JANET SMYLIE: Yes.

MS. CHRISTA BIG CANOE: And, you're comfortable answering questions ---

DR. JANET SMYLIE: Yes.

MS. CHRISTA BIG CANOE: --- in relation to the topic?

DR. JANET SMYLIE: Yes.

MS. CHRISTA BIG CANOE: On that basis, Chief Commissioner, Commissioners, I ask that we make this an exhibit.

CHIEF COMMISSIONER MARION BULLER: Yes. Land, Family and Identity - Contextualizing Métis health and well-being by Brenda Macdougall, Ph.D. is Exhibit 16.

MS. CHRISTA BIG CANOE: Thank you.

--- EXHIBIT 16:

"Land, Family and Identity: Contextualizing Metis health and well-being" by Brenda Macdougall, National Collaborating Centre for Indigenous Health, 2017 (32

pages)

MS. CHRISTA BIG CANOE: We've already put in First Peoples and Second-Class Treatment, but what was listed as Schedule D in the summary and before you was review article. It's called *Understanding the role of Indigenous community participation in Indigenous prenatal and infant/toddler health promotion programs in Canada, a realistic view*. You'll see the lead author is Janet. And, obviously, you will be able to answer questions in relation to this particular article. On that basis, may I please enter it as an exhibit?

CHIEF COMMISSIONER MARION BULLER: Yes. *Understanding the role of Indigenous community participation in Indigenous prenatal and infant/toddler health promotion programs in Canada, a realistic view* by Dr. Janet Smylie, et al, will be -- I'm sorry, I just don't see the year here, but...

MS. CHRISTA BIG CANOE: 2016 at the top header, and Social Science and Medicine. The citation is very tiny. I'm sorry.

CHIEF COMMISSIONER MARION BULLER: Real small.

MS. CHRISTA BIG CANOE: Yes.

CHIEF COMMISSIONER MARION BULLER: Is Exhibit 17, please.

--- EXHIBIT 17:

"Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review," by Dr. Janet Smylie, Maritt Kirst, Kelly McShane, Michelle Firestone, Sara Wolfe, Patricia O'Campo, in Social Science & Medicine 150, 2016, (pp. 128-143)

MS. CHRISTA BIG CANOE: During the presentation, Janet actually, in that chart, that organizational chart you saw with circles, how you can do the organizational assessment, it's actually taken from what was marked in Schedule E, the *Operationalizing Quality - Creating an organizational cultural safety framework*. It's a presentation by Brad Anderson and Cheryl Ward. It's like a slide deck, and Dr. Smylie, you'll be able to answer questions in relation to this, like, generally?

DR. JANET SMYLIE: I can, and we also got permission from Cheryl Ward to use it.

MS. CHRISTA BIG CANOE: Yes, thank

you. On that basis, may I have this also entered as an exhibit?

CHIEF COMMISSIONER MARION BULLER: Yes. *Operationalizing Quality – Creating an organizational cultural safety framework* by Brad Anderson and Cheryl Ward, March 1st, 2017, is Exhibit 18.

--- EXHIBIT 18:

Power Point presentation "Operationalizing Quality: Creating an Organizational Cultural Safety Framework," by Brad Anderson and Cheryl Ward, dated March 1, 2017 (35 slides)

MS. CHRISTA BIG CANOE: And, Chief Commissioner, the actual presentation that Janet has presented, it's in electronic format. I do have one hard copy here. I would ask and request that this also be marked as an exhibit, and I will provide Mr. Registrar the hard copy.

CHIEF COMMISSIONER MARION BULLER: Yes, certainly. The PowerPoint presentation by Dr. Smylie is Exhibit 19, please.

--- EXHIBIT 19:

Power Point presentation: "Strength-Based Approaches to

Optimizing Indigenous Health and Wellbeing: Expert Witness Testimony, National Inquiry MMIWG" dated September 11 & 12, 2018 (64 slides)

MS. CHRISTA BIG CANOE: And, just for ease of reference in our record, I know that the slide presentation included Janet's recommendations, but I do have a single sheet, and it was -- it was listed in the summary as F, and it's simply titled, "Dr. Janet Smylie's Recommendations", and it's two pages. And, I know that for ease of reference, it might make it easier for other parties just to pull this up or for us to find it in the future, and if I could have that marked an exhibit as well?

CHIEF COMMISSIONER MARION BULLER: Yes. Dr. Janet Smylie's recommendations, that will be Exhibit 20, please.

--- EXHIBIT 20 :

Dr. Janet Smylie's Recommendations (14 recommendations, two pages)

MS. CHRISTA BIG CANOE: Thank you very much. So, I only have a couple of questions before I close the examination-in-chief, if I may?

So, Janet, everything that you've presented today and discussed, you're comfortable and have fluency to be able to answer questions of my colleagues through the Commissioners?

DR. JANET SMYLIE: Yes.

MS. CHRISTA BIG CANOE: Okay. And then there was -- sorry, I left myself a note because there was one thing. I just have one question for you in relation to when you were talking about community ownership of programs, projects and a number of things, one of the phrases or one of the things that you explained was that when people like councils of elders or people can come together and see, it becomes an expression of self-determination.

I was wondering if you could just help me understand that concept a little more? So, I know you used the chart, but if you could just maybe in some few words help me understand the jump between community-owned and how that's an expression of self-determination by the people who have owned the project?

DR. JANET SMYLIE: Sure. And, I think that I understand the term "self-determination" in multiple ways, because I think about it within the context of, like, individuals and families and communities so within the health care context, because I think within the legal

and political context, it often relates to defined collectives of people, but I'll cover it in each of those aspects.

Like, as an individual person, if we think about the choices that we get encouraged to make historically, right, to maintain our own health and the choices that each of us make every day; right? And then in the field of health promotion, right, like we know that the hardest part is to get to the behaviour change; right? So, what will trigger the behaviour change; right?

So, it's easy for me to say, oh, I should go for a walk every day, right, or I should drink less diet pop; right? But, then, what's going to trigger the behaviour change? Like, it's important to me to express myself as Métis woman; right? Like, it's an act of, like, self-determination; right? It's an extension of my ancestral lines; right?

So, if going for a walk is linked to that, I am more likely to do that; right? So, if I get -- I go up to my room and see a ParticipACTION ad on TV, right, like that I think was sponsored by the federal government; right? I can also -- yes, and it has people that I can't relate to on the ad; right? Like, that's going to be a weak way for me to go for a walk; right? But, if, like, other Indigenous women say to me, let's go

for a walk; right? Or maybe a local person invites me to go for a walk; right? To me, that would be a respectful thing to do. Or when I went for a walk this morning, I did it partly because, in my understanding of how to balance my life and do a good job collectively here from the (indiscernible).

If I go for a walk just out of a sense of respect for the opportunity I have to visit this territory, actually getting out and looking around, like that would be for myself as I can have a little bit of a relationship, understand a tiny little bit about what it means to walk on this land; right? Then, that is individually an act of self-determination. So, if we can build our health promotion programs, and in fact all of those things were built into our protocols, that will help me as an individual; right?

Then, on the collective piece of it, if it can be built in, again collectively, to what I think I need in my family and my community. So, we have a birth centre in Toronto. I love going to the birth centre, I love working with Indigenous midwives; right? So, I go in there, right, and I also see the midwives role modeling, like, ways of being in community that I see a lot different than I might see, like, at St. Michael's Hospital; right? There's good things happening over there

too; right? So, then, that encourages me to change my behaviours because there is collective role modeling.

So, then, of course it's empowering within, like, communities and -- like, legally defined communities and organizations, right, to be able to support, and demonstrate and govern, like, their own health promotion programs. So, then, in all of those ways, that's where this community investment; right? So, we have, in Toronto then, like an investment -- like, there's Indigenous midwives that are governing this birth centre, and we can all go there, and learn from that and have our families there. So, I think there's huge ripple effects. And, they cut across those lines.

So, really, the act of having a baby in this Indigenous birth centre, right -- and the first baby that was born there was Indigenous, and I think some of us as community members were actually at a community event above there and we could hear the drumming. So, to me, that is an example of -- where we're really getting at how these community led, community owned activities are acts of self-determination in a very old way.

MS. CHRISTA BIG CANOE: Thank you for explaining that. At this point, Commission Counsel has no further questions in the examination-in-chief. I do have just a couple, sort of, technical announcements, reminders

in relation to -- before we transition into cross-examination, and it also just helps the witness.

At this point, now that I'm complete cross-examination, I am no longer able to talk to Dr. Smylie in relation to her testimony. I obviously can ask her if she wants water or what she needs, but just the rules don't allow me to have conversations with her until the end of cross-examination in relation to the evidence that she has provided. And, I would also like to request a 20 minute break, and the purpose for that is so that we could do the verification with the parties in terms of order.

And, on that basis, I would ask that we please take the time, at the beginning of the break, for the parties with standing to meet us in the Health and Elders room so that we can do that verification process. And, when we return, we could then proceed with cross-examination.

CHIEF COMMISSIONER MARION BULLER: Okay. 20 minutes, please.

MS. CHRISTA BIG CANOE: Thank you.

DR. JANET SMYLIE: Thank you.

--- Upon recessing at 15:52

--- Upon resuming at 16:19

MS. CHRISTA BIG CANOE: If we can start again. At this time, Commission Counsel would like to

thatinvite the parties for cross-examination. We have a total of 12 parties that will be doing cross-examination. The first one is NunatuKavut, and I believe it's Ms. Sarah Baddeley who will be representing -- counsel representing. Ms. Baddeley will have 15.5 minutes.

--- CROSS-EXAMINATION BY MS. SARAH BADDELEY:

MS. SARAH BADDELEY: Good afternoon. Thank you very much, Dr. Smylie, for your testimony, and thank you to the people of Iqaluit for welcoming us all to Nunavut this week. I am here on behalf of the NunatuKavut Community Council which represents 6,000 Inuit in South and Central Labrador.

Dr. Smylie you mentioned that contemporary, non-Indigenous medical research as well as Indigenous knowledge of health care recognizes that child bonding when children are newborns is at its greatest potential when it is a communal process.

A member of the NunatuKavut community shared with me a story just yesterday of how her daughter had to travel by herself when she was two weeks away from her due date to St. Anthony, which is hundreds of kilometres away from her home community of Mary's Harbour. When she was there, she had to stay at a hostel before giving birth alone and far away from her family and other community members. She was away from her community for

three weeks, and it would have been longer if there were any medical complications.

This is the normal way that Inuit women in NunatuKavut give birth due to the lack of local midwifery and other medical services. Would you agree that being so far away from your community would disrupt the process of bonding in the early days after a child is born?

DR. JANET SMYLIE: Yes.

MS. SARAH BADDELEY: In your opinion, would there be negative impacts on the mother or child as a result of being deprived of community bonding in the early days after childbirth?

DR. JANET SMYLIE: Yes.

MS. SARAH BADDELEY: Would you like to make any comments on what resources could offer a solution to this problem?

DR. JANET SMYLIE: Sure. So, I think looking at the Inuit Indigenous midwifery practice in Puvirnituq, though I don't understand the geography, like, of your community quite as well, but I would look there first. So, I think that this is one of the big disruptions that has happened as a result of -- like the imposition of non-Indigenous health services on Inuit and First Nations and Métis communities, though your community will understand the local impacts better than I within

your Inuit context.

I think that one of the strengths that I talked about is we still have a lot of knowledge around Inuit midwifery. The practice in Puvirnituq, one of the problems with my profession of biomedicine is they think a lot about risk. And, of course about one-third of birth emergencies can't be predicted, but that needs to be weighed against the risk of, like, being isolated, right, and having birth away from home. And, the risks -- actually if people won't buy into the risks that are caused by the interruption, like of culture, language, community and bonding, there's this emerging literature showing about the long-term risks as well to health and wellbeing.

So, like, to me, the solution is to support local Inuit midwifery practice, and it's actually a very economical investment as well. And, it's evidence-based as well, because in Puvirnituq, the local Inuit midwives work with local family doctors and other health care providers so, like, the majority of women then can birth close to home. And, there's been longstanding evidence to show that the outcomes are just as good in that context.

So, unfortunately, still, like, some women and their families might decide that it would be safer to have a birth further away from home, but there would be

far fewer, and then maybe those resources that are put towards making every single woman leave the community could be put to making sure the smaller number of women are accompanied by other family members. And, also, the family that's left behind gets the supports that they need.

MS. SARAH BADDELEY: Thank you. This might be slightly repetitive, but I would appreciate if maybe you could elaborate. So, you talk about how Indigenous midwifery practices are so important and you mentioned earlier how they can be an important form of care and community in a broader sense than just assisting with childbirth. Can you give any suggestions for how our community that has lost its midwifery practices due to these colonial disruptions can reintroduce the practices into the community? How to get started?

DR. JANET SMYLIE: Sure. And, again, I would defer to other local people and Inuit midwives, but I know that they're -- like talking -- even though this community I realize is quite far away and, like, distinct -- like language dialects, but connecting with other groups of Inuit midwives and Indigenous midwives. If the community was interested, they could connect with that Canadian Association of Aboriginal Midwives, and there are Inuit midwives there as well as other First Nations and

Métis midwives. They travel to communities and would support the communities.

I know the federal minister -- and two years ago, there was actually a budget commitment from the federal government to support Indigenous midwifery, so I imagine contacting Minister Philpott now at Indigenous Services would like to find out if there was some resources to support that initiative. But, yes, first, maybe talking to other Inuit midwives in other regions.

MS. SARAH BADDELEY: It sounds, like, kind of implicit in that answer is there may be funding available to help sharing Indigenous knowledge in this kind of strength-based way. But, just to be clear, do you agree that government resources, financial contributions to helping knowledge sharing between Indigenous communities would be helpful and continuing that funding that would help?

DR. JANET SMYLIE: Yes, that would be, like, a priority. And, again, it's a demonstrated best practice, like this idea of knowledge networks. And, it requires, like, face-to-face visiting. Like, it can't be -- the information and the revitalization of Inuit midwifery or Indigenous midwifery can't happen over a video conference or a telephone call; right? It's got to happen -- like people have to build and rebuild those

relationships.

And, like, there was an investment, like, in the budget two years ago in Indigenous midwifery. But, again, everybody understands, like, there is a big gap between a little investment. And then we actually have to think about the remedies; right? So, one investment and one budget year, like -- and the amount of that investment isn't equal, like, to the actual damage that's been done by this disruption of this practice.

So, I would suspect there needs to be a substantive investment over a number of years. But, if we think about the costs even of all those flights and med evacs, right, and if we're trying to think about upstream approaches, if one had to make an economic argument, which sometimes one has to, I think one could make a compelling one.

MS. SARAH BADDELEY: And, just, again, to be clear, based on your experience working with remote communities and providing services there, would you agree it's very expensive to travel between communities and it does require a considerable degree of resources?

DR. JANET SMYLIE: That's correct. And, I thought of one other person that it might be useful for your community to contact. Dr. Vicki Van Wagner, right, is an ally midwife and a professor at Ryerson University,

and she has been involved in Puvirnituq for a long time, and she's a big advocate and ally, so that would be another useful person that might be helpful in providing more information to your community.

MS. SARAH BADDELEY: That's wonderful. Thank you. Oh, we went through a lot. So, I'm going to kind of shift topics a little bit. The NunatuKavut community has experienced erasure of their identity as Inuit people. And, their subsequent -- as a result, they have subsequently been excluded from resources available to other Inuit people. We see this as a form of colonial violence.

Based on the materials you have provided, especially Exhibit 16, I understand that the Métis people have also struggled with exclusion from access to resources as a result of an erasure of their identity. Would you agree that the exclusion of Indigenous groups from various resources due to government assignments of identity is part of an example of erasure and cultural violence?

DR. JANET SMYLIE: Yes. I always like to say that it's an attempt at an erasure ---

MS. SARAH BADDELEY: Yes.

DR. JANET SMYLIE: --- because your community is here and you're presenting some information,

so the attempts haven't worked. But, one thing I like to do is think about how absurd it would be if we thought about it within the context. And, in fact, I think President Trump made some remarks about specific ethnic and racialized groups of immigrants who were singled out; right?

So, if we thought about it with another context, it just seems absurd to me that -- because I also think about population health; right? So, we're always interested in including its -- we're lucky we have a rich and diverse Indigenous population in this country that includes First Nations, Inuit and Métis people. So, it seems absurd to me that some populations, like Inuit and Métis, would get excluded.

Though of course, I understand there's a long and complex history. I also think that the policy frame that was created purposefully divided, like, at least First Nations and Métis. So I know that history better.

And you saw the examples of the half-breed script. So in the Treaty making times there would be siblings, right, and because of their choice of marrying maybe a First Nations person versus a Métis person, right? Then they would be on other opposite sides of the *Indian Act*. So yes, I find that this is a form of systemic

racism and colonial violence against Indigenous People.

MS. SARAH BADDELEY: Thank you, Dr. Smylie. And thank you, in particular for clarifying this attempted erasure. NunatuKavut women are very proud of their resilience in the face of it. So are you familiar with the non-insured health benefits that are available to some groups through the First Nations and Inuit health branch?

DR. JANET SMYLIE: Very, yes.

MS. SARAH BADDELEY: Yeah. FNIHB. Are you aware that the Inuit People in NunatuKavut have been denied access to non-insured health benefits through FNIHB?

DR. JANET SMYLIE: I was aware that some Inuit were denied access to some services from non-insured health benefit when they lived in urban areas of -- like, Ottawa. But I wasn't aware about the exclusion of your community members from the plan. And I'm certainly aware of the exclusion of my own family and Métis People from the plan.

MS. SARAH BADDELEY: So based on that experience, would you describe the exclusion of an Indigenous group or individuals, from FNIHB health services on the basis of the government's failure to recognize them as Indigenous People, despite their own lived experiences and identity as Indigenous People, as a

form of cultural violence?

DR. JANET SMYLIE: Yes, and I would also find it in tension with the *Constitution Act* that recognizes First Nations, Inuit, and Métis People as Indigenous People. So I find it intention with the inherent rights of Indigenous People as recognized in the Constitution.

MS. SARAH BADDELEY: Do you think that the recognition of Indigenous groups, so they can access health resources, can be important for healing?

DR. JANET SMYLIE: Yes.

MS. SARAH BADDELEY: Can you speak to how it might be important for healing?

DR. JANET SMYLIE: Well, just in basic material sense. So I'm aware that Métis community members who live away from tertiary health care services and who suffer from cancer, for example, sometimes have to hitchhike, or can't travel to get their chemotherapy. So there's -- I'm aware that like, within the Métis community commonly people can't afford to buy their prescription medications.

But also, I think that there's bigger, kind of collective issues, so I'm aware that non-insured health benefits also provides programs that are now focussed in First Nations on reserve communities. And I think those

are very important and needed programs and often inadequate. I was actually in practice when they cut those programs to off-reserve First Nations People. So benefits as simple as foot care for people with diabetes, and that actually is a very evidence based best practice to prevent limb amputation.

MS. SARAH BADDELEY: Dr. Smylie, that pretty much wraps up my time. Thank you so much for your responses.

MS. CHRISTA BIG CANOE: Thank you, Ms. Baddeley. Next we'd like to call up the Assembly of First Nations, Ms. Julie McGregor is counsel on behalf of the AFN, and Ms. McGregor will have 15 and a half minutes.

--- CROSS-EXAMINATION BY MS. JULIE McGREGOR:

MS. JULIE McGREGOR: Thank you, Dr. Smylie. I don't think I'm going to use up all of my 15 minutes because after listening to your wonderful presentation, I was thinking about, what am I going to ask Dr. Smylie? Because honestly, and this has happened before in all these hearings.

I've been to almost all of these hearings so it's always a challenge when you're questioning a witness like yourself, who is part of the solution and not part of the problem. And as lawyers here we're trained the cross-examination is supposed to be to you know, pick

apart and take -- and pick holes into your opponent's case. And as a lawyer for the Assembly of First Nations, we want to see more of your type of work happening out there and we want -- and there's nothing that I really have to pick apart about it.

So I just want to say thank you for the good work that you are doing, and thank you very much for being in a forum like this where, you know, more people can learn about the good work that's being done.

So I don't have any criticism, but when I'm in this sort of a circumstance, I think about it back to -- and I relate it back to my own situation or my own community. So I come from a First Nation that's located in Quebec, but we're an English speaking First Nation. And we have -- we're very blessed in many ways, and some of the ways we are blessed is that we have midwives in our community. We have doctors now and we've -- you know, I have family members who are nurses.

And the struggle always is that we want our own people providing our own services because it's -- A, it's culturally appropriate; B, we know each other, we trust each other, and we speak the language. But there's always the stumbling block, the midwives can't work in our community because, you know, they don't speak French, and we're all -- we're Anglophones, but we're located in

Quebec. Same thing with the doctors and the nurses. And we always have to stumble across some sort of, level of government bureaucracy, or accreditation to get things going.

And it's -- and while I look at your work and I think about what you're -- the work that you're doing, it's sort of almost idealistic in a sort of way, that we want to get there. But how do we, you know, maneuver what are some major hurdles in First Nations specifically, I guess? I mean, I'm not sure that's necessarily the same situation in urban areas, but definitely in First Nations it is because you have the dual jurisdiction problem. So I was wondering if you had any comments about that?

DR. JANET SMYLIE: So firstly, yeah. Thank you for viewing my testimony as friendly. That means a lot. And yeah, that's why we all hold a piece of the puzzle.

So I agree, the issue of respect for First Nations autonomy of their health services is a political issue and it's going to require approach A, versus approach B, right? Because we already know that we have -- like, you do have skilled people in your community, right? Midwives, physicians, nurses, but they can't work there because the provincial licensure requires them to be

French speaking, right? So that's a type A problem, that's a colonial system that's interfering in your ability to do what you're already know how to do.

Ontario was able to get an exemption clause for Indigenous midwifery, so I don't know if you're familiar with that. So that's how Six Nations operates, and actually Sherri Lee Bourgeois is going to start practicing again in the City of Toronto. She'll be the first urban midwife, I'm aware of, in Ontario that's operating under the exemption clause.

So I don't understand health law in Quebec as well as I do understand the regulations that I have to follow as a doctor in Ontario, under the regulated *Health Professions Act*, I believe. But this exemption clause is something to look at and perhaps lawyers who are fighting for recognition and in the system can work on that.

And that I -- like, I could put you in touch with people that understand that exemption clause. That did happen, kind of in a fortuitous, kind of, policy window where Ontario was actually developing its provincial midwifery legislation. And there was Indigenous activists I think, so Sylvia Miracle I mentioned was one of them who was able to negotiate and get that legislation built in. I think Ontario Native Womens Association was part of that, Carol Terry was a

part of that.

They wrote background papers to show that there was a tradition of Indigenous midwifery in the province, and they were able to legislate an exemption clause into the Ontario midwifery legislation so that Indigenous midwives working in Indigenous communities actually don't have to be regulated by the provincial legislation. They can choose to practice and be regulated by the Indigenous community. So that's how Six Nations actually has its own training program.

We haven't succeeded in doing that for doctors or nurses anywhere in the country yet.

MS. JULIE McGREGOR: And I guess that that's what my question was getting at, is that obviously, in my circumstance, it's a Québec thing, but you know, there's -- you have to have willing partners, I guess, in all of this, and that's kind of what I'm trying to tease out is that, you know, we need those connections, we need those willing partners. We -- I guess we can't always be at the mercy of whatever government is in place at the time and whether they're progressively willing to look at these sorts of things, you know. The government has changed in Ontario, so....

I think -- I guess I was trying to see how do we get out from having to worry about that, that level

of...? And maybe that's like a big question that's beyond this. But you know, in looking at that, we always have those same struggles with trying to get recognition from outside, and I realize that that's a political sort of area of questioning.

Which brings me to my next question. You had in your presentation, in your -- the number of recommendations that you had, you talked about governmental acknowledgement. Is that enough, really, in your opinion, that it would be -- that they acknowledge this, or...? Because they acknowledge a lot of things. They acknowledge our rights, and then, you know, subsequently, they get trampled on. So is acknowledgement enough, I guess is my question?

DR. JANET SMYLIE: No. And I'm digging for the recommendation.

MS. JULIE McGREGOR: Yeah.

DR. JANET SMYLIE: So, no. Walk -- talk is cheap; right? So -- like apologies, like aren't -- alone are also, like important, but actually, restitution and not doing that thing again, right, like -- can actually -- I think a lot of, like, justice where I come from would actually be making amends, as well as offering the apology.

So -- yeah. I have -- yeah. I say ensure

that support that for their revitalization is included across all policies, when it gets to the government ones. But then again, I had to go softly because of course some -- I don't want to tell the AFN their business, so maybe I'll be as a academic okay with trying to tell the federal government their business.

MS. JULIE McGREGOR: Thank you. I wanted -- and then another part of your presentation sort of struck me, as when you were talking about visiting.

DR. JANET SMYLIE: Yeah.

MS. JULIE McGREGOR: I did that a lot as a kid, and I wasn't -- it wasn't at my own volition. I was taken to places and people and they -- you know, while people were having tea I was, you know, playing with my toys or whatever, or visiting other cousins, or whatever. It doesn't happen anymore, I have to say. We don't do that anymore. And I'm not trying to make a broad assumption, but it's happening less and less and it's probably because people are on their phones a lot and connections are made now through social media and virtually.

And it's really hard to get back to those sorts of important, like you say, little ceremonies, when we're -- you know, we're surrounded by cultures who are evolving and changing the way we actually interact with

each other. Do you think that there is a way in which we can promote those sorts of connections again, and is it a public awarence *[sic]* -- is it public awareness, because it's in our own communities or in our own cultures, is that something that's possible these days, I guess?

DR. JANET SMYLIE: Yeah. I think that it's going to be critical for us to think about how fast paced technologies and social media are changing society. Even in non-Indigenous research context we can't keep up. I've had the opportunity to sit on a circle called Healthy Kids Community Challenge in Ontario, and actually one of the themes was around reducing screen time; right? The mainstream literature, public health literature can't keep up to the impacts with respect to how fast the screens are evolving.

But using that model, right, the same way that we revitalized breastfeeding in some of our communities, right, and still are, I think that we could lead the way. Because I also think if you look at non-Indigenous specific business and other media in literature and science, yeah, there's this whole new science and promotion of, like becoming unwired, right, as we realize the impacts. I'm sure if you go to the bookstore, you can find one or two books that are top sellers now.

So like I said, in the urban context, again, like me and my sister try to get together once a week to have a meal; right? Like -- and so that's even a little example. We can adapt and think about ways to do it; right?

So as part of that challenge there's some Indigenous communities working, like you have a little locker, right, or you make a family commitment not to have your handhelds, like at meals; right? Or however we adopt it and actually how would it work in the community.

So the world is changing quickly. We're good at adapting to worlds that are changing quickly; right? So how can we build that in the same way that -- you know, in First Nations, Inuit, and Métis communities we may be making choices about eating more traditional foods, right, and being conscious like in remembering those things. So yeah, maybe we can have a theme around visiting.

MS. JULIE McGREGOR: And I guess my -- okay. And related to that -- and this is my last question; I don't have much time left -- is that in doing those things and trying to get everybody back to the some of the same values we shared a long time ago, in terms of -- like if we look here in the north, there's climate change issues here. I come from a fairly southern

community and there's a lot of encroaching on our land. And you know, getting back on the land is a challenge; right?

I'm just wondering, is that enough? Is there going to be -- is it enough to just promote that or do we -- is there much greater things that need to happen in order for us to get back to that? I realize that's kind of a big question.

DR. JANET SMYLIE: I guess, I don't know the answer, but we all have to start somewhere and feel empowered that we can start somewhere. So -- like I'm in my hotel room, like spending 10 hours in front of my laptop trying to get this ready. I wanted to get out for a walk yesterday, I didn't. So I made time to get out for a walk this morning. I didn't get out on the land for several days, but at least I got out there; right? And I can only speak for myself.

I guess we could lead the way in the same way that Indigenous midwives led that Toronto Birth Centre in the revitalization of Indigenous midwifery. Puvirnituq is leading the way with Indigenous midwifery in this country. So we can lead the way. We've been leaders like in environmentalism for millennia. We can lead the way, right, like around the importance of visiting because many of us have lived experience of that, right, and we never

lost it despite a whole bunch of attempts at disruption.

MS. JULIE McGREGOR: Well, those are all my questions. I'd like to congratulate you on your work and say miigwech to you. Thank you.

DR. JANET SMYLIE: Thank you, Ms. McGregor.

MS. CHRISTA BIG CANOE: Thank you.

Next, we'd like to invite up Ms. Catherine Dunn, who is counsel for the Murdered and Missing Indigenous Women and Girl Coalition of Manitoba. Ms. Dunn will have fifteen-and-a-half minutes.

--- CROSS-EXAMINATION BY MS. CATHERINE DUNN:

MS. CATHERINE DUNN: Dr. Smylie, I would like to ask you a few questions with respect to Exhibit 19, which is your PowerPoint.

DR. JANET SMYLIE: Yes.

MS. CATHERINE DUNN: And at page 11 of your PowerPoint, which in the upper left hand corner of that particular page, it says, Primary Care. You talk about the importance of early bonding ---

DR. JANET SMYLIE: Yes.

MS. CATHERINE DUNN: --- in your PowerPoint?

DR. JANET SMYLIE: Yes.

MS. CATHERINE DUNN: And I have a couple of questions, and I'd ask you just to sort of expand on that

point, because you've come to that a number of times in your discussions this morning and this afternoon.

How crucial for a human being is the ability to bond with one's parent or one's primary caregiver?

DR. JANET SMYLIE: I would say it's very important.

MS. CATHERINE DUNN: Okay. Does it affect the ability, for example, to attach to partners when one is an adult if you haven't been able to attach to your primary caregivers or to your parents?

DR. JANET SMYLIE: I think if one had disrupted attachment as an infant, there’s good evidence to show that it could interfere with attachment to partners later on in life, but it’s not insurmountable.

MS. CATHERINE DUNN: Okay. And, does it also have an effect on the ability to learn in an educational environment?

DR. JANET SMYLIE: That I’m not drilled down on.

MS. CATHERINE DUNN: Okay.

DR. JANET SMYLIE: But, I would suspect yes.

MS. CATHERINE DUNN: Okay. And, what -- if I understand your evidence correctly, Indigenous

organizations know how -- what the problems are and how to address them; is that fair to say?

DR. JANET SMYLIE: That's a -- well, Indigenous organizations is a broad term.

MS. CATHERINE DUNN: Okay, I'm sorry.

DR. JANET SMYLIE: But, yeah. I would ---

MS. CATHERINE DUNN: People.

DR. JANET SMYLIE: --- say that within First Nations, Inuit and Métis communities, there is still existing knowledge about what is required. There's just -- again, there's a -- colonization has been long-standing and diverse. So, there would be some diversity. But, I don't believe there's a single First Nations, Inuit or Métis community that has been -- had a complete erasure of that.

MS. CATHERINE DUNN: All right. And, obviously, your evidence is that it is extremely important that these community-based services be provided by the community, by these Indigenous people?

DR. JANET SMYLIE: Yeah. So, mostly, like, I -- when I start speaking about the specific community experiences, I know best my experiences as a Métis woman.

MS. CATHERINE DUNN: Right.

DR. JANET SMYLIE: Like, who has ties to the Prairies but has spent my life in southern Ontario. But, yes, I think it is of optimal benefit that Indigenous people, local Indigenous people, play a major role in planning, in managing, in directing the services.

Often, it depends. Again, I believe there's a lot of skills there, but there's a lot of diversity as well because of all the disruptions. There can be times where we need some hands-up as we're getting there.

MS. CATHERINE DUNN: Okay. And, particularly dealing with the issue of child apprehensions, I am from Winnipeg. My clients are in Winnipeg. You have yourself mentioned the high rate of apprehensions of newborns, particularly in Winnipeg.

DR. JANET SMYLIE: Yes.

MS. CATHERINE DUNN: And, in rough numbers, I think you said 50 to 100 apprehensions take place in Toronto versus 365 in Winnipeg, and we are one-third the size of Toronto. Can you comment on why you think that happens?

DR. JANET SMYLIE: So, Winnipeg is one-third the size of Toronto, but I think your First Nations and Métis population might be better. But, I think it happens because there has been multi-generational

interruptions of Indigenous parenting, First Nations, and Métis, and Inuit parenting. Again, there's diversity of those experiences and some individuals and communities have had a higher degree of exposure if we think the interruptions are a toxic kind of interference with Indigenous parenting. I also think that the basic social determinants of health make it very hard to be providing the supportive environments that children need. So, you could have the perfect parents, right, but I they have nowhere to live and, like, no money, then that's going to be very stressful.

I also think racism has a huge role, both attitudinal and systemic racism and colonial violence. So, in my experience, 25 years providing primary care, including maternity care to diverse First Nations, Inuit and Métis families in diverse urban, and rural and remote settings, I find that First Nations, Inuit and Métis parents get constantly misjudged.

So, for example, even for myself coming from a relatively privileged position in my later life, and also having many mitigated circumstances with twin boys, me and my partner would get people off the street criticizing our parenting skills. So, the classic example is my partner trying to get two boys out of a car seat; right? And, again, we have, like, an SUV and fancy

car seats, but you can't actually remove twins from a car and be touching both of them at the same time; right? So, like, someone jumping out of the shop and yelling at her, and she gets yelled at more than me, so I have to assume that attitudinal racism is having something to do with it because she's more visibly identifiable than I am.

MS. CATHERINE DUNN: And, can you comment -- this is something that happens quite a bit in Winnipeg, is that if a mother has one child that goes into care or is apprehended at birth, it's very regular that future children that she may have are fated to being apprehended at birth. Can you comment on that as a medical doctor?

DR. JANET SMYLIE: Yeah. So, I would agree in my experience providing care that it seems that once there's one apprehension, it seems to be a black mark on people's files and they're deemed, like, to be inadequate parents for life. And, again, I'm not always privy to the insider discussions that are held in the child protection agency services, but it's very interesting because even in our criminal justice system, we believe that people can change; right? And, be rehabilitated, even though I hesitate to use that word within the context of parenting.

MS. CATHERINE DUNN: And, were you --

I believe you were an expert witness in the Brian Sinclair case?

DR. JANET SMYLIE: That's correct. In the second half, yes.

MS. CATHERINE DUNN: Yes. And, Dr. Lavallee has testified before at other hearings with respect to that matter, and would you agree that racism was a fundamental reason for the death of Brian Sinclair?

DR. JANET SMYLIE: Yes. And, I presented that in my expert witness testimony.

MS. CATHERINE DUNN: All right.

DR. JANET SMYLIE: And, I think one of the recommendations, though, of course some -- yes, there are only small changes is that the Winnipeg -- like, health authorities instituting cultural safety training.

MS. CATHERINE DUNN: And, do you think that racism is a factor in the hospitals when children are apprehended?

DR. JANET SMYLIE: Yes.

MS. CATHERINE DUNN: And, for example, would you say that a child who is newborn to an Indigenous woman might be looked upon, or the mother caring for her newborn might be criticized more than another woman by the medical system?

DR. JANET SMYLIE: It's definitely my

experience that I've seen Indigenous mothers be treated in an inhumane manner that it's hard for me to imagine a non-Indigenous mother would ever get treated. So, for example, in my clinical practice, there was an Indigenous mother whose child was apprehended, and she wasn't given a private room, and she had been breastfeeding that child and it happened after hours. And, the nursing staff paged me, and they were asking me to talk to my patient because she looked angry. And, I asked if I could talk to her to find out what was going on, and then she told me, and I was stunned.

Even though I provided care and experience, lots of attitudinal and systemic racism in my 25 years of practice, I couldn't believe that nurse, who I'm sure when she went into healthcare training wanted to do good things, like, couldn't think about -- couldn't have that thing that we talked about in terms of being able to walk in somebody else's shoes or moccasins, and imagine how it would feel or make you feel to have your baby apprehended after hours, and to be in a mixed room with three other mothers who were breastfeeding their infants, and then not to be able to -- and to have your breastfeeding interrupted in that manner.

MS. CATHERINE DUNN: And then to be described by the social worker as having an anger-

management problem?

DR. JANET SMYLIE: It was actually the staff nurse. Yes.

MS. CATHERINE DUNN: It also seems to be relatively common in Winnipeg in terms of newborn apprehensions that the children are apprehended almost immediately, within day three. Is there some medical reason that suggests that after day three, newborn children don't need to be breastfed by their mothers?

DR. JANET SMYLIE: No. In fact, that's a critical time of breastfeeding because as you may know -- well, everything is important, but actually, we begin producing substantive breast milk between 48 to 72 hours. So, of course, the colostrum that comes before that is very nourishing and important for the infant to have access to.

But, as we saw, like, the biomedical literature is talking about how there's important, ongoing impacts over the first two years of life that follow us through our life.

MS. CATHERINE DUNN: So, the fact that you are removed from your mother's breast at day three can have a significant impact on newborn development?

DR. JANET SMYLIE: Oh yes. So, even if one was just relying on the mainstream medical

literature, and one didn't take into account, like, the importance that is highlighted by the Knowledge Keepers and Elders who supported me in providing this testimony, in terms of the importance of feeling safe and secure and a sense of belonging and Indigenous identity; that if we discounted that, if we just looked at mental health outcomes and health outcomes over the lifespan, that is definitely critically interfering with the development of the child. And that doesn't account for the health and mental health of the mother.

So, to me, having a child apprehended in that manner would be comparable to the death of a child, both on the family and the mother.

MS. CATHERINE DUNN: And is it the case that -- you'd mentioned in your direct evidence that each apprehension costs $1 million. Can you expand on that; what do you mean by that?

DR. JANET SMYLIE: so I would have to maybe defer to others who are more drilled down in economic analysis.

MS. CATHERINE DUNN: Okay.

DR. JANET SMYLIE: But I think that that is my understanding, that the lifetime expense on, like, the social service system, right, has been costed out at around $1 million, the lifetime costs of, like, fostering

that child and adopting that child, and then the future social costs because we know that the outcomes for children who've been adopted in that manner are -- may require additional social services over time. And some of the people end up in the criminal justice system as well.

And I don't want to undermine, because there's also many amazing and resilient leaders who have had made it through that and recovered from it.

MS. CATHERINE DUNN: So decisions made with respect to the life of a newborn can have ramifications throughout a lifetime.

DR. JANET SMYLIE: Of course. And it's social ramifications. So to me -- like, again, as I mentioned in my testimony, doing sheer economic analyses isn't my preferred way to approach issues of the health of young families but it is a way that we can sometimes implement policy. So surely it would be better to invest in supporting the families upstream, right? And that's the argument that we're actually trying to make in that Baby Bundles Project in Toronto.

MS. CATHERINE DUNN: And I was in interested about the midwife program, baby hospital and you saying that the individuals who created that facility did it within 14 months, which seems amazing to me in terms of the funding arrangements. Were they dealing with

government?

DR. JANET SMYLIE: Yeah, I think.

MS. CATHERINE DUNN: If so, which government? What's their number?

(LAUGHTER)

DR. JANET SMYLIE: I think the timeline might have actually been getting the birth centre open before the election. I'm not quite sure that happened.

MS. CATHERINE DUNN: Okay.

DR. JANET SMYLIE: And, yeah, we would. And, yeah, it was the Kathleen Wynne Liberal government.

MS. CATHERINE DUNN: So there was some political will to make that happen.

DR. JANET SMYLIE: That quickly, yes.

MS. CATHERINE DUNN: Yes. And if there was political will to make things happen, it can happen very quickly, and that's a concrete example.

DR. JANET SMYLIE: That's correct.

MS. CATHERINE DUNN: All right. Thank you very much, Dr. Smylie.

DR. JANET SMYLIE: Yes, thank you.

MS. CATHERINE DUNN: Those are my questions.

MS. CHRISTA BIG CANOE: Thank you, Ms. Dunn.

Next we would like to invite up the Association of Native Child and Family Services. I believe that Ms. Sarah Beamish is counsel and will be cross-examining.

Ms. Beamish will have 15 and a half minutes.

--- CROSS-EXAMINATION BY MS. SARAH BEAMISH:

MS. SARAH BEAMISH: Thank you.

All right. Good afternoon, Dr. Smylie, Janet. I'm here on behalf of ANCFSAO, and it's a provincial association of member agencies that work for Indigenous child wellbeing in Ontario.

So I mainly want to focus my questions on two topics. You've spoken about high-quality early relationships for infants and children with family community and land; those were your words.

So I want to ask you a set of questions about breastfeeding, I guess building on the questions you just answered; and then also a set of questions about the child welfare system.

So starting with the child welfare system, there is going to be another hearing on this so I'm not going to go into too much detail but I think your testimony and materials made some important points.

So you've identified ongoing family

disruption and deficit-based understandings as major wellbeing disruptors. Would you agree that the mainstream child welfare system is a place where these disruptors are often working hand in hand? And what I mean by that is perceived deficits in Indigenous families are used as justification to disrupt those families through intervention, monitoring, and apprehension.

DR. JANET SMYLIE: Yes, and unfortunately I've seen them within Indigenous child protection agencies, as well.

MS. SARAH BEAMISH: Okay. I believe you've testified to this a bit but would you agree that Indigenous involvement with the child welfare system sometimes happens as a result of interaction with the medical system? So you've talked about apprehensions of -- because of birth alerts, and it may also be that visits to hospitals for other things result in calls to child welfare agencies; have you seen that?

DR. JANET SMYLIE: Yes, extensively.

MS. SARAH BEAMISH: Okay. Are you aware of Indigenous women making choices between seeking medical care for themselves or their children and perhaps taking medical risks by not getting treatment because they are afraid of engagement with the child welfare system?

DR. JANET SMYLIE: Yes. In fact, at times

during my medical practice I've set up clinics specifically for women who were afraid to get medical care elsewhere because of the risk of child apprehension, services. So when I practiced in Ottawa, I actually set up a clinic before we had opened Wabano Health Centre established called the Polar Bear Clinic at Somerset West Community Health Centre; that was specifically set up because there was Indigenous women in Ottawa who were pregnant and who were afraid to get prenatal care.

And I'm also aware in Toronto that Seven Generation Midwives Toronto has actually talked about setting up a mobile midwifery unit so that they can provide care to Indigenous women who are afraid to otherwise access prenatal care because they're afraid that child services will get called.

MS. SARAH BEAMISH: Can I ask; how did you deal with the duty to report in that setting?

DR. JANET SMYLIE: So what I did is I told clients that I would never report them behind their back unless they disappeared for more than two months, and that's an easy thing to say but people believed me. And if I identified with a client that there was something going on in her life that was interfering with her ability to care for her children, then I would encourage her to get the support that she needed, and if that included

calling, like, the preventative arm of a social service agency, we would make that call together. So that's how I did it.

The other thing is the law in Ontario is that you don't have to call before the baby is born; though, of course many times pregnant women had other children.

MS. SARAH BEAMISH: So those kinds of -- that kind of service where you give that guarantee, do you know if those kinds of services would be available to indigenous women across Canada or is it sort of an *ad hoc*, doctor's discretion kind of service?

DR. JANET SMYLIE: I think we need to continue to negotiate these things.

It's striking to me that people think it's still okay to send a birth alert to the hospital without informing a woman. So I'm aware that other prenatal providers have actually gotten scolded by, like, social service agencies, child protection agencies, both Indigenous and non-Indigenous, because they actually found out about a birth alert and told a woman that there was a birth alert, right?

So to me, like, I don't understand how that could be conceptualized, right? Because it would seem to me that it would be very important to tell people, like,

if there was that kind of legal intervention happening. Like, I don't think it's acceptable in Canadian healthcare systems to hold that kind of important information and not let people know.

MS. SARAH BEAMISH: Would you give as a recommendation to the Commission that healthcare practices and systems be -- I guess, ensure that these kinds of services are available to all women; that they can access services with the type of guarantee that you gave?

DR. JANET SMYLIE: I think we also need to work together to integrate our health services, and that's what we're trying to work together to do in Toronto, though it's hard work. So -- because I also find in my experience that those of us who provide care before birth, right, and those of us who provide care after birth can kind of get caught in advocacy for the Mum and the family and advocacy for the child.

So we need to think about the family as a unit and we need to work very hard to figure out what kinds of safety nets we can create with respect to protecting confidentiality and protecting people's legal rights. That service in Brisbane, where they reduced -- they actually have a bit of a different system. But, over 90 percent of the Aboriginal women had the equivalent of a birth alert as far as I can understand when they were

giving birth at the local hospital. But, they had reduced apprehension to almost zero over 14 months. But, what they did is they got all the service providers and agencies to work together to provide, kind of, seamless care.

So, I think we need to get more conversations happening. I do think having more Indigenous and allied service providers who are committed to supporting accessible care and meeting people where they're at and strengthening families would be helpful.

MS. SARAH BEAMISH: Okay. That's a good segue into my last question on this topic. So, I want to just read a sentence or two from the Métis Health Report that you submitted, then I will ask you my question. So, Exhibit 16, the Métis Health Report it says -- it talks about how the emphasis on the extended family was fostered through the creation of physical and spiritual relationships between people, living ancestral and those still to come, the land, the spirit world and creatures with whom they shared physical space. This understanding of the world ensured the health and wellbeing of communities through its emphasis on shared responsibility.

So, when I read that, I wondered what can the child welfare system learn from this understanding

of family health and wellbeing. Would you recommend that child welfare systems, whether mainstream or Indigenous, pay attention to a child's relationships not only with their immediate family, but also with their living extended family, their ancestors and unborn descendants, their tribes, their nations, their land, the spirit world and the creatures around them?

DR. JANET SMYLIE: Yes. And, I think there's actually a best practice in the Province of Alberta that my uncle, Will Campbell's been involved in where he works to advocate and actually find out -- like before a child is given up for adoption, he works with the family, because often people are at a place where, perhaps, they're not at their best place to be able to provide that safe, supportive environment, but he works with them as an elder and with a circle to find out every single living relative. And, sometimes those relationships have been disrupted, but I think the province has agreed and all those people get called into a room; right?

MS. SARAH BEAMISH: Wow.

DR. JANET SMYLIE: Because often there could be somebody that could provide that environment, but maybe they're not in communication with that parent. But, it's lovely to actually think even more broadly and think

about relationships to land and identity and all living things.

MS. SARAH BEAMISH: Okay. Thank you. So, my next set of questions is about breastfeeding. You have spoken about your work with Māori people, and that's my Indigenous people, and we have -- there's an important insight in the language, which is that we use the same word for land and placenta. And, there is a -- that points to a knowledge that I think is shared by a lot of Indigenous people, including here, that the body of the mother is the child's first environment; would you agree with that?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: Okay. So, I ask you this question as both a medical expert and a knowledge holder. Would you say that there was a parallel or a connection between the way an infant gets nourishment from its mother's body and the way we all get nourishment from Mother Earth?

DR. JANET SMYLIE: Yes. And, I also think there's an analogy. And, I'm struck, right, because that was what I saw in the Christi Belcourt painting, right, which was a painting about Mother Earth, but it was also a painting about the uteran environment and a placenta. But, I would think that the other pieces,

there's a collective responsibility to support that mother and her body; right? In the same way, there's a collective responsibility for us to support the land.

MS. SARAH BEAMISH: So, I have never breastfed, but am I correct in my understanding that the taste, the smell of the nutritional composition of breast milk is influenced by the foods that the mother eats? And so, it may be the first taste that an Indigenous infant gets of their traditional food or their country food?

DR. JANET SMYLIE: Yes. Yes.

MS. SARAH BEAMISH: Would you agree that breast milk itself is a traditional food for Indigenous children?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: Now, recognizing that there might be valid reasons that people choose to or must use formula, I'm not asking these questions as a judgment on that, would you agree that breastfeeding is generally the ideal source of nourishment for infants from a health, nutrition, development and bonding perspective?

DR. JANET SMYLIE: Yes. And, I have been told it's also a medicine.

MS. SARAH BEAMISH: Okay. Would you agree that the dramatic reductions in breastfeeding rates among Indigenous people have been an impact of

colonization?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: And, are breastfeeding rates generally lower in Indigenous communities than in non-Indigenous communities?

DR. JANET SMYLIE: It's actually -- like it depends on the community. And, actually, one of the articles that led that whole theory of Indigenous community ownership and development was a community-led project around breastfeeding. I think it was in Khanawake. It's in the article, so I would have to check. But, actually, a community auntie tripled the breastfeeding rates in that community.

So, we do actually find, in some studies, like the First Nations Regional Health Survey, similar rates now of breastfeeding initiation. But, like, the sustainability is a little bit lower, and I would suspect that could be because of some challenges that Indigenous women might be experiencing in their homes even if we just looked at the social determinants of health that can impact -- I breastfed twins for 15 months, so it takes a whole community to breastfeed twins, I think. Yes.

MS. SARAH BEAMISH: Can you -- I'm sure you could speak about this for an hour but, briefly,

can you summarize a bit about some of the health impacts that are related to breastfeeding? So, I know that breastfeeding can both mitigate certain -- reduce or mitigate certain health conditions, and then not breastfeeding can lead to higher risks of certain health conditions. Can you summarize a bit of that for us?

DR. JANET SMYLIE: Sure. And, of course, I like how you pointed out that, yes, some people just can't breastfeed; right? And, that's not always a choice. But, yes, there's antibodies that are carried in the breast milk, so that breast milk can actually bring immunity to the child. The mother's immunity can get transferred to the child as the child's own immune system is developing.

Breast milk has the ideal concentration, like, of nutrition and fluids that the child requires. Breastfeeding has -- actually releases hormones in the mother that support her mental health. I have lots of theories about oxytocin and the wonderful things that it does. I think there's still more medical research to be done on that. And then, of course, the close bond between mother and child is optimized through breastfeeding. And then as we see, there's this huge burgeoning literature of how important that bond is.

MS. SARAH BEAMISH: Okay. Now, you

have spoken already about situations where Indigenous women may want to breastfeed, but they can't because their children are apprehended. Would you agree that sometimes Indigenous women who want to breastfeed their children can't because they are detained or imprisoned in institutions that won't support breastfeeding?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: Okay.

DR. JANET SMYLIE: To my knowledge, yes.

MS. SARAH BEAMISH: Would you say that systems and services that separate Indigenous parents and children, and can prevent, disrupt or end the breastfeeding relationship are an act in colonial violence?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: Would you recommend that all government services that have the potential to negatively impact on breastfeeding relationships, and that could be child welfare, policing, corrections or others, should adopt policies and practices that protect and promote breastfeeding?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: Okay. And, would you recommend that governments develop alternatives to the

separation and institutionalization of breastfeeding Indigenous parents or children wherever possible?

DR. JANET SMYLIE: Yes.

MS. SARAH BEAMISH: Okay. I want to ask you one last question in my minute about cultural safety. Now, in your documents about cultural safety, it talked about the relationship between the service provider and the person receiving service. But, I recently visited the Wabano Centre, and I was really struck there by how it wasn't -- what made it different wasn't just the service, it was the space, it was the architecture, the aesthetics, the spacial relationship of the building to the person in it.

And so, I'm wondering, when we talk about cultural safety, can that pertain also to the cultural norms that are expressed not just through the service provider, but in the space, in the rules, in the culture of a place?

DR. JANET SMYLIE: Yes. And, in fact, we say places and spaces. Yes, that nurture, peace, love and joy, like, for Well Living House -- and, in fact, I mentioned -- so there's a master's thesis done by Mackenzie Churchill at SDMT that we supported at Well Living House, and it's a qualitative thesis that interviewed Indigenous clients of Seventh Generation

Midwives Toronto. We asked them both about culturally safe service provider relationships and spaces. And, actually, we found there was an overlap in the way that Indigenous women were thinking about that.

So, just, like, in the way, when we talk about Wahkohtowin and it involves relationships with people, that quote that you read, right, and the land and all living things, right, I think that at least in this group of people, and then from a Cree, Métis perspective there would be an overlap and that actually the space and the relationship with the space so that -- because culturally safe relationships happen in a home; right? Like in a home is about the relationships with the people as well as the space. So those things are tied together.

MS. SARAH BEAMISH: Okay. Well, I'm out of time, but thank you so much. Marsee.

MS. CHRISTA BIG CANOE: So at this point, it's probably the most opportune time to break for today, and tomorrow, we will be calling as the first party to examine will be Regina Treaty Status.

I kindly request, and I just -- for purposes of my colleagues to understand -- Dr. Janet Smylie has a tight deadline in terms of when she must depart because of her flight, so there will be a hard stop at 12:00. And on that basis, I'm asking that we please

start very sharply at 8:30, in which point I'll be calling Ms. Erica Beaudin up to begin her cross-examination, so we can stay on schedule and take advantage of having the expertise of Dr. Smylie with us.

And on that basis, I ask that we please adjourn until tomorrow to commence sharply at 8:30 tomorrow morning.

CHIEF COMMISSIONER MARION BULLER: We'll close for the day, but we are going to start with our opening at 8:00 a.m. and commence evidence at 8:30 tomorrow.

MS. CHRISTA BIG CANOE: Thank you very much.

CHIEF COMMISSIONER MARION BULLER: Okay? So 8:00, and then 8:30, and a hard stop at 12:00.

MS. CHRISTA BIG CANOE: Thank you.

--- Upon adjourning at 5:22 p.m./L'audience est ajournée est 17h22

MS. LISA KOPERQUALUK: Hi. So we'll have a closing prayer, and a closing of the flame. Micah Arreak will do the honour for us. Okay. Louise is back. We're going to be shutting up the Qulliq for today; it's been on all day. And thank you very much. Alors, on va fermer la journée avec Louise. And we'll be closing with a prayer. Lead us in a prayer to close the meeting.

(CLOSING PRAYER)

GRANDMOTHER LOUISE HAULII: (Praying in Inuktitut). Amen.

MS. LISA KOPERQUALUK: Thank you. Good night.

--- Upon adjourning at 5:26 p.m.

LEGAL DICTA-TYPIST'S CERTIFICATE

I, Sean Prouse, 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.

Sean Prouse

Sep 11, 2018