National Inquiry into Missing & Murdered Indigenous Women & Girls

Truth-Gathering Process Parts II & III

Institutional Hearing / Expert & Knowledge-Keeper Panel

“Colonial Violence”

Frobisher Hotel, Koojesse Room

Iqaluit, Nunavut

PUBLIC

Mixed Part II & III Volume III

Wednesday September 12, 2018

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

Panel III: Decolonizing Practices
Witnesses: Jeffrey McNeil-Seymour, Jasmine Redfern & TJ Lightfoot

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Upon commencing September 12, 2018 at 8:11 a.m.  

Iqaluit, Nunavut  

**MS. LISA KOPERQUALUK:** It’s going to be another day, another what might appear to be a very short day. There’s so much to do. Bienvenue, merci, Nakurmiik in Inuktitut. Merci, Nakurmiik, welcome.  

Alors, on commence encore notre troisième journée à Iqaluit des audiences des institutions et des porteurs de connaissances. Alors c’est notre troisième journée où nous allons commencer encore avec l’ouverture. Nous avons un invité aîné spécial qui est avec nous qui va allumer le qulliq ce matin. Elle s’appelle Meeka Arnakak. Elle est bien connue comme éducatrice, guérisseuse, thérapeute, musicienne aussi. Elle est une sage. Elle est bien connue de sa communauté et au Nunavut.  

Meeka est née à la Baie de Cumberland, qui est sur la côte est de Baffin au Nunavut. Aujourd’hui, elle vit à Pangnirtung. Auparavant on connaissait Pangnirtung comme Panetang (phonétique). Elle est l’instructeur en tête au centre Perokvik (phonétique) du programme de langue inuit et elle est aussi la directrice pour l’initiative Ilanaitukurvik (phonétique), qui veut dire très, très clair, loin à l’horizon, on peut voir très, très clair, loin à l’horizon. Donc, c’est un programme qui fait agrandir du monde pour devenir du monde
bien éclairé dans leur vie, en suivant aussi de rites de passage inuit.

Elle a toujours enseigné en Inuktitut et elle est unilingue. Elle dirige et assiste maintenant les aînés invités à des conférences et à développer et donner des cours de Ilanaitukurvik (phonétique).

So, I would like to introduce a special guest, a Nunavut elder, today who will begin our day by lighting the qulliq. Meeka Arnakak is well known as an adult educator, healer, a musician and a cultural knowledge-keeper. She has written a series of manuals on Inuit approaches to child rearing and healing, and working in cross-cultural environments. Meeka was born and raised in the area of Cumberland Sound, and lives today in Pangnirtung.

She is a lead instructor for Perokvik Centre’s Inuktitut first language programs, as well as our Ilanaitukurvik (phonetic) Initiative. And, her career as a unilingual Inuktitut speaking adult educator has prepared her to lead the team of elder lecturers in developing and delivering Ilanaitukurvik. Ilanaitukurvik means a place where when you can see very clear when the weather is just so perfect, you can see so far in the horizon.

We are here with a beautiful visitor. She
is going to be here. We always talk in English as well as French and Inuktitut to begin our day. So, I am reintroducing in the different languages what I just said in the other language.

Ilanaitukurvik (phonetic) is a team she leads with Perokvik, and whenever there is a conference or a gathering, she is involved in the ceremony in the beginning. For a very long time, she has been an instructor, and it has attested to her knowledge and involvement in instructional programs.

We will begin the day by opening prayer, and as well as the lighting of the qulliq. Meeka, if you can proceed?

(LIGHTING OF THE QULLIQ)

ELDER MEEKA ARNAAK: The qulliq is part of the women’s items and it has been an integral part. I think today it’s more like a collection in our house. However, we used the qulliq during ceremonies or opening of meetings to explain our culture and our history.

You can see the wooden stick. It’s called (Indigenous language). I am not familiar with this, so just bear with me. We also use (Indigenous language), which is a wooden part of the plant that grows on the ground. Like, it comes from the willow.

Thank you. Good morning. I’m very pleased
we came in last night, and we weren’t able to arrive earlier because Pangnirtung’s weather was foggy, and the plane kept going back. It wasn’t able to land.

First of all, I’d like to say a prayer, if that’s okay with you? You can sit down. It’s up to you if you want to stand. She is going to sit down. Let us pray.

Dear Lord, you are everything. You see many women as well as other people here. It is an awesome feeling that we are here, and whenever we meet, it is a great feeling. Women in the world, you have put them here on Earth as you wanted to make the world beautiful. You wanted them to be taking a lead in what needs to be done.

And, you also made man, and you created man and you created woman, but each man and each woman is different. A woman is a partner.

Dear Lord, please let us have this day to be able to be efficient, and also to become wiser. Please allow us to become wiser this day. We still are not knowing. We still have to have a deep understanding in your eyes.

Help us this day. Give us the knowledge that we need and let us feel welcome amongst each other in this gathering. As we see one another, we are very happy, deeply. We are very excited. There is a lot of deep
meaning to our work here we will be seeing as it unfolds. In Jesus’ name, Amen.

I am not looking at the time, but I will proceed. Good morning. Are you going to say something first? Okay.

MS. LISA KOPERQUALUK: Thank you, Meeka, for that. I forgot something. I forgot to introduce her husband, Abraham. I want him to feel welcome. I also welcome and acknowledge that she came with her husband, Abraham, and thank him for being here.

ELDER MEEKA ARNAKAK: Sometimes it’s difficult to even -- where to start, because there is so much in a very little time to say what we want to say. I am very thankful, first of all, that my husband and I are able to be here. I am not as capable as I once was, so it is always difficult to travel.

I am filled with gratefulness, and it was -- as usual, Pangnirtung was experiencing fog, and it was causing delays in our travel. And, at some point, we wanted to cancel, and that’s what I thought. Maybe we wouldn’t make it. I really wanted to attend in the past, whenever there was going to be a meeting such as this one, and I have always wanted to push myself to attend. So, I am very pleased. It is exciting to have a meeting such as this.
First of all, I would like to talk about --
as I said earlier, there’s so many things that I would
want to bring up, but as Inuit, our history is very clear.
We know our history. We know our ancestors. We could say
it’s an ancient -- we are an ancient people. Our
ancestors also were very different. They had a different
culture, way of life. Our great grandparents lived a very
different time. Their life was very different than ours.
They experienced extreme ways of life in a different way
and they survived.

Their culture and their way of living was
very different than how we are living today in this modern
world. As our great grandparents lived that way, it seems
from that point on, Inuit way of life started to change
dramatically. Our fathers also saw dramatic changes in
their way of life. Even their clothing started to change.
As well, ourselves, as did our fathers. Even ourselves in
our generation, our way of life has changed. We are
living in recent times, but we ourselves, in our
generation, have seen very rapid changes. It’s not just
in our life, but in terms of our world. Everything has
changed dramatically.

We have experienced hardship. We have
experienced challenges. But, it was forced changes that
were put onto our individual and collective lives by the
authorities. We were being colonized by another race.

I am grateful in some sense that the colonization created a change as well that also had positive effects in some way. And, our land has flourished, so I am grateful in that way. However, there is always a however to this story, because our hearts and our language, mother tongue, has seen many changes, the changes that we have seen. I will proceed to explain.

We have been relocated to a land that was not a place where we came from. We were forced into Pangnirtung. However, Inuit around Pangnirtung had their own land and we were forced into Pangnirtung. We were not informed as to the rationale behind the move. We left our homes and we never returned. We left our belongings. We went out of our dwellings and we went to the plane, and it turns out we were never going to see our homes again.

This is something for each of us that were in that place that has been very heavy. Everything changed from that point on. We have regrets, many regrets. We regret and think back, if it had been the other way, perhaps we would not be where we are in this situation that we find ourselves in our settlement, in our community. And, the communities themselves each had leaders where we lived, and we had wise elders that were our leaders.
And, as we were collected, the leadership changed. We felt like nothing. We felt like small children. We felt like abandoned children. And, we felt like that without leadership. We felt like we couldn’t achieve anything. We felt like we had nothing that we could do. It was a very heavy feeling. We didn’t know what our future would be like. We didn’t know if we would have a better future or we would have a worse future.

We know that Inuit were -- we felt that -- we felt already that we were going to be confused, so it was going to be confusing for us. We already felt that because it was a funny, awful feeling at the same time. It’s a difficult thing to go through as a family and as our leaders, because it’s not a very healthy feeling. It’s not just for me I’m talking about. It’s among a great number of people that had this feeling.

And, at the point called, nu-vo-tee-yak (phonetic), that’s where we used to live. So, displacement is what I could tell about how that feeling is, that we felt displaced. So, when somebody else takes over the land as well, that’s the feeling of displacement. If you experienced that, your original land, and then someone else comes in, it’s that -- that’s how we felt and that’s a feeling we still harbour to this day, a feeling of displacement.
As well as other people who feel displaced are feeling lost, because we feel like we’re not equal to the authorities that took this step. As well, the things that allow a situation where even death occurs. I recall a time, I don’t know how long it was, maybe -- many children passed away. I think maybe -- I remember even five -- there were five deaths. Six, I think it was. Six children that time when we were growing up.

Now, we are in a state where we’re constantly burying our loved ones on a regular basis. And, just recently three young people. Just even those that just become adolescents. And, grief follows that, and grief is something we carry all the time. We always have this feeling of grief now. Our parents, our great-grandparents, they are no longer here. We are the ones left, but we still feel like we’re not equal. We feel like we’re just slaves to masters, because we did not complete our Inuit culture, in a sense. We did not have that full circle of living.

We have to reclaim our culture because Inuit land is very unique, very different from anywhere else in the world. Our way of life is different. It’s one of a kind. Our clothing is different. Many women are experiencing hard times because of grief. They are filled with grief and trauma, particularly grieving for their
children, grandchildren, even grieving for people that are alive. We have to be conscientious that there is still grief.

In Inuit Nunaat, there are many deaths. They are trying to allow survival of Inuit through health, through doctors, and those that have given up hope, they’re trying to create health, but death occurs. In the past winter, in 2018, I can count already 10 people who died just this -- in 2018, and it’s very different now. It’s at a more rapid pace. It is a very hard thing to experience. And, as well as grief, we also experience grief not just through the loss of death, we experience grief through poverty. It is something that I am very -- I can’t explain, it’s something that I -- it touches me so deeply, that -- through loss of death. Yesterday -- I tried to go visit to my cousin yesterday, my cousin actually dropped by, and I said, we are the only ones now. You are the only one left I can visit. All the people I used to visit are no longer alive. And so, younger ones that are younger than myself have lost a way of living, where our culture used to be able to visit one another, and that has been lost.

You can guide me if I need to be stopped because I don’t have a clock or watch here. I think I was supposed to talk 10 minutes.
Yes, that’s why there are meetings to try to find solutions. People who meet try to work together to find a way to work, maybe this way or that way. That’s how we try to work together, is to find a way, and that’s what we’re doing here. We are looking for solutions. We want to have a life where there is going to be bright sunshine. It is very hard to live in the dark.

While we are here, we are going to hear some of these solutions. I am very pleased that there is work towards finding solutions. Thank you, you have a great amount of work to do. Thank you.

MS. LISA KOPERQUALUK: Nakurmiik, marerre (phonetic) Meeka. Merci beaucoup. Thank you very much. (Speaking in Indigenous language). Today, we are going to proceed with our meetings and we are going to continue, and we are going to turn it to the Commission. The floor is yours.

MS. CHRISTA BIG CANOE: Good morning. Good morning, Chief Commissioner and Commissioners. Just, sort of, a note for the record or anyone who is just joining, watching the live webcast today, we have had the privilege of having Dr. Janet Smylie qualified as an expert and a knowledge keeper, and she had done and completed the examination-in-chief and we have begun cross-examinations, and that is where we will continue this morning. And, I
would like to invite up the Regina Treaty Status. Ms. Erica Beaudin will be representing Regina Treaty Status, and Ms. Beaudin has 15.5 minutes for her cross-examination.

--- CROSS-EXAMINATION BY MS. ERICA BEAUDIN:

MS. ERICA BEAUDIN: Oh, no. I am getting to that age where my kids tell me I don’t know technology.

Good morning. Nakurmiik to the elder for the lighting of the qulliq and the prayers for a good week. As well, as a citizen of Treaty 4 of which these are our Treaty 4 celebrations this week, I acknowledge the traditional homelands of the Inuit people and bring well wishes from our treaty area. My name is Erica Beaudin and I hold the position of Executive Director of the Regina Treaty Status Indian Services Inc.

The sharing of your journey as a Métis woman resonated deeply with me. I am also Métis from my paternal side, and I am proud to have my family come from the Melville Métis community which was across the river from the Cowessess First Nation of where I am registered on my maternal side.

As a child, I grew up in my Métis grandmother’s arms. And, by her side, I can still recall the Michif language, cooking, singing, stories, and of course the fiddle playing. Indeed my Métis family was
rich in all ways, except for money. Thank you for sharing your grandmothers yesterday, it gives me the opportunity to honour my grandmothers as well. This, just very quickly, is a picture of my children and myself, they have been brought up to honour all cultures of who they are.

Taniki, Dr. Smylie, for your presentation.

I was speaking with a colleague, and I think you heard some of the others, about the difficulty of putting together the cross. I stated that I felt like just coming up to the podium and saying, tapwe, which of course you know is Nehiyaw for Cree -- or Cree, and has too much meaning for an English translation, but would be close to “I understand” or “I agree”. Saying that, I do have a few questions I hope you can elaborate on.

How is storytelling connected to blood memory and how does current storytelling contribute to future blood memory? Can you share how this occurs both from our oral knowledge and science?

DR. JANET SMYLIE: Thank you. Nanaskomatin (phonetic). I don’t think that I know enough about what blood memory means in our language is, in Cree, and I think that we need to speak more about this blood memory. But, for myself anyways, when I think about blood memory, I think about the knowledge of my ancestors, and I think about their experiences, and their knowledge, and their
practices and their relationships with all living things. And, I think for me, the concept anyways, in my developing understanding of it is about how, then, in this lifetime what can happen is I can have a memory of something and it’s coming to my blood, it’s coming from my ancestors. So, that’s why it’s called blood memory.

So, I think storytelling is very important. So, again, in my developing understanding, storytelling is a medicine that can help trigger that blood memory. And, as we heard from the elder this morning, it is really important for us to remember who we are, right, as Métis people, as First Nations people who, of course, were related on the prairies in beautiful ways, as Inuit people. So, if we are trying to come up with solutions, part of the solutions and the solutions that we have always believed in when we go through difficult times, our ancestors can be with us and we can -- a story can help remind us about how our ancestors are with us.

So, my Auntie Maria gave me permission to share some stories about her time with her grandmother; right? But, I was also encouraged by her, and my lodge sisters that helped me with the presentation and Elder Lawrence Star to connect it to my own experiences, because that’s how I experience it.

So, once we start talking and telling
stories, if there are stories about our own experiences, like with our grandparents in living memory, then it can trigger something in ourselves; right? Even if we lost. And then I share that with you, and then you remember something about your grandmother; right?

**MS. ERICA BEAUDIN:** Yes.

**DR. JANET SMYLIE:** So, also, I could just be out for a walk in the Saskatchewan River Valley; right? Like, where my ancestors have been, and that’s a powerful experience. So, actually, my mom moved from Saskatoon to Toronto; right? That’s where she met my dad. But, I visited the Saskatchewan River Valley recurrently as a child. But, when I sit on that land in ceremony, it triggers blood memory. All of a sudden, I have this powerful connection to that land and to my ancestors who have sat on that land. So, in my experience, that would be another example of blood memory.

And, when people then tell stories about land and relationship to land, we heard some hard stories this morning from the elder who I am really honoured to listen to. But, those stories, when we get dislocated from land, that’s a problem. It interrupts that blood memory; right? Like, my understanding of myself as a Métis woman, that’s, like, having a child taken away. Like, it may be even bigger for a whole community. It
interrupts that blood memory. So, what the storytelling
does is it helps us reweed. It’s always been a way to
draw on that blood memory.

**MS. ERICA BEAUDIN:** Thank you. What is the
connection of traditional foods *in utero* and during the
developmental years to blood memory and blood recall?
Should traditional food sovereignty be prioritized for
pregnant women and children, and are there any studies
that support this concept?

**DR. JANET SMYLIE:** Yes. So, I think I had
a question about that yesterday. So, I think that, again,
that’s an area where I’m still learning about traditional
foods. But, I think that when we eat traditional foods,
like, it’s the same thing as, like, sitting on a piece of
land where our ancestors have been; right? So, our
ancestors have eaten these traditional foods over a long
period of time.

And, in my medical training, we would just
breakdown the foods only to their physical parts. But,
eating together is a ceremony. It is an everyday
ceremony; right? And, we have sacred covenants with the
animals and the plants. They are part of our family, too,
and we have an agreement with them about our ability to
use them to nourish ourselves. So, when we eat
traditional foods, it nourishes not only our physical
body, which is actually attuned to those traditional foods because our people have been eating those traditional foods for millennia — so there is that physical relationship anyways that medicine is slowly uncovering — but what is also important is it links us to that blood memory, right, like, to that sacred covenant, to the way that our ancestors have lived in relationship with those plants and with those animals and the agreements that we have.

And, actually, I think recognizing that eating those traditional foods is just a little piece of the life cycle in terms of the way that we relate in very diverse ways, because, of course, our landscapes and our languages and the way we live as diverse First Nations, Inuit and Métis people are full of uniqueness, but recognizing the relationship between eating those traditional foods then, and then tapping into ancestral knowledge, right, is very important.

Birth is a beautiful thing. I think it’s what attracted me to birth when I was a doctor, is because it is so clearly a powerful, like, culturally-informed event that can trigger blood memory. So, eating traditional foods when we’re pregnant, feeding traditional foods to infants consolidates this very rich time. The infants come from the spirit world; right? So, it is
important for them to understand and establish that sacred
 covenant that they have that we’ve made with the plants
 and the animals. That would be my early understanding of
 it.

**MS. ERICA BEAUDIN:** Thank you. For

Indigenous children who are adopted or fostered out to
non-Indigenous parents, how can those parents be supported
to tap into blood memory strengths as a foundation of
strengths in relation to identity in their children, and
is this possible?

**DR. JANET SMYLIE:** I’ve seen in my clinical
practice, like, it depends on the adoption; right?
Because what we want to think about is those kin ties and
wahkohtowin and preserving wahkohtowin; right? Because
preserving wahkohtowin or our ancestral ties, right, which
has built-in ways of making sure that we can access blood
memory which helps us live a good and thriving life and is
key to who we are as people.

So, like, that’s why it can be very
important and that we had protocols for times when, like,
a biologic parent couldn’t take care. That’s why we have
custom adoption; right? Custom adoption traditions are
still alive and well in many of our communities. I don’t
know so much about custom adoption traditions in Inuit
communities except to understand they are strong just like
those social networks I saw in Ottawa.

But, I had an opportunity to sit with some knowledge keepers over the fall, and we had a couple of days where we could actually listen to people speak about custom adoption.

So, I think that there are simple things that can be done and complicated things. So, the first things that we should think about, is there other community members who actually, like, could take over the responsibility for preserving wahkohtowin, who actually understand the ways of wahkohtowin; right? And, if there isn’t, are there other knowledge keepers and elders and people with the knowledge of what wahkohtowin is that could be involved in the decision making around the adoption or the foster care?

So, it’s a little bit more complicated. Like, when I worked as a family doctor, for example, in Ottawa at the Wabano Centre, there were wonderful non-Indigenous foster parents and adoptive parents, and I think we need them right now; right? Because, like I said, sometimes, like, we’re still in a process of rebuilding and recovering, but we always have to weigh that because we don’t want to underestimate what we have.

So, these non-Indigenous foster and adoptive parents would bring their children to Wabano,
right, like, for their primary care as a way of trying to recognize it would be important for them to have links in the community.

It’s a bit different, like, what I do with my own sons, because I have a biologic father for them because I have a female partner. But, actually, we have a sacred covenant and a pact, because it was important for us to preserve those kin ties to that home community; right? So, we actually went through a process. I kind of have a funny worldview, because I feel like I’m a daughter-in-law to his family and his parents. So, yes, we make sure that we actually set up a process as best we could to preserve wahkohtowin in that context, as I understand it.

**MS. ERICA BEAUDIN:** Thank you. I have been told by women elders as well as my own grandmothers that prior to contact, we had birth control measures to ensure babies were born in the best possible circumstances; that is, we as women, both individually and communally, had control over our bodies. This changed with enforced institutions, organized mainstream religion to name one.

As Indigenous people, we are the fastest growing population in Canada. What can we do as mothers, grandmothers, aunts, nations and Indigenous organizations to support our women to gain control over their bodies
once again so that more births are deliberate and mindful
to create life that is healthy and celebrated, rather than
governed by the effects of the colonial violence that is
now generations and perhaps centuries long?

**DR. JANET SMYLIE:** Yes. So, my auntie told
me as well about these forms of birth control plant
medicines, and the teaching was only as many as you could
carry at a time, because you had to be travelling, I
think, on the Prairies sometimes.

That’s a big question. I think that we
could approach it in different ways. I focused on kind of
everyday simple things that we could do. So, creating
safe spaces and safe relationships in the home, right,
that include, like, supporting the recovery of the fact
that bodies are sacred; right? Like, sexual relations are
pleasurable. They’re, like, a part of everyday health and
wellbeing, but women and men have the right to decision
making and choices around, like, reproductive health and
sexual activity.

And, within families, there’s protocols to
ensure that these gifts are respected, particularly when
people are children. And, that’s hard, because as you
know, part of the colonial violence has been abuse and
sexual abuse. And, in particular, like, a degrading. So,
the dehumanizing of Indigenous people, First Nations,
Inuit, Métis people. That dehumanizing process, that can happen unfortunately as part of the way the human mind works involved in a negating and a devaluing of the sexuality of First Nations, Inuit and Métis women. And, a negating and disrespect for the autonomy, and the natural laws and protocols around being able to make choices around our bodies.

I think the practice of Indigenous midwifery is a hopeful practice. I think that at least in my experiences, the Indigenous midwives I worked with can be knowledgeable, like, around reproductive health, and that is through the life cycle. So, Indigenous midwives, in my mind, are leaders in community and can help our young people, can support us as adults and grandparents who may have experienced -- like if we have not experienced sexual violence in our personal lives, certainly we see it in the media still, and we experience it just when we go out and interact in the world that is degrading of the sexual -- sexuality of Indigenous women, and assumptions and stereotypes around that.

So, I think Indigenous midwives can support environments and conversations in places around, like, recovering, like in all of our different ways, the other things that I talked about, like, the things that we can do together in different ways. So -- like I talked about
a ceremonial lodge, a first grandmother’s lodge, but even -- just we can have community networks, right, and talk together. We have elders in our communities with knowledge who understand these things. We had built-in ways, right, to support and promote, like, respect for reproduction and sexuality and the sexuality of women.

**MS. ERICA BEAUDIN:** Thank you. I could speak with you for hours; however, hay hay (phonetic) for your time.

**DR. JANET SMYLIE:** Hay hay.

**MS. ERICA BEAUDIN:** Thank you.

**MS. CHRISTA BIG CANOE:** Thank you, Ms. Beaudin. Chief Commissioner and Commissioners, before I call the next counsel, I am going to ask for your indulgence. I would like to make a point of clarification to all of the parties with standing that I think will actually be helpful moving forward. Thank you.

I just want to take the time and express my thanks to Ms. Beaudin and Ms. McGregor, or any of the counsel that feel like it is difficult to ask questions of some of our witnesses. But, what I do want to clarify, a couple points, if I may, as a Commission and as a public inquiry, we act in the public interest. Although this is set up with cross-examination and at times can feel, procedurally, adversarial, this is a non-adversarial
Particularly, when we call witnesses, like Dr. Smylie, and we qualify them with expertise, there is no proprietary interest. What that essentially means is any party and the Commissioners, the sole purpose of calling an expert, like Dr. Smylie, is to provide the Commission knowledge and understanding.

And so, when -- although we are calling it cross-examination and there are some procedural components to it, your role as parties with standing that have been granted a standing on an interest test. So, when you applied to represent your clients on an interest test and were granted standing, obviously you will have a need to put forward your clients’ positions. However, you also have an obligation as parties with standing and representing parties with standing to contribute to the National Inquiry under the guise of a public inquiry in the best interest of the public.

So, when we actually “cross-examine”, pulling up the new evidence, like you just did, Ms. Beaudin, asking further questions of clarifications, it is helpful. It helps the Commissioners and it is exactly the purpose and type of cross-examination. So, I just want to clarify particularly those two points, that you do actually have positive obligations as parties with
standing to act in the public interest in this particular process. And, although there are a lot of procedural components, this is a non-adversarial process.

So, when we have witnesses that you are cross-examining, it doesn’t have to be done in a way where you are trying to challenge the witness. In fact, eliciting new or more detailed evidence based on what our experts, knowledge keepers and institutional witnesses have provided assists not only your clients’ interest, but the Commissioners in actually making determinations, findings and coming to good recommendations. And so, often what you hear at the beginning of the process and at the end is our Commissioners thanking you for being here, because your participation is important for that exact reason. Thank you.

On that note, I would like and request that we call the next party of standing which is the Congress of Aboriginal Peoples. And, I’m sorry, Ms. Cernigoy, if I pronounced your last name wrong, please correct it. Ms. Melissa Cernigoy, is that correct, will have 15-and-a-half minutes on behalf of the Congress of Aboriginal Peoples.

--- CROSS-EXAMINATION BY MS. MELISSA CERNIGOY:

MS. MELISSA CERNIGOY: Okay. Thank you very much and thank you for the presentation yesterday, Dr. Smylie, and for sharing your knowledge with us again
today. I am Melissa Cernigoy, a representative for the Congress of Aboriginal Peoples. As you may be familiar, the Congress’ works represent the interest of Métis status and non-status First Nations and Southern Inuit peoples living in urban and rural settings across Canada.

I would like to ask you some questions about your report, First People, Second-Class Treatment, and this was Exhibit 15. So, in this report, it references critical data gaps for Indigenous health. Can you describe the integrity of the data related to studies on urban and rural Indigenous health, and the delivery of health care?

DR. JANET SMYLIE: I can try. So, big question. I will start with the urban health. So, as I discussed yesterday, one challenge with understanding the health of Indigenous people living in urban areas, First Nations, Inuit and Métis people living in cities, even probably a city like Iqaluit, is -- first of all, just to say, there was three aunties. We could just go and ask them and they would probably tell us, like, with quite a bit of accuracy what the issues were. But, in terms of the disciplines I am trained in, in public and population health, we actually think it is helpful to understand things by observations and by counting, and I actually think those three aunties would say, maybe you better do a
better count, and maybe there is this neighbourhood or
these families I haven’t heard from for a while, so you
better go check on them.

But, in non-Indigenous ways of tracking
health, what happens is, first of all, we try to figure
out how many people there are and who they are; right?
Except, in Canada, even though we have First Peoples and
we have a constitution that recognizes the inherent rights
of these First Peoples, we don’t count them in very well
in cities. And, the methods that are non-Indigenous
methods for counting people have been set up without the
respect and adherence to the constitutional requirements
for the inherent rights of First Nations and Inuit
peoples.

So, the methods for counting people in
Canada, it’s called a Census. And, what it does is it
uses a method called household enumeration. So, that can
actually be good in many contexts if we know where the
houses are; right? And, in fact, in a smaller town or
historically, maybe, some First Nations, Inuit and Métis
people would have used that.

The problem in cities now is a lot of
cities are overcrowded and housing can be very expensive,
and -- like as in First Nations, Inuit and Métis people,
we didn’t come from cities; right? My mother moved -- my
grandmother moved to a city, so I have been -- I am third
generation urbanized, so I understand them.

So, in a city like Toronto, which I know
better than a city like Iqaluit, the houses don’t
necessarily -- we can’t find all the Indigenous people in
the houses because they are moving around a lot; right?
So, the other thing is this Census requires filling out
long forms and talking to people in English and French,
and it requires buy-in; right? It requires knowledge that
people think that it would be good to talk to somebody
from the government; right? And, tell them who they are
and where they are living.

But, actually, when we have done that
historically, it hasn’t been good for us; right? And,
also, like, in cities, we are getting external people
coming into our homes and communities, still, and taking
our kids. So, there are problems in these methods. And,
I have tried to explain it simply, but even I have spent
quite a bit of time. I think I would be considered quite
expert in these systems in terms of how they are set up
from that non-Indigenous understanding.

So, we kind of get a second rate counting
from these government systems even though we are a public
service. And, actually, there is quite a lot of pressure
on people that work for the federal government to not
admit that there are problems, because then it makes them look bad. So, they are actually working heroically, but the systems have actually been set up to be relying on the Indian Act.

So, the way of counting, if we can’t find the First Nations, Inuit and Métis people living in the cities, then what happens is they use the Indian Act and registration of First Nations people to do a linkage; right? So, they use that as the way of identifying, like, First Nations people. And, they often, in scientific articles, they will talk about the First Nations people that as -- are registered as the whole population.

So, when I am at the university, about half or more of the articles I read, they will be talking about Aboriginal people, but it is really only First Nations people living on reserve, which is a very important population. And, even though maybe there are some methods that are better for counting First Nations people on reserve -- and I must mention the First Nations Regional Longitudinal Health Survey, which is another best practice that I have been citing for 10 to 15 years which empowers First Nations people to be in charge of their counts, because that is another important thing, is to empower community members to be in charge of their counts.

So, with respect to the urban counts, we
are actually -- I showed a slide yesterday. We are showing that in the cities, actually, according to our best estimates -- and, again, we need to continue this work, but we think that the Census is actually undercounting the number of First Nations, Inuit and Métis people by a factor of two so that there are actually at least twice as many First Nations, Inuit and Métis people living in cities than the Census is counting.

It gets even worse as you move from the Census counts to actually what are the health outcomes of our people. It gets worse because we don’t ask when people go to the hospital, and people -- it is not even safe a lot of times to say that you are a First Nations, Inuit or Métis person, because of that racism I talked about.

It also gets worse because then we start really getting drilled down into that biomedical mindset where we always studied disease; right? And, of course we want to respond to disease and death but, of course, like what the elders tell us, is the answers are going to lie in, like, our systems, in our culture, in our ways of knowing how to be together and to be well together.

So, in addition to studying the disease, what we also probably need to know, like, is, well, how is our Wahkohtowin doing; right? Like, who in this community
still knows stories in language; right? Like, who can help us recover some of those wise leadership practices like our elder spoke about this morning? And, there are no questions in the health surveys about that.

With respect to enumeration in rural areas, again, I would say there is a stark contrast. So, for -- because of the Indian Act for First Nations people who live in reserve communities, there is lists and tracking. There is some variance there, but many communities have very strong, like, internal structures and systems to keep track of their membership.

But, once we get into people who are living off-reserve, First Nations people with status or not, Inuit and Métis people living outside of Métis settlements, again, we don’t know yet, but -- well, but I would suspect that there are probably significant challenges in terms of the counts and the inclusion. So, the big problem is we don’t have a reliable way of being counted in, a reliable, respectful way of being counted in.

So, I wear a sash today. It’s a bit controversial. My aunties and some of my lodge members who are historians will say women didn’t wear sashes and we certainly didn’t wear purple sashes. But, anyways, it’s a modern time, so we’ll see how that goes over that
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Cr-Ex (CERNIGOY)

transition.

But, part of the teaching of that is it was a way that our mothers could count us in as Métis people, because of course we have all beautiful different kinds of appearances, because a long time ago, our ancestors were both First Nations and European. But, if we wear the sash, it is a way of being recognized spiritually, culturally and practically.

MS. MELISSA CERNIGOY: Thank you. Thank you for mentioning that Our Health Counts Project that you spoke to yesterday during your presentation. I am interested in more detail on the data collected. You already mentioned, again, two to four times was the count of Indigenous peoples that were found in these communities. Did you get a sense through the project the reasons for people moving to the communities, be it education, health?

DR. JANET SMYLIE: We are working on it, and there are different results for each of the sites. So, there is Our Health Counts Inuit Ottawa, right, which is just getting published. And then there is Our Health Counts First Nations Hamilton, which has been published and the report is publicly available. Our Health Counts Toronto, you can find the fact sheets. And then Our Health Counts London, which we are releasing this Friday,
in two days. So, yes, I would say -- we are now working
on Our Health Counts Kenora and Thunder Bay. So, we are
looking to try to get some more information.

One thing is, in addition to people moving
to communities -- so common reasons that people move to
community are to access education and health services, and
we are going to drill down on that a little bit because,
remember, it is a big health survey. We found that a lot
of people were moving within cities; right? And,
particularly, in the southern cities that actually -- like
a significant number of people are permanent residents of
the cities. But, actually, in Our Health Counts First
Nations Hamilton, people had moved, like, three to five
times -- 60 percent of the people have moved three to five
times in the past five years.

So, there is a concept again that as First
Nations people in particular, there has actually -- it has
been written, it is called churning. It is in the
academic literature, and it is this idea that people are
maybe back and forth from and on reserve First Nations
community to the city; right? And, of course, with Inuit
living in Ottawa, there are strong connections to northern
communities, and that is, again, a very unique situation.

But, what we are finding in our studies is
it is actually saying that there is a significant number
of First Nations, Inuit and Métis people who are actually resident in the city and moving around the cities as well. And, we suspect that is because it is hard to find affordable and stable housing in the city.

And, people are experiencing significant financial challenges and housing challenges, because the other thing that we found in Our Health Counts Toronto, for example, is over 80 percent, 8 out of 10 people were living below the low income cut-off, and 25 percent, 1 out of 4 people, was actually homeless, functionally homeless, and that is very different than what the Census says. But, that is because we think that -- we said a lot of people, like at least half of the Indigenous people are not doing the Census. We also think there is a bias in the Census.

So, the people that do, do the Census are more likely to be stable in their home. And, if you are more likely to be stable in your home, you are more likely to have access to money. So, the people that are not doing the Census are the people that are having unmet needs and experiencing hard disparities in the social determinants of health. That is called a sampling bias.

**MS. MELISSA CERNIGOY:** Okay. Thank you. Just one more question then. You spoke yesterday to disruptors, and that one of the most disruptive has been
underestimating Indigenous ways of living and experience, and replacing it with other models. You said that this can be seen in federal health policy. Can you give some examples of what you are referring to for federal health policy?

DR. JANET SMYLIE: That is a hard one because it assumes that I know what Indigenous ways of knowing and doing are for diverse peoples. But, for example, the federal health policies that historically required First Nations, Inuit and Métis women living in remote and rural areas to leave their communities to give birth; right? So, that is based on an outside of Indigenous community concept and within Indigenous community concept, but I think everybody is concerned around birth. It is a big event; right? So, at least where I come from in Métis communities, we always had somebody in our extended family group that was able to deliver a baby, but if we could, we would try to get somebody more skilled to come and live with us for that time when the baby was coming, or travel closer to where there was even a more skilled Métis midwife available depending on what time of year it was, because, of course, in the winter season, we would sometimes break into smaller family groups and then come together in larger groups in the summer. So, this conceptualization as a
birth -- as, like, a time of risk; right? Like, a
dangerous time, a medical event where there could be
complications, and this idea that we have to try to do
whatever we can to prevent those complications.

And, an undervaluing of the importance of
birth as a way of strengthening wahkohtowin, the sacred
time where an infant is perceived, at least in my
developing Métis world view, as a spiritual gift that is
coming from the spirit world, and that spirit needs to be
attended in that transition into this physical life. And,
also how the person that attends the birth becomes a
relative that will understand that child and know
information about that family and support the well-being
and support the nurturing of that child’s gifts. And, how
important it is to be born on that land, right, so that
there are protocols around birth so that you have that
wahkohtowin tie to the land as well; right?

So, all of those things, it’s actually all
about, like, our cultures; right? So, the risk of losing
culture is also something that needs to be attended to, as
well as the acute, like, physical safety of the mom and
the infant. And, in fact, through these modern models of
Indigenous midwifery, you can have both of those things;
right?

But, at that time, when those evacuations
were happening, right, birth was perceived and completely
controlled by biomedical ideas about birth; right? And,
women were given, like, large doses of medicine to put
them asleep. It was actually quite harmful; right? So,
we are showing that there is harmful impacts. So, that
would be probably the best example that comes to mind.

MS. MELISSA CERNIGOY: Thank you.

MS. CHRISTA BIG CANOE: Thank you, Ms.

First Nations. Ms. Sarah Beamish is counsel for the
Independent First Nations, so we would re-invite her back
up and she will have 19.5 minutes for this cross.

--- CROSS-EXAMINATION BY MS. SARAH BEAMISH:

MS. SARAH BEAMISH: All right. All right.

Good morning, Dr. Smylie. So, I am now here on behalf of
Independent First Nations, this is a group of 12
Haudenosaunee, Anishinaabe and Oji Cree Nations in
Ontario, and each of these nations has lost women and
girls to violence.

So, I have quite a few things I would like
to ask you about. Let’s see where we get. The first set
of questions is about something you discussed in Exhibit
15, which was the Second Class Treatment Report, it talked
about racism and racial battle fatigue.

So, it defined racial battle fatigue as the
depletion of mental and physical resources due to the
constant engagement of stress response systems to cope
with ongoing discrimination. Would you say that this
coping relates not just to the day-to-day experiences of
discrimination by the individual, but also to the legacy
and burden of intergenerational trauma?

DR. JANET SMYLIE: Yes, I think we heard
about it from our elder this morning, if I understood
anything she said.

MS. SARAH BEAMISH: Yes. And, is it
accurate to say that beyond the fatigue itself, there are
a range of other health problems that could be caused by
or made worse by this racial battle fatigue?

DR. JANET SMYLIE: Yes, I think that there
is burgeoning evidence led by scholars, like Dr. David
Williams at Harvard, who are speaking about, like, the
long-term and trying to explore better the long-term
physical and mental health impacts, like experiences of
racism in this lifetime.

I think that we’re still trying to show it
in a way that, outside of Indigenous community, would be
understood with respect to multi-generational trauma, but
I think there is some emerging evidence also linking, for
example residential school attendance with adverse health
impacts. So, someone’s parents or grandparents going to
residential school. But, again, we are working on that in our unit, and yes, that’s a developing body of evidence.

**MS. SARAH BEAMISH:** Okay. And, speaking generally, where would you say the Canadian medical system is in terms of being able to deal with the scale of this issue?

**DR. JANET SMYLIE:** I think that there are bright patches. So, I think we have Indigenous run -- First Nations, Inuit, Métis and urban Indigenous run clinics and hospitals, and I haven’t been to all of them, but I think that we are, as First Nations, Inuit and Métis people, starting to create safe places for First Nations, Inuit and Métis people to come. And, of course each one will be unique; right? So, what’s safe for me as a Métis woman wouldn’t necessarily be safe for somebody who is Inuit or First Nations. Though in cities, sometimes we can meet diverse needs.

I would say that outside of Indigenous run health services again -- like for example in Toronto, a colleague of mine, Dr. Michelle Firestone, worked with a community health centre called Queen West that isn’t Indigenous specific, but they do have an Indigenous advisory group and have been trying to improve services. So, there are models where you can have mainstream primary care services provide meaningful services for Indigenous
people.

All of those systems still need continuous work, but I would say that the standard and the large majority, like of primary and hospital based health care facilities in the country, still would have a lot of work to do before they could say that they weren’t contributing to battle fatigue.

**MS. SARAH BEAMISH:** Okay.

**DR. JANET SMYLIE:** And, that’s why I think it is important to engage in these processes of each of those services, evaluating across the board to see how they are doing. So, that model that I showed, that they had developed at (indiscernible), Dr. Cheryl Ward, to do those organizational assessments of cultural safety. Because even at my own hospital we have done one recently and there is a lot of work to be done.

**MS. SARAH BEAMISH:** Okay. That actually leads into my next question, which was that in the Second Class Treatment Report, there was a place where one of the recommendations was, “bold and brave evaluation of existing anti-racism strategies and interventions”. And, I was curious about why you chose those words, “brave and bold”, and if they were chosen because you anticipated that they would -- these evaluations would find problems.

**DR. JANET SMYLIE:** Yes. And, see, it’s
what we need to be doing in this process of reconciliation, right, and it’s the work that needs to happen from, like, people living in this territory that we call Canada now, who came from other places; right? Who sometimes we call settlers and sometimes we call allies.

And, I think that, for myself, it takes courage to actually admit that I am imperfect, that I have -- I set my intentions, I have taken on roles and responsibilities as a care provider, a family doctor, but I fall short; right? Like, it’s in terms of not every day, not with every person can I create a respectful environment because sometimes I just don’t have the knowledge to do that and sometimes that could lead to suboptimal care.

It’s also impossible to keep up to date with all of the different kinds of medical knowledge and clinical practice guidelines. So, just like in the hospitals, we know the teams that have the least amount of medical error are the teams where it’s actually okay to admit, right, that you’re making errors versus hide them because you’re ashamed; right? So, I think it does take honesty and courage to admit, especially in, like, non-Indigenous medical systems that you don’t know everything, right, and that actually racism exists. It exists in me, it exists -- every human being is capable of it. And, for
whatever reason in Canada and in other hospital systems, we like to pretend it doesn’t exist.

When I was working with the College of Family Physicians, we were producing a statement on racism, so you can access that. We have a workgroup on Indigenous health, and it’s on systemic racism. So, sometimes it’s easier for people to say, well, the system is racist; right? There’s not enough -- like, we heard yesterday about the need for First Nations, Inuit, Métis providers; right? In a community where they were barred if they didn’t speak French.

So, that would be some system-based racism, but the attitudinal racism and some very good colleagues, they said, “Well, there’s no attitudinal racism because it’s against our mandate,” right? It’s unprofessional. And, I’m, like, well, it may be unprofessional but, yeah, people are laughing because we know it still happens. So, just because we don’t want the thing to happen doesn’t mean the thing doesn’t happen.

MS. SARAH BEAMISH: I have some questions about that, actually. So, your materials did talk about the need for more Indigenous healthcare practitioners as a way of making the system safer for patients, but I’m wondering what you can say about the safety of medical schools and the profession for Indigenous students and
practitioners? And, if you can think of things that can be done to make that path safer and more sustainable for them?

DR. JANET SMYLIE: Yeah. So, I think there’s been some improvements again. The things that I like are programs like UBC. And, again, they are imperfect programs, but where they support people right from the application stage, so First Nations, Inuit, Métis applicants are encouraged to apply. There’s a special pathway for admission. They need to have evidence, I think, that they’ve been involved in their community.

But, that’s only the very first step. One of the challenges is there’s still very few Indigenous people on the faculty of these schools; right? So, for example, I think at the time that I became an assistant professor at University of Ottawa, there was probably less than five self-identified Indigenous people that were faculty members on health science faculties across the country. That was in 1999, so I think we’ve done better.

But, still, in my Department of Family Practice at University of Toronto -- actually, it took an ally from Australia, our New Chair, Dr. Michael Kidd, to realize that I was the only self-identified Indigenous member in a faculty of over 2,500 people. I’m pleased to say that Dr. Suzanne Shoush is in the process of joining
our faculty. It’s good when there’s so few people, because when you have one more, it doubles; right? So, you get a 200 percent increase.

So, one of the things that’s also interesting, if there’s so few of us, then we get called to do all things. So, my job is really as a research scientist. I’m supposed to be working in partnership with communities. So, like, my day job as a research chair isn’t as a teacher. I love to teach; right? But, my day job is not to teach, like, the whole, like, health science, all those 2,500 faculty members plus all the students about Indigenous people. Now, I’m trying to figure out ways to evaluate the program. So, I think that we really need to have some clear visiting of what the actual internal structures and processes and how many faculty.

I know with TRC, many universities are busy hiring, but I don’t see it moving over to the faculties of health science and dentistry, these hires. People are getting hired into the humanities.

**MS. SARAH BEAMISH:** Okay. I’d like to move back, actually, to something that Grandmother Meeka said this morning, and also tie it to a statistic in the Second-Class Treatment Report. So, that report had said that there was a study in Hamilton showing 34 percent of
First Nations adults there have PTSD.

**DR. JANET SMYLIE:** Yes.

**MS. SARAH BEAMISH:** And, we heard from Meeka this morning about the losses and trauma that her people are experiencing because of the ongoing death around them, and the changes to their culture, and the poverty that they live with. And, through the translation, she said, “We carry grief with us all of the time.”

So, maybe it’s common sense that grief and PTSD are major problems in Indigenous populations across the country, but as someone who may be familiar with the research on this, can you speak about, I guess, the scale of this issue and anything that you know about the links between these issues and violence, either by or against the people suffering from grief and trauma?

**DR. JANET SMYLIE:** Yes. So, it’s a huge issue, and I think what I would call it actually is complex trauma. The thing is because most of us, the PTSD tools that we have, have been primarily developed for, like, soldiers, like, in military who went to, like, a war or a couple of wars. But, we’ve been in the wars now for a couple hundred years; right? So, that impact of the disruption of our blood memory, right, that multi-generational trauma, as well as trauma in our family of
Panel II
Cr-Ex (BEAMISH)

origins makes the trauma complex.

So, the tools are kind of blunt instruments
to actually assess, and it’s a screener. But, if we think
that one out of three, like, Indigenous people that was
First Nations people living in the City of Hamilton has
some complex trauma, the thing that is actually a bit
hopeful about it is we’ve always had ways of dealing with
that. We have trauma now more than we’ve probably ever
had before, but we heard from Grandmother Meeka that
things weren’t so easy; right? Like, living in the
arctic, there would have been other traumas that would
have happened, environmental disasters. I know for my own
people, Métis people, better, we would have had losses,
and we fought sometimes.

But, I think -- so, there’s ways that we
deal with trauma like story telling, right, is one I know
about. There’s ceremonies, too. I’m not qualified to
speak about the ceremonies. But, also, in mainstream,
like, medicine, there’s actually emerging, like,
treatments for trauma that are moving very quickly. So
much so that, like, trauma might not be a medical
diagnosis in 20 years. And, guess what? One of the ones
that is the most effective is based on story telling;
right? So, that was that story medicine that I talked
about using, like, something that’s been developed outside
of Indigenous communities called narrative exposure therapy.

So, the issue is, especially when we get to trauma, we need to be thinking about solutions; right? Because it’s very overwhelming. Trauma is a state of feeling overwhelmed; right? So, it also takes bravery to address and to name it, but we can deal with it; right? And, storytelling is a way that we’ve always dealt with it. And, actually, like, using techniques like narrative exposure therapy in non-Indigenous communities, but communities that experience displacement because it was developed in refugee camps, and it was developed because there wasn’t enough psychiatrists or counsellors to help people. And, the thing is you can actually train local people to do it with supervision and in, like, three to six to 10 sessions that are structured, one hour, were actually seen in these other communities outside of Indigenous communities significant improvements and the things that can accompany unresolved trauma.

So, what bothers me the most is that there’s a total gap in access to treatment for trauma; right? Like, either through our own community ways of dealing with trauma or through, like, what is this huge growth in what’s available to non-Indigenous people, because we know, like, about the impacts both in terms of
our own knowledge systems, and we know about the impacts outside.

So, for example, in the City of Toronto, then, by our counts, there’s 70,000 to 80,000 Indigenous people; right? And, if you -- like, at least a third of them, then, like are experiencing acute symptoms, because that screener that we use is acute symptoms of trauma everyday; right? Yet, I can’t find a therapist to refer to. That’s why in the very little clinical practice I do, I’m trying to do trauma therapy; right? So, to me, that’s just outrageous.

The connections of complex trauma and violence are strong; right? So, in fact, we are in a trauma state; right? So, because scientists now in non-Indigenous science, and there are some Indigenous sciences doing that non-Indigenous science, too, can MRI the brain, and they can see the parts of the brain; right? So, the parts of the brain that are impacted by trauma are very old parts of our brain; right?

And, actually, some of the stories that I’ve heard, the way to overcome the trauma is to anchor the links from the very old parts of the brain that are kind of in the very base of the brain that start getting overstimulated. And, that’s also the sense of smell and other bodily senses are close to that old part of the
brain.

But, actually, you can throw anchors up to the cortex, right, which is the newer part of the brain. That’s our thinking brain; right? And, if you do that, in therapy, it actually can relieve that overstimulation in those very parts of the brain brain, and the ways in which we can go through our lives, and open to this state of overstimulation. So, when we’re violent we’re caught in the older part of the brain; right? The amygdala. The people call it -- there’s actually terms now, even in business; right? They’ll talk about an amygdala takeover, the amygdala part of the brain. Or, flip your lid; right? It’s part of this good brain, like, gets bypassed; okay? And so, that’s when people are losing control of the ability to intervene by our cortex. Our frontal cortex helps us control and sort through, like, our reactive responses.

So, I would, again, I haven’t dug down into -- I am focusing on trauma and addressing it but, actually, that same narrative exposure therapy, they’ve used it. They see that there’s violent centres because, actually, one way to respond when we’re in the old part of the brain to this feeling of hyperstimulation which doesn’t feel very good, it’s very distressing for us, is to be violent; right? And, actually, through being
violent, it actually gives us a little bit of relief; right? But, then you continue to build that.

**MS. SARAH BEAMISH:** Okay. Thank you. I’d like to ask you about just one more thing. So, there’s a couple parts of Exhibit 15 that talk about the colonial policy or power of, sort of, deciding who gets to be Indigenous. And, you’ve already talked a little bit about why identification can matter for health in terms of, you know, do you qualify for the NIHB, and that kind of thing, but can you speak more broadly about why the denial of one’s indigeneity can be such a powerful determinant of health?

**DR. JANET SMYLIE:** Sure. I think that losing the ability to work, individually and collectively, to define one’s own indigeneity is a form of genocide. So, we live in a place where the settler government has decided, for a long time, that it’s okay for them to do that. And, actually, within our society, then, based on that premise, it still seems like it’s okay. Like, I could just go out and -- like, I commonly get questioned about my identity, both by non-Indigenous and Indigenous people; right?

But, clearly, in the lodge teachings, it is important, like, for me to be able to self-define that and for me to be accountable collectively about that. Like,
that’s what we’re about as human civilizations. It’s hard for me to imagine any other ethnic group in this country, that if you think of another ethnic group, it would be hard to imagine that, you know, it would be acceptable for the state to be legislating their identity, and for people, like, just randomly in society, to be expecting for them to share, like, external, non-community proofs of their identity.

I do think it is very important, at least where I come from, for me to be accountable to my community members, and to my networks. And so, that’s how I presented myself.

**MS. SARAH BEAMISH:** Okay. Well, that’s all of my time. Thank you so much, Dr. Smylie.

**MS. CHRISTA BIG CANOE:** Thank you, Ms. Beamish. Next, we would like to call up the Northwest Territories Native Women’s Association. Ms. Jessi Casebeer will be representing the Northwest Territories Women’s Association, and she has 18.5 minutes.

--- **CROSS-EXAMINATION BY MS. JESSI CASEBEER:**

**MS. JESSI CASEBEER:** Good morning. I suddenly have much more time than I started with, so that’s good to hear. And, thank you for your testimony this morning and yesterday. And, thank you, to Meeka, the elder, for speaking as well. I think there were some
powerful truths in there that also apply to a lot of communities in the Northwest Territories.

The Native Women’s Association and the NWT works on empowering and supporting Indigenous women throughout the Northwest Territories, but it is based in Yellowknife, which is the -- you could call it a city, although not a city as big as Toronto.

You’ve talked a lot about gaps in services, and how that contributes to disruptors to colonial violence, which in turn impacts your health. And, you specifically gave the example of someone having to leave their community to give birth. And, my colleague also asked you some questions about this yesterday, because in small communities, it is still the reality that you are taken from your home at birth, or at least have to go to a regional centre, and you’re not in your own community.

Would you also say that if you have to leave for mental health and addiction services, it’s a similar disruption to a person’s life?

DR. JANET SYMLIE: Yes.

MS. JESSI CASEBEER: So, I won’t try -- I will try and focus on the strength-based approaches and solutions, as you’ve courageously done throughout your presentation. And, I think that’s why we’re all here today.
To put it in a bit of context, the Northwest Territories has 21,000 people. Or, my apologies, 40,000 people, spread out through 33 communities across a pretty vast swath of territories. So, the reality is that there are not -- there are huge gaps in services. You have to go, sometimes, as far as Edmonton to get services.

So, how do we start building up communities? Because there are -- like you said, there are community protocols. There are many different nations with their own ways of dealing with these problems. They have the solutions, but how do we start from such a huge gap, which is a huge form of violence, if you understand what I’m saying? You mentioned a hands-up approach yesterday. I wonder if you could talk a little more about that?

DR. JANET SYMLIE: Yeah. So, I’m referencing Madeleine Dion Stout, one of the grandmothers that I work with. We were doing strategic planning for our centre, Well Living House, and I guess a stereotype about Indigenous people or something that we might hear is we’re looking for “handouts”; right? But, sometimes we just need a “hand up”.

So, I would say in this area of mental health and addictions, like what I think is happening is
there’s the impacts of all the multigenerational traumas; right? Like, challenges in our lives of origin. And then, of course, I’ve done a little bit of work -- I don’t think, as Métis people anyways, we were unique in that we just sometimes, in our communities, we get health issues; right? So, we had some mental health issues as Métis people, too. Some individuals. There are individual and family predispositions sometimes to mental health issues.

I think the addictions are a form of self-medication, like from colonial violence, which is ongoing. So, I guess, these are huge issues. I think people in your communities might be better equipped than I. But, if I think about the conversations we’re trying to have in Toronto, or some of the conversations that I have had with families who have lost loved ones around what kind of supports could be helpful, I guess one of the things is just looking -- so, for example, Indigenous midwifery is growing. It’s popular. It’s growing. I find young people find that more attractive to go into than medicine. Maybe less intimidating. Maybe it resonates a little bit better.

So, I know of at least one Indigenous midwife who actually wants to expand scope of practice, and is doing already and getting trained in counselling and trauma therapy; right? So, they with the right
supports could engage so.

One of the things that is interesting is the federal system of supporting mental health in our communities had this system of mental health workers; right? But, often they were very poorly supported, and had to deal with all the things that happen when we live in communities. So, even for myself, I have a lot of opportunities. I can access healthcare, and I don’t have to experience day-to-day worry about, like, my finances. And, probably because of my education, I could argue back when the people told me I was a bad parent, because I wasn’t supervising my twins according to their standards. And, I can argue back when they do it to my partner.

So, I think that what we need to do, like the fault with that program, would have been that it was still based on, like, a non-indigenous, like, ideas about mental health. But, if we could, like, talk to community leaders, and the youth, right, and build those kinds of systems, where it’s our own people; right?

But then, sometimes, like, the communities will know best because sometimes, at least in my lodge, if there is something going wrong, sometimes we’ll ask for a healer, or somebody from outside that; right? Like, there’s a prohibition and there’s protocols around treating your own family members; right? So, maybe ... in
Indigenous communities, like we would have had ways of sorting that, right, so we could work together, right, so that it’s not always up to one or two people 24/7 in a community to have to deal with everything.

And then the other problems with the Federal systems is often people really got, like, a short training so that it wasn’t like an extensive training, it wasn’t mentorship, there wasn’t that support network that we try to build, both as Indigenous healthcare providers and non-Indigenous healthcare providers.

If I have a problem in my family practice, right, I could call a lot of different people, they’ll help me with that, right? I see the Indigenous midwives so there’s groups of people.

So I guess starting some conversations and thinking about it, that would require an investment. We can’t have second-rate systems. It’s not okay. For the longest time in our rural and remote communities we had community health workers and mental health workers.

The community health workers, of course, are the heroes, right? And the training has expanded but it was -- it started with a two-month training, to be on call 24/7. I went to medical school for nine years, right?

**MS. JESSI CASEBEER:** Thank you. I was
wondering, do you think -- I know you’ve worked in some northern communities; can you think of a more hands-up approach in a more northern context?

**DR. JANET SMYLIE:** So I keep coming back to Indigenous midwifery. So I think that what I understand -- and there may be others that know better with the midwifery program in Puvirnituq -- to start with it was the family doctors that worked, like, with the local community members, I think, to start with. Like, there was, I’m sure, Indigenous midwives in the community but they hadn’t been supported in their practice, so I know that they had non-Indigenous midwives go into the community, like Vicki Van Wagner and others, so -- until they got their own training program going. So that would be an example.

**MS. JESSI CASEBEER:** In your discussions about starting to listen to communities and get the answers from them to help build them up, it sounds like it can sort of be a tricky place to navigate between people who have perhaps have good intentions but are giving handouts or administering programs instead of building people up.

Do you have any suggestions on how, like, moving forward to navigate that space?

**DR. JANET SMYLIE:** Well, I guess one thing
is every space, every conversation has rules of engagement. I guess an analogy would be it’s for people that are -- like, it’s like sports, right? So basketball and baseball have different rules.

The problem is -- so there’s rules of engagement in every First Nations, Inuit, and Métis community I’ve ever been in. And sometimes they’re all mixed up in the city, right? But I’m sure there’s rules of engagement in this community; I’m sure I’m not following them all. And -- but I guess at least I would hope if, like, the Elders stood up or something, we would all stop and listen, right?

But, yeah, when we get outside of local context, the rules change all of a sudden, so -- and a lot of us, when I’m getting trained outside of Indigenous context, or operating out of Indigenous context, I operate by a different set of rules; a set of rules where I can boast about myself in 50 pages of paper and people will act like that’s something important.

So I think that the more that people can just accept, at a very foundational level, that there’s these different rules of engagement and understand that if we’re going to make progress, right -- to me that’s what the TRC report is about, that’s what RCAP said, right? We have to have a renewed relationship.
Still it’s not equal, right? We heard, like, from our Elder of how, like, people still feel like second-class citizens; that’s because the basic rules of engagement haven’t been respected. And we’re trying, like, in a context like this, but I think like the more that’s like the cultural safety training can really people -- help people build their knowledge base and start getting those skills.

So to me, it’s constantly being self-reflective. It’s an opportunity, right? Because it’s really neat to see how human beings in social systems have different rules of engagement, right? So hopefully it’s very challenging. And if we don’t do it, it’s life threatening. If we could figure out how to better understand, like, rules of engagement, right? Like, that’s Willie Ermine’s ethical space, right? Then I don’t think we would have any wars.

**MS. JESSI CASEBEER:** Thank you.

You brought up the cultural training again, and I had just a couple questions about that because it sounds like a valuable tool for understanding ways of engaging with people. But who has ownership over the training and how do you see that? I’m not sure how -- Dr. Ward had developed it, I think you said, in that particular slide that you were sharing. But how does --
who owns cultural safety throughout if this training is being administered in government settings or in hospital settings across different territories?

**DR. JANET SMYLIE:** So there's many different kinds of cultural safety and cultural competency training that are emerging, and some of them are emerging, so the San’yas training is located in the Indigenous Health Division of the Provincial Health Service Authority of the B.C. Provincial Health, right?

So like -- but actually, like, San’yas has been contracted like, for example, to do the cultural safety training in Ontario, and it’s actually an Aboriginal Health Access Centre, the Southern Ontario Aboriginal Health Access Centre then that’s contracted them to do the training.

So, to me, I guess it’s interesting because I would almost like to see allies take ownership for the cultural safety training. You could make an argument that it is a good kind of development opportunity and that Indigenous people; we need to be able to tell our stories. So certainly we need to be engaged and leading the cultural safety training.

But I guess what I care about is the quality of the training, right? Because what I worry about it’s just -- it’s like running the Census, right?
We’ve talked about undercount so I think at one point Assembly of First Nations said “We’ll opt out of the Census.” But it’s complicated to create a Census, right? So we have to weigh the pros and cons.

So, ideally, Indigenous Peoples would be empowered and supported to tell their own stories, like, about culture. But also, I think, ideally people who have come to Canada from elsewhere would actually take responsibility for their own cultural safety training. So probably it’s an ideal reconciliation activity to work on.

And what I worry about is actually the focus is how to support non-Indigenous people who have come to Canada, like over centuries, to actually be able to do this very complicated task of recognizing what they don’t know and learning different rules of the game and becoming skilled, right? Like, in bridging across different ways of doing things, right? And actually like, restituting [sic] the wrongs that have happened.

So that’s a very hard thing to teach. That’s harder than like, neurosurgery, I think. So, like, I care about who owns it but I also think that we need to make sure that we have, like, the right tools getting developed that will be the most effective.

And in the end, our audience is non-Indigenous people so what’s worked before within, like,
Indigenous communities, might not work, and probably
doesn’t always work, for non-Indigenous people.

MS. JESSI CASEBEER: Thank you. I’d like
to jump back to the gaps in services that exist in
northern communities.

Do you think that maybe reshaping the way
mainstream medical systems and legal systems think of
territory and think of communities -- like, there's been
some discussion that people living in Iqaluit are not
remote; this is their home. It is mainstream society
that’s decided to construct cities that have all the
resources. And so kind of reshaping the way we think
about what is remote -- what is and what isn’t remote.
I’m not sure if that would help further building
resiliency in these communities.

DR. JANET SMYLIE: I think it’s an
important question because I think these ideas of, like,
rural, like urban, like on-Reserve, off-Reserve, they’re
boxes that have been constructed and they don’t fit with
who we are and where we live in very unique context as
First Nations, Inuit, and Métis people.

MS. JESSI CASEBEER: Thank you.

DR. JANET SMYLIE: The other piece I’ll say
is if we look at it, and again this is just in progress.
We’ve been analyzing information within rural areas about
the need to travel for birth. So, this is unpublished data, but we’ve actually got evidence that because of colonial systems, the health services were actually set up near the settler towns, and not near the First Nations, Métis, and Inuit communities.

And, people could do a good study to actually show that using geocoding now. I’ve seen some small studies, but actually, we were looking at the Canadian Maternity Experiences Survey, and we found that — like, and this didn’t include First Nations people living in on-reserve communities. So, that said, in those rural areas, Indigenous women were required to travel more than 200 kilometres for birth multiple times more often. Like, it’s four to six times more often than non-Indigenous people.

It’s just logical, but quite striking; right? Because that’s the other thing, there’s a conflation of Indigenous and non-Indigenous people and rural health, right? Which masks the inequities for Indigenous people in rural areas and being able to address them.

**MS. JESSI CASEBEER:** Thank you. Those are my questions.

**MS. CHRISTA BIG CANOE:** Thank you, Ms. Casebeer. Chief Commissioner and Commissioners, I think
now may be -- I’ll take your direction, but I think now may be an opportune time for a morning break. We have four remaining parties with standing, with an estimated 58 minutes of questions. So, if we could take a 15-minute break, that would be helpful.

CHIEF COMMISSIONER MARION BULLER:

Certainly.

MS. CHRISTA BIG CANOE: Thank you, we’ll have 15 minutes. Before the parties with standing leave the room, I’m going to kindly ask that you see Commission counsel Lillian Lundrigan and Violet Ford, just to pull your number now. They’re sitting right up here at the Commission counsel table. If you could do that during your break, I would appreciate it.

--- upon recessing at 10:00 a.m.

--- upon resuming at 10:19 a.m.

MS. CHRISTA BIG CANOE: Chief Commissioner, Commissioners, we’d like to recommence, and next, we would like to call up Ms. Elizabeth Zarpa, representing the Inuit Tapiriit Kanatami, ITK. Ms. Zarpa has 19.5 minutes.

---CROSS-EXAMINATION BY MS. ELIZABETH ZARPA:

MS. ELIZABETH ZARPA: Good morning, my name is Elizabeth Zarpa, and I’m legal counsel representing ITK, a national organization that represents Inuit in Canada.
I want to thank the kind Inuit of this place for welcoming us, and I’m honoured to be in one of Canada’s Inuit four land claim regions this week for this important work on colonial violence.

And, thank you, Dr. Smylie, for your testimony yesterday and today. You’ve travelled far to get here.

So, I’m going to get into one of the recommendations that you highlighted as important yesterday with regards to cultivating strong early relationships, because it facilities love, security and belonging. And, would you agree that a part of those strong early relationships includes access to infrastructure, like hospitals or midwives when a mother gives birth?

DR. JANET SMYLIE: Yes.

MS. ELIZABETH ZARPA: And, for example, an Inuit woman leaving her community to give birth to her child, leaving a community of 500 to fly into a city of thousands of people, does this disrupt the aspiration to facilitate strong early relationships?

DR. JANET SMYLIE: Yes. And, I think it’s important because, at least how I understand them as a Métis person, like, I’m strong because my family is strong; right? Because my kin lines are strong. So, if I
have to travel away from my family, and the kin relationships with the land, too, and my land base, to a place that is not familiar to me, and be surrounded by people that I don’t know; right? Like, it could be a beautiful place, those could be really nice people, but I don’t know them; right? I am not related to them; right?

So, my auntie tells a story about how a long ago we didn’t do anything with anyone else until we developed relationships with them; right? So, that there’s processes of building those relationships. Those processes don’t happen when we have to leave those people that we’re related to that land that we’re related to, and go into, like, a different place.

**MS. ELIZABETH ZARPA:** Thank you for that. And, do you have examples, in your 20 years of practitioner and family medicine, where you saw firsthand the barriers of Inuit women or Inuit families travelling south to give birth?

**DR. JANET SMYLIE:** My experience in, like, being invited into, like, birth and Inuit communities in Ottawa. So, I did have the occasional experience where an Inuk woman would arrive from the north and come to me as a family doctor, for whatever reason. Because I’m a family doctor, I delivered babies usually for people, like, who weren’t having complications. So, the process where women
have to travel, usually to Ottawa anyways, or Montreal, from northern Inuit communities in the Inuit Nunaat, would be for going to see the specialists.

But, I guess when I saw it in the community, what I did see, like, was often local community members, even if they weren’t related to that person, would try to support that person. So, the Inuit Family Resource Centre, where I did my work, there was already Inuit that were working to create safe spaces and relationships for Inuit that had to do that travelling. But, often they were under-resourced.

MS. ELIZABETH ZARPA: And, with regards to under-resourced, could you elaborate a little it on that?

DR. JANET SMYLIE: Just that sometimes -- well, for example, the reason we did that project with Kapik Atigutsiak (phonetic) was there was no Inuit-specific Inuit prenatal resources to share outside of the community. There was a very dedicated nurse in the community who was not Inuit, but had worked in Northern Inuit communities for a long time, so she understood.

I think that -- like, there was always -- like, the program actually was interesting because it was Canada Prenatal Nutrition Program. So, it required everybody to meet in a group. But, in my very elementary understanding, community members told me, actually, a lot
of times the counselling and the information transfer happens one-on-one so, like, it was an imposed external model.

The other thing is when I did work in First Nations communities in Northern Ontario, I did witness, like, the acute impacts of women being removed from their communities to travel for birth. So, while I haven’t seen it, like, here in the Inuit Nunaat, as a care provider, I did see it there, because there was a time when they didn’t have any services for birth, like, in the Sioux Lookout Hospital.

So, actually, because I was working as a relief doctor my weekend job was to go in the plane and find people that have been hiding because they want to give their births in the community. In fact, most of the time, I could have delivered that baby in the community, but I had to take them away on the plane and it was a terrible thing. And, even there would be a family member that wanted to come on that plane, but because it’s air ambulance, they wouldn’t allow them to come on the plane.

**MS. ELIZABETH ZARPA:** Thank you for that.

Would you agree that Inuit women and Inuit travelling south to access health care negatively affects their security?

**DR. JANET SMYLIE:** Yes.
MS. ELIZABETH ZARPA: And, would you agree that Inuit women and Inuit travelling south to access health care negatively affects their life?

DR. JANET SMYLIE: Yes.

MS. ELIZABETH ZARPA: And, would you agree that Inuit who have no other choice but to leave their communities to access health care, like child birth, are extremely disadvantaged?

DR. JANET SMYLIE: I guess I would agree that they are -- yes, that this requirement -- or it’s a choice that no one wants to have to make; right? Because we want to be well so we can function well in our communities, and we want to be in our communities. So, we need to be able to be well in our communities.

We need to return the cry of birth to our communities to be strong, and that’s almost a right. So, compared to other people in this country that’s called Canada, who take it for granted, that they can be in a place they know. Even if it’s a hospital; right? I know hospitals. I’ve lived in cities. At least I know it a little bit; right? And, when I had my twins, I was in a hospital, but I was surrounded by friends and family in the city of Toronto. And, I think a lot of people in Canada take that for granted. So, it’s a disadvantage for Inuit, that they don’t have access to this.
MS. ELIZABETH ZARPA: And, would you agree with the statement that living in Canada’s North, with a lack of access to universal health care is a grossly unequal situation?

DR. JANET SMYLIE: Yes. I guess I’m trying to work on the Imagine Ourselves Richly too, so I think there is so many strengths in the land that I see and the language. But, yes, access to health care -- it is a disadvantage not having access to health care in a country that says we have universal access to health care.

MS. ELIZABETH ZARPA: And, would you agree with the recommendation that full access to culturally sensitive universal health care systems in Canada’s North will alleviate this?

DR. JANET SMYLIE: Yes. So, not having full access to health care is a health inequity. And, actually, in the academia world, in the non-Indigenous health world, they say health inequities are potentially reversible; right? So, it is potentially reversible, right, because we have traditions of Inuit midwifery, there is a hospital here; right? We have the ability to train people, like, in Inuit and western or biomedicine, and so it’s potentially reversible.

So, health inequities that are potentially reversible are immoral and unjust, right, and we need to
do something. We can’t accept that as the status quo, right, that Inuit are having second rate access to health care.

MS. ELIZABETH ZARPA: And, you have been a medical practitioner for family medicine for 20 plus years. And, in your 20 plus years as a medical doctor, have you encountered an Inuit medical doctor?

DR. JANET SMYLIE: Yes.

MS. ELIZABETH ZARPA: Great. And, did you want to elaborate a little bit on that?

DR. JANET SMYLIE: Well, I am not exactly up to speed, but there are a couple of Inuit who have gone through medical training. Actually, I think there was a surgeon, like, actually who was one of the first northern surgeons who had Inuit ancestry. But, I would still say, and I have said to our Indigenous Physicians Association of Canada, we are not doing a good enough job of, like, supporting Inuit medical practitioners.

So, yes, I think that, to my knowledge, there is less than five Inuit medical practitioners, though people don’t always self-identify. So, I hope I am wrong and maybe someone will tell me after that there is more. And, I guess if there’s any youth out there that are interested in medicine, send them to me.

I think one challenge is -- I did -- there
was a young man that I supported -- because we do think
about these things when we were working on the project
with Kappa Katakutsiak (phonetic), and oral histories and
supporting Inuit family resource centres. So, there was a
young man who was Inuk and he had an interest in becoming
a medical doctor, but he struggled because he had to go to
a southern university to get the prerequisite classes, and
then he had to leave his family and his support system.
So, to my knowledge, he never got there. I was just
thinking about him.

So, I guess that’s another thing, getting
access to those training systems. I think there has been
quite a bit of work done in the Inuit education system
here in Iqaluit and other land claimed territories, like,
to get access to nursing training programs. So, maybe
we’ll see a medical training program, or at least -- at
the very least the prerequisite courses that are required.

**MS. ELIZABETH ZARPA:** And, from your
testimony, it seems as though, sort of, strength based,
community based, sort of, health care work is what, sort
of, allows Indigenous communities to become healthier,
because the solutions are already within the community,
sort of, approach -- the two approaches that you
highlighted earlier in your testimony yesterday.

Could you please elaborate a little bit on
-- you highlighted Puvirnituq and the midwifery program, and I would like to know a little bit more about what you see as, sort of, successes in that approach.

**DR. JANET SMYLIE:** So, again, I think it would be important to speak to the local community members. But, linking it to what you said before -- like, I guess the reason -- like, we want grassroots approaches, but unfortunately, sometimes to get the message out that the grassroots approach has worked, you need, like, Inuk medical doctor to say that it’s actually working, because the policy makers are still worried by what the non-Indigenous doctors are saying. So, with Puvirnituq -- so maybe local community too, people can be miseducated and get afraid, right, and listen to the doctors that are saying, well, if you don’t go south, you might die or your baby might die; right?

But, with Puvirnituq -- what’s interesting in Northern Quebec is one side of Nunavik has the midwifery program for a while anyways, and then the other side had the doctor’s program, and they have been able to follow the outcomes over time. And, the outcomes are no different between those two sides of the program; right? So, it shows that it’s not true; right? That you can actually have Indigenous and Inuit midwives, in this case, working together with local primary care providers and
non-Indigenous midwives, and the outcomes for the moms and
the babies are just as good on the other side where, like,
the women and their families don’t have access to local
midwives.

So, I can’t speak to the actual positive
impacts, like in terms of, like, Inuit families because I
haven’t been there to, like, hear those stories. But, we
have heard it before and we heard it from the elder how
important it is, like ties to land, how dislocation is so
harmful. And, I am hearing in the breaks that some of the
things that I’m saying about wahkohtowin from my
perspective as a Métis woman, like, resonating. Well, I’m
sure they’re going to be very unique for Inuit.

So, I guess what we’re saying is that --
the argument that we need to evacuate, like, women from
their communities based on fear that there is going to be
harms to the women and their babies just with respect to,
like, death or disability is wrong. It’s a false
argument; right? Because we can show in Puvirnituq, in
Nunavik, that in fact there’s no more babies that are
dying, there’s no more harms, like, to the women. In
fact, there is less harms. And, that’s just looking at
the physical outcomes from a very narrow lens.

But, then, you get on top of that, like,
the huge costs that happen, that we have been talking
about this morning with the travel for birth, we don’t have those costs. Instead, we get to have beautiful birth in the community; right?

It does still require on occasion as I mentioned yesterday, I believe in Puvirnituq, on occasion, like it is an informed choice too. But, on occasion, there is a recommendation and a woman will follow it because, for whatever reason, there is something complicated, so she might need access.

Just like I was a 39-year-old woman having twins in the City of Toronto, so I decided maybe it would be a good idea. I chose to be in the hospital. I had midwives and an obstetrician; right? So, those are the choices that we would like for Inuit women as well; right? So, yes, I hope that answers the question.

**MS. ELIZABETH ZARPA:** It does. Thank you so much. I just wanted to jump down a little bit about regarding your experience when Inuit don’t have access to health care within their own communities and they have to travel. And, you gave the example of in Ottawa. Could you please elaborate a little bit on the -- it is the complexity of, sort of, institutional, systematic barriers that Inuit have to navigate once they get to Ottawa to access different health care services. Could you elaborate what you have perhaps seen in that process of
working within Ottawa Inuit communities?

DR. JANET SMYLIE: Sure. Just -- so the first thing is, people are a bit afraid of difference; right? So, within hospitals, that is the kind of racism. So, my colleagues will actually think it is my responsibility. So, even I can remember a time when I did care for a young woman who was from Nunavut, and she had, like, a Nunavut health card, but all the provinces and territories have an agreement for coverage; right? But, my colleague who actually was usually a very insightful colleague, like, was raising a big stink about this Nunavut health card or whatever, and, like, he used language like “those people”; right?

Another thing -- so I see, like, within Ottawa, like it is the local community, Tungasuvvingat Inuit, now there is the Inuit Family Health Team as well as -- at that time, it was the Inuit Family Resource Centre. So, that was a site where Inuit could come and get support, and that is why it is so important and I understand, because I still work with Tungasuvvingat Inuit that they are constantly having to fight for their program funding.

But, there is, like, a critical process, because the hospitals really are hard to access. The services are in English or French; right? And then, like,
people get judged because a lot of us that live in cities and work in hospitals, we forget what it is like to not know, what it is like to be in a city or to navigate a hospital. And, even in Ottawa now, I think there are a number of resident Inuit population, but still we get nervous when we go into hospitals, because we can get singled out.

And then -- so for myself, what I try to do when I was noticing that some Inuit were coming to see me as a family doctor, I went and did some outreach. I went to the Family Resource Centre. I make a joke, because there was arctic char there, and I like to eat, so then I just liked to show up every time. And, of course, there were different things. The char was out, and there was an ulu, and I was self-conscious because I didn’t know how to use it, but people were kind of nice to me anyways.

But, I don’t think every doctor -- like I did that because that has kind of resonated in a way. My own background is very distinct; right? But, I like to be out in community; right? Like, in eating food together in those small ceremonies. But, I don’t think everybody would do that. And, even then, I know I was very poorly equipped, like to actually understand.

I can remember one time -- so that is the other problem, is we underestimate the local knowledge;
right? So, because I am still outsider to the community, right, communities letting me in a little bit, trusting me, but I still -- it is still -- I am not Inuk, so I don’t understand everything; right? But, I know that.

But, I can remember being very worried, because there was a young mom. And, she was having some challenges and her mom actually had had some challenges too and was actually getting some help with some alcohol problem. And, she was going to go home, but then she had to babysit her old -- younger brother and her baby; right? And, I was worried on the weekend, and I’m like, oh, I better try to get someone to help her with the breastfeeding over the weekend. But, I totally underestimated how intact the teaching of breastfeeding is; right? And, I will say for myself, I had so much trouble with breastfeeding; right?

But, anyways, what happened is the mom that was -- the grandmother got a day pass; right? And, the -- she was there. And, that young woman was able to breastfeed right away. She was like a pro. I could have taken some lessons from her.

So, even for myself as someone that did invest a bit of time, and community was generous maybe to teach me a thing or two. I underestimated that; right? And, that is that underestimation; right? That, then,
people assume someone is not a good mom, right, or not a good grandma, right, where even though there are all those challenges, there was, like, amazing skills that I had undervalued in that time. So, those are the kinds of challenges that -- and assumptions that can happen in a hospital; right?

So, instead of being strength-based and seeing, wow, like, there is still a lot of strength in this community, they are still intact and strength in terms of, like, multi-generational transfer of breastfeeding knowledge, even though there are these incredible barriers in the city; right? Then, they judge people and think they are not a good mom. And then next thing you know, they are calling Child Services, and then it adds to the stressors; right? So, no wonder, like, some of our community members try to avoid the hospital, right, or only go if they are really, really sick.

**MS. ELIZABETH ZARPA:** Thank you.

**MS. CHRISTA BIG CANOE:** Thank you, Ms. Zarpa. Next, we would like to call up the Vancouver Sex Workers’ Rights Collective represented by Ms. Carly Teillet. Ms. Teillet has 8-and-a-half minutes. Eighteen-and-a-half minutes. I think Ms. Teillet will appreciate we have added the 10 extra.

**MS. CARLY TEILLET:** Thank you.
--- CROSS-EXAMINATION BY MS. CARLY TEILLET:

MS. CARLY TEILLET: Tashi (phonetic),

bonjour and good morning. I would like to start by

thanking the community for welcoming us this entire week
to their Inuit territory, and to acknowledge the survivors
and the families and the elders that are here with us
today, as well as the sacred objects that travel with us
as we do our work.

When Métis people meet each other, it is
one of our laws to situate ourselves, both with
relationships to family and to land, so thank you for your
introduction for honouring that. And so, I will begin in
turn by saying that my great-grandmother is Sara Riel, and
she is the niece of Louis Riel, and I am Métis from Red
River. And, I am here today as counsel for the Vancouver
Sex Workers’ Rights Collective.

Dr. Smylie, meegwetch for your testimony

yesterday. Your work as a doctor and as someone who

incorporates Indigenous knowledge and systems into the

field of medicine is an act of healing that institution of
decolonizing medicine, so thank you for that.

I am going to be talking about some of the

specific barriers to accessing health care with a goal of

highlighting some concrete areas where health care systems
could take steps to build trust and improve the
relationship with Indigenous women and LGBTQ2S individuals, and in turn improve their health. And, I want to start with just the very simple process of walking through that front door, the intake process.

So, an intake process for clinics or doctor’s appointments or hospital visits, often, the individual is asked right when they walk in for some basic information, for their name, their date of birth and their gender, and that the identity of trans, two-spirit or gender fluid individuals often don’t fit into the gender boxes that are listed on that intake form. And, the lack of space for those identities can result an individuals feeling erased or that they are not being treated with dignity or respect, and can foster a sense of mistrust in the health profession.

You have already talked about how erasure can have negative health outcomes. And so, would you agree that the colonial constructions of gender as used in the health care system can act as a barrier to health for trans, two-spirit and gender fluid individuals?

**DR. JANET SMYLIE:** Yes.

**MS. CARLY TEILLET:** So, continuing with the intake process, I want to move to being asked to provide your legal name and address. So, when my clients, when Indigenous women, LGBTQ2S individuals in the downtown
Eastside of Vancouver who sell and trade sex experience violence, there is a tension between needing medical help for that and the need to keep their identity and certain facts about what happened to them secret. Both of those things are needed for these women to stay safe and to stay alive. Some of my clients are alive, they tell me, because they no longer use their legal names, because it is important to not be found.

And so, for them, the very simple fact of needing to provide your legal name and address is a barrier to accessing health. Do you think it is possible to set up a system where people who are in these circumstances can access health services without needing to provide those things? I understand there are needs for accurate medical histories and notes and follow-up and whatnot, but do you think it is possible to facilitate health care for people who don’t want to provide that information?

DR. JANET SMYLIE: Yes. And, I think -- so the big -- one of the things that is linked to your name and address is needing a health card. So, those health cards I talked about and my colleague that was upset about the Nunavut health cards, because that is usually needed for the health care providers, or at least physicians, to get paid.
But, there are services that I am aware of where people can come without health cards. And, in fact, right now, my clinical practice in Toronto is under the umbrella of something called the Inner City Health Associates, and we are provincially funded. And, we work to provide health services for people who are homeless.

And, I have got agreement that, in fact, if we use a broad definition of homelessness and understand that the large majority of First Nations, Inuit and Métis people in this country are displaced and drawing on, like, Jesse Thistle’s definition of Indigenous homelessness, I can see any Indigenous person under this program. And, basically, it is a special stream of funding from the provincial Ministry of Health, so there are no reasons why other provinces and territories couldn’t set this up and actually maybe make it specific streams then for Indigenous people or people who are gender diverse or Indigenous people.

And, in fact, as far as I know in this system -- so if there is an OHIP number that is good to use, right, because it helps us justify the work we are doing, but as far as I know in this system, you could also enter somebody with an alias if you needed to. And then that alias would be consistent through the medical record. And, you could actually get other records, like, from
other places even if they had used their legal name and redact the name. So, I would have to double check and confirm, but I am pretty sure I have seen one or two aliases in there.

**MS. CARLY TEILLET:** So, yesterday, you acknowledged the positive -- sorry, pardon me, the potential negative impacts and fear that can be a barrier for Indigenous women accessing medical care, specifically fear that seeing a doctor could mean losing your children. It is my understanding that the fear of getting help, getting medical attention when Indigenous women and LGBTQ2S individuals are assaulted extends beyond that to include fear of some really negative consequences including, for example, the police being called and facing possible criminal charges for acting to defend themselves in that assault; fear of not being believed or being blamed for their own victimization, and this is particularly true for sex workers; fear that the stigma of sex work means they won’t get the medical attention they have come for; that they may lose clients if they become seen in the community as someone that talks about what happens to them; and a very real fear of violence after getting medical help from people who want to silence the story of what happened, of why that woman was hurt.

And so, would you agree that this kind of
expanded understanding of fear of interactions with the medical profession is a huge -- a significant barrier to accessing these services?

DR. JANET SMYLIE: Yes. And, I would add that there is a fear of being shamed as well. So, that -- and for people who are gender diverse, like -- and I have had the opportunity for people to share horrible experiences in terms of, like, inappropriate, and unsafe, and derogatory reactions, right, because to -- and responses to gender diverse and trans bodies, and then actually substandard clinical decision making and treatment.

And, I would say that I have also had opportunity then to hear stories from women who are involved in sex work and people who are gender diverse just about the degree of, like, a stigma attached to sex work, which is shocking and surprising and occurs within Indigenous community organizations, including, like, some Indigenous women’s organizations and also within health care settings.

And, it is almost like when I talked about -- and then also similar for people who are experiencing gender diversity. And, there is actually, like, a huge shortage, because when those things can be mitigated, if you can identify safe providers, right, but there is
actually a huge shortage both with respect to -- I guess we are doing a little better in terms of safe providers for women who are involved in sex work, like, hopefully, because there has been some European standards and standards in places other than Canada, and who don’t judge the work and actually have enough information so that, like, inappropriate questions or responses don’t happen.

I think we are still, like, pretty short in terms of trans safe providers, though I know that there are interventions happening at least to educate providers about, like, being able to provide safe care for people who are trans. I haven’t heard about those kinds of interventions happening with respect to educating providers, like formal interventions around, like, sex work.

MS. CARLY TEILLET: Thank you for that. And so, that leads perfectly into where I would like to go next, which is talking about what we can do to create that trusting relationship that enables Indigenous women to access medical care.

And, in particular, I would like to turn to your recommendations entered as Exhibit 20, and in particular Recommendation 14, and I will just read that out, “The development and uptake of Indigenous cultural safety organizational assessment tools and processes
across organizations including, but not limited to health
and social service providers providing care to First
Nation, Inuit, and Métis peoples.”

Does your hospital have an Indigenous
cultural safety organizational assessment tool?

**DR. JANET SMYLIE:** In fact, we have piloted
one, but it was generously shared by the San’yas Program,
so -- and it actually was a great opportunity. We had
good involvement of the senior leaders and it was a good
educational opportunity, but it is -- the actual tool that
we borrowed wasn’t developed for a hospital. It was
developed for a health region.

And, like, because it is in early
developmental stages and it is really the San’yas Team in
Sherwood (phonetic) that developed it, we need to respect,
like, their developmental work. So, I would say that they
are hoping to continue to develop it and push it out,
like, as soon as they can, because they are working as
fast as they can.

But, that was the first time that I had
heard about a hospital-based organizational assessment
tool. And, we used it, and we were kind of in a hurry,
because we are currently recruiting into a randomized
trial of cultural safety training at the hospital. And,
we wanted, as one would do when one’s designing these
things, to provide evidence outside of non-Indigenous communities to know what our baseline is.

**MS. CARLY TEILLET:** So, again, you have anticipated my next question, is that a tool that could be shared so that we ---

**DR. JANET SMYLIE:** So, I am in an ongoing conversation, so my understanding is because it is not my tool, a tool that’s been developed by the San’yas Program, that was generously shared from me. And, we made just very minor adaptations. So, to my knowledge, it’s not publicly available yet, though I talked to Cheryl Ward, and she’s sharing those domains, right, so people could look. And, also, internationally, there’s organizations in Australia that have been working on and developing similar tools. So, I say, like all of this is -- like, we’re trying to build these things right now.

**MS. CARLY TEILLET:** And so, I’d like to turn to talking about building on strengths and preventative healthcare. In an urban setting like Vancouver, some of my clients can only access many culturally safe counselling, healthcare, or indigenous healing when they are involved in the criminal justice system or in the child welfare system.

So, for example, some individuals don’t have access to healing with elders until they are in a
First Nations sentencing court, and they could meet Elder Cathy, and benefit and heal from some of her teachings, or have access to an integrated mental health and substance use team or learn about the positive relationships or parenting practices.

Are there studies that you are aware of that track how early and ongoing access to elders’ teachings impact health outcomes later in life?

**DR. JANET SMYLIE:** We’re working on that. If anybody else is aware of any studies, please let me know. We were able to show in Our Health Counts Toronto and have publicly released the data that accessing traditional ceremony reduced the rate of preterm births. So, again, like, it’s -- yeah, so I’m not aware of, like, outside studies that are showing this. But, I hope we’ll have more.

In order to do that, I think we need to have more supports, right, for the revitalization of these traditional roles so that they can be accessed outside of those non-Indigenous systems of child protection and the justice system, which is what I’m hoping we’ll see.

**MS. CARLY TEILLET:** And so, my last question I want to turn to the removal of Indigenous children from mothers. So, my colleagues yesterday asked a whole series of questions about the health impact of
disrupting the relationship between mothers and infants, and what that impact is going to have on the children. And so, I’d like to take a moment to talk about the mothers.

DR. JANET SMYLIE: Yes, please.

MS. CARLY TEILLET: I believe you used the term that it was “toxic interference”, and you mentioned that some Indigenous mothers are deemed inadequate parents for life. Now, I know that healing intergenerational trauma and lived trauma, the reason why people use alcohol and substances — healing that is a journey that can take years and, in fact, a lifetime of work. And, yet, when a child is removed from an Indigenous mother, there are very specific tight legislative timelines in place as to when and if that mother can get the child back, if she’s healed enough to have the child returned to her.

That really short timeline — before that child is placed in permanent care or placed up for adoption and is lost to that mother — doesn’t seem to fit with what we know about the healing journey that we have to take as Indigenous people to heal from our trauma. Could you maybe talk a little bit about how medical knowledge about that healing process could assist mothers heal, or the social work field understand what has to take place so that those relationships can continue?
DR. JANET SMYLIE: Yes. So, I’m really glad that you’re talking about the maternal impacts and maternal healing, because it’s unbelievable to me. There’s been one good study that’s actually documenting these impacts, and it’s not even an Indigenous-specific study.

And, as I mentioned yesterday, we went through an international peer review for that Baby Bundles Project where we’re trying to do the wrap-around interventions. And, the preliminary feedback came from this international committee of scientists in the area of perinatal health. And, when we talked about, like, our primary outcome was to reduce family disruption and strengthen families, they said, “What about the maternal child health impacts?”

So, I actually had to respond with my colleague, Dr. Pat O’Campo, who is quite a renowned perinatal epidemiologist, to say to this international review committee that, actually, the impacts were similar to fetal death, right, or to infant death on the mom, right, and, like, on the child over time, potentially; right? And, again, that’s a bit of a deficit thing.

But, again, it just speaks to the way people’s minds work. How could they not see? Like, they’re actually saying, “Well, we want to know, you know,
if the baby had to be hospitalized” right? You know, the mom, like, had to have an operation. I’m like, no, the mom -- like, there was this devastating psycho-trauma.

In terms of the legislation and the tight window and the time for healing, I actually think that the tight legislative window is based on outdated concepts, like a bonding; right? And, non-Indigenous assumptions that don’t take into account the same way that those evacuation policies for women to go to hospitals don’t take into account the importance of our kin systems and our kin ties.

So, my understanding of the rationale for those tight timelines is that they want the baby to be able to get into a new family so they can experience those secure bonds; right? But, that’s like an outdated concept. We now know that babies can imprint on multiple adults, and that’s in the scientific literature.

So, yes, the baby does need to be in a safe and secure home environment; right? But, we also understand that the role of wahkohtowin in extended family is important, and it also, I believe, would have overlooked, like, the whole significant Indigenous law and precedent around custom adoption, which, again, is very rich and diverse among First Nations, Inuit, and Metis people.
So, I see an acute need to revisit these assumptions and the legislation that actually would take into account, like, new evidence that shows that actually infants can do well and gain things from attachments to multiple caregivers; right? And, the need for this secure environment needs to be matched with the impacts of ongoing disruption of wahkohtowin, or the things -- because that’s some of the things that the infants will need to be having.

And, one of the other assumptions is that removing the infant -- like, what if we put the mom and the infant together in a supportive place; right? Or, if the mom needs a break, or the dad needs a break, like, a place with aunties; right? So, I know other colleagues of mine in the City of Toronto have been advocating for a long time -- right, so the assumption that it should be the infant that is removed versus maybe some of the adults need to be removed for a little while if there’s family violence happening. But, the infant can stay in the community.

Remember, we talked at the beginning, all we need to survive is our children and our grandparents. So, what if there are some grandparents that are supported that can come, right, and stay in that home, and the dysfunctional adults get the treatment or healing that
they need?

**MS. CARLY TEILLET:** Miigwetch, merci, and thank you.

**MS. CHRISTA BIG CANOE:** Thank you, Ms. Teillet. Next, we would like to call up Ms. Symes, on behalf of Pauktuutit and other Inuit organizations. Ms. Symes has four and a half minutes.

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

**MS. BETH SYMES:** Thank you, Dr. Smylie. I want to start with counting. And, would you agree with me that counting is in fact incredibly important for hospitals, education, social service providers, because often with counting comes money?

**DR. JANET SMYLIE:** Yes, as long as we never forget the people behind the counts, and the people who are getting counted are involved in the counting processes and the management of the information.

**MS. BETH SYMES:** And, miscounting Inuit in Southern Canada can lead to real problems with respect to agencies/organizations that are providing services to Inuit.

**DR. JANET SMYLIE:** That’s correct, miscounting and discounting.

**MS. BETH SYMES:** Right. The invisible.

**DR. JANET SMYLIE:** Yes.
MS. BETH SYMES: And, in particular, then, my client, The Ottawa Inuit Children’s Centre, of which you have done work with, Karen Baker Anderson, when shown the numbers for Ottawa in the 2016 census said, “That’s just dead wrong. We are servicing way more Inuit in 2016 than these numbers say”.

DR. JANET SMYLIE: That’s correct, and there has been a than these numbers say.

DR. JANET SMYLIE: That’s correct. And, there has been a report release based on Our Health Counts Ottawa Inuit study that -- and there will be an academic article that’s getting released that actually emphasizes that and provides substantive evidence. Though, of course, Karen Baker-Anderson saying that is substantive evidence also, that she is correct.

MS. BETH SYMES: And, on your research, just on Ottawa alone, how far out was the 2016 Census? Two times, three times?

DR. JANET SMYLIE: Well, the study was actually done closer to the 2011 Census. But, yes, the undercount is by a factor of four.

MS. BETH SYMES: There are four -- let me just say it back. There are four times as many Inuit in Ottawa than the 2011 Census claimed?

DR. JANET SMYLIE: That’s correct. Four to
six times more, I believe.

**MS. BETH SYMES:** Four to six times. And, the Manitoba Inuit Association, who is also a client, Rachel Dutton, who is Executive Director, said, no, no. These numbers aren’t true for Winnipeg. Now, you are not doing a study of Winnipeg, but would that surprise you that they have seriously miscounted the number of Inuit in Winnipeg?

**DR. JANET SMYLIE:** It would not surprise me. And, actually, I am hoping to be able to engage partners in Winnipeg to do a study like this to show it.

**MS. BETH SYMES:** And, we heard a potential partner, remember Nakuset in Calgary who is the Executive Director of the Indigenous Women’s Shelter in Montreal said, these numbers are just dead wrong for Montreal. She, in her shelter, services far more Inuit than Statistics Canada shows.

**DR. JANET SMYLIE:** That’s correct. In fact, in the Our Health Counts Ottawa Inuit study, we had more Inuit participate in the study, which is a sample study, than actually the Census had counted living in Ottawa.

So, the thing is, overall, internationally, the Canadian Census is very well regarded, but yes, we have very strong evidence now in multiple sites that these
undercounts are significant in urban areas in Southern Ontario.

**Ms. Beth Symes:** Now, I have a very short time left, but I want to challenge you with respect to the medical model of defining risk for Inuit women giving birth in their own communities.

**Dr. Janet Smylie:** Mm-hmm.

**Ms. Beth Symes:** And, would you agree with me that life doesn’t always turn out and people don’t always give birth on the date that they are scheduled to give?

**Dr. Janet Smylie:** That’s correct, yes.

**Ms. Beth Symes:** And, when that happens and they give birth in their own communities, does that then mean that it might be a slightly more risky birth, and that those that are attending them have not had as much experience in providing assistance at birth than if they were in a centre that provided births all the time?

**Dr. Janet Smylie:** That’s correct. So, about a third of birth emergencies can’t be predicted. And, as I mentioned, at least historically in Métis communities, we always try to have somebody skilled in attending birth. But, if a baby is born prematurely, depending on the stage of prematurity, that’s where medical interventions can be quite important. And, those
medical interventions, those tools have evolved quite a lot.

We did, historically, in our -- I’m aware, historically, there were ways of supporting infants, and I have heard from Inuit midwives different ways of supporting premature infants over time, but we would have -- probably that skill hasn’t been practised for a little while and this is a case where some of the newer medical technologies might be options that people would want to have access to.

There are signs usually of pre-term labour and there are some technologies that can help us predict it, but it would seem -- like, it doesn’t have to be an either or; right? Like, what we need to be doing is have a conversation and involve local families and communities in terms of, like, respecting their autonomy of decision making around their reproductive health, and weighing the costs and benefits of accessing modern and potentially lifesaving medical technologies versus being surrounded, and birthing on the land and hearing the cries of babies in our communities.

And, I think we are very good as Indigenous people at navigating complex systems, we just need the opportunity to have a respectful and balanced conversation versus having Inuit women in Inuit communities being told
what to do.

MS. BETH SYMES: So, Inuit women should have choice?

DR. JANET SMYLIE: That’s correct.

MS. BETH SYMES: Thank you. Those are my questions.

MS. CHRISTA BIG CANOE: Thank you. At this time, we would like to invite up Ms. Natalie Clifford on behalf of the Eastern Door Indigenous Women’s Association. For the record, she has 15.5 minutes.

--- CROSS-EXAMINATION BY MS. NATALIE CLIFFORD:

MS. NATALIE CLIFFORD: Good morning. Thank you. As Christa mentioned, I am Natalie Clifford, Eastern Door Indigenous Women’s Association, and we represent the interests of Mi’kmaq and Maliseet women in the Atlantic Region.

And, now, the value in going last today is that I have had the benefit of listening to the questions and answers of my colleagues, and so I just wanted to say thank you to you, Dr. Smylie, and to my colleagues, Commission Counsel and representatives for the parties with standing for the great questions this morning. Thank you. Wela’lin.

MS. CHRISTA BIG CANOE: Thank you, Ms. Clifford. At this point, Chief Commissioner and
Commissioners, we can clear the clock, and I would like to afford the opportunity for you to ask questions in your order of preference.

CHIEF COMMISSIONER MARION BULLER:

(Technical difficulties).

MS. CHRISTA BIG CANOE: Actually, I believe that most was covered. I did have one question, but in the interest of ensuring that you have time to ask questions, I, as Commission Counsel, will waive my right to redirect.

CHIEF COMMISSIONER MARION BULLER: No, go ahead. Please.

--- RE-EXAMINATION BY MS. CHRISTA BIG CANOE:

MS. CHRISTA BIG CANOE: Okay. So, thank you. Actually, we will set the time. I don’t imagine I will use the 20 minutes, but we will set the time just because the normal process is that we have 20 minutes.

CHIEF COMMISSIONER MARION BULLER: And, just so you’re aware, there may be a little bit of movement back here because we are setting up for Commissioner Audette.

MS. CHRISTA BIG CANOE: Thank you. So, Janet, a couple of things that I just have to discuss with you in terms of redirect relate to what my colleagues have been asking you in relation to blood memory and
epigenetics. And so, really, I just want some
clarification around a couple of things to ensure my
understanding is correct.

So, you described this morning your
understanding of blood memory, and you also mentioned that
blood memory is something that some First Nation, Métis
people use when looking back ancestrally. But, I want to,
sort of, talk about or have you help me understand, if we
were translating blood memory into a more scientific art,
what would that look like if we were discussing
epigenetics?

One of the beliefs that people do carry
around blood memory is that it’s right within our blood
and DNA. And, obviously Indigenous people didn’t have
terminology like DNA when they were utilizing this
philosophy or belief, but that it’s right within our DNA
that we carry that knowledge and you talked about it as
that connection to the land. And, we have heard about it
through your answers and responses, and in your
examination-in-chief, the tie to trauma.

But, looking at the strength based approach
-- so we often hear about how, based on blood memory, we
remember the trauma of our ancestors. It’s, like, right
within our DNA that we can recall that harm and that that
is what triggers some of the trauma we experience. But, looking at a strength based approach and helping us understand the science of epigenetics more, can you talk about how we also have within our blood memory the ability to repair?

**DR. JANET SMYLIE:** Sure. So, I think these are going to be important conversations for us to continue to have, because I think the concept of blood memory is coming from, like, Indigenous ways of knowing and doing, and the concept of epigenetics is coming from molecular biology; right? So, just, like, two world views, there will be some synergies and some tensions.

So, I think there is some excitement, at least in the circles that I talk to including the knowledge keepers at Well Living House and Maria Campbell. Like, I was talking to her on Monday about epigenetics, and she said, send me that stuff, right, because it reminds me of things that my teacher told me.

But, I guess, like any time when we are trying to look at both, like, an Indigenous concept -- and of course there’s no Indigenous concepts, it’ll be a First Nation, Cree, Métis, Inuit concept and then lots of diversity, and then we are trying to look at something that comes from outside of our communities, like molecular biology, it’s good. It’s good and exciting when we see
synergy.

So, I do agree with you, because I was asked about the link of storytelling to blood memory, so I talked about that but I would agree with you that at least some, like conceptualizations that I've heard of, mostly in urban Indigenous contexts around blood memory, include the idea that actually we have it in our blood, right, and we have it in our DNA so that we can access things that we need to know. Even if it isn't in our memory or we don't hear a story that triggers it in our memory, it's all there, we know, we have our instructions; right? We carry them with us.

So then when -- and there has been like these cross-discussions for quite a while, like in the U.S., and like Elders like Leroy Little Bear were engaged in discussions with non-Indigenous scientists like around these links. And of course, when people became aware, Indigenous knowledge keepers, about DNA -- and of course, DNA are our original instructions, right, for how we will be in human beings. So there's a clear synergy, right, like between our Elders and knowledge keepers, saying these instructions are in our blood; right? And then, of course, the instructions are in our blood, they're in our blood marrow, they're in every cell, they're in our DNA.

So then the next piece is that with
epigenetics what's happening is they're discovering -- and
the excitement and concern is around the fact that there's
proteins that surround our DNA that turn things on and off
in our DNA, our instructions; right? So that in my DNA,
there's instructions there and those instructions can be
turned into proteins that can help repair, like cancer
cells; right?

But then it's -- scientists are seeing that
in fact if we experience trauma, like some of the proteins
around certain genes, like little pieces of our DNA can
change, and then all of us -- and the instructions in my
DNA can't get out and get translated into, like the other
proteins that are going to help, like identify and kill
the cancer cell, so then I'm more, like suspect to cancer.

And again, you have to be careful. You
should call in a molecular geneticist to actually -- but
that's a bit of an analogy then. So I think it's a course
description that perhaps would stand scrutiny of molecular
geneticists with perhaps a little bit of editing.

Okay. So then the scientists and the
molecular geneticists and geneticists got all excited
because they know we experience a lot of stress. So I've
actually been in meetings in First Nations communities
where the scientists were coming. "We want your DNA, we
want to see it because we think that we can show how this
damage is happening because you're getting lots of damage."

Now, I'm a bit of a pragmatist, but if at the same meeting Elders are coming up to me and saying when are we going to start talking sexual abuses, I'm going to say, okay, let's deal with the damage; right? I don't want you to study our DNA and say how damaged it is; I want to follow the priority in this community, which is, like let's talk about trauma and sexual abuse and figure out how to stop it.

So I do think that the thing about the blood memory is strength-based; right? Because it says even if we have lost something, right, like even if we lost a relative, right, even if -- like the wise old people are dying before they can teach us, and I'm spending too much time running around doing things, and you know, my grandma didn't teach me Cree. So like how could I carry on, like culture and support cultural continuity, like with these challenges. The idea of blood memory is well if I just stop and listen I have those original instructions, I have the instructions I need to be a vibrant and thriving Cree-Métis woman, right, like -- and it's in my blood; right?

So there is -- I don't know the teachings for blood memory around what happens or how it gets
interrupted. I actually know within those teachings around blood memory that if it does get interrupted, blood memory helps me overcome that; right? So that -- like it's a -- to me, the fact that there is this blood memory encourages me to feel hopeful, to feel hopeful about this huge task. That sometimes when we talk to Elders and knowledge keepers, they don't know if we can do it. They don't know if we can preserve our languages and our cultures. But we have this concept of blood memory.

So on the other side, though, of course coming to biomedicine, because it's focused on the negative. It's saying that our blood memory is actually getting interrupted and they're proving it.

When we get to the molecular genetics, and what I'm interested in is learning more about how the blood memory -- well, the epigenetic damage. So let's separate out blood memory and epigenetic damage and repair; right?

So I do believe that -- like the problem with that epigenetic damage is it gets passed on to our children, like the damage to the proteins around the DNA get passed on when the DNA is replicated and then goes into our reproductive cells. So what I'm very interested in and what I don't know enough about and what I hope the molecular genetics will help us understand is that the --
there can actually be processes of repair within this lifetime.

So that teaching that we have, every infant that is born is a chance for us to heal everything, right, if that infant gets what they need, right, and because they have their blood memory. So even if they don't have access, like to all of their grandparents, they have what they need; right?

So I guess maybe we've got to wait for epigenetic science to catch up a little bit; right? Because if we believe our teachings, we have this blood memory, it can get interrupted, it means that it can get repaired. So I believe that what we need to focus on in terms of the science and the molecular genetics is on the repair and what actually will support the repair.

But actually, our Elders have already been telling us about what supports the repair. That's the messaging is these high quality early relationships.

So I don't think the western science is there yet to say the high quality early relationships will support the repair, but I understand that there is some work going on in that area, but I'm ill-equipped to speak to that.

**MS. CHRISTA BIG CANOE:** Thank you. That does help explain some of the differences in some of the
science for us. One of the points you just made was that often, I know I come into communities or research comes into communities seeking to identify just the harm. So, you know, obviously -- and you do a lot, so I'm not saying that you're going to be able to change this with a recommendation. But if focused research on the repair of damage in epigenetics was prioritized over identifying the harms, would that not be helpful?

DR. JANET SMYLIE: Yes.

MS. CHRISTA BIG CANOE: Okay.

Those are the questions that I wanted to ask in re-direct. So Commission counsel is complete at that point, and I would offer the opportunity to the Commissioners to ask questions.

CHIEF COMMISSIONER MARION BULLER: Thank you. The order will go, and technology willing, is Commissioner Audette, then Commissioner Robinson, Commissioner Eyolfson, and myself. Thank you.

MS. CHRISTA BIG CANOE:

Commissioner Audette, if you can just wait one minute for the headset.

COMMISSIONER MICHIÈLE AUDETTE: Yes, of course.

MS. CHRISTA BIG CANOE: We're good to go.

--- QUESTIONS BY THE COMMISSIONERS/QUESTIONS POSÉES PAR
LES COMMISSAIRES:

COMMISSAIRE MICHÈLE AUDETTE: Merci beaucoup, Maître Big Canoe.

Docteure Smylie, encore une fois, toujours, toujours impressionnée par votre savoir.

Ça va pour la traduction?

DRE. JANET SMYLIE: Oui, ça va. Merci.

Mais j’écoute en anglais.

COMMISSAIRE MICHÈLE AUDETTE: Alors,

Docteure Smylie, encore une fois, toujours impressionnée de recevoir votre savoir, votre expertise, mais aussi l’amour que vous avez pour tous ces enjeux-là, ces questions-là, et d’amener d’une façon positive, d’une façon qui n’est pas stéréotypée mais une belle approche sur l’importance de la loge, de la pratique des sagefemmes, du rôle des familles ou de la famille et le tikinagan (phonétique), l’amiotage de nos enfants.

Alors, un gros, gros, gros merci. Je dois vous avouer que je suis d’accord avec certaine parties ayant la qualité pour agir que pour moi ce n’est pas un contre-interrogatoire, mais de façon, dans le respect et dans l’amour, de recevoir votre vérité et votre expertise.

Et je n’ai pas beaucoup de questions parce que, encore une fois, vous nous surprenez pas vos connaissances et c’est beaucoup d’assimilation pour le
Canada mais aussi comme mère et les questions que j’ai
sont d’ordres. Vous avez parlé de deux mondes celui de nos
protocoles, de nos ancestrales, de nos façons de faire, de
notre diversité culturelle comme je le dirais dans mes
mots. Et, aussi, celui tout comme vous je n’aime pas ça
dire non autochtones ou non indiens. Mais, de nos voisins
les Canadiens, comment vous proposer dans un contexte en
2018 d’arrimer dans nos recommandations le savoir
autochtone, la beauté et la richesse avec sa réalité
socio-économique et celui des Canadiens. Comment on peut
arrimer ça comme individu, mais aussi commission
d’enquête? Ça, c’est ma première question. La deuxième
question serait très simple, j’imagine, pour vous comme
docteur. J’aimerais ça savoir avec toutes les années de
recherche que vous avez. Est-ce qu’il y a des preuves de
résultats de recherche qui permettent de démontrer que
quand j’ai le contrôle de ma vie, le contrôle de ma santé
et aussi au niveau de ma famille et de ma communauté? Est-
ce qu’il y a un impact au niveau de la santé en général?
Si oui, quelles sont ces preuves?

DR. JANET SMYLIE: Merci pour les
questions. Je vais commencer en anglais, parce que c’est
mieux pour toutes.

Thank you very much. It’s nice to see you,
Commissioner Audette, and I appreciate the questions.
With respect to the first question, as I understood it, how can we continue in 2018 to work together to bridge across world views? And, of course, every First Nations, Inuit, Métis individual and organization has thought about this.

I guess the piece that I would contribute is to highlight the work around acknowledgement of social positioning, right, that is foundational to that cultural safety training. Remember there’s a slide on cultural safety training, and it talks about how it’s kind of like a progression from this continuum of, like, cultural sensitivity, cultural competency, and it involves two things. One is the ability to be self-reflexive, and we actually talked about some different tools to do that with respect to an individual, and then the organizational self-assessment tools. But, we also said that culturally safe conversations are premised on an acknowledgement like social positioning; right?

So, like, as I mentioned yesterday, historically and currently, the people who have always been and the people who have come to what we now call Canada haven’t experienced, like, equal sharing of health and social resources. And, as was brought forward by many of the parties this morning, and we discussed, like, this unequal distribution of health and social resources.
So, there is an unequal distribution of health and social resources in this country we call Canada, even though, like, at least with respect to access to health, we have a principle that I think the large majority of Canadians would adhere to, and most of our, like, federal/provincial/territorial and municipal governments would want to adhere to that we believe in equal access to healthcare, and we think we’re kind of special in Canada because we have it. But, the fact is we don’t really have it.

And then I guess -- so acknowledging that there is unequal social positioning might seem kind of like a political stance; right? But, actually, if we don’t acknowledge the social positioning, how can we begin to correct it? So, it’s one of the first lessons; right? If we’re trying to be able to bridge across difference which, of course, is my interest in primary care, and we do educate, like, health and social service providers about this, to be aware of one’s own social positioning, and then to do what you can to, like, even out the playing field at least in that interaction; right? Or in that particular context.

And, the other piece is that in addition to the unequal distribution of health and social resources in this country, we have this ugly human tendency, then, that
many of our organizations have been founded on, which is racism; right? And, this idea, and it can enter into our minds that actually people who look different than us are to be feared; right? Like, it’s a really old part. It’s part of that old brain, that old brain that gets us into fight or flight; right? Or corrects the threat of fight or flight with violence and feels okay about it.

So, to me, when we’re moving forward and trying to get to the roots, yes, we need to listen to our knowledge keepers and elders, and think about the protocols and commitments that we have around equity and around common humanity and around recognizing that I’m no different, I’m no better than anybody else.

So, maybe those sound like simple messages, but the problem is just because I want it to be so doesn’t mean that it is so. So, to me, like, that’s part of this constant process, then, of human development; right? So, just because I’m a medical doctor or made an oath doesn’t make me not racist; right? In fact, social psychology tells me I’m going to have to constantly struggle with in-grouping and out-grouping. So, that would be my answer to the first question.

I wonder if I could just get a clarification a bit on the second question? I think it was about impacts on health. So, if I understood it, it
would be a little bit about, like, how the challenges that you might face or that we might face as Indigenous women, and of course they’re diverse, but how it can impact on your health? But, maybe I’ll just make sure I got the question right before I answer it?

**COMISSAIRE MICHÈLE AUDETTE:** Parfait, alors. Tout d’abord, merci pour cette belle réponse à ma première question. Je voulais avec savoir avec votre expérience que vous avez au niveau de la recherche dans le domaine la santé en tant que docteur. Est-ce que vous avez été capable de démontrer que si j’ai le pouvoir sur ma santé, sur mon bien-être comme individu et aussi au sein de ma famille? Est-ce que cela a un impact direct au niveau de la santé en général? Si oui, quelles sont les preuves recherchées?

**DR. JANET SMYLIE:** Okay. Thanks very much for clarifying the question.

So, yes, there is a body of research that looks at autonomy, circle of influence and impacts on health. I’m most familiar with it within the area of, like, maternal health. So, we know, for example, that there’s something -- so, and again, it’s tricky because what happens is these concepts always get framed mostly external to Indigenous communities. So, they make up something called locus of control. There’s also terms
called “social capital”. Most of the times, like, we almost need to, like, fix or refocus the conceptualization a little bit if we want to make them more relevant and conceptually sound from a specific, like, First Nations, or Inuit, or Métis perspective.

But, that said, if we go, like, with ideas about locus of control or social capital, this idea of locus of control was actually emerging as a significant factor, like, with respect to pre-term birth, for example, which we’ve spoken about. So, this would be several years ago. Like, it’s something that would merit, like, a refreshed look in the literature. I’m sure the literature has expanded but there are questions that were asked of women just around -- so this notion of locus of control is, do I, like, have -- am I able to make decisions; right? Like, in my workplace, or do people tell me what to do all the time? And, that women who had more locus of control were less likely to give pre-term birth.

And then this notion of social capital -- and again, they break it down a little bit in terms of, like, most of the time, again these things unfortunately are conceptualized on the individual level, because that is a lot about how my domains of medicine and population health think sometimes. You know, so that could be, is there somebody I could borrow money from, like, if I
forgot my wallet; right? Or, it gets broken down into -- so, that is, kind of, material supports. There is also, like, emotional supports. And, again, this social capital is something that is getting translated, and showing to be important for health.

Again, usually the questions are framed in a deficit way, like the way that we work on that in the field of epidemiology. So, the risk factor would be not having social capital. And then the outcome would be something negative, like depression, or high blood pressure. Again, I believe that there is literature there that would show, like, having social capital is protective against mental and physical health outcomes.

But, again, I would need to have a specific dive into the literature to give you a better answer. More generally the answer is yes. And, I know for sure about the outcomes with respect to pre-term birth.

COMMISSIONER MICHÈLE AUDETTE: I want to say thank you very much. Again, you are an amazing human being, an amazing woman, and Indigenous. Very proud, very, very proud that we can count on your knowledge, expertise, and love for the women and our work. And, from where I am, with my kids, my family, I’m giving you a big hug. And, I hope that our paths will cross again. But, not only virtually, but physically and spiritually. Thank
you so much.

DR. JANET SMYLIE: Thank you.

--- QUESTIONS BY COMMISSIONER QAJAQ ROBINSON:

COMMISSIONER QAJAQ ROBINSON: I want to start, because my phone blew up with sending you regards from TI. Before the Conflict Commissioner decided my kin and relationships was a liability in my role, I was part of the TI Board. And, I want to thank you for the work with the Our Health Counts, and I am really happy that it is published and can now form part of our knowledge. So, nakurmiik from TI. I am going to take off that hat.

And, as someone who has written proposals for grants, I am sure you can appreciate how governments - - like, the dots connected for them. So, one of the things that we have talked a lot about and you have shared with us this last couple of says is the importance of health indicators.

And, we learned, when we were in Québec City, from ITK about social determinants of health. Are health indicators and social determinants of health the same, or are we talking about two different things?

DR. JANET SMYLIE: Yes and no. So, they are overlapping.

COMMISSIONER QAJAQ ROBINSON: Okay.

DR. JANET SMYLIE: Okay? So, health
indicators are just measures or milestones of health; right? And, like, those aunties, like my Auntie Maria will look at me and she will have some health indicators of how I am doing; right? Like, maybe my appearance, like, she can see my spirit; right? But, when I do the study with Inuit in Ottawa, right, like we have to come up with survey questions; right?

So, like, when we get into the population health field, health indicators are measures of health; right? And, like, measures of health, usually if we want to look at health across the board, in, like, population health, we would ask about measures of health status. And, those are usually the illness measures. So, you could also have the happiness measures.

So, it is a big innovation in western science, like, that they are now measuring happiness. But, of course, we measure, like, mental illness; right? Like, we are still with respect to physical health, a lot of times we still measure deficit things; right? Like, chronic diseases, there is five chronic diseases; okay?

So then you would also think, though, at least, like, in population health they said, okay, but we are noticing, like, whether you have high blood pressure or not is related to how much money you make; right? So, that is why all those social determinants of health, and
we say there are Indigenous-specific social determinants of health, like racism, whether or not, like, our community has experienced dislocation; right? Like, whether or not land claims have been resolved; right? Those are Indigenous-specific determinants of health.

But, there are five mainstream social determinants of health, plus more have been added. So, they are, like, income, access to education -- which is interesting, because of course they usually measure it about access to non-Indigenous kind of education, so high school completion, going to university. It will be embarrassing if I can’t remember them all now. Housing, food ---

COMMISSIONER QAJAQ ROBINSON: It is more the distinction between the two.

DR. JANET SMYLIE: --- security. Yes.

COMMISSIONER QAJAQ ROBINSON: Okay.

DR. JANET SMYLIE: So, those are common indicators. And, all of the work we do with our health council, we try to get at both health status measures, social determinants of health, and then access to health care is another very important area of indicators.

But, of course, in our communities we have many other indicators that could be important; right? Like, access to culture, access to language, and community
supports. So, that is the answer.

**COMMISSIONER QAJAQ ROBINSON:** Okay. Thank you. I, sort of, am understanding it as the how and the what.

**DR. JANET SMYLIE:** Yes.

**COMMISSIONER QAJAQ ROBINSON:** Okay. As you know, we have to give recommendations to government, and the Approach A is some of what they want from us. Can you help, sort of, wrap everything we have talked about in the last couple of days up, and describe to us how these social indicators of health, and health indicators, how that addresses violence specifically, and causes, and responses?

You can tell I am thinking about this in the context of how are we going to make the governments understand. So, I was hoping that you could help us connect the dots. I think for so many, and I feel stupid asking this question because I have grown up, you listen, and then you connect it here. But, to make sure those listening can go these next few steps, I would like your help.

**DR. JANET SMYLIE:** Yes, it is a tough one. Now, one thing that I would say is, I actually think this focuses on indicators, like, and coming up with the relevant indicators is a distraction technique; right?
So, for decades now, ever since I have been in health, particularly the federal government says, oh, they are coming up with new First Nations, Inuit, Métis health indicators. Maybe they are coming up with anti-violence indicators. But, keep in mind, these are only markers or milestones. It is not doing anything; right?

So, it is like being in the Emergency Room and saying, okay, we are going to come up with, like, new ways of assessing the health of people, right, because we know our system is broken, but we are not doing anything. We’re just -- so it is -- like, and we know what the indictors are already; right? Like, we could come up with some. Why do we have to have these big meetings about indicators? You can ask community leaders, and they have told us what is important.

So, it is a distraction, and it doesn’t get us to doing things, because you are still looking at the milestone, but you are not actually walking in that direction. And, you are spending all this time arguing about what the marker should be. But, surely, there are some markers that we can agree upon.

So, I would be quite cautious. And, within health, I see it as a distraction technique. It makes community leaders feel good, because for sure the markers, the measuring stick has been held outside our communities.
We haven’t held the measuring stick. So, it is empowering to hold the measuring stick; right? But, then we have to use it and do stuff; okay?

So, I guess, maybe that is why you are not understanding, because it doesn’t actually make sense, because you have been raised to do stuff, as well as, like, talk about the -- and look, so you have been raised to go somewhere. Of course you had to talk and figure out where you were going and think about that, but you have been raised to do those two things simultaneously; right?

But, in my mind, yes, the federal government is using this whole focus on indicators like it is a distraction from doing the stuff. Of course, we need to be wise, like in terms of where we are going and knowing whether or not we are getting to success; right? And, of course, I have focused -- I do focus a lot on measuring, but we get the stuff done with the measures; right?

So, I think that would be the first thing if the Commission has been tasked with coming up with indicators, right, I would just say, okay, that is good, but I want a commitment that actually once you get these indicators, right, like something is actually going to happen; right? Because it is cheaper to just have a conversation about the milestones, right, and it makes
everybody feel good and think that is something happening; right? But, then nothing happens again.

So, in terms of actually trying to think about, like, what would be the milestones, right, to know that we are actually changing things, right, so that change is happening and we are moving towards the goal, because the goal, right, is that First Nations, Inuit, Métis women in this country will be safe and free from violence; right? And, I guess in order for that to happen, we are going to need to have systems in place or revitalization of our own systems where if there were threats to safety, right, or violations of safety, there was appropriate, like, remediation.

So, I guess that is a way -- like, so we could start just like I started with the health of young families, I started with, well, I want to count every baby that dies; right? And, I want to understand, I want to know the story; right? That is a human being. So, we could count every loved one that has been lost; right?

But, I guess -- so then we have to move -- that is the extreme end, so then we try to move up from that; right? Like, a little bit, maybe, not we are going to count. We are going to count, we are going to witness, we are going to honour; right? We are going to do more than count; right? We are going to, like, remember the
people, the human beings; okay?

But, then, we might be like, okay, so --

like just like I said, okay, with -- these babies are
dying. First Nations, Inuit, Métis babies in this country
-- First Nation, Inuit babies are dying two to four times
more often than non-Indigenous babies; right? Like, we
have, like, a disproportionate number of loved ones who
have been lost.

So, the thing is, just as I followed that
pathway back up to get to Indigenous midwifery, right, to
get to these early relationships in the family, right --
and then those are things that you can start trying to
think about. How many Indigenous midwives do we have;
right? How often do women -- how often are we hearing
that cry of birth again in our community; right? And, we
keep tracking how many babies are dying; right? Like, but
we are also now tracking how many babies are living;
right? And, how those babies are growing into amazing
community members, right, and able to fully reach their
potential.

So, I guess in order to have this action,
right, like, we have to kind of go back; right? So, maybe
the first thing is going to be, like, finding out, like,
information about, okay -- like, how -- what are the
conditions; right? And, you have heard about this, I am
sure, what conditions, what are the pathways; right? You have been digging into that. What are the pathways to which we are losing, right, our loved ones, like, to violence; right?

And then of course -- so this path, like, it ends up leading us in all different directions; right? But, some of that path leads us back into our homes and our communities; right? And then we go back a little bit further and we get led into, like, all of the different ongoing impacts, all the disruptors; right? Like, because -- but further up the path, right, is that actually -- so if we wanted to -- like, we know that historically we did have safe homes; right? Like, not perfectly safe. I am sure that there was still violence in our communities, but we had ways of dealing with it; right?

So, now, we live in contemporary times; right? So, part of it is, can we focus on some indicators, like, of -- like family strength; right? Like, in family wellness; right? Like -- and I guess, like, responses; right? Like, that support.

So, we have heard about the impacts of, like, overcrowding, right, and ongoing family disruption; right? So, can we focus on some measures of, like, being able to provide stability in place of residence for families? Like, basic things that we need, right, like,
Panel II

Questions (ROBINSON)

to create, like, the stable homes and families and

communities that will actually provide safe places for us
to live in, thrive as First Nations, Inuit and Métis
people.

**COMMISSIONER QAJAQ ROBINSON:** Thank you.

Thank you very much for that. I am very mindful of the
time because I know you have to get to a flight. But, a
phenomenon was shared with me by a number of women, and it
is actually something in my profession. I have seen the
impacts of -- and it is the ignorance about Mongolian
spots and those being seen as indicators of violence. Is
this something that the medical community is providing
training on or is this another example of something that
requires that competency work to be done in relation to?

**DR. JANET SMYLIE:** I think that it requires

competency work. I think it is based on a lack of
knowledge about, like, what happens. Like -- so,
basically, my medical training, like, was based on the
assumption that people have white skin; right? Like, I
trained at Queen’s; right? And, this idea that actually,
yes, some of us have always had not white skin. And then,
actually, when we intermarry, right, we can also, like,
see some skin changes; right? So, yes, I think that I am
not aware that -- so the way that I hear that taught is
more, like, one-on-one. Like, you see something and it is
like, oh, this can happen. But, I think it would be an important thing to address.

**COMMISSIONER QAJAQ ROBINSON:** My final question, and it is a little bit of a comment, and hopefully you will agree with me -- and I listened to Meeka talk about ow-la-tow-nuk (phonetic) being controlled, and Elisapi talked about the need to be -- for Inuit to be believed and believed in. So, I am looking at the role of non-Inuit, non-Indigenous folks, allies or governments.

And, there is a huge issue as I think about what can be done, looking at the strength-based approach. And, I agree, but there is a need for those that occupy spaces to vacate spaces and create space for that. Would you agree with me that that is in the realm of legal legislation, political, i.e. jurisdiction, but also the need to vacate space, i.e. land, and give that back?

**DR. JANET SMYLIE:** Yes. And, also, in organizations too. So, I think less -- I think there is a need to vacate space. And, what struck me when you were speaking is, just even from myself, like even in leadership positions; right? So, I try to role model. I say I should do something every day, I don’t know if I did it today, to put myself out of my job, right, because it reminds me, right, like that -- so, yes, I find within
universities, right, because I am trying to breakthrough a
couple glass ceilings every now and then.

Yes, I actually have a little -- maybe we
could put it in our organizational assessment tool. So, I
get quite attached; right? It is quite comfortable when I
have, like, a position of authority in an academic
environment, so I need to remind myself that. So, yes, I
think the vacating spaces is not only land-based. It is
in our leadership as well and it is important.

COMMISSIONER QAJAQ ROBINSON: Those are all
my questions. I want to make sure my colleagues have time
before you have to go. Nakurmiik, thank you so much.

DR. JANET SMYLIE: Hay hay (phonetic).

MS. CHRISTA BIG CANOE: Commissioners,
Janet has just indicated, she will give a little
flexibility. I know we asked for a hard deadline of
12:00, but she will give a little flexibility on -- no,
but we might have to have her taken to the airport
directly.

DR. JANET SMYLIE: Yes, if someone can
arrange me a ride. I’ve got to go get my bag, but that’s
it. Yes.

--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON:

COMMISSIONER BRIAN EYOLFSON: Dr. Smylie, I
just want to thank you so very much for coming here and
Panel II
Questions (ROBINSON)

giving us your presentation, your evidence. My colleagues have essentially asked the questions that I wanted to ask of you, as well as the parties with standing, so I’m not going to ask you any questions.

I just want to say thank you, although I would like to -- I could sit at a table, I think, with you all afternoon and just visit and chat about all of these issues. It is so fascinating. So, I’m just going to say thank you and pass the mic on to the Chief Commissioner.

DR. JANET SMYLIE: Okay. Hopefully we’ll get a chance to visit.

COMMISSIONER BRIAN EYOLFSON: Yes.

--- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER:

CHIEF COMMISSIONER MARION BULLER: Dr. Smylie, I have several questions, there’s not enough time. So, what I am going to do is, through Commission Counsel, send some questions in writing to you ---

DR. JANET SMYLIE: Yes.

CHIEF COMMISSIONER MARION BULLER: --- if you would be so accommodating to us and our schedule, I would appreciate written ---

DR. JANET SMYLIE: Yes.

CHIEF COMMISSIONER MARION BULLER: --- responses to those questions from you.

DR. JANET SMYLIE: Yes.
CHIEF COMMISSIONER MARION BULLER: The questions and the answers will be circulated to parties with standing through Commission Counsel, and then will form part of our record as well.

DR. JANET SMYLIE: Excellent.

CHIEF COMMISSIONER MARION BULLER: Our official record. So, I don’t want to keep you because I know -- I do have some power, but not enough to hold aircraft. So, having said that, on behalf of all of us here and those who have been watching through our live webcast, I want to thank you very much for sharing your knowledge with us, sharing your humour and your humility as well.

As is our tradition, we have gifts for you because of the gifts you have given us. The first one -- actually, they require no real explanation. The first one is an eagle feather, because I know you probably have days where you need to be held up. The second gift is tobacco, and again that requires no explanation. But, both are measures of our deep appreciation for your time with us yesterday and today. Thank you.

Having -- we’ll stop now until ---

MS. CHRISTA BIG CANOE: Sorry. May I? Chief Commissioner, yes, if we could have a lunch break until 1:00 p.m. I would just kindly ask that if there’s
any parties who have not yet drawn for the next set of
cross-examinations, that they please do so now. There is
Commission Counsel at the front table. And, also, that
parties with standing return their numbers, so the closing
to return the order is at the end of lunch.

So, by the end of lunch, there will be
Commission Counsel about 10 minutes at the end of lunch
sitting here so you can do that. And, on that note, can
we please close till 1:00?

CHIEF COMMISSIONER MARION BULLER: 1:00,
please.

--- Upon recessing at 12:00
--- Upon resuming at 13:13

MS. CHRISTA BIG CANOE: Chief Commissioner
and Commissioners, good afternoon. We would like to call
the third panel of the week. You will note that one chair
is not yet occupied. One of our witnesses, Mr. Jeffrey
McNeil-Seymour, he will be joining us. We literally just
picked him up at the airport. So, once he has settled, he
will join us. However, we will be calling the evidence of
the first two witnesses prior to Mr. McNeil-Seymour’s
anyhow. And, on that basis, I would just like to
introduce and just give a brief overview.

The third panel that we are calling this
week is on decolonized perspectives. And, we are
fortunate to have the first two witnesses with us today, are T.J. Lightfoot. T.J. Lightfoot is actually Mi’kmaw background, but lives here in Iqaluit. T.J. actually goes by the pronouns they and them.

We also have Jasmine Elisapi Redfern, and Jasmine is also from Iqaluit. She identifies and prefers the pronouns she and her. And, I know that -- I just wanted to raise that because we have discussed this in another hearing in terms of individuals choosing their pronouns as people, and I thought it would be of assistance upfront.

Today, we will be hearing from both T.J. and Jasmine about a number of issues. Before we start the evidence, I would kindly ask that the Registrar affirm T.J. in. T.J. will be affirming on a grandfather rock, I understand.

**MR. BRYAN ZANDBERG:** Good afternoon, T.J. T.J., do you solemnly affirm to tell the truth, the whole truth, and nothing but the truth?

**T.J. LIGHTFOOT:** (Inaudible response).

--- **T.J. LIGHTFOOT, Affirmed:**

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

**MS. CHRISTA BIG CANOE:** And, Mr. Registrar, because we will be hearing T.J. and Jasmine’s testimony concurrently together, I also ask that Jasmine be promised
MR. BRYAN ZANDBERG: Good afternoon, Jasmine. Do you promise to tell your truth in a good way today?

JASMINE REDFERN: I do.

--- JASMINE REDFERN, Affirmed:

MR. BRYAN ZANDBERG: Thank you.

MS. CHRISTA BIG CANOE: Excellent.

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

MS. CHRISTA BIG CANOE: So, I will actually be starting, but Commission counsel, Ms. Thomas, has actually done most of the preparation with the witnesses, so she will take over, actually, the main part. But, for the purposes of introduction and some background, I will be leading the evidence to start.

And, on that basis, I would like to ask T.J. if you could just share a little bit of background about yourself to the Commissioners and those in attendance.

T.J. LIGHTFOOT: Sure. (Speaking Indigenous language). I am Mi’kmaw, two-spirit person originally from Elsipogtog First Nation in New Brunswick, but I have been thankful to call Iqaluit my home for a couple years now.

So, my education is in racialized,
sexualized violence against Indigenous people. That is what my main research area is, but I have an undergraduate degree in psychology and religion and Native studies. My master’s degree is in environmental policy and how Bill C-45 impacted Wabanaki ways of life and their right and access to food sovereignty. So, most of my background and work experience has been as a frontline worker, but breathing in my research that I have done over the years and seeing it on the frontline and as a real person. Yes, that is it.

**MS. CHRISTA BIG CANOE:** And, if I could just ask one follow-up question, can you please share with us some of your frontline work experience?

**T.J. LIGHTFOOT:** Sure. So, in Nunatsiavut, I worked as a mental health worker. I also worked as a K-12 Indigenous teacher, so teaching culture, Ilusavut (phonetic) skills and providing, I guess, emotional support to youth from K-12. I have also worked as a Victim Service worker with the Government of Nunavut for almost two years prior to my position now. Right now, I sit as a sexual health coordinator, but I am not here in that capacity today.

**MS. CHRISTA BIG CANOE:** Yes. And, I just wanted to clarify that. So, your previous work with the government or the current job you have, you are not
actually providing evidence before the Commission on that, any specific individuals or people that you would help; is that true?

T.J. LIGHTFOOT: Exactly. Yes.

MS. CHRISTA BIG CANOE: Yes. I understand that a lot of your education research has focused on environmental policies and their cultural impact, racialized sexualized violence against Indigenous women; is that true?

T.J. LIGHTFOOT: Yes.

MS. CHRISTA BIG CANOE: And, you will be sharing some of that personal knowledge and experience, lived experience you have in relation to those issues today?

T.J. LIGHTFOOT: Yes. I also just wanted to add that Jasmine and myself have worked on -- with the Native Youth Sexual Health Network for the past 10 years on the National Indigenous Young Women’s Advisory Council.

MS. CHRISTA BIG CANOE: Excellent. Thank you.

T.J. LIGHTFOOT: Thank you.

MS. CHRISTA BIG CANOE: I also understand that your background includes training in mental health and addictions, as you have mentioned sexual health, Victim Services and crisis intervention?
T.J. LIGHTFOOT: Mm-hmm.

MS. CHRISTA BIG CANOE: And, you will be speaking today based on your knowledge either in your frontline services generally, or your personal knowledge of these areas?

T.J. LIGHTFOOT: Mm-hmm. Yes.

MS. CHRISTA BIG CANOE: Thank you.

JASMINE REDFERN: Yes. Thank you.

MS. CHRISTA BIG CANOE: Wonderful. Can you do the same as T.J. has and provide us a little bit of background about yourself?

JASMINE REDFERN: Sure. My name is Jasmine Elisapi Redfern. I am a second year law student in the Nunavut Law Program. Prior to that, I was with Nunavut Tunngavik most recently as Assistant Director of Social and Cultural Development. And, before that, a health policy analyst.

I, as T.J. mentioned, have a longstanding involvement with the Native Youth Sexual Health Network. And, my involvement with that started when I was an HIV and harm reduction educator in Vancouver, B.C. where I worked with Indigenous youth on issues surrounding HIV and sexual health, so including things like mental health and addictions.
MS. CHRISTA BIG CANOE: That is helpful, thank you. I also understand that you have designed and delivered culturally-relevant sexual health and harm prevention workshops for Aboriginal youth. I am not sure if that was through the network or otherwise, but can you tell us just a little bit about that?

JASMINE REDFERN: Sure. So, that was when I was in Vancouver with YouthCO AIDS Society, which is an AIDS service organization run entirely by and for young people. And so, that was throughout all of British Columbia, and we would travel to offer young people information and skills to help try to live their lives in the safest ways possible for them.

MS. CHRISTA BIG CANOE: Excellent. Thank you. In addition to this other great work you do, I understand you don’t -- didn’t just work as frontline worker in these fields, but that you also did a lot of volunteering in various organizations?

JASMINE REDFERN: Yes. So, I was also a -- I did some volunteer work with the National Aboriginal Council for HIV and AIDS, which is an advisory council to the First Nations and Inuit Health Branch. I was also a member of the National Indigenous Youth Council for Sexual Health and HIV/AIDS, which is associated with the Canadian Aboriginal AIDS Network.
I also worked with Taking Action for Youth, which was similar to the work that I was doing with culturally relevant HIV prevention education for Indigenous youth just on a national scale.

**MS. CHRISTA BIG CANOE:** Wow. The topics you'll be talking to -- about today, I understand include health policies, sexual violence, the impacts on youth, suicide prevention through a LGBT2S and Indigenous perspective are all based on your personal knowledge or your frontline work and volunteer experiences?

**JASMINE REDFERN:** Yes.

**MS. CHRISTA BIG CANOE:** Thank you.

At this point, Commissioners, I'm actually going to turn the lead of these witnesses over to Ms. Shelby Thomas as Commission counsel. And -- actually, I stand corrected. I did want to, if I may, tender for the purposes of evidence Jasmine Redfern's CV. It's under Schedule A.

**CHIEF COMMISSIONER MARION BULLER:** That'll be Exhibit 21 please.

--- **Exhibit 21:**

CV of Jasmine Elisapi Redfern (3 pages)

**MS. CHRISTA BIG CANOE:** And T.J.'s -- T.J. Lightfoot's resume that's under Schedule B, could that
please also be made an exhibit?

    CHIEF COMMISSIONER MARION BULLER: Twenty-two (22), please.

    --- Exhibit 22:

    CV of T.J. (Theresa) Lightfoot

    (4 pages)

    MS. CHRISTA BIG CANOE: Thank you.

    --- EXAMINATION IN CHIEF BY/INTERROGATOIRE-EN CHEF PAR MS.

    SHELBY THOMAS:

    Ms. Shelby Thomas: Okay. All right. I'm just wondering if we could start today if you can talk about your personal experiences and share with the Commissioners your knowledge with respect to hyper sexualization of Indigenous women and LGBTQ2S people?

    JASMINE REDFERN: Sure. I'm sure that up to this point you've heard testimony about Indigenous women existing in a space of hyper sexualization, and we wanted to also bring forward that that's a compounded reality for LGBTQ2S women who live as -- or Indigenous women who live with those identities and experiences.

    I think the way that's most easy to explain that to people is when you bring up LGBTQ2S issues the first place that a lot of people go is they think, oh, I don't agree with a man sleeping with a man, I don't agree. That's a perfect way to say that's our experience, is
immediately people go to a place of thinking of sexualization instead of thinking about all of our other lived experiences.

For a lot of LGBTQ2S individuals, we can experience elevated rates of sexualized violence that can necessitate higher interactions with institutions. So trying to get health services, trying to get justice services to help deal with those interactions and -- potentially exposing people to additional harm from those institutions themselves.

T. J. LIGHTFOOT: I think I'd just like to highlight too that often LGBTQ2 people are dealing with complex intergenerational traumas that can be compounded within those systems. And so that we need to be cognizant of while racism plays a part in people's experiences while they're accessing help and health services, or even accessing justice, that the onus is double that on Indigenous people. And often we have -- we find ourselves having to either come out multiple times, explain our realities, or make the decision that today I am going to shut down who I am as a person so that I can access the services I need in a safe way.

SHELBY THOMAS: Yeah.

JASMINE REDFERN: Mm-hmm. Yeah. I agree with that. I find a lot of people talk about having to
compartmentalize their identities in order to access certain services. So having to choose between accessing a clinic that's intentionally for Indigenous clients or accessing a clinic that's intentionally for LGBTQ2S individuals. And in both spaces, feeling like you're not entirely being seen or entirely being met or having all of those needs recognized and validated.

**MS. SHELBY THOMAS:** Mm-hmm.

**T. J. LIGHTFOOT:** I'd also like to add onto that and emphasize that for Inuit, we often hear -- and I can't speak -- I'm not speaking as like representing Inuit, but just from what I have heard from other people, is that often Inuit that are LGBTQ2 have to fight really hard in order to be visible in their every day life. And so to access those services and being made invisible again is another form of violence on these people.

**JASMINE REDFERN:** Yeah, I would concur with that.

**MS. SHELBY THOMAS:** And could you provide a little context about maybe the burnout people experience when trying to access these services?

**JASMINE REDFERN:** Sure. So as T. J. mentioned, often when accessing services -- I'll use the example of health services -- when you go to your service provider, often having to come out to your provider in
order to kind of justify the types of services that you're asking for. And sometimes with that, is also having to educate the person that you're asking for a service from on these are your life contexts, these are your identities, these are the reasons why you might need services that are different.

And that can be very taxing for individuals. It kind of shifts that burden where you're - and sometimes this -- I -- sometimes when you're going to services, especially in a crisis state, that can make that that much more difficult for you, is to have to shift out of your immediate needs to be able to provide for the educational needs of the person who's providing you with services.

And this happens not once, but every single time you go to get health services or any type of service, and it can be emotionally, spiritually, physically exhausting for the people that have to go through this. And there can come a point, which we've been calling system burnout, where accessing systems, the burden on you becomes so high that the perceived benefit of accessing those services can seem to be outweighed by that burden, and so some people can choose to completely disengage from trying to access interventions.

**MS. SHELBY THOMAS:** And in our prior
discussions, we talked about the violence and the
different gendered violence that exists towards LGBTQS --
or 2S people. Can you provide a little more context and
give your personal experience with respect to that?

JASMINE REDFERN: Sure. I think what
immediately comes to mind when a lot of people talk about
violence against Indigenous women is immediately thinking
about men harming women, and that can leave out some of
the lateral violence that happens between women, but also,
specifically, can leave out the violence in LGBTQ couples,
or on trans bodies, or trans individuals, or people who
are outside of agenda binary.

And when we talk about violence within LGB2
relationships, we're also talking about the
vulnerabilities that that can create for people, where
services aren't necessarily designed to accommodate those
needs and don't foresee those needs.

And so I'll use the example of here in
Iqaluit we have a domestic violence shelter, and that
domestic violence shelter is a space for women who are
fleeing violence but doesn't necessarily have the policies
in place to deal with people who are fleeing a violent
situation in which a woman is the perpetrator of violence,
or to deal with relationships amongst clients who are
already staying there.
MS. SHELBY THOMAS: And Jasmine, could you provide a little bit of your personal experience with respect to the services that are available in urban communities in comparison to what’s available in rural communities.

So, in my experience in living in Vancouver, there were even community centres specifically for members of the LGBTQ2S community, and who were able to do things like provide programming services, health services, individual support services, but also who were able to work with organizations to help them with some of those cultural competency skills, also to do consulting work to help support organizations identify the needs of LGBTQ2S clients.

And so, I think, going back to the example of the domestic violence shelter, one of the strengths of having services available like that is you’re not putting -- is you have a centralized body who has the capacity and the time to be able to work with organizations to identify these barriers and needs instead of dealing with things on an as and when basis, especially in the context of a domestic violence shelter.

We are dealing with people in vulnerable contexts already and we already know that frontline service providers are often running on a deficit, and of
time and of resources, and that can make a crisis situation where these unidentified at the time needs come up, it can put somebody who is accessing these services at higher risk of harm. And, it can put the service providers in an uncomfortable situation of having to decide between doing what’s easiest, or doing what’s in the best interest of the majority of clients or dealing with the individual needs of this one person.

And, we know that when people are stressed, when people are running on energy or capacity deficits, it can be easier to scapegoat and blame the person who has brought forward this challenge.

**MS. SHELBY THOMAS:** And, do you guys have any, based on your personal experience, ideas on how we overcome the violence experienced and promote Indigenous LGBTQ2S health and well-being?

**T.J. LIGHTFOOT:** So, I just want to elaborate a little bit on what Jasmine was saying and maybe give you a little bit of extra — not that it’s necessarily going to change the rates of violence that we experience, but that there is a potential for work to be done on multiple levels, from service providers — like, whether that’s changing forms that are used at intake at the hospitals, that are used at intake for RCMP and social services and other support staff. Even to what’s being
put out from schools. Like, it starts on every level; right? But, there’s work to be done.

And, there are people within communities that have the desire and capacity to help facilitate that process, but what we are lacking is that organization of Indigenous LGBTQ2. So, just speaking from Iqaluit, there is an LGBTQ2 Pride Association, but there isn’t one that is Indigenous focus. Jasmine and I had worked on events in the past to help make that a reality, but it was -- like, it didn’t stay.

Like, building those networks is really key to, in the very least, not perpetuating those systems, not perpetuating institutionalized racism, sexism and discrimination against LGBTQ2 people.

**MS. SHELBY THOMAS:** Do you guys have any feedback with respect to how protocols or policies can be modified to incorporate that education?

**T.J. LIGHTFOOT:** Yes. So, I think a part of that comes from the need and desire to actually have those -- like, Indigenous people on those boards, people that are a part of developing those policies. There needs to be more visibility from the LGBTQ2 youth, elders and adults, because each one of us comes from a different perspective. Like, we’re fairly young, so our needs will be much different than elder LGBTQ2 people, but also
recognizing that Inuit, Métis and First Nations people all have different needs.

And so, the people that are grounding these policies should be people from the actual environment, from their own territory. So, it should be policies made by and for, and not so much of policies that are enacted against us, that we should be a part of the process, which comes back to the idea of, like, consent. Consent should inform every step of the process.

MS. SHELBY THOMAS: And, as we are aware, there are high rates of youth suicide that are occurring. Do you guys have any ideas on how we better support youth and their experiences?

JASMINE REDFERN: Yes. In our discussions before coming here, we talked quite a bit about how just incredible a lot of youth are. And, when I was working at NTI, we actually did an environmental scan of available youth services in the community and -- sorry, in the territory. And, we were surprised and amazed to find how many of the youth services available are actually run by youth who, of their own volition, of their own initiative, went out and sought funding and made the services that they felt that the youth needed in their community.

And, one thing that we had heard from a lot of youth was that it did make providing those services a
bit difficult for them. A lot of them were high school-aged youth and talking about needing supports to be able to access those fundings, supports with dealing with reporting requirements and issues with ensuring that they had adequate numbers to qualify for certain funding.

And so, we had talked about, one, we don’t want to say that we should always delegate all service provision to youth. We would hope that there should be more services that are -- more supports in place to help youth be able to facilitate this. And, one of the things we had talked about is, in terms of supports, being able to make program funding requirements that are able to be nimble in responding to the individual needs of the youth who are running these programs. And, understanding that the window for which high school aged youth are in the community and in high school is pretty short, so we have, at most, about four years of an individual who, and at often times, is very individual run.

There will be one person who is just an amazing go-getter, who is really driving that force, and understanding that we only have four years of that, and we need to be able to access more youth to be able to give them those skills to be able to continue that on and make sure that it’s responsive to -- every youth is different, every person is going to have different strengths and
different needs, and so being able to respond to that, so that those can continue on.

**T.J. LIGHTFOOT:** Yes, I think to understand the issues of LGBTQ2 self-harm and suicide risk, they are so complex, you know, it breeds from everything from, like, policies within schools, having access to counselling, bullying, the need for adequate safe housing.

The reality is, is that a lot of LGBTQ2 people will face sexual violence in their lifetime, and whether or not they have access to counselling support and justice on a regular basis, or that’s safe and culturally informed or even available in their own language is a real barrier. So, we don’t have, like, a silver bullet to say, like, if you put money in this pot, this is going to fix it for us; that’s not the reality. But having people included and visible, and making safe spaces everywhere so that people can just be who they are, that’s very important.

**MS. SHELBY THOMAS:** Jasmine, in our previous discussions you did mention new ways of bringing awareness to the issues. You brought forward, the #decolonizeSAAM; could you explain that a little bit.

**JASMINE REDFERN:** Sure. So decolonizeSAAM is -- was a hashtag started by the -- I believe, the Save Wiyabi Project. And it’s kind of part of a growing trend
that we’re seeing is a lot of discussions amongst young people taking place online and so decolonizeSAAM stood for Decolonize Sexual Assault Awareness Month, and was an opportunity for young people, especially young women, to talk about their experiences of violence and their experiences of trying to access services. And, also, for individuals who work in providing those services and frontline services to be able to talk about the gaps, the barriers, and the needs that they experience in a very open and honest way that we aren’t necessarily always having the forums to be able to do in a physical space.

And I think that’s one thing that a lot of young people are really good about being able to facilitate, is finding ways to do things that are low-cost; finding ways to do things that are accessible to as many people as possible. And so that we can have those very diverse conversations and make sure that everyone is given an equal voice.

Yeah, that’s something that we’d utilized a few times with the National Indigenous Young Women’s Council. Also, an opportunity for talking about things like teen parents; about Native women and breastfeeding; and parents who use substances, which I think are topics we don’t often get to talk about in very open or transparent ways.
And I think that’s part of the importance of allowing youth to kind of dominate these conversations and about allowing us to take conversations to forums that youth are able to control is, I think, some of those topics are ones that make a lot of people uncomfortable and so our conversations that might try to downplay or suppress or try to very tightly control what the messaging is. But when we try to tightly control the messaging, we don’t always get the same diversity of experiences and there might be voices that are more likely to be marginalized.

**Ms. Shelby Thomas:** Again, when we were talking previously to sitting here today, we talked about the lack of prioritization of LGBTQ2S problems and issues in comparison to other whether it be health-related issues or mental health-related issues. Can you provide a little bit of context with respect to that?

**Jasmine Redfern:** Yeah. So in our conversation we had used the example of feminism and talking about the marginalization of LGBTQ2S or Indigenous perspectives within that realm and framing it as, “Oh, once we’ve achieved this threshold of equality for women, that’s when we can start to look into issues that are specific to Indigenous women. And that’s when we can look into issues that are specific to LGBTQ2S individuals.”
And wanting -- but we’re not fragmented people. We’re not little pieces that can be put away or put in a bag. We are whole people and so the issues that we face as Indigenous women or as Indigenous people, we also face as Indigenous women. We’re not able to kind of put part of ourselves in our pocket and say, “Well, okay, this part of me is achieving equal wages, but this part of me is still behind.” That’s not how we work as human beings.

And so wanting to make sure that when we approach issues as Indigenous people, as Indigenous women, that we take an intersectional approach which recognizes all of the different aspects of who somebody is and accept people as whole people and everybody -- every single person of being equally deserving of dignity and respect, and trying to ensure that we encompass and incorporate all of those needs.

TJ LIGHTFOOT: So there’s a need to make sure that we’re not just visible but that our histories are visible. So a lot of Indigenous LGBTQ2 information about even our very existence has been denied and pushed back and hidden. So I think a part of combatting that is to allow this space to talk about LGBTQ2 issues on every level; so education and health and mental health and access to lands, even within consultation processes like that there should be -- that we should be a part of that
process and that we should be recognized.

**MS. SHELBY THOMAS:** Now, in taking the racialized and sexualized violence towards Indigenous and LGBTQ2S people, I would like if we could start, maybe, discussing that violence as it relates to resource extraction industries.

**TJ LIGHTFOOT:** Sure. So racialized, sexualized violence, the idea, the concept comes from an understanding that violence that happens to Indigenous bodies often comes from a gendered place. It has -- and this is part of -- it’s kind of a leeway from the discussion and narrative around feminism.

So where feminism sought to push us out of the narrative and not make us part of the whole racialized, sexualized violence, when you look at resource extraction and the violence that happens to Indigenous people, it comes from the understanding that Indigenous women -- and I mean “women” under the understanding that it’s self-identified women, it includes people that are trans; like, it’s encompassing. So women from an Indigenous perspective that the violence that happens to us is linked to what happens to the environment.

So that because we are the first environment, what happens to the lands impacts us directly. And that it happens in a number of ways,
whether that’s physical or mental, emotional, and also breeds into the workplace if people decide to engage in these industries.

MS. SHELBY THOMAS: Okay. Now, you mention different forms of violence on the environment. Did you want to go through a different -- or the different forms of an environmental violence?

TJ LIGHTFOOT: Sure. So when I speak about environmental violence, in our documents, the land/body defence ---

MS. SHELBY THOMAS: It’s found at Schedule C of the materials.

TJ LIGHTFOOT: M’hm. So there is -- on page 13, you’ll see a little text box, for whoever has access to the materials.

Anyways, in the text box it talks about three different types of environmental violence. So environmental violence as it impacts reproductive health issues; how it impacts physically, whether that be through human trafficking and sexual exploitation; increased rates of STIs; increased rates of, like, police state violence.

But the way that I’ve used and looked at it from my own perspective, has been that Indigenous women are often neglected, they’re shut up and shut out of consultation processes; they are impacted physically as
their reproductive health is impacted from the environmental fallout from these projects; that the influx of transient employees as a result of resource extraction brings increased domestic violence, physical violence, and sexual violence against Indigenous women. And that for women who choose to participate -- and I say “choose” under the understanding that often these choices are put on our communities, that we don’t often have a say, and sometimes the reality is that it’s the only economic driver in our communities. So, for the women that loosely choose to participate in these ways that they face racism and sexual harassment and exploitation.

**MS. SHELBY THOMAS:** Right. And, in this same report that we have in the materials, there also is discussion about the impacts of man camps. Did you want to talk a little bit about that?

**T.J. LIGHTFOOT:** Sure. So, I figure you guys probably have already heard about man camps. They are -- so there are two types of man camps. There are man camps that are set up by resource extractive industries. So, the company pays to have, say, like, a number of portable housing put onto a plot of land, or there are informal man camps which are -- private individuals will go ahead and set up a number of, like, mobile homes and put it on their property knowing that the workers are
working within the resource extraction industry, so as
seen in Alberta, and B.C. and other areas.

So, what happens is there is an influx of
workers that are coming from an understanding that
sometimes, and not all times, but sometimes these people
are coming from impoverished communities themselves. They
are often cis, heterosexual males that are Canadian. And,
I use that meaning that they are not Indigenous.

So, the influx of workers in these areas,
what we have seen is that they have led to increased rates
of sexual violence and physical violence, the abduction of
Indigenous women and children. And, that because of
things like environmental racism, the resource extraction
happens on -- in our territories, often times around
remote communities so that the concentration of people
from the outside happens locally. And so, the people that
are most vulnerable, the people that are in the fallout
areas are, in fact, the Indigenous communities
surrounding.

So, there was -- so it talks about that in
the schedule -- the land, body defence one, resource, but
it also talks about the impacts under the Pauktuutit
report where they talk about the mining industry and how
it has led to increased rates of STIs, domestic violence
and physical assaults in Inuit communities. So, I put --
I wanted to make sure to introduce those two together so that you understand that this is a systemic program. It is not just happening to Inuit, it is not just happening to First Nations people or to Métis people.

And so, if you look on the screen, you will see -- it is the graph from Pauktuutit, and it reflects Inuit women’s perception and opinion on what happens when resource extraction comes to their communities, so how they feel about mining. And, I would just like to highlight the fact that the opinions aren’t overly negative and they are not overly positive.

But, the things that they highlight are things like loss of culture; increased rates of domestic violence. I know I said that quite a bit, but it is important because it is the reality in our lives and it impacts our safety; that there is a decrease in -- I don’t know if it is in this one, but a decrease in Indigenous languages. So, the mines don’t operate in Inuktitut, it doesn’t inform their culture. And, what happens is that even if Inuit are in those environments, the message is that you are not important enough to live and work in your own language, and that is a form of violence.

**MS. SHELBY THOMAS:** Before we continue, Chief Commissioner and Commissioners, I would just like to -- I would like to request the two documents be entered as
exhibits. One is found in Schedule C, and it is called Violence on the Land, Violence on our Bodies.

**UNIDENTIFIED SPEAKER:** Schedule C from whose evidence? Because I have them by witness as opposed to the title.

**MS. SHELBY THOMAS:** It would be in Redfern and Lightfoot’s.

**CHIEF COMMISSIONER MARION BULLER:** The Violence on the Land, Violence on our Bodies, Building an Indigenous Response to Environmental Violence will be Exhibit 23.

--- **Exhibit 23:**

Violence on the Land, Violence on our Bodies: Building an Indigenous Response to Environmental Violence” (116 pages)

**MS. SHELBY THOMAS:** And then the second report I would like to request be tendered as an exhibit is found at Schedule D in the same materials. And, the title of the document is, The Impact of Resources Extraction on Inuit Women and Families in Qamani’tuaq, Nunavut Territory. I apologize if I mispronounced that word -- or that territory.

**CHIEF COMMISSIONER MARION BULLER:** Exhibit 24 will be The Impact of Resources Extraction on Inuit
Women and Families in Qamani’tuaq, Nunavut Territory.
Report for the Canadian Women’s Foundation, January 2016.
That is 24, please.

--- Exhibit 24:
The Impact of Resource Extraction on Inuit Women and Families in Qamani’tuaq, Nunavut Territory, report prepared for the Canadian Women’s Foundation by Pauktuutit Inuit Women of Canada, 2016 (91 pages)

MS. SHELBY THOMAS: T.J., you briefly mentioned some of the impacts in the Pauktuutit report talking about the languages. There was also other impacts mentioned in there like impacts on families and communities. Did you want to talk about that a little bit?

T.J. LIGHTFOOT: Sure. So, from what I read from the report -- and I just want to be clear that it is not my own research. So, there is a number of issues that were identified on -- there are two graphs that I would kind of like to highlight if you have access to this. Page 32, there is a graph that looks at recounting Inuit stories.

So, the -- what you are seeing is the results of a questionnaire -- yes, thank you. They are
the results of a questionnaire that were put out for about
49 people that either currently live and work within -- or
not live within the mine, but they work at the mine or
have worked at the mine in the past, and some of the
issues that they felt were a result of mining activity in
their area, and so this is based out of Baker Lake, were
increased alcohol use in communities, language conflicts --
and what I understand language conflicts to mean, and it
elaborates later in the document, is that the language --
like the signs, they sometimes -- so in Nunavut -- let me
pause.

In Nunavut, we have a language Act where
services have to be provided in Inuktitut, you know, in
Inuinnaqtun, English and French. So, all the posters and
information have to be translated. But, the language that
dominates the mines is not in Inuktitut. It is not in --
it is not grounded or based in the community -- like, in
the local language. It is often that of English, and that
happens as a result of transient workers being brought in.

The transient workers are often the people
that have the higher paid positions where we find that
Inuit women as identified in this questionnaire, I think
it was a questionnaire, that they often occupy the lower
wage position. So, they are the cleaners, they are the
cooking staff, they are the cleanup crew, but not the
people that have expertise which, again, leads to levels of inequality in the communities, and in the mining setting and in the camps.

So, they also talked about loss of traditions and cultural practices, increased drug use in the community. There is racism at the mine. There is gambling in the community. Sexual harassment at the mine is the reality for a lot of Indigenous women workers. And then if people are crossing over and making various stops, because you have to travel in land and fly in the community, there is racism within even the airport.

And so, even though it is not related to Baker Lake, I would just also like to highlight that in Labrador, in Nunatsiavut, in Goose Bay, you also see this reflected in the Muskrat Falls, their resource extraction. So, that is just to say that, like, this happens across the board and communities that are the frontline that feel these things.

So, the workers that come into this community, they have access to a brand new airport. They are sectioned off. They don’t have to interact with the Inuit that live in the communities. They have their own special buses. So, they don’t have to make an investment in the communities or interact with our people unless they want to. And, often when they do make that choice, it is
one of exploitation. It’s one of exploitation.

**MS. SHELBY THOMAS:** And, there’s another
document that was provided, and it was found at Schedule F
in the materials. It’s actually a paper of your own. I’m
just wondering if you could provide a little overview of
that paper and any background information to the
Commissioners?

**T.J. LIGHTFOOT:** Sure. So, just to -- I’d
like to be mindful that I did this work as an
undergraduate, and it’s -- I’ve grown as a person since
then, or at least I like to think. I have done a master’s
degree since then, so that’s just to say, like, I’ve
learned things.

But, that’s not to invalidate the
information that I was looking at. So, this paper,
although it’s my undergraduate work, I have spent over 10
years now continually reading and collecting sources as it
relates to racialized, sexualized violence against
Indigenous women.

So, the paper you see is called “Predators
without Reprisal - Abuse of...” -- it says “Native Women,”
but again, language has changed, and I should have known
at this time that we should have used things like
Indigenous because terms like Aboriginal and Native seek
to divorce us from our lands, and that is exactly what I
didn’t want to do with this paper. So, title change
should say “Abuse of Indigenous Women.”

So, this paper, although I used the word
“L’nu,” it’s a Mi’kmaw word used to talk about the people.
So, the reason why I started looking into and developing
this paper was because, at the time and not now, there was
a limited amount of resources that made the connections
between historical materialism, our colonization and its
impacts, its direct physical impacts on Indigenous women.

So, I wanted to look at it, like, from this
perspective. It talked about the connections of
colonization and their impact on Indigenous women being
able to be visible and included in consultation processes,
and when they’re not acknowledged, that is a form of
violence that erases us from spaces that we once occupied.
It also looked at the fact that when these resource
extractions happened, like, these industries happen, the
environmental fallout -- because of the areas that are
chosen often impacts Indigenous women. It impacts their
reproductive abilities; it impacts even our rates of
breastfeeding. That that seed is always in your mind
that, like, am I being exposed to these chemicals that I’m
going to pass on to my child?

And, when you make that impact on women,
because we’re the first environment, you’re impacting the
ability of people to pass on their culture, language and traditions. You’re impacting the survival of the people. And so, when you do those things, when you impact those things either directly or indirectly, whether it’s popular to say it or not, that is genocide, and that’s the reality that our people live with.

The other thing is that when -- the other part that I talked about was the idea of consent and how Indigenous people are often consulted -- and I use the term “consulted” very loosely because people will show up in our communities and not translate documents, or they will have a meeting on a Friday night in a part of town that is inaccessible because they know that it’s going to get low numbers, but they’ll still be able to say they consulted. That there are tricks within the industry that are known and enacted on our communities that cause violence against us through that process, and that, you know, it can sometimes, as an Indigenous person, make you feel like you’re being paranoid when you talk about the realities of these things. Like, am I making these things up?

And, coming from the reality that a lot of our women have been subject to abuse systemically, not just sexually but also psychologically and in domestic places, that all those things interplay, and that that’s a
really big important part. That if you’re messing with
consent, and if you’re keeping people out of these things
and the onus is on us to prove that these things don’t
exist instead of the flip side being on industry to prove
that they’re not going to cause us harm, it sometimes can
make us feel crazy. So, that people like me, I had to go
out and get a master’s degree because I was treated as if
I wasn’t knowledgeable about my lands, that my opinion and
my ability to read the industry’s own documents, that I
wasn’t an expert or that I wasn’t competent and capable
because I didn’t have those letters behind my name. Now I
do, but has that changed anything about my ability to read
or write? No. Like, those things, those are the small
acts of insidious violence that happen to us.

**MS. SHELBY THOMAS:** Chief Commissioner and
Commissioners, I would like to request that the document
found at Schedule F in the materials titled “Predators
Without Reprisal - Abuse of Native Women” by T.J.
Lightfoot, December 8th, 2008, be tendered as an exhibit.

**CHIEF COMMISSIONER MARION BULLER:** Just one
question before we do that. At the bottom, it looks like
that might be a student identification number; is that
correct?

**T.J. LIGHTFOOT:** It is.

**CHIEF COMMISSIONER MARION BULLER:** We’ll
redact that, Mr. Registrar, on the copy that is marked.

So, the document, Predators Without Reprisal - Abuse of Native Women by T.J. Lightfoot, December 28th, 2008, will be Exhibit 25, please.

--- Exhibit 25:

Predators without Reprisal: Abuse of Native Women,” by T.J. Lightfoot & Andrea Bear Nicholas dated December 8, 2008 (19 pages)

MS. SHELBY THOMAS: T.J., we also discussed -- or you’ve already discussed language loss and the impact of that. Are there any recommendations you have with respect to what can be done with language loss and how we can overcome, and the importance of language?

T.J. LIGHTFOOT: Absolutely. So, this information and the reason why it is important is because our languages carry our culture and it carries our ways of identifying and knowing about our world. So, the erasure of Indigenous language and the lack of investment in our languages can often lead to two harms against us.

In the very least, yes, we see posters and resource extractive industries with our Indigenous languages on them, but that there needs to be a priority to have Indigenous language rights enshrined so that immersion is a reality for all Indigenous children in
their Indigenous language. And, I think that until there’s actual serious work in making that happen, that we’re going to continue to see problems.

So, small things can happen. I mean, we can do things ourselves. We can make the attempt to speak our Indigenous languages at home, to teach our friends, to teach our friends that even to teach people that are coming into our territory, we can teach them our languages, absolutely, as much as we know. But, if we’re going to talk about reconciliation, that there should be an onus and enthusiasm from non-Indigenous people to also learn, and that there should be a fundamental shift in our communities so that, instead of speaking about it on a higher level that Indigenous languages are here, they’re on posters, and these kind of things -- so changing the work environments to function in our Indigenous languages, that has to happen.

Like, in Nunavut, I should be speaking Inuktitut to all of you and the onus should be on us that there should be translation. I know it’s not necessarily a popular opinion, but I think that until we start showing that genuine interest and honesty, that there’s going to continue to be problems. I don’t know if that answers.

**MS. SHELBY THOMAS:** And, there’s another document we have attached to the materials, and it was
called “Linguicide.” Did you just want to discuss that a little bit?

T.J. LIGHTFOOT: Sure. So -- if I can get to it. Thank you.

Okay. So, the article you’ll see, “Linguicide - Subversive Education and Killing Indigenous Languages of Canada,” the reason why this was put in -- so it talks about mainstream education in English as being subtractive education for Indigenous learners. And, that the more hours a day you spend learning and thinking monolingually in English, how it harms an Indigenous person through their culture, their academic success and their mental health.

If you look to page -- I think around page 13, I think that’s how mine is labelled, 13. You’ll see where they make the link between -- is it okay if I just read this quote?

MS. SHELBY THOMAS: Yes.

T.J. LIGHTFOOT: Okay. It says, “Since submersion education is now linked to serious psychological, educational and cognitive harms, its role in the impoverishment and marginalization of Indigenous peoples can also be said to serve the powerful interests cited here.”

So, basically, like, it’s a conversation
talking about the importance of immersion education and how if children spend the first five years of their formative education and their Indigenous language, that it’s a direct predictor of academic success in high school and university. And so, not that you will necessarily see the academic success in the formative years, but over a long time, it impacts every level of their well-being.

So, the reason why I wanted to highlight that is even in the very least, if the reality is that we have to undergo this resource extraction, the mining, the fracking, all these things, if we have to go through it, then at least give us the access to immersion, so that our people will start to be on equal footing, that we will have higher rates of high school graduation, higher rates of success in post-secondary. Not that you will necessary need them, but what we know is that this is what these industries are asking for, and if the reality is that this is the only economic driver in some of these communities, then we should be full participants. And, that’s only achievable through immersion.

**MS. SHELBY THOMAS:** Thank you. Chief Commissioner and Commissioners, I would like to request that the article, Linguicide: Submersion education and the killing of languages in Canada by Andrea Bear Nicholas, March 1st, 2011, be tendered as an exhibit.
CHIEF COMMISSIONER MARION BULLER: Yes, the document, Linguicide: Submersion education and the killing of languages in Canada by Andrea Bear Nicholas, March 1st, 2011 in briarpatchmagazine.com will be Exhibit 26.

--- Exhibit 26:

PDF copy of “Linguicide: Submersion education and the killing of languages in Canada,” by Andrea Bear Nicholas, published in Briarpatch Magazine March 1, 2011 / printed September 12, 2018

(11 pages)

MS. SHELBY THOMAS: Throughout the time you have been speaking, there has been some images going on the screen, and I was just wondering if we could take a brief moment to talk about them.

T.J. LIGHTFOOT: Absolutely. So, the image that you are seeing right now was made by a Métis artist that we love dearly, her name is Erin Konsmo, she is also a member of the Native Youth Sexual Health Network -- or, well, former I guess. Okay. Potentially former. She is also a founding member of the National Indigenous Young Women’s Advisory. So, I think you can, kind of, see a theme of where our passions lie.

The image that you are seeing was made for her in response to the environmental harms that we are
going through. Youth are trying to find ways to make sense of the physical harms that we are feeling every day, and this artwork is a part of trying to make sense of that, but also a part of speaking to colonial powers, because youth are often pushed out of those environments. We are often -- their voices are not heard or they’re silenced in community decision making. Sometimes they will have, like, special little roundtables and they will bring the youth to the side, and they will give us donuts and coffee, and say that they consulted with us, but we are not invited to the big people table, which his not how we operated. We know that through education models that Montessori style of learning is the best way to learn, and the reality of colonization is that they have broken the chains and links between our generations.

So, I think that Erin’s work is very brave and that she’s making those connections again. And, that we, Jasmine and I, are here to ensure that there is continuity, and that, you know, soon we are going to have to stop talking about being youth and we will be aunties together, and still producing art like this and bringing the smaller generations with us; right?

So, this image that you see. I don’t have the artist’s name. But, again, talking to resource extraction and its direct impact on Indigenous women’s
bodies. Artwork has a way to -- Dr. Smylie, she talked about storytelling and its importance, but art is so important and so vital for understanding our histories. And, I find this stuff is better than me just rambling on for 45 minutes.

So, this image is of Amanda Polchies, she is from my home community. And, the reason why I really wanted to make sure that you guys see this image is because this was happening in October, around the time that fracking was being pushed through my community. My community had set up a warriors camp -- and I say warriors under our understanding and not like other people’s understanding of warrior. But, that camp consisted of women, and grandmothers, and children and elders, no one had rifles at this camp. It was supposed to be a safe space. All they were trying to do was to keep fracking from coming into our territory. They were trying to make sure that access to clean drinking water was a reality for our people. Meanwhile, people -- we live on waterways, that’s our way of life. If you connect, or disconnect or sever that tie, you are destroying our nature -- our nation. You are committing genocide.

So, my family friend took on -- how many RCMP officers are standing around her? Can you see that? There’s at least 20 RCMP officers against one Native woman
with a feather. But, when our women are raped, when
Indigenous people are calling for help, when LGBTQ2 people
are asking for police support, we can’t fucking get them
to show up. That’s violence. Whose interest does that
protect? No one’s but SWN and other companies like them.
That’s why I wanted you to see that, because that’s
peaceful.

When mainstream Canadians tell us they want
us to be peaceful, and quiet and react in a way that’s
dignified. We do. And, what are we met with? Violence.
On every front, it’s violence. That’s not okay. We need
to have consent over our lands and bodies, we need to have
consent over what happens in our territories, and we need
to stop this policing over Indigenous action, you know?

I have a lot of loved ones that are RCMP
members, that are peace protectors in our communities, and
I know that they deal with cognitive dissidence because
they hear the racism that happens behind the lines, that
happens behind those uniforms. I understand that. But, I
just wanted you to see that this is our reality, but it
doesn’t have to be.

MS. SHELBY THOMAS: T.J., can you tell us a
little bit about the t-shirt you wore today?

T.J. LIGHTFOOT: Yes. So, my wife, who is
amazing, she laundered all of my t-shirts, my activist t-
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shirts, to make sure that I had access to ones that are important. But, my t-shirt says, Defend the Sacred, and it’s actually a reference to Standing Rock and the occupations that happen there. And, the funds that supported this t-shirt actually went towards Indigenous people within the camps, the people that were tear gassed.

And, outside of the frame of that picture that was just shown, there was an elder that was on the ground, that had been tear gassed by RCMP as well. She was unarmed. She didn’t pose a threat.

But, anyways. So, stuff like this. This is how we make sense of our world and these are things that we should be supporting.

**MS. SHELBY THOMAS:** Before we finish off today, I was just wondering if either of you have any recommendations for the Commissioners. And, you have mentioned a few throughout testifying this afternoon, but anything you would like to highlight again?

**JASMINE REDFERN:** I think I would really like to highlight the need to whenever we're in these positions of power to be able to have some control over the narrative to always look around and take note of who's there, but most importantly, take note of who's not here. And find them -- find someone who has an awareness of those issues and make sure that those are reflected
throughout.

    We're very privileged to be able to be
invited here to speak with you, and we recognize that we
don't reflect all of LGBTQ2S and two-spirit peoples. And
ensuring that throughout the process you're using an
intersectional analysis to look at people as individuals
and as constellations of identities and to make sure that
we're not erasing anybody in -- for administrative ease.

    T. J. LIGHTFOOT: So some other
recommendations I would also like to highlight is that --
I know you probably heard it lots -- that our treaties and
land claims negotiations that they need to be honoured but
honoured in a way where people understand consent and that
this is a part of every day knowledge. Like that there
needs to be major educational reform.

    MS. CHRISTA BIG CANOE: T. J. and Jasmine,
I just have a couple of last questions too, if I might.
First of all, I understand you're both parents, and that
you both have daughters. Am I correct?

    JASMINE REDFERN: Yes.

    MS. CHRISTA BIG CANOE: So, you know, you
made a joke, T. J., that soon you're not going to be able
to, you know, carry that youth banner.

(LAUGHTER/RIRES)

    MS. CHRISTA BIG CANOE: But it's
interesting because, you know, a lot of what you've
expressed today demonstrates sort of a passionate activism
for the rights of Indigenous women. And what I'm really
curious about is like when you think of your future, and
your children, and your daughters, what are some of the
hopes that you have they won't have to experience that
you've experienced?

JASMINE REDFERN: That's a good one.

T. J. LIGHTFOOT: Yeah.

JASMINE REDFERN: That's a thesis.

MS. CHRISTA BIG CANOE: It is. And you
don't have to go into great detail, but if you can even
think of a couple of things that you think you could share
that your daughters' worlds would be better, that --
better, or that you didn't have to deal with?

T. J. LIGHTFOOT: I think one major thing
is that I want her -- like our families, I want our
families to be a part of the norm, you know. I want her
to grow up and it be okay to play mom and mom. I want her
to see herself in books and love that. I want her -- just
her existence that the plethora of what it means to be an
Indigenous woman that it's accepted and celebrated and
it's part of the norm. I do want her to still be an
activist, and she will be whether -- well, she already is.

You know -- but I also -- I can't speak for
Jasmine, but I feel like Jasmine and myself have worked very hard at building a safe community for each other and -- like as far as a network goes, but even within our community.

Iqaluit, though, it has a lot of transient people. Indigenous people always find their way to connect and drive together, and I just hope that she carries that. I hope that she feels rooted and connected to this environment, that she's Inuk and that she is proud of that. I wanted -- I want that pride in who you are to be okay. I mean, humbly. I know that pride is not a value, but humbly, I want her to be okay with who she is.

JASMINE REDFERN: Yeah. I agree. I really hope that no matter what, my daughter always feels like she has a voice and a voice that will be heard. I hope -- oh, sorry.

(T.LAUGHTER/RIRES)

T. J. LIGHTFOOT: You brought up my kids.

(LAUGHTER/RIRES)

JASMINE REDFERN: I hope that she will always feel like she has a home and a place. I hope that she will never know what it's like to be afraid to ask for help. I hope that she will always be proud of herself.

MS. CHRISTA BIG CANOE: Thank you, and I know that is a tough place when we make it really personal
and we talk about children. But I also am going to be very presumptuous here and assume it's safe to assume that a lot of your passion comes because you are parents and because you do have daughters. Is that fair?

T. J. LIGHTFOOT: That's fair, but also knowing that, like I have -- we have short lifetimes; right? And the reality is, is that as a LGBTQ person, I'm more likely to die violently than my counterparts. And I need to think about those grandchildren that I may not see, you know, that those grandchildren and great-grandchildren that that passion comes for them and comes from my community.

I was taken from my home community as a child and given to an abusive white heterosexual father, and I've worked very hard to do right by my community, no matter where that community is, and it just happens to be here right now.

MS. CHRISTA BIG CANOE: And my last question is you talked about building a community, not just between the two of you and your families but extending beyond. How important -- and we heard Dr. Janet Smylie. I know you didn't get the advantage of hearing the first part of her evidence, but she talked about every day ceremonies, like having meals together, drinking tea together, those every day little things and how important
they are and to establishing community.

   And you feel like -- do you feel like
you've created that here, and has it really helped sort of
solidify your feeling within the community?

   T. J. LIGHTFOOT: For myself, I have. I
was really lucky early on. When we moved here, I found a
group called Canook (ph) and got brought into them. And
they're a group of supportive Indigenous folks. They're
all Inuit, and they run groups by and for Inuit, like
based on Inuit needs in the community that are all about
seeing Inuit do better and supporting each other.

   And I think that they are my grounding
people. I feel like -- their events are really cool, and
so I just try to go to everything that they do. Yeah.

   So you find ways, and even in the
workplace, we find ways to make connections with people.
It's a part of like that Indigenous way of knowing that
she talked about, that -- like we find out who's your
aunts and uncles and cousins, and these kind of things,
and try to make those connections every day. So I also
hope that, you know, you do that as well.

   JASMINE REDFERN: Yeah. I think I'm really
lucky that at such a young age I found the Native Youth
Sexual Health Network and so many amazing people who
instantly saw me, and got me, and were able to help expose
me to so many alternatives in how spaces that I live in
and spaces that I have to interact with could be.

And I feel so fortunate to have kept so
many of those friendships lifelong, and for the patience
of my childhood friends and my friends here at home who
are so open to hearing these different experiences and
open to creating new spaces.

Especially as so many of my friends are
parents, as we talk about the ways that we raise our
children and our hopes and our dreams for our children and
talking about the ways that some of -- the ways that we
can make our children's childhoods easier than they were
for us, and how we can protect them from some of the
things that we experienced and that we now know better how
to protect them from having those same experiences.

**MS. CHRISTA BIG CANOE:** Thank you. We're
going to hear from Jeffrey. He'll be providing some
evidence. But I just wanted to ask. You're comfortable --
at some point the other parties withstanding will be
asking you questions, and anything that's been put into
evidence or anything you've talked about, you're
comfortable answering questions from our friends? Yes?

**JASMINE REDFERN:** Yes.

**MS. CHRISTA BIG CANOE:** Excellent. From our
friends; yes?
JASMINE REDFERN: Yes.

MS. CHRISTA BIG CANOE: Excellent. Thank you so much. I know that this is probably a really good time to take a 15-minute break before we call the next witness, Mr. McNeil-Seymour. And so, at this point, I request that we have a 15-minute adjournment.

CHIEF COMMISSIONER MARION BULLER: Sure.

Fifteen.

MS. CHRISTA BIG CANOE: Thank you.

--- Upon recessing at 14:31
--- Upon resuming at 14:52

CHIEF COMMISSIONER MARION BULLER: Just before we recommence with evidence, I just want to correct the identification of Exhibit No. 24. It should read -- the title remains the same, The Impact of Resources Extraction, et cetera. But, the proper identification is the Report for the Canadian Women’s Foundation, January 2016 for Pauktuutit Inuit Women of Canada.

MS. CHRISTA BIG CANOE: Thank you. So, I see Mr. McNeil is rejoining us. He just had a question for the A/V, so we are good.

Chief Commissioner and Commissioners, the next witness Commission counsel will be introducing will be Jeffrey McNeil-Seymour. Jeffrey McNeil-Seymour, I am going to actually walk him through a qualification. It is
my intention to qualify him as both an expert and a
knowledge keeper. And, I will -- prior to getting your
final instruction on that, I will check with parties with
standing if there are any objections.

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

MS. CHRISTA BIG CANOE: So, first of all,
Jeffrey, may I call you Jeffrey?

JEFFREY MCNEIL-SEYMOUR: Yes.

MS. CHRISTA BIG CANOE: And, I just want to
walk through a bit of your background first. So, we are
just going to spend a little bit of time upfront, and the
first question I usually ask any witness is, can you share
a little bit about your background?

JEFFREY MCNEIL-SEYMOUR: (Speaking
Indigenous language). My name is Jeffrey McNeil-Seymour.
I am Stk’emlupsemc, and I am also fourth generation
English settler. I come here as an uninvited guest from
Stkem-kwum-kulu (phonetic). I am the designated -- or the
elected family representative on our Traditional
Governance Council for the Stk'emlupsemc Te Secwepemc
Nation and our fight against the Ajax KGHM open-pit copper
mine in our territory. I also am the nominated speaker
for our grassroots collective from the matriarchs from
within my territory.

I have been teaching for the past three
years at Thompson Rivers University teaching Aboriginal
decolonizing social work practice as a fourth year core
required course to graduate from our school of social
work. So, it was a really amazing opportunity to be able
to bring forward as an (indiscernible) to the program what
I felt I was missing in many social work education.

MS. CHRISTA BIG CANOE: Thank you. I also
understand -- and I am just going to turn to your
curriculum vitae, which is under Schedule A. I understand
that you are currently a candidate for Doctorate of
Philosophy?

JEFFREY MCNEIL-SEYMOUR: Yes. Actually, I
am now looking at a new program at the University of
Saskatchewan with Dr. Alex Wilson doing a land-based
pedagogy.

MS. CHRISTA BIG CANOE: And, Dr. Alex
Wilson is actually a fairly well-known scholar as it
relates to two-spirited issues in social work and
education; am I correct?

JEFFREY MCNEIL-SEYMOUR: Correct.

MS. CHRISTA BIG CANOE: I understand that
you received your Masters of Social Work at the University
of Toronto and that you had specialization in social
justice and diversity. Can you just explain to us a
little bit about what the specialization was?
JEFFREY MCNEIL-SEYMOUR: The specialization is looking at incorporating our core values of anti-oppressive practice. However, at that time of my graduate studies, there really wasn’t a big focus on decolonizing strategies or methods in the program itself. But, it is an opportunity to explore different strategies and interventions to effectively raise social consciousness of persons in this place called Canada, and the clients that we are working for and how to advocate them, and so forth and so on.

MS. CHRISTA BIG CANOE: Okay. And, I am just going to ask one quick question here and we will explore it a little more, but you said social consciousness. Now, we had one of our witnesses back at a Québec hearing on human rights. Ms. Fay Blaney explained consciousness raising. But, can you just assist us a little so that we understand when you are talking about consciousness? If you can expand a little on that, it would be helpful.

JEFFREY MCNEIL-SEYMOUR: So, from my practice perspective and my approach in the work that I do, I am very much thinking about social and spiritual consciousness raising as it is informed from Indigenous ways of knowing from the diversity across this place called Canada.
So, social consciousness is the active interruption -- social consciousness raising is the active interruption of the ability of others to imagine Indigenous bodies. It is the act of interruption of institutionalized racism. This social consciousness raising piece is actively putting people in relationship with the land, territories and waters of which they now find -- or call home.

MS. CHRISTA BIG CANOE: Thank you. That is helpful. I understand -- now you mentioned, true, Thompson Rivers University, but where are you currently an associate professor at?

JEFFREY MCNEIL-SEYMOUR: I just recently started the fall semester, and I am on a 3-year limited term contract with Ryerson University, 1 of 3 new hires, and I was 1 of 5 candidates that was successful in my application and the interview process.

MS. CHRISTA BIG CANOE: In your CV, I notice a large number of listings of, you know, guest lectures, other invited talks. Rather than go through every single one of them, I am going to ask you if you have any particular highlights you would like to share.

JEFFREY MCNEIL-SEYMOUR: Last summer, in my classroom, I used Madeleine Dion Stout’s circle works. The -- it’s a tool that helps the person -- like it helps
my students to really do a self-reflexive process. And, it is called the self and relation model, and it is a Cree teaching.

And so, typically, when we look at Indigenous models, there is, like, wings of a tree; right? So, we have self, family, and community and nation, whereas this particular model is framed from a spiral. And so, as you move out in the spiral formation, you see how you, as an individual, impact all of the outer rings. And, while you move inward, you also see how those outer rings impact you.

And so, it is a really helpful tool for me, and that there is a part of one of the rings of the spiral that is for agency. And so, for the agency part of that spiral, I ask my students to think about their connectivities to the social service sector of the places that they practice social work in.

And so, for me, what I recognized is that I needed to do some relationship building with. In Kamloops, with the urban Indigenous population of Kamloops, as well as with being in solidarity with the Black Lives Matter movement, and to find ways of supporting and having those difficult conversations that black and Indigenous communities in Canada need to have in order to move forward in authentic accomplice and ally-
ship.

So, I was invited to Black Lives Matter in Vancouver for the march on Pride as an invited speaker to confront anti-Indigenous and anti-black racism that was coming from within both communities. And, I also utilized that moment to put a call to action and actively critique LGBTQ community for its lack of reciprocity.

And so, it was pretty awesome, because (indiscernible), our word for no, is (indiscernible), and I understand that in (indiscernible), that means grandma. So, when I was getting everyone to go (indiscernible) to Kinder Morgan, (indiscernible) to man camps, I was actually getting everyone to say, “Grandma to man camps!”

(laughter)

So, do your research. That’s a good place to start. So, that’s one of my favourite pieces. And then the other invited opportunity that I had to come and speak to some of the work was my brother, Ryan Leonard, who also identified as two-spirit, committed suicide at the end of last summer. And so, I was able to finally in November, as the oldest brother, I had to step into looking after the family, of course, and I can’t lean into my parents because they’ve just lost a child.

So, when I had my opportunity, I grew up in the eastern doorway of Secwepemcul’ecw, and our territory
is an expansive part of the interior of so-called British Columbia. And, Golden is -- there’s a place where there’s this waterpipe that comes out of the earth and is from the time of settlement of that place. And, all around it grows red columbine.

The columbine, for Secwepemc people, we utilize the roots for our love potions. And so, I just really love that that place that I was drawn back to, to go take care of my heart, that that medicine that I had just learned about the summer before was growing all around it. And, we use the root not for making someone fall in love with you. I mean, sometimes I would love to be able to, like, “Drink. Just drink this”. No, just kidding. That’s actually how Christa and I met.

(laughing)

But, actually, it was to take care of our hearts when we were grieving. And so, I had an opportunity to go and speak to grades 4 to 7 at Nicholson Elementary, a settler community that had access to no clean drinking water as well. And so, it was really interesting to be in this place that I grew up by that I didn’t know they didn’t have access to clean drinking water.

But, it was a really beautiful classroom in that they had -- it was Métis week. And so, I just
happened to bump into the Aboriginal student support worker, and she asked me if I’d come speak. And so,
Golden lies in the overlap of territorial boundary between the Ktunaxa Nation and my Secwepemcul’ecw Nation.
And so, I had the opportunity to chat with these children and they were amazing. But, what I noticed, that there was no active promotion of stewardship. And so, thinking about reconciliation, I think a lot about, well, how do we encourage the newcomer or the settler body to actively take an active role in looking after the land and the water?
And so, there was no, like, environmental leader on their leadership board. So, I thought, hey, let’s figure out where these kids line up to. And so, what wound up naturally happening is while I was getting them to do a guided meditation to think about that place in the valley that I grew up in, that we all have grown up in, naturally, there was a forest group, a mountain group and a water group that formed.
And so, I had them write down all of their feelings and how they felt about these places. And so, for the mountain group, one little girl said to me, “I don’t feel alone when I’m in the forest.” When I talked to the mountain group, all the kids at the same time, and I was, like, “So, how do you guys feel about the
mountains?” And, they were, like, “We feel hard core.”

And, I was, like, awesome, and their worksheet was, like, complete chaos as well, whereas the forest people had nice unicorn colours, and everything was in rose. And then when we got to the water kids, there were, like, puddles of children just lying all over the floor from their group.

So, it was interesting just to see how they kind of embodied these places, and it was just a really lovely moment to be able to work with -- because I really get to work with kids as a university professor. I mean, sometimes I call them my kids but they’re young persons. Anyways. So, those are two of my more noteworthy speaking engagements.

**MS. CHRISTA BIG CANOE:** Thank you. Now, Chief Commissioner and Commissioners, I made an error by not having Jeffrey affirmed in. So, I’m going to suggest I continue to qualify him, but when we qualify him, we ask Mr. Registrar if not only will he speak the truth, but he has spoken the truth, if that’s all right with you? Thank you.

So, again, looking at all of your various speaking engagements, I just want to focus briefly on some of the art installation projects you do. We’re going to be speaking about them in much greater detail, but if you
Jeffrey McNeil-Seymour: So, last year, I had an opportunity with Centre Never Apart in Montreal. Two of my friends from 20 years back had -- my one friend runs a tech firm called Lightspeed. His name is Dax Dasilva. And, our friend, Michael Venus from the House of Venus, which did a lot of the after hours and LGBTQ party scene in Vancouver -- we’ve all grown up a little bit, so we were doing some mature work together, and we -- they invited me to co-curate a two-spirit installation.

And so, the name of the show was Two-Spirits Sur-Thrivance and the Art of Interrupting Narratives. And so, we had artist Dayna Danger, Preston Buffalo who recently just won an award for doing the CBC logo in Vancouver in the rainbow colours, intercoastal design, and his career has really taken off since that moment. He actually sold two paintings that night. So, amazing. Just coming out of recovery and then just coming right into a show and having success, like, right off the bat, it’s amazing.

And then we also had -- Kent Monkman also contributed to our show as well. I contributed a piece that has been around. I’ve shown it only at U of T, but I created a red dress to interrupt artist Jaime Black’s REDress project in that not all bodies wear red dresses,
and to speak to the invisibilization of two-spirit 
presence and, you know, gatekeeping and all of those 
things that we’ve heard from other persons in the Inquiry 
so far.

And then that show went off without a 
hitch. It was amazing. They had a 900-head turnout for 
that. And then this past year, I collaborated with -- or 
this year collaborated with Dayna Danger, and I was told 
to perform a ceremony. And so, we did that, and it’s a 
video presentation this time.

Yeah. So, it had two stationary cameras 
plus some drone footage, and we’ll take a look at that, 
and I can speak more to that once we’re there.

MS. CHRISTA BIG CANOE: In terms of the art 
and the work you’re doing as an artist, that artistic 
expression, how does that align with, like, the 
specialization in social justice and diversity? Is there 
messaging in the artwork you’re doing that will have 
impacts?

JEFFREY MCNEIL-SEYMOUR: It was really 
interesting. At the vernissage for the summer exhibit at 
Never Apart, because I was kind of manning my part of the 
gallery. And so, I was able to stand in the video room 
and listen to people’s reactions, and I just decided at 
one point to step forward and kind of explain what people
were seeing.

And so, it was just really amazing, because a lot of people just haven’t seen ceremony. We’re really pushing the boundaries and that we recorded ceremony, but this is out of desperation, why we did this. Not desperation but necessity, because we don’t have two-spirit elders to look to.

Two-spirit youth, we now have -- I’m part of a study through the McCreary Institute with Elizabeth Saewyc out of the University of British Columbia. Her data sets revealed that our two-spirit youth in so-called British Columbia are the most at risk of homelessness, substance misuse and ultimately suicide. And so this is a way for there to be visual documentation of a particular ceremony for two-spirit people in my nation of Secwepemcul’ecw to look to and to be able to hopefully feel a sense of belongingness and attachment, because a lot of us grow up not necessarily having those strong feelings.

**MS. CHRISTA BIG CANOE:** And finally, just in relation to in your CV, I noticed there’s publications and conference presentations. You will also be speaking about a couple of these articles today, but I note that you actually have authored articles and their themes largely talk about Indigenizing the gay agenda or talk
about two-spirit critical analysis.

I don't know if you want to highlight any of them briefly, or your area -- your work in the area?

JEFFREY McNEIL-SEYMOUR: I'll speak to cross-dancing as a culturally-restorative practice. While I was at TRU in my undergraduate studies, I won the Undergraduate Research and Education Awards -- Award Scholarship and looked at the lived experiences of two-spirit people living in Kamloops, and to Kamloops.

And by 10 interviews, I had reached saturation because themes of experiences of racism from within the LGBTQ community of Kamloops were coming forward, or identity reinforcement. So you know, a person -- one of my participants was identifying as two-spirit and her lesbian friends were like, no, you're not two-spirit, you're a lesbian.

One of the other interesting narratives that came out is one of my participant's ancestors, three of her aunties went into the Kamloops Residential School and one of her aunties -- it wasn't discovered until they all reached puberty that she was actually endowed with a penis. And so the nuns cut off her hair and put her over with the boys, and that's where her story stops.

So I highlight that because the cross-dancing piece is a powwow dance special. And so men and
In-Chief (BIG CANOE)

women swap regalia, and because of our respect for our regalia's, while, you know, the observers, having a good laugh at it all, and stuff like that, the person wearing the regalia has to, you know, take it very seriously and do their best performance of that particular dance style. And so it's a fun moment.

But I was in Merritt, British Columbia, of all places, which I kind of read as a little bit more red-necky [sic], but -- sorry, Merritt -- sorry to my Inkilkatmuk (ph) neighbours. But it was a -- I saw a trans two-spirit person actively move out onto the floor and it was a space that they were able to be who they were, and it was an embraced and accepted space.

So in just thinking about the cultural or restorative practice piece of bringing back our accepted spaces, forcing interruptions, and embedded heteropatriarchy in our governance structures and ceremonial spaces, yeah...

And the other reason why I bring up this article too is just that it's important to note that the recommendations that came from my participants was to have more visibility at pow-wows, to have a Pride Parade in Kamloops. And so we just had the second Pride Parade in Kamloops, which is amazing. I actually did the territorial welcome the day after my brother passed away.
And -- but it was really an amazing moment because it was -- I -- you know, some of our family members had a hard time with my brother coming out, or coming in for that matter, as Alex Wilson would say, and so all of a sudden people that were having a hard time, we were walking in the parade together. And it was really a healing moment. It was really beautiful.

I turned around at one point and saw both my aunties walking with our dad, and them just like crying because it was, you know, dad said he wouldn't -- he said, I just -- I can't do it, I can't come. And then all of a sudden, there he came running across the field and he was all there for his sons. And it was really beautiful.

But for the intents and purposes of our needs as two-spirit people in this place called Canada, no national body from the AFN to -- even from the Truth and Reconciliation Commission has publicly endorsed or recognized the fact that residential schools have imposed and firmly entrenched heteropatriarchy, homophobia and transphobia into our communities. And so this article also speaks a little bit to that as well.

**MS. CHRISTA BIG CANOE:** Thank you, Jeffrey.

At this point, Chief Commissioner and Commissioners, based on the knowledge skills, practical experience, training, and education, as described by
Mr. Jeffrey McNeil-Seymour, and as evidenced in his curriculum vitae, I'm -- I would -- I am tendering him as a qualified expert witness in the field and area of social work, and specifically, specializing in social justice and diversity, decolonizing social work practice through education, and as an artist using multimedia in various formats to express social justice with Indigenous and two-spirited critical experiences.

In addition to qualifying Mr. McNeil-Seymour as an expert, I also request that he is qualified as a knowledge keeper, based on his contribution as a nominated speaker for his territory, by -- help me with this word.

JEFFREY McNEIL-SEYMOUR: By Secwepemc Matriarchs ---

MS. CHRISTA BIG CANOE: So Secwepemc Matriarchs and Grassroots People, and as a family representative on the Traditional Family Governance Council for the ---

JEFFREY McNEIL-SEYMOUR: Stkemlupsemc te Secwepemc Nation.

MS. CHRISTA BIG CANOE: And I want to look out to my friends and see if there is anyone with parties with standing that would object to the qualification, either as an expert or as a knowledge keeper?
Seeing no such objection, I am requesting that Jeffrey be qualified both as an expertise and as a knowledge keeper.

CHIEF COMMISSIONER MARION BULLER: Let's start at the beginning. Exhibit 27, you're submitting to have as they CV for Mr. McNeil-Seymour?

MS. CHRISTA BIG CANOE: Yes.

--- Exhibit 27:

CV of Jeffrey McNeil-Seymour, MSW
(nine pages)

CHIEF COMMISSIONER MARION BULLER: Okay. Certainly. We're satisfied, more than satisfied, that Mr. McNeil-Seymour has the necessary qualifications, knowledge, skills, training, education, other experience to give opinion evidence -- expert opinion evidence on social work, specifically, social justice, diversity, de-colonization, and the remaining areas as outlined by Commission counsel. Also, we're satisfied, given his recognition in his own territory, that he is also a knowledge-keeper.

MS. CHRISTA BIG CANOE: Thank you, Chief Justice -- Chief Commissioner. Sorry.

(LAUGHTER/RIRES)

CHIEF COMMISSIONER MARION BULLER: I thank you for the promotion.
MS. CHRISTA BIG CANOE: I do apologize.

It's been a long day.

At this point, Mr. Registrar, I would kindly request that you affirm Jeffrey in on an eagle feather, just noting that he had provided previous testimony to cover off that he had also spoken the truth, not just will be speaking the truth.

MR. BRYAN ZANDBERG: Do you want me to use the past tense?

(LAUGHTER/RIRES)

--- JEFFREY McNEIL-SEYMOUR, AFFIRMED:

MS. CHRISTA BIG CANOE: So Jeffrey, given that we've already covered a lot of your background in qualifying you, I would just like to begin focusing on some of the other issues and topics that we've discussed. But I do understand that you have prepared a presentation ---

JEFFREY McNEIL-SEYMOUR: M'hm.

MS. CHRISTA BIG CANOE: --- that will be up on the slide presentation? The Commissioners do not have a hard copy of this yet. It was in transit with Mr. McNeil, and so we will undertake to provide all of the parties with standing, and the Commissioners, copies as soon as are available.

Can you see that?
JEFFREY McNEIL-SEYMOUR: I can. Okay.

So I prepared this presentation -- my apologies for not getting this in sooner, but it is the beginning of the semester and I still haven’t finished my course shelves yet.

So, the move from Kamloops to here has been a deeply reflexive process. A lot has happened in the last three years, I moved home, and a month later, my father, Jeff Seymour, passed away. He was a residential school survivor. And, dying at the age of 60, I don’t consider him to have survived residential schools. And, as I mentioned earlier, at the end of last summer, my aunt earlier that spring, my cousin passed away, and then my brother finished off the summer.

And so, it’s been an interesting moment to navigate leading and facilitating classrooms, but the gift of the experience has arrived me at a place of having figured out a method, if you will, which will be part of my recommendations and moving forward to engage in a compassionately aggressive social and spiritual consciousness raising of persons in Canada.

So, this presentation is titled, here we go, Decolonized classrooms is places we come to learn and cry. Evidence of forensic weapon territory and the power of vulnerable, authentic and brave spaces of unlearning.
And, in the Cree language, the word for classroom described loosely, a place to come to learn and to cry, and I loved when that word was shared with me. So, I’m just borrowing that idea and that concept, because it really captured the experience of the last couple of semesters of the successes of my classroom.

**MS. CHRISTA BIG CANOE:** Next slide, please.

**JEFFREY MCNEIL-SEYMOUR:** Next slide, please. I think I got a little bit crazy with my PowerPoint, so you might have to hit till all the words drop down. Yes, keep hitting forward. Yes, sorry, I animated it. As soon as I figured it out, I was like, oh, my goodness. I got a little crazy. So, if you could hit the next button. There we go.

So, I encompass an ethic in my classroom. And, the questions -- just keep hitting it until the full thing is up, okay? Let’s keep going. This is artist Andy Everson, and I love Star Wars, and so Star Wars is part of everything that I do, including in my circle work. So, one more. So, who are you, where are you from and why are you here are questions that I ask my students, and when I’m speaking publicly. And, these are really daunting questions at the best of times.

So, who are you, where are you from and why are you here? And, you know, it was really also in
transit to here, just really thinking about this and
thinking about now arriving in Mississauga, the New Credit
Territory, and to Toronto and teaching. Why am I there?
Why am I doing this work? So, just to put that at the
beginning of the presentation. So, you just want to keep
hitting till everything is off that slide. Sorry. Yes,
keep going. There we go. There. Bye.

All right. So, I also would just like to
include a little picture of my family. So, my dad, Jeff
Seymour, loved many women, and so these are all of my
mamas. And, those are my siblings on the other slide
there. So, just coming from a rich background, there’s,
you know, wonderful examples of the interconnectivities
between my English and my Secwepemc sides of my family.
And, within the territory, it’s nice to hear, you know,
elders ask about my grandparents, whom are still alive on
my English side. We’ll move to the next slide, please.

I arrive in the room here with teaching.
So, the five foundations to Secwepemc health are located
through -- just keep hitting the button. Through land and
through water, through wind, through fire, but the fifth
one that I absolutely love is the blue light within. And
so, that all encompassing, the spiritual element.

So, for Temehok (phonetic), which is the
land, look after her and she will look after you. Water
Panel III
In-Chief (BIG CANOE)

is medicine and medicine is water. Wind from our healing
breath to, you know, our wind spirits are destibles
(phonetic). Fire was here long before us and will be here
long after us. And, the blue light within, for me, also
speaks to accessing global consciousness, so that
spiritual and social consciousness raising peace. Next
slide, please.

My work is also informed by holding up the
-- keep hitting it till the whole thing is up there. The
memorial to Sir Wilfred Laurier of 1910. So, these are
Nlaka’pamux, Secwépemc and Syilx chiefs that brought to
the attention of Sir Wilfred Laurier the experiences --
and so, just to give everyone a brief understanding of
sequakum gulu. My territory prior to contact had over
100,000 people living in it. In Kamloops, there was a
permanent residency of a thousand of my ancestors that
lived there. By the time the second wave of disease went
through, only 250 of my ancestors were left alive.

And so, these men here, were alive during
that, watching all of their geswelten (phonetic), their
relatives die around them. And, what I do in my classroom
is I have my students read this alongside Tuck and Yang’s
Decolonization is not a metaphor, which that piece of work
is actively confrontational, it’s meant to unsettle and
make people really think. But, pairing it with this
document, with the issues that these chiefs are bringing forward, what’s really haunting, is that all of the determinants of health that exist today, where we see the overrepresentation of Indigenous bodies and anything from state custody to -- like in the child welfare system or to overrepresentation in jails, and so forth and so on. All of the social issues then are -- now are exactly the same as they were back then. So, from 1910 to now, we are still dealing with the same issues in my territory.

We have a moratorium on salmon in our territory. My grandmother, Loretta Seymour, can remember when the South Thompson or Sequakum Kekwa (phonetic) ran red from shore to shore, and last year she didn’t get any salmon. Alpine caribou and grizzly bears are extinct in over 60 percent of our territory. With the fires last year, the provincial government issued 2,000 hunting licences, and we had entire herds of elk and deer go missing, where the deer were abundant. They are not anymore. You know, sequakum gulu is in a state of emergency. It really is. But, we are not calling it as such.

So, bringing this land based pedagogy, this knowledge to the students to come to understand the space and places that they didn’t really think or dig any deeper to come to understand the histories of where they are
practising social work, this is really a transformational moment. And, I get it right at the beginning of my course. Next slide, please.

Oh. Oh. There’s some more Star Wars. So, some of the things that I’m really thinking through right now, and when Carrie Fisher passed away, I loved this quote, “My mother taught me how to sur-thrive, and that’s my word for it.”

So, when we think about, like, survivors, automatically I think that we, you know, go to thinking about a person that’s in PTSD or easily triggered or, you know, operating in that sort of a state, always, like, kind of being in a deficit. But, I love this quote here that Carrie says, is that I don’t want to be thought of as a survivor, because you have to continue getting involved in difficult situations to show off that particular gift. And, I am not interested in doing that anymore. If anything, my mother taught me how to sur-thrive, and that’s my word for it.

And, it really got me thinking about my own status as an intergenerational survivor. You know, we moved through last year, the Colten Boushie, and Tina Fontaine and Cindy Gladue, and it’s like we’re in a constant state of trauma as Indigenous persons in Canada. It seems like -- sometimes it’s, like, every day or if not
every week that there is someone who has gone missing, or
has been murdered or one of -- you know, it’s any of those
things. So, how is it that we are still so resilient and
we are still doing such amazing work?

And so, I just want to inspire people to
think about, you know, rejecting that survivor status,
which is an important part of the healing process, but to
be a sur-thriver. I use the metaphor of Kintsukuroi,
which is a Japanese art form where they take broken
pottery and put it back together with gold and platinum.
And so, that art form has a philosophy of optimism
attached to it, and the object is believed to have become
more beautiful for having been broken.

And so, our resiliency is something to be
celebrated and it is also something that we need to be
bringing forward in our pedagogies regardless of what
discipline we are in to talk about -- to those to be
standing up for people that are doing really great and
amazing work. And so, that is where sur -- the sur-
thrivere or sur-thrivence comes from. So, use it.
Anyways, so there is that piece.

But, my pedagogy is, if we can go into the
next slide, I think about this quote from Bell Hooks, and
that she feels that she is compelled to model -- or to
actively critique spaces, that she has that
responsibility. And so, having taught decolonizing social work practice with, you know, jurisdiction in my own territory with the protocol of proximity as Stk’emlupsemc, I, and any other Secwepemc person working at Thompson Rivers University, have a responsibility to embrace u-ha-me-min (phonetic). And, u-ha-me-min in Secwepemc means to protect the Earth and to protect the people. We have that responsibility. And, I believe that that also then, too, through the Sir Wilfred Laurier Memorial, calls the settler body to also, too, take that active role in stewardship to protect what we love; you know? About the places that we live.

If we could go to the next slide, please, on decolonization? I think about my classroom as a space of healing, that is why the -- you know, the place where we come to cry. As people are unpacking, you know, any of the bigotry or the racism that they have experienced at home with their non-Indigenous family members or friends and family, it can be a really unsettling place. But, I really don’t want my students to stay in a place of guilt or shame. I want to put them directly into contact with Indigenous bodies.

So, through an assignment that I have, or had, which was the synthesis project, I put them directly in service to grassroots or non-profits. And so, those
grassroots or non-profits would develop a list of tasks
that they needed help with. Or, this last semester, three
semesters, I created an opportunity for students to take
an active part in reconciliation.

I am not going to go through all the
decolonizing pieces there, so if we could just go to the
next slide? I arrive at that work thinking about even
McKay’s metaphor to capture moments in her ethnography,
study of her own settler community for -- taking for
granted settler frameworks, practices of entitlement and
expectations of ongoing privileges.

In her ethnography, she reveals that the
frameworks, practices and expectations have a pattern of
logic. They are socially embedded in conscious
expectations of how the world will look and are relied
upon to reaffirm social locations, perceptions and
benefits of privilege that have been legitimated through
repeat experiences across lifetimes and generations.

So, my social work students arriving into
the classroom are arriving, you know, with stereotypes
that they might not even realize that they have. And, you
know, I have them -- had them too about other groups in
this place called Canada. So, I am actively working to
dismantle those pieces.

If we could go to the next slide, please?
But, the question that I also arrive at then too is, how do we reconcile ongoing and covert violences embedded in sites of practice at institutions that maintain, reproduce and mirror as microcosms of macrostate tactics of divide and rule. So, thinking about the larger -- the ongoing -- colonialism hasn’t ended. It has just shifted.

So, this quote here is actively just calling into question settler colonialism and that it is always morphing, it is in motion, that it is a trickster, and that it resides in the shadows and hides in plain sight as the impetus that drives the academic industrial complexes interlocking forms of serpentine oppression. It cleverly conceals itself as cultural projects of indigenization, decolonization and especially reconciliation.

**MS. CHRISTA BIG CANOE:** So, I was just -- Jeffrey, if I could just ask you to help us a little, because you are so brilliant and that rolled off your tongue so fantastically. But, I think we need a little bit of assistance, particularly when you were talking about the macrostate or when you were talking about colonial -- the different concepts. So, if you could just help us unpack this a little, I think it would be of assistance remembering that we also -- this is a live webcast and there are a number of individuals that may be
watching. There is a lot of terminology in here. It would be helpful if we can unpack it a little.

JEFFREY MCNEIL-SEYMOUR: Okay. My apologies. Okay. So, I regard universities as places that mirror larger -- like the larger -- so, for instance, one of the colonial technologies we could look at would be divide and rule. That was -- you know, we could look at the reserve system or Indian agents, and those sorts of things. So, surveillance and that sort of stuff. So, I think that -- like my time at TRU, I could definitely see connections between larger projects versus the micro projects on campus of reconciliation, of decolonization and indigenization.

I think about the words “indigenization”, “decolonization” and “reconciliation”, and that as far as I know, there is no translation for those in any Indigenous language in Canada. I know that that is true for Secwepemc. We actively don’t have to indigenize Secwepemc’ecw or to engage decolonization in the ways that it is being framed.

Also, for themes of reconciliation, I have experienced, like, for instance, Orange Shirt Day as a photo op for institutions. So, I am really calling into question the authenticity and the brave spaces that people need to enter into to actively change outcomes for our
people in Canada.

**MS. CHRISTA BIG CANOE:** And, in terms of brave spaces, so we have had a number of witnesses talk about cultural safety and safe spaces, safe spaces for Indigenous bodies and people. And, you have used the term a couple times now, “brave spaces”. Can you help us understand what you mean when you say brave spaces?

**JEFFREY MCNEIL-SEYMOUR:** Well, we have -- you know, we talk about safe spaces for people to be able to take refuge and/or to have conversations and -- but sometimes when those conversations turn uncomfortable for people that need to hear particular truths, they can -- there has been -- you know, there are instances where people can say that the space is violent and they can checkout of the room.

And, I think that there are some really difficult conversations that need to happen because they happen in my classroom. And so, to reframe it as a brave space that we can actively take a break and come back if we need to if people are feeling upset, but we have to be brave in the conversations that we have or are having to -- and, for my intents and purposes, to reimagine what social work practice can look like.

**MS. CHRISTA BIG CANOE:** I am going to take you one more step back just on one thing, because to
contextualize for anyone who is listening and particularly with your experience in social work, I think it is important to also situate, when we talk about students of social work, we are talking about future people that are likely working in areas such as child welfare and child apprehension that are working in social services that are often providing services to, often, some members of our community that are experiencing the most poverty and harm.

And so, when you are in the classroom with students, these are indeed students that are in a social work program whose hopeful futures, and I think Dr. Smylie said it this way, is -- you know, when she was talking about nurses, go into a helping field to help, but it is just that they are not recognizing that they are so engrained in some of the stuff they have learned.

So, in terms of the creating a brave space in a social work room as part of the attempt, is it just to have the tough conversation or is it to help the students understand the realities that Indigenous peoples face?

JEFFREY MCNEIL-SEYMOUR: Definitely. The experiential learning opportunities of guest speakers coming in to speak their truths, or the experiential learning of going offsite, or, for instance, this past summer semester, bringing my students up to my aunt’s in
Cold Creek, and bringing them to a sweat lodge, and to go medicine picking. And, I never thought I would see students, or anyone for that matter, get that excited over picking sage. When I said, “We’re going to go medicine picking,” my students were like, “Yes.” I was like, “Okay. Awesome.” JEFFREY McNEIL-SEYMOUR: Yeah. So the -- yeah.

MS. CHRISTA BIG CANOE: And the brave spaces -- just one more quick question. Like that -- you're doing this in your method of delivering de-colonized social work, but do I understand you to also be saying that we need more brave spaces, not just safe spaces, brave spaces where we can actually have these really tough conversations we all need to have?

JEFFREY McNEIL-SEYMOUR: Yes.

MS. CHRISTA BIG CANOE: Thank you.

JEFFREY McNEIL-SEYMOUR: Thank you.

We'll go to the next slide. I'm just actually going to skip past that one, and I've just looked to -- and we'll just kind -- well, we'll just go through these slides as well really quickly.

As I've just kind of added to our Canadian Association of Social Workers Code of Ethics, and so just -- I wanted to document my responsibilities to students. As you know, I'm also taking my pedagogy as being informed
by our own social -- by our own professional codes.

What are my duties practice would be the
next slide, please? Okay. Next slide please. Thank you.
Yeah -- and then we'll go to the next slide as well,
because I think this is one that I just really wanted to
speak to having heard the violence on the land and
violence on our bodies being referenced by our -- by the
previous two amazing presenters.

By thinking about our practice and that we
also in our re-imaging of it is that if we -- the core --
some of our core ethics as social workers are to advocate
and to do that sort of resistance work that absolutely we
have a responsibility to step into a land and water
defense, because without healthy land and without healthy
water, without healthy air, we don't have people. So I
think that it's kind of a critical time where we need to
also find confluence with how we can step into that kind
of work and what that looks like for us, in whatever type
of social work that we're doing.

Next slide, please. I'm just going to skip
past this one as well, please.

Just some of the other work, thinking about
the violence on the land and the violence on our bodies.
You know, just the -- in our territory, there were anti-
salmon spawning nets placed in our fish-bearing streams,
and as you can see here, the National Energy Board only charged Kinder Morgan $920 versus, you know, this Elder, a woman who stepped in and joined the resistance and she got charged $5,000 in fines. So I'm also actively asking my students to think critically about these moments.

I would like to go to the next slide, please.

And thinking about violence on the land, violence on our body, I wonder then too if this -- and we can just hit the slide one more time to get the picture of this fella. If you recall, this guy a couple of months ago had made a statement publicly saying that people are going to die in protesting construction of this pipeline.

I'm hoping that in the recommendations form this Inquiry and knowing that families are displaced, low-income families are displaced because of rent increases or STI's increasing, sexual violence and domestic violence all skyrocketing when man camps go in, how are we able to hold statement -- persons who make statements like this publicly accountable? I think a lot about that.

I wanted to also -- sorry. I'm just thinking through right now, just -- you know, like there are -- sorry. I have the recommendations I'm going to do towards the end, but I just want to -- sorry -- come back to the core values that enhance learning.
So if you could just go to the next slide there. Next slide, next slide. There we go, and just keep hitting it until the whole image is up.

So my -- hit it again, and again, and again, and again. There we go. Stop.

So I've broken it down. So teachings of reciprocity. So our teaching in Secwepemcul'ecw, which would probably be reviewed as a universal ethic for Indigenous people, is the ethic of reciprocity. Take only what you need, and you always have to give back. The experiential learning piece I've spoken to, the relational learning.

So putting my students in relation to Indigenous communities and with each other, core values of respect, the need to unsettle students from their social locations, and then the vulnerable spaces that we also have to enter into. And so as a educator, getting, you know, students to do that circle work and to model or to speak to vulnerable experiences, I too have a responsibility to step into those moments from a vulnerable space.

I'm thinking about some of the moments of these, the projects of reconciliation that my students have done, or bringing Šxwá?am’et, which is a play about reconciliation, to Kamloops. And the act of learning that
has happened in my classroom and the impacts that it's had on my students thinking about their future sites of practice, as well as their own personal growth in the classroom. And so that's where the compassionate -- the compassionately aggressive and the social and spiritual consciousness raising comes up.

And so if we could just go to the next slide please. So -- next slide after that.

So thinking through a two-eyed seeing lens. So taking what we need, what works for us to find confluence between our cultural ways of knowing. So having my students and their rich ethnic backgrounds to find confluence with water teachings, for instance, when I'm talking about water protection.

One of my first generation students didn't know her water teachings from her South Asian ancestry, and I was like why don't you know that. She's like I've never though to ask my Aji (ph) that.

In my last semester, I also had over three-quarters of my students that identified themselves as having an Irish ancestry. And so I showed a film called The Song of the Sea, and it's a cartoon. And it's a juxtaposition between the industrial age and the mass exodus of the supernatural entities from their Irish folklore.
And at the end of the film, I asked, "How come you guys don't know your stories?" And they were like, I don't know. And so it provided another avenue for them to kind of think through and unpack why they don't know, and space and place.

And so I also ask them, "Like, well did you know that there was stone sweat lodges recently discovered within the past few years there?" And -- because that tells me, as a person who does sweats, that there was a very grounded eco-spiritual culture there. And so where has that gone, and why is that? Yeah.

Could we go to the next slide, please?

One of the other opportunities that I provide for my students to learn is through doing a sample -- like this is a sample learning journal that one of my students wrote of doing a spatial analysis. And so we talk, of course, about themes of colonialism, settler colonialism, and ghosts and hauntings.

And so this amazing reflection that my student did in thinking about Thompson Rivers University doing that spatial analysis started to created this really rich fabric of Kamloops that even I didn't know. They were doing such amazing background teachings and learnings about places that they never had really thought much about.
So I'm just going to read this really quickly here:

Standing in the campus commons looking up at Sk'elep...

(As read)

Sk'elep is a coyote who is a central figure. He's like Jesus to us:

...the scene now resonated with colonialism. Dr. Lisa Cooke's message ran through my mind. "Colonialism is a domination of one group by another larger power. It is structural in its nature, it changes the ways of knowing. It is not a thing of the past, not a historical event."

The picture seems to be the perfect metaphor. The structure, in this case, the education system, is represented by an actual structure, the building. It is not just a building, however, but a house of learning on a university campus, the embodiment of the Euro-Canadian education system that attempted to destroy the Indigenous cultures and peoples on this land. And yet, on top, surmounting the huge structure, is Sk'elep, a teacher of another way of knowing. He remains still present and still watching. (As read)

And this is a shining example of just that deep reflection of space and place but it's interesting to hear, you know, six months after they've lived a classroom
how that has informed their practice, their pedagogy, and their engagement with their communities.

There have been a couple of examples that I brought forward here. This was one of my settler students that was writing this. But, I’m interested in non-Indigenous bodies. In thinking about reconciliation, turning the conversation back into their own communities and having those difficult conversations, because the emotional labour for Indigenous bodies to continue to have to do that work is hard.

Coming back to MMIW, one of the other things that I was doing in Kamloops with my pedagogy was hosting a solidarity rally with the Downtown Eastside and the Strawberry Ceremony in Toronto. We were doing a solidarity rally for missing and murdered Indigenous women. And so, for three years on the north shore of Kamloops, we were hosting and organizing this, and I turned it into a student-led project. So, for the students to be picking up, doing that work, and to hear the stories and to support the opportunity to come into relation.

One of my students in one of the semesters found that when she would engage her settler counterparts, they were, like, “Oh, I’m busy.” “I don’t have time to stop and talk.” So, she got to thinking about if not now,
when? When is the time to have difficult conversations? When is the time to enter into that brave space? And, next slide, please.

And, I just wanted to give a shout out to my students that did this amazing infographic about man camps, because we’re facing one in Secwepemcú’ecw. And so, that was an infographic that my students made from the last semester. I think I will just stop here for now.

**MS. CHRISTA BIG CANOE:** Certainly. Thank you. One of the areas that I know -- and I’m just mindful of time. One of the areas I know that we want to touch on and explore is the Centre Never Apart, and the art piece, the particular installation. And so, maybe we can talk a bit about that?

You’ve already shared with us sort of the purpose of your artistic expression, sort of a disrupting or having those interventions to cause people, and from a social justice framework, to see things different. But, I was wondering if you could actually explain to us more about Centre Never Apart, and particularly also about the Never Apart summer vernissage?

**JEFFREY MCNEIL-SEYMOUR:** Vernissage.

**MS. CHRISTA BIG CANOE:** Vernissage. The Two-Spirit Man/Two-Spirit Woman Call Home the Salmon w/Help.
JEFFREY MCNEIL-SEYMOUR: So, during our wild salmon caravan, Don Morrison organizes this amazing event that follows the migration of the salmon to the ocean, and this past year, they followed the migration home. And so, while all of the wild salmon caravanners were in Kamloops, I had facilitated the event, which was amazing. I actually got some wild salmon runway going on, so that was super fun.

But, anyways, a (indiscernible) matriarch came up to me, and she said to me, “My boy, I’ve never seen someone hold so closely to their heart like you have here with us today with such difficult conversations like you have.” She told me that I had a responsibility to complete the ceremony that she was giving me.

And so, she said we haven’t been following our instructions as we’re meant to. While we do put back the parts of the salmon that we don’t use, we’re not doing it in the ways that we’re meant to, which is actively doing a sunrise ceremony and offering the salmon bones inside of a cedar bundle and getting into the water and offering that.

And then she said to me because that’s how the salmon find their way home, is because of those bones. And, she said that I would know what that ceremony would look like, and that was just kind of the bare bones of it,
but I had to do that.

So, when I was thinking it through and given, you know, the passings in my family, I still hadn’t cut my hair for my brother. And so, when I was thinking it through, I thought, well, I’m going to offer my braid to the (indiscernible) the water spirits, and to (indiscernible) to the water itself, and for the salmon and for my family.

And so, I knew that that was the right choice, because I immediately burst into tears, called up artist Dayna Danger, who was another two-spirit artist, and discussed what that would look like. And so, she performed the role of two-spirit woman; I performed the role of two-spirit man. My friend -- our friend, Kiwanis Dio (phonetic), who is a trans two-spirit performer, just randomly happened to be free and showed up. And, what was so beautiful about Kiwanis showing up is that she also showed up for my brother’s funeral and for the wake, and really just stepped in and just performed what I have always imagined our two spirit worlds to be, would just be that strong sense of community caregiving.

And so, while we were down at the river because, of course, I was thinking to myself a lot of our ceremonies involve some sacrifice. Like, in the sweat lodge, we endure heat. In Sun Dance, we offer flesh. In
Native American church, we stay up until the following night. So, naturally, I was, like, I’m going to get in the river in February, on the 28th when it’s the coldest, and cut my hair.

So, we prepared the morning before by doing a sweat lodge with my aunt Colleen Seymour and (indiscernible). And then the next morning we got up for sunrise and went down, and I dragged my feet. We were half an hour late getting down there, but I was, like, “I don’t want to lose my hair.” But, another one of my aunts built my salmon skirt for Sun Dance. And so, she stayed up all night sewing it and showed up at 6:00 in the morning and had wrapped -- it was customary for her to wrap me in that.

So, that’s what I wore down to the river, and we’ll see in the video in a moment what that looked like. But, I actually have from two perspectives. There will be an aerial footage from a drone. So, you get a really beautiful panoramic view of the confluence of these two rivers. And then we go into the stationary camera angles.

Unfortunately, I don’t have both of them, but I do have -- the other one, I just wanted to draw attention to. What I didn’t see is that one of my dear friends and colleagues from TRU, Dr. Lisa Bearskin, who is
just beating breast cancer, she just had her first round
of chemo. And so, that became another part of my offering
to the river and to the salmon, which she collapsed at one
point, and I didn’t know that that had happened, but all
of my family members showed up and were singing and
drumming for us while we were down at the river and doing
this important work.

And, yeah, it was just -- it was a really
powerful day, a really powerful moment. I never realized
the power of hair because I basically came home after that
and I slept all for the rest of the afternoon. It was a
big release, but she said to me -- (indiscernible)
matriarch said to me that it was people like you that
would take care of ceremony when women had the
restrictions, or if there was another calling where
someone couldn’t take care of it.

So, that was the first time that I heard
anyone suggest to me that we had specific training or
specific responsibilities in our communities, and
particularly in Secwepemc’s ‘ecw. So, we carried
particular knowledge bases, and I think that that’s
something important to document and to hold on tightly to,
and to also bring that -- to bring that back to counter so
many of our people either dying too early or taking their
lives.
Yeah, if the video is ready, let’s take a
little look-see.

(VIDEO PRESENTATION)

JEFFREY MCNEIL-SEYMOUR: So, just a little
sneak peek, because I still plan on opening it in other places. So, the script there, I was driving down to go to the Critical Ethnic Studies Conference to present, and they made me present three presentations back to back. I was like, what’s wrong with you guys?

But, I was riding down, and my relative’s son still had that really cute little boy accent, and so I got him to say those lines and that’s who you hear in the back. And then you’ll also hear Kwana (phonetic) and she’s just a major -- she’s like “the bones”, and it was fun. It was just nice to hear that little transition there.

But, you heard Secwepemc, that is one of our language speakers, Elder Mona Jewells (phonetic), talking about the wild salmon caravan and the importance of relationships and looking after the salmon and the water. And, the fire crackling, that was audio captured from the sweat lodge the morning before, and Dana had asked me, how does the Secwepemc honour song go? And, I wasn’t quite taking myself entirely seriously as you heard a little giggle at the end there. I sound way better when
I’m using my full voice. So, yes, thank you for sharing this.

MS. CHRISTA BIG CANOE: No. And, thank you for sharing an excerpt. I know it’s not the full video or the full installation. And, as you described, there is -- part of the installation had two films running at once, so it was more interactive of an interface, if I understand correctly.

JEFFREY MCNEIL-SEYMOUR: Yes.

MS. CHRISTA BIG CANOE: But, I think it was helpful on how you explained to us the ceremony and the healing. And, I understand that you used this same type of narrative or storytelling with your students as part of the decolonizing practices.

And so, it’s interesting, because as you were talking, I’m thinking, hm, sign up for a class that will unsettle me, make me vulnerable and likely scare the crap out of me. I don’t know how you sell it in the curriculum, but I also recognize that there are a lot of students and individuals that do really want to dig deeper and understand, not just Indigenous community, but how they can be an active member, an active person of indigenizing space again, even if they are not Indigenous themselves.

Cognisant of the time, I know you have some
recommendations and I was wondering if you could share those with the Commissioner, and then maybe we can close with this.

JEFFREY MCNEIL-SEYMOUR: Sure. So, as a representative of my nation, I have to acknowledge that yesterday, on September 11th, back in 1995, was the 23rd anniversary our Gustafsen Lake standoff, and so I offer this just in remembrance of our late Secwépemc elder warrior, Wolverine, who led the resistance against violence of the federal Liberal party and the so-called province of B.C.’s NDP governments of that time.

As a member of Violence No More, as the only male bodied person that sits there, it’s my cultural understanding that as cisgendered privileged person, that I have a responsibility to speak up or to speak when asked to, and to put my line in front -- my body in the line of fire, if you will, or in front of to protect or to shield persons that might be more vulnerable, or in the space or time of being more vulnerable.

And so, I have been also called to name just a few things here. So, I have prepared the following statement, holding those that have called me to do this work, that’s uncomfortable for everyone. My teachings are that I treat everyone with respect, whether they are my friend or enemy, or somewhere in between. So, I say this
with as much heart and follow the teachings of my classroom, so I am just bringing forward a compassionate interruption.

So, following storytelling is culturally relevant pedagogy. In my fourth semester of teaching decolonizing practice, I went from 0 to 60, in what I perceive to be a student delegitimizing my space in the circle as a facilitator, as a co-learner. My response was due to my second semester’s experience, where my entire class was preparing to walk out on me.

So, we know it is well documented that for the Indigenous and/or queer bodies, and institutions, that it’s walking through violence daily. And so, being from my home territory, I was marked by this particular group as not belonging, and that my pedagogy wasn’t what they were used to, and the storytelling piece wasn’t what they were used to. And, granted, I didn’t know how to explain that, so it was a big learning experience for me.

But, my students were preparing to go to the dean and to the chair. One of my student allies came and told me about an hour before class. And so, I interrupted that moment by doing a self-directed evaluation with my students so that I could hear what the challenges were. Anyways, from that experience, when it proceeded to be happening again, I missed a step. And so,
I went to preventative measures of naming the moment, and the student experienced harm. And, I never imagined that I would ever harm one of my students.

And so, I am using that story, that learning for myself to talk about -- to be compassionate in terms of all parties understanding that this inquiry process has been violent for different persons that haven’t felt included and/or heard. And so, I thought a lot about how do I answer the call to action and some of the challenges that have come from the Inquiry itself?

And so, I think about divisive nature of colonialism. I am thinking about how do we actively decolonize spaces like a classroom that are inherently colonial and imperialists because of the systems they are operating in? And, I feel like that is kind of the same as what we have here. How do we do this in a way that everybody feels heard and centred?

And so, that example there, I think, what I have to say in this moment is that even if, you know, the Inquiry is -- or has been perceived as falling apart or has had great potential to be viewed as deeply flawed, the families of those that are missing and that have died violently, that includes persons who have committed suicide, absolutely deserve our very best, right to the bitter end, that we keep serving the people and showing up
even when it is the most difficult to show up, that we
keep serving the people even if this Inquiry might be
failing and we keep trying and we keep learning from our
processes, and those processes imposed on us.

But, most importantly, we will win by
saving what we love not fighting what we hate, or fighting
each other. So, we can’t forget the love in this process.
Do not forget that we are all just walking each other
home, to not forget that all of creation is interconnected
and that we are one big Indigenous family with our settler
accomplices and allies. So, I will speak to -- I will
just leave that there as that is.

My recommendations are that thinking about,
you know, some of the challenges that we know of that I
don’t need to bring up in this space, but accountability
and modelling vulnerability, and that authenticity in the
findings that come from all of the hearings, I personally
just recommend a preface, if you will, of even just naming
those. I feel like people want to be heard, being able to
model accountability in that way, to, you know,
acknowledge where the gaps were, the challenges, the road
bumps, that sort of thing is important. And, I think that
that would be an important piece for when that document is
complete.

That I hope that this Inquiry can make some
sort of recommendation where persons like my sister, Kanahus Manuel, who is doing that active land and water defence in our territory who receives death threats on her body daily that people, you know, such as -- I will also reveal -- I also was called to action to hold Thompson Rivers University accountable for accepting Kinder Morgan money. And, I told them to divest, and that arrived, my dean and an elder that is not from my territory, on my doorstep at 8:30 at night trying to mark me as unwell.

So, when we are -- when persons are doing that hard frontline work, how do we protect their wellbeing or when there are instances of violence that we don’t let people fall to the wayside? And, I really hope that we can have recommendations that think about the persons that are doing that kind of work, that they have somewhere to turn to, to say, “I have been hurt,” or “I am at risk”. It is really important that we look after the people that are fighting for these things.

But, also, too, that all of the resource extraction that is happening all across Canada, it directly impacts our bodies. It impacts our future generations. And so, I hope that there can be some preventative measures that are put in place.

And, I hope that further discussion might happen in terms of those recommendations to discuss what
programming or curricula could look like to enhance consciousness raising for settler bodies to not think of our Indigenous bodies as deserving of or just prone to violence. And so, that is what I have to say to close. Kukwstsetsmc.

**MS. CRISTA BIG CANOE:** Thank you, Jeffrey. Before we technically close, I do have a few housekeeping things. In your materials that you provided to us, there was -- it is -- we only put in the chapter that you are a co-author on. But, the book was titled, Where Am I Going to Go? Intersectional Approaches to Ending LGBTQ2S Youth Homelessness in Canada and the U.S. It was edited by Alex Abramovich and Jama Shelton. I understand that you co-authored Chapter Two that actually speaks to -- and you have mentioned it briefly in your testimony some of the statistics and issues that two-spirited youth are experiencing in British Columbia, specifically.

Before I enter this as an exhibit, I just want to check with you, should any of the parties with standing or Commissioners want to ask you any questions in relation to this article, you are comfortable answering them?

**JEFFREY MCNEIL-SEYMOUR:** Yes.

**MS. CRISTA BIG CANOE:** Okay. On that basis, Chief Commissioner and Commissioners, I kindly
tender this to be an exhibit.

CHIEF COMMISSIONER MARION BULLER: Exhibit 28 will be Where Am I Going to Go? Intersectional Approaches to Ending LGBTQ2S Youth Homelessness in Canada and the U.S.

MS. CHRISTA BIG CANOE: Thank you.

CHIEF COMMISSIONER MARION BULLER: It is by Canadian Observatory on Homelessness? Is that...

MS. CHRISTA BIG CANOE: Yes.

CHIEF COMMISSIONER MARION BULLER: Okay.

Thank you. Exhibit 28.

--- Exhibit 28:

“Where am I going to go?

Intersectional approaches to ending LGBTQ2S Youth Homelessness in Canada and the U.S.,” edited by Alex Abramovich and Jama Shelton, Canadian Observatory on Homelessness, 2017 (55 pages)

MS. CHRISTA BIG CANOE: Thank you. In the material, in the schedule of summary under C, and you have spoken about this when I was qualifying you in your expertise is a chapter, Chapter Five, and it is the article you were discussing, Cross Dancing is Culturally Restorative Practice. And, I think you have described
that one fairly well and we know that you have authored it. You are comfortable answering any questions in relation to this article?

JEFFREY MCNEIL-SEYMOUR: Correct.

MS. CHRISTA BIG CANOE: May I also tender this as an exhibit? And, it was, sorry, at Schedule C.

CHIEF COMMISSIONER MARION BULLER: Yes, the article, Cross Dancing as Culturally Restorative Practice by Mr. McNeil-Seymour is Exhibit 29.

--- Exhibit 29:

"Chapter 5 - Cross-Dancing as Culturally Restorative Practice," by Jeffrey McNeil-Seymour in Gender and sexual diversity: social work practice, policy, research and pedagogy, N.J. Mule, J.O. O’Neill, J.O. & T.A. Swan (Eds.), 2015 (pp. 87-95)

MS. CHRISTA BIG CANOE: In -- there is one more. Actually, there are two more, I apologize. In Peter Laing, A.G., Chapter Eight. So, it was larger work, but we have, again, only provided Chapter Eight in the materials under Schedule D was Indigenizing the Gay Agenda, Notes on Cultural Relativism and Homonationalism from the Colonial Margins.
JEFFREY MCNEIL-SEYMOUR: Mm-hmm.

MS. CHRISTA BIG CANOE: I understand that you authored this?

JEFFREY MCNEIL-SEYMOUR: Correct.

MS. CHRISTA BIG CANOE: And, that you are more than happy to answer any questions in relation to this particular article?

JEFFREY MCNEIL-SEYMOUR: Correct.

MS. CHRISTA BIG CANOE: On that basis, I ask that it also be marked as an exhibit.

CHIEF COMMISSIONER MARION BULLER: Yes.

Exhibit 30 will be Chapter Eight of the journal Counterpoints, Volume 437, entitled Indigenizing the Gay Agenda, Notes on Cultural Relativism and Homonationalism from the Colonial Margins authored by Mr. McNeil-Seymour.

--- Exhibit 30:

“Chapter Eight: Indigenizing the Gay Agenda: Notes on Cultural Relativism and Homonationalism from the Colonial Margins” by Jeffrey McNeil-Seymour in Counterpoints, Vol. 437, 2014 (pp. 139-154)

MS. CHRISTA BIG CANOE: And, in Schedule E this -- you didn’t actually -- you weren’t part of the Beyond “At Risk” research project, were you?
JEFFREY MCNEIL-SEYMOUR: No.

MS. CHRISTA BIG CANOE: I noticed that some of your other colleagues that you have done work with are.

JEFFREY MCNEIL-SEYMOUR: Mm-hmm.

MS. CHRISTA BIG CANOE: But, the Beyond “At Risk”, this is a poster from that project that speaks about Indigenous youth being able to hear and listen. This has actually previously gone on the record under the testimony of Fallon Andy. But, are you comfortable, if anyone has questions in relation to youth -- two-spirited youth voice and how they are experiencing services? This is tied to the homelessness article as well.

JEFFREY MCNEIL-SEYMOUR: Correct.

MS. CHRISTA BIG CANOE: Yes. So, on that basis, could we please have the Beyond “At Risk” Indigenous Youth Speak to Service Providers marked as an exhibit to Mr. McNeil-Seymour’s testimony, just for ease of reference?

CHIEF COMMISSIONER MARION BULLER: Yes. Exhibit 31 will be Beyond “At Risk”: Indigenous Youth Speak to Service Providers, a research project of the National Indigenous Youth Council on Sexual Health and HIV/AIDS and the Canadian Aboriginal AIDS Network.

--- Exhibit 31:

“Beyond at Risk: Indigenous Youth
Speak to Service Providers” (one page)

MS. CHRISTA BIG CANOE: Thank you. I would ask the A/V to pull up the very last slide on the slide presentation, please. I know that might take you a moment. I apologize.

CHIEF COMMISSIONER MARION BULLER: Yes, the PowerPoint?

MS. CHRISTA BIG CANOE: Yes. And, I was -- we can do that actually, thank you, while they are pulling it up. I was going to ask that the PowerPoint in its entirety actually be made the next exhibit. I know Mr. McNeil-Seymour skipped over a couple -- okay. The parties will be receiving a copy electronically, and if necessary, we will provide paper copies before we go into cross-examination.

CHIEF COMMISSIONER MARION BULLER: Mr. McNeil-Seymour’s PowerPoint will be Exhibit 32.

--- Exhibit 32:

Power Point presentation: “Decolonized Classrooms as places we come to learn and cry: Evidence from Secwepemc Territory and the Power of Vulnerable, Authentic and Brave Spaces of (un)Learning” (27 slides)

MS. CHRISTA BIG CANOE: And, actually, we
are just handing up one hardcopy for the Registrar. And, here is the last slide. And so, Jeffrey, did you want to speak briefly to this slide?

JEFFREY MCNEIL-SEYMOUR: Well, I feel that all good things end with Star Wars, so may the force be with you all. This is from Jean Fyre Graveline’s Transforming Eurocentric Consciousness.

So, it’s important to recognize the interconnectedness, it is to know oneself as a vast circle in which all expressions of life, the birds, animals, trees, insects, rocks are our brothers and sisters. We are all equally beloved and vital to our Mother Earth. We are like one big family with all our relations. Nothing we do, we do by ourselves. Together, we form a circle. So, I think that it’s important to recognize that we need to make sure everyone is sitting in that circle.

Kukwstsetsmc.

MS. CHRISTA BIG CANOE: Thank you. This is going to conclude the examination-in-chief. I note the time is 4:20. We normally would be taking a break that would allow the parties and Commission Counsel to verify the time, and that usually takes between 20 and 30 minutes to do. But, I also note that tomorrow, if we can start testimony at -- if we can start testimony at 8:30 in the time frame before we have closing ceremony, parties will
be afforded as -- sorry? That we would be able to -- we believe that we would be able to fit the cross-examination in that duration, as well as allowing for Commissioners questions in about the same amount of time that has been afforded for the previous panels. So, with your direction, I ask that maybe we adjourn for today, but that the parties with standing have an opportunity to meet once the room is clear, so that we can do the verification process.

Before I do that, I am going to ask though, if there are any objections from the parties with standing, because the notice they have received on this proposal is just now. So, do any of the parties wish to make an objection? Seeing no objection, I propose that maybe that’s the best course of action, is to adjourn, allow parties to meet and to commence the cross-examination at 8:30, knowing that there is likely opening ceremony at 8:00.

CHIEF COMMISSIONER MARION BULLER: Okay. Well, it is unanimous up here anyway. We will finish for today. We are adjourned. We will reconvene tomorrow morning at 8:00 for the opening ceremony and 8:30 for the commencement of evidence.

MS. CHRISTA BIG CANOE: And, before everyone does get up, is there closing prayer today? So,
before the counsel meets, there will be a closing prayer.
And, thank you very much, Chief Commissioner and
Commissioners.

**MS. LISA KOPERQUALUK:** Nakurmiik. The
hearing for today is adjourned. We will resume -- we will
open the doors at 8:00 tomorrow morning and the hearing
will resume at 8:30. We will have our closing of the day
and restart tomorrow, as has been said. And, now, we are
going to complete the day -- we are going to end the day
today and tomorrow will be resuming at 8:30, as has been
the case every day this week. Nakurmiik. (Speaking in
Inuktitut).

**ELDER MEEKA ARNAKAK:** (Speaking in
Inuktitut).

--- Upon adjourning at 16:26

**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.

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Sean Prouse
1  Sean Prouse
2  Sep 12, 2018