Panel 2: “Health Services” (continued)
Dr. Valérie Gideon, Assistant Deputy Minister
First Nations and Inuit Health Branch, Ontario Region

Jackie Anderson & Christine Dumaine,
Ma Mawi Wi Chi Itata Centre, Winnipeg Manitoba

Panel 3: “Shelters, Safe Houses & Transition Housing”
Nakuset, Montreal Native Women’s Shelter;
Josie Nepinak, Awo Taan Healing Lodge Society (Alberta);

Sandra Montour, Executive Director
Ganohkwasa Family Assault Support Services (Ontario)
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Counsel: Anne Turley for Government of Canada

Witnesses: Jackie Anderson & Christine Dumaine, Ma Mawi Wi Chi Itata Centre, Winnipeg Manitoba
Counsel: Jennifer Cox (Commission Counsel)

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Second Chair: Marie-Audrey Girard (Commission Counsel)

Witness: Nakuset, Montreal Native Women’s Shelter
Counsel: Christa Big Canoe (Commission Counsel)

Witness: Josie Nepinak, Awo Taan Healing Lodge Society (Alberta)
Counsel: Darrin Blain for Awo Taan Healing Lodge Society

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OPENING CEREMONY

Calgary, Alberta

--- Upon commencing on Thursday, May 31, 2018 at 8:10 a.m.

--- DRUMMING CEREMONY

(APPLAUSE)

MR. JASON GOODSTRIKER: All right. Thank you. That’s just to warm things up here. Good morning, everybody. Val, I think this may be your purse. I just switched seats. I didn’t dig in it, so...

(LAUGHTER)

MR. JASON GOODSTRIKER: Anyways, Val Gideon and I have been friends for many, many years now. You know, last night, I was kind of thinking about a lot of things on your testimony and on the day and all of the life, and I was having a lot of thoughts about different things, and I congratulate you and I commend you all for being brave, for just being brave and being honest and coming forth.

We will begin from our instructions. We have our Elders here, and -- and somebody come (indiscernible) on our sound crew yesterday. They wanted me to make mention of this this morning and at lunch, but these headsets, these translation devices, you can’t use them on the plane, so don’t bother trying to take one out of here.

(LAUGHTER)

MR. JASON GOODSTRIKER: And they’re very expensive, but we have one, if not two, missing right now,
so I know maybe you packed up your bag yesterday or whatever and threw it in. Okay, anyways, we’re missing one, but they belong, again, to our translation services.

So I’m going to call on our Elders, but I want to tell you a story first. This is what I was thinking about last night to the Commissioners. You know, these chiefs, they go to every meeting that they can and conference, housing, water, economic development. Anyways, these old chiefs, they got to being elderly in their age, and here they were -- they were just always going to meetings. So they looked at each other and they were having coffee out here this morning and they said to each other, “If one of us dies, let’s try and make an effort to come back and we’ll let whoever’s still living know what’s on the other side.” “Okay.” So they made a sacred pact.

Anyways, not long after, one of those chiefs died, sure enough. And so a -- a week went by, a month went by, some time went by, and pretty soon, the living chief was sitting out back in his backyard, sitting on a chair, and he said, “Gee, I miss my friend. I miss my friend. I wish he would send word like our promise.” Sure enough, a little bird sat there on the tree, and the little bird spoke to his old friend. He said, “Ani. Oki.” And he looked at the bird, the Chief was talking to this little bird. He said, “It’s me. I’ve come back to bring word.”
“Oh,” he said, “It’s you,” he said. “My friend, I missed you for such a long time.” And the little bird said, “I got good news, but I got bad news.” He said, “Well, what’s the good news?” He said, “Well, in the next world, our people aren’t mistreated. Nobody’s missing, nobody’s violent, nobody — Native Affairs, they give us everything. They give us all the money we want. We all have casinos and we have nice, fancy houses, or if we want to live in a tipi, we can do that, too. The next world is awesome. We even have chief assemblies up there in the next world.” He said, “Oh, that sounds so wonderful.” He said, “What’s the bad news?” He said, “You’re going to be chairing the conference next week.”

(LAUGHTER)

MR. JASON GOODSTRIKER: Anyways, okay. We’re going to get going. I’m going to ask our Elders, we have our Métis Elder here, and I’d like to thank and acknowledge the Inuit Elders for helping us out. I’ve been talking about it throughout the week. We have a — such a special -- a special gift here, and for many of us Blackfeet, Stoney, Tsuu T’ina, one of the most important things when we sit and we talk, if we’re going to make our words powerful, we have a smudge. And this is what we’re using, and thank you, Elder Louise, with the -- this is similar to what we do in our backyard here, is that we have a talk over a smudge.
That means it makes your words a little bit more powerful.

So I’d like to thank all of our Elders, but I’m going to ask John and Alvine if they could please rise, and some of you, if you stand when you pray, you could -- you could stand, but if you don’t, I’m going to ask our Elders for an opening prayer here at this time. So okay. (Speaking in Native language).

MR. SPIKE EAGLE SPEAKER, MS. ALVINE EAGLE SPEAKER, AND MR. GERALD MEGUINIS: (Speaking in Native language).

--- OPENING PRAYER

MR. JASON GOODSTRIKER: Hey. Thank you. Thank you to all of our Elders. Omahkitapii, this is what we call them. I’m going to -- Madam, we’re going to -- the floor is yours, but we’re going to sing you a song. I’m going to test these singers. Thinking about this yesterday. We had such a -- we had such a big year in 1988 and there was a band member, Skip, I think it was Hector Nipeg (ph), made the Olympic song. Oh, George. Oh, yeah, George Courant (ph). Yeah.

So anyways, one of our big years we had here in Calgary was 1988, and of course, our mayor at the time, Ralph Klein, made this -- made this effort for us to host the Olympics, and he asked for our involvement, and we made a -- we made a song, and the song was used at the stadium
when we brought the torch in. And it was made from -- right here from one of our band members. So, Michèle, we’ll sing you to start. Okay, go ahead, Michèle.

COMMISSIONER MICHÈLE AUDETTE: I just want to ask you. It’s so beautiful that you want to do that to us, but could you add my son, also? Because today my son is ten years old, and I'm with you and not with him.

MR. JASON GOODSTRIKER: Oh, man. Well, to the birthday boy. He's the Chief's son. Thank you. And I know he's probably watching. So we'll send you this song. So to little Mr. Man Audette way out east, we're watching you, and we're wishing you a happy birthday from Calgary. So go ahead there, singers. A couple of starts, and then we're going to get going.

--- OPENING SONG

MR. JASON GOODSTRIKER: Thank you. Give them a round of applause. That's the --

(APPLAUSE)

MR. JASON GOODSTRIKER: And happy birthday, again, to my nephew. So they sang that song 30 years ago as they brought the torch into McMahon Stadium, and that's how we opened the 1988 Olympics. So -- all right.

Madam Commissioner, the floor is yours. Good luck. And again, thank you for all of you who are enjoying Calgary. And don't steal any more headsets.
(LAUGHTER)

CHIEF COMMISSIONER MARION BULLER: We'll start with the panel at 8:30. So there was a minute -- we'll restart --

COMMISSIONER QAJAQ ROBINSON: Sorry.

Hello? Hi. Okay, so the hearings were scheduled to start at 8:30, and so we've got about six minutes left. And just to give everybody who's still coming into the room a chance to settle in, we won't -- we won't start until -- until 8:30. So get your coffee, do what you've got to do in the rooms, and we'll be back here in about five.

--- Upon recessing at 8:23 a.m.
--- Upon reconvening at 8:35 a.m.

MS. JENNIFER COX: So if those of you who were not in the room earlier, Thomas will be for your numbers, so for you to draw your numbers. So those of you, you have to put on your numbers. It's important that we get that addressed as soon as possible.

And in addition, you will recall yesterday the Commissioners are going to make a decision at some point during this hearing with respect to the motion by Ms. Bernier. You are invited to give written submissions, if you take -- if you wanted to take a position, to Thomas Barnett by lunch today. And Thomas is behind me, but you would -- you've all gotten emails with Thomas included in
that.

So the next party this morning is Manitoba Keewatin -- MKO, as the --

CHIEF COMMISSIONER MARION BULLER: Excuse me, Ms. Cox. We did at the end of yesterday say to counsel for Quebec Prosecutors that if they wished --

MS. JENNIFER COX: Sure. Yes.

CHIEF COMMISSIONER MARION BULLER: -- to cross-examine, they would have seven minutes on the clock.

MS. JENNIFER COX: Sure. Now, Ms. Bernier, I'm not sure if you wished to -- thank you, Chief Commissioner.

MS. ANNY BERNIER: Good morning. I have no questions this morning.

CHIEF COMMISSIONER MARION BULLER: Thank you.

MS. JENNIFER COX: So the next party this morning is MKO, and they have 13 minutes.

MS. JESSICA BARLOW: Good morning. My name is Jessica Barlow, and I'm legal counsel on behalf of MKO. Once again, I'd like to thank the Treaty 7 Nations and the Métis Nation Region 3 for welcoming us to their territory. I'd like to thank the panel members for your testimony yesterday. And I'd also like to echo the comments made by my friends yesterday, thanking you, Ms. Dumaine, for
sharing your story with us.

Today, I'll direct some of my questions to Ms. Anderson, but most of my questions will be for you, Dr. Gideon. And so I'll begin with you, Ms. Anderson, if I may.

**JACKIE ANDERSON, Previously Affirmed:**

**CROSS-EXAMINATION BY MS. BARLOW:**

**MS. JESSICA BARLOW:** Do you recall yesterday in your testimony where you spoke about how in Manitoba, some of the most vulnerable youth come from the North?

**MS. JACKIE ANDERSON:** Yes.

**MS. JESSICA BARLOW:** And in your experience, is there also a high level of vulnerability that can be attributed to young women, so those over 18, who also come from northern and remote communities in Manitoba?

**MS. JACKIE ANDERSON:** Yes, absolutely.

**MS. JESSICA BARLOW:** And do you recall speaking yesterday about the importance of women and girls receiving knowledge and information regarding risk factors and urban realities and how to stay safe and diligent, as well as things like gaining skills for meaningful employment while they're attending their urban areas for medical or educational purposes? Do you recall saying that?

**MS. JACKIE ANDERSON:** Yes, I do.
MS. JESSICA BARLOW: Thank you. And in your experience, are there any permanent programs or funding that is currently available for these types of programs for women and girls that may be at risk for vulnerability in Manitoba?

MS. JACKIE ANDERSON: I can speak on a program that is through the Ka Ni Kanichihk that has a peer mentorship program for urban students that are coming into Winnipeg for education purposes where they are assigned a mentor that are helping them adapt to the urban setting and helping them with risk factors and how to keep safe. It's a very awesome program.

MS. JESSICA BARLOW: Perfect. And is that the only program that you're aware of that's permanently providing programs and funding for those types of resources?

MS. JACKIE ANDERSON: That comes to my head, yes. And again, they've been doing this for a few years.

MS. JESSICA BARLOW: Perfect. Thank you. And in your experience, do women and girls from northern or remote communities ever have to travel alone to urban areas for medical or educational purposes?

MS. JACKIE ANDERSON: I -- I can't say if they come in alone. But I do know that a lot of the students that are coming in, they do have offices in the
urban centres where they have teens that are supporting them while they're there for education purposes. But I can't, you know, comment if they're actually coming in alone. I know within my husband's community, they have very active education counsellors that are supporting the kids to get to and from and making sure that on holidays, they're going home, that there's contact remaining with their families.

**MS. JESSICA BARLOW:** Perfect. Thank you. Those are my questions for you, Ms. Anderson. Thank you.

**VALERIE GIDEON, Previously Affirmed:**

**CROSS-EXAMINATION BY MS. BARLOW:**

**MS. JESSICA BARLOW:** And so my next questions are for you, Dr. Gideon. Good morning. Are you familiar with the Public Health Agency of Canada 12 determinants of health?

**DR. VALERIE GIDEON:** Oh, I -- I have looked at them in my career, but I don't recall them off the top of my head at the moment. My apologies.

**MS. JESSICA BARLOW:** Okay. And are you also familiar with -- that there are recognize and additional specific determinants of health that are specific to First Nations people?

**DR. VALERIE GIDEON:** And First Nations themselves have developed models of social determinants of
health and varying reports. Including through the National Aboriginal Collaborating Centre on Health, which is affiliated and funded through the Public Health Agency of Canada.

**MS. JESSICA BARLOW:** Great. Thank you. And so some of these factors would include things like language, cultural identity, urban versus rural, and on and off reserve?

**DR. VALERIE GIDEON:** Absolutely.

**MS. JESSICA BARLOW:** Thank you. And does -- does your department fund any long-term programming having to do with -- specifically to northern Manitoba, having to do with those educational employment, language, or urban versus rural programs?

**DR. VALERIE GIDEON:** The department as a whole, yes, of course. Through education, social programming, infrastructure, and, of course, within the context of health.

**MS. JESSICA BARLOW:** Okay. And in your testimony yesterday, you spoke about the gaps in services, and how we’re seeing a rising amount of medical transportation coming out of northern Manitoba; is that correct?

**DR. VALERIE GIDEON:** That is correct.

**MS. JESSICA BARLOW:** And as part of this
increase is attributable to the greater access to physician services, so essentially doctors, and greater access to specialized diagnostic services; is that correct?

**DR. VALERIE GIDEON:** That is correct.

**MS. JESSICA BARLOW:** And so given what we know about the fact that women and girls from northern Manitoba are -- are often some of the most vulnerable, and that there is a lack of adequate programs and -- and funding and services available to teach those women and girls how to be safe in -- in urban centres, given what we know, and despite that fact, there’s still an increase in medical transport for people, including Indigenous women and girls, to access medical services.

**DR. VALERIE GIDEON:** They are transported with escorts as minors. And in certain circumstances, can be approved also for two escorts when they transport down. I can confirm that they’re not travelling alone. But, I think, that the -- the hope and based on the MOU that was signed with MKO and our minister recently, is that MKO’s goal of establishing a northern First Nations Health Authority that would be able to provide services in a northern Manitoba context, I think that is definitely a strategy that we support. And we are hopeful that we will play an effective role as partner in the development of that authority.
MS. JESSICA BARLOW: Thank you. And so, yes or no, does -- does FNIHB or the Non-Insured Benefits Program always fund someone to escort an individual travelling to urban centres for medical treatment?

DR. VALERIE GIDEON: If they are a minor, absolutely. If they also have needs with respect to language, with respect to health needs, where they need support for, you know, whatever the circumstances are with respect to their medical appointment, so if they’ll need help administering medication or accessing medication. With mobility, there are varying needs, absolutely. It’s a medically recommended reason, absolutely. And if they’re a minor, absolutely. If they are birthing in an urban context, they also will get access to an escort.

MS. JESSICA BARLOW: Okay.

DR. VALERIE GIDEON: So they’re not birthing on their own.

MS. JESSICA BARLOW: Perfect. Thank you.

And one final question. Would you agree with me that Indigenous women that leave their community, potentially for the first time, to access medical treatment puts them at greater risk for vulnerability?

DR. VALERIE GIDEON: Obviously, it depends on the case. But I would say that the data shows that overall, Indigenous women are more at risk of violence or of other
health or chronic conditions.

MS. JESSICA BARLOW: Okay. Thank you.

DR. VALERIE GIDEON: Thank you.

MS. JESSICA BARLOW: Thank you so much for your time today. And those are all of my questions. Good morning.

MS. JENNIFER COX: So the next counsel is Commission counsel, Meredith Porter, with 13 minutes.

MS. MEREDITH PORTER: Am I good? Yeah.

Thanks very much. Good morning. Commission counsel, my colleague had led the evidence yesterday of the two witnesses from Ma Mawi, but I did want to take a moment to thank them very much for their sharing and for their passion and their personal strength to carry on the work that they’re doing. And I certainly want to take minute to encourage you going forward with the work that you’re doing. It’s extremely valuable, so thank you.

VALERIE GIDEON, Previously Affirmed:

CROSS-EXAMINATION BY MS. PORTER:

MS. MEREDITH PORTER: I will direct my questions to Dr. Gideon and start by refreshing your memory with respect to some of the testimony that you shared yesterday with respect to the Indian Residential School Resolution Support Health Program. You stated that survivors and their family members can access traditional
healing through that program. But I wanted to get some clarification about some of the details of that program from you just to make sure that I have a clear understanding of the traditional healing services that are offered through that program. And I’m going to refer you at this time to what, I believe, was labelled Exhibit number 29. It is the -- I guess, the description of the program, the outline of the guidelines for the program. I’ll just give you a minute to get to that exhibit. Particularly, I’m going to be making reference to the section that’s numbered 1.3.3.1. And I’m just going to read quickly from that -- that section: (as read)

With respect to traditional healing,
Health Canada will coordinate and fund reasonable travel costs for an eligible client who -- to obtain the services of a traditional healer, where the service provider meets each of the following criteria: is recognized as a traditional healer by an Aboriginal organization administering the RHSP service; or by a local band or tribal council. It is also located within reasonable geographic proximity to the client’s home community. And transportation has
to be pre-approved, scheduled, and
coordinated as per the regional
processes.

The following paragraph to that section does state: (as
read)

That while the RHSP will cover travel
costs for a client to visit a recognized
traditional healer, it does not cover
services provided, including,
honouraria, gifts, ceremonial expenses,
or traditional medicine for services
provided by a traditional healer. These
costs will be the sole responsibility of
the client.

So I just wanted to be clear, basically, what
-- what is offered then through this section that I’ve just
read, if a survivor or a family member of a survivor wants
to access traditional healing through -- excuse me, through
this program, they may have some of their -- their
transportation costs covered; is that correct?

**DR. VALERIE GIDEON:** That’s correct.

Depending on where the services are requested.

**MS. MEREDITH PORTER:** Their Elder or
traditional healer that they -- they see is not
entitled -- titled to an honourarium, correct?
DR. VALERIE GIDEON: Directly paid by the department, that’s correct.

MS. MEREDITH PORTER: Can you clarify what that means by “directly paid”? Where -- if it’s not directly paid by the department, where else would it be paid?

DR. VALERIE GIDEON: So we have First Nations organizations, I’ll give an example, such as Treaty 3 that has taken over the management and delivery of that program. And so they have hired -- well, I don’t want to use Treaty 3 as a specific example, but as -- as an example, that is an organization that has administered the Indian Residential School Health Support Program. There are organizations that have hired traditional healers to be part of the delivery of the program, and so they do have some flexibility with respect to how they’re managing that program.

MS. MEREDITH PORTER: But for -- for survivors or family members who are not, say, associated with that type of a -- they would not have -- they would, themselves, have to come up with the monies to pay for their traditional healing?

DR. VALERIE GIDEON: That’s right. On the terms of the honouraria.

MS. MEREDITH PORTER: And no costs for the necessary offerings or typical items that might be used...
or -- in the traditional healing or ceremony are not covered through the program, correct?

DR. VALERIE GIDEON: As specified in the policy.

MS. MEREDITH PORTER: That’s right. So if an individual, a survivor or their family member, doesn’t have funds to pay and Elder, they may -- I -- perhaps get their services, but it would have to be on a -- free -- free.

DR. VALERIE GIDEON: In the Non-Insured Health Benefits mental health counselling since the Budget 2017 -- so this policy dates back to 2014. Since 2017, we’ve actually been able to get designated funds for supporting traditional healers as part of mental health. So there is some flexibility through the Non-Insured Health Benefits Program at the moment.

MS. MEREDITH PORTER: Are you able to provide an undertaking to provide the levels of funding and how they’re distributed to the Commission?

DR. VALERIE GIDEON: For the Non-Insured Health Benefits Mental Health Program, absolutely.

MS. MEREDITH PORTER: Well, for the -- for -- for the services of traditional healers, specifically, for survivors and their family members?

DR. VALERIE GIDEON: Yes. So where those services have been, it’s still relatively recent in terms of
the implementation, but where we've negotiated and discussed
with regions, with regional partners where that delivery is
happening and who are the recipients of funding, we can
provide that to the Commission.

**MS. MEREDITH PORTER:** Okay. Is it -- I'm
assuming though it is quite possible that there are many
circumstances where these services are being received, but
not able to be paid for, so it's on a -- really on a --

**DR. VALERIE GIDEON:** I really can't confirm.

**MS. MEREDITH PORTER:** Are you ever required
to work for free?

**DR. VALERIE GIDEON:** Pardon me?

**MS. MEREDITH PORTER:** Are you ever required
to work for free?

**DR. VALERIE GIDEON:** Yes.

**MS. MEREDITH PORTER:** Can you elaborate on
that?

**DR. VALERIE GIDEON:** I mean, we all
work -- in my career, do you mean?

**MS. MEREDITH PORTER:** Yeah. Yeah. In your
paid work, in your -- in your career, in your job?

**DR. VALERIE GIDEON:** Well, my current
career, we're paid just a sort of a general salary for the
work that we do, not based on hours.

**MS. MEREDITH PORTER:** Okay. And can you
tell me how many people accessed the traditional healing through the IRS program last year, for example?

DR. VALERIE GIDEON: I apologize, I don't have that number in front of me or in memory.

MS. MEREDITH PORTER: Okay. Are you able to provide an undertaking to provide that information to the Commission?

DR. VALERIE GIDEON: The Indian Residential School Health Support Program, we could, yes.

MS. MEREDITH PORTER: Okay, thanks, thank you. Continuing our discussion then on the access to traditional healing, I'm going to refer you then to the guide for mental health counselling services. I believe it was numbered Exhibit 30. And you have spoken already a little bit about some of the Non-Insured Health Benefits, you just spoke a little bit about how some flexibility has been put in that program for access to traditional healing in the last -- last year, and you will provide some information with respect to the amount of money that's there, but is it my understand in reading the -- particularly Section 2.1 of that document, that mental health counselling for First Nations and Inuit, there is no, in the existing, in this policy this year, existing access to traditional healing; is that correct?

DR. VALERIE GIDEON: I just want to make
sure that I understand that question. You're asking about the NIHB mental health counselling policy that was submitted as an exhibit?

**MS. MEREDITH PORTER:** That's right, yes.

**DR. VALERIE GIDEON:** It was updated in March 2018.

**MS. MEREDITH PORTER:** M'hm.

**DR. VALERIE GIDEON:** And you're asking me if there's -- there's an opportunity to fund traditional healing services through that?

**MS. MEREDITH PORTER:** Access, yes. Yes.

**DR. VALERIE GIDEON:** Yes, that's my understanding.

**MS. MEREDITH PORTER:** It's your understanding, okay. Yesterday the Commission heard testimony from the witnesses from the Ma Mawi Centre regarding the critical importance of youth accessing traditional healing in their path to healing -- their path of healing towards wellness, and you -- you heard that testimony too, correct?

**DR. VALERIE GIDEON:** Yes, I did.

**MS. MEREDITH PORTER:** Would you then agree that it makes sense to jointly recommend to the commissioners that the framework for the delivery of services, not only through health, through traditional
healing to youth and to survivors and their family members, be reviewed to ensure that the actual accessing of these traditional services is facilitated, as opposed to prohibited, with these rather prescriptive guidelines?

**DR. VALERIE GIDEON:** What I would say is that the government has expressed some support for access, fulsome access to traditional healing services.

**MS. MEREDITH PORTER:** Then turning to the counselling services that are enumerated, and I understand that the guidelines have been updated recently, but I'm only able to draw on the exhibits that you've -- you've provided to us in your book of exhibits. The counsellors providing services through the Non-Insured Health Benefits mental health services program, must be approved to provide those counselling services, correct?

**DR. VALERIE GIDEON:** The service providers?

**MS. MEREDITH PORTER:** Yeah.

**DR. VALERIE GIDEON:** Yes.

**MS. MEREDITH PORTER:** We also heard testimony yesterday from Ma Mawi about the importance that lived experience has in not only designing, but also in delivering the services to youth. You also heard that testimony; that's correct?

**DR. VALERIE GIDEON:** Yes, I did.

**MS. MEREDITH PORTER:** So once a qualified
service provider completes in referencing the material, the
provisions particularly in Section 2.2 of the guidelines,
once a qualified service provider completes the mental
health counselling provider agreement and any associated
required forms, is the decision as to whether or not they
are added to that list of approved service providers
informed by someone with either extensive knowledge about
the mental health needs of Indigenous peoples or by
somebody who has actual lived experience to inform that
approval process?

**DR. VALERIE GIDEON:** So we do not direct
individuals as to who they should access services from. So
providers can register with us, and it's based on their
educational background, but we do not say to a client you
must access this particular individual.

If they have -- if they are seeking to
identify someone who is able to provide services to them,
we can offer a list of providers that are registered with
the program, but we don't direct someone that they must use
this particular person or individual.

And I would just add that with respect to
the wide array of community-based mental wellness and
addictions initiatives that are funded by the government,
there are many, many, many community-based workers and
Indigenous workers that have listed experienced that are
supporting that service delivery with community members.

In fact, the NNADAP program, when it was initially created, was set up to support First Nations that had gone through a sobriety process, and it was actually a cornerstone of the development of that program by First Nations.

**MS. MEREDITH PORTER:** And I just want to clarify because it was my understanding in your testimony yesterday that attaining and retention of community-based workers, you've just used the words “many, many, many,” that retaining and the retention of community-based workers to provide these types of services was a real barrier to access. Can you clarify?

**DR. VALERIE GIDEON:** That was on the nursing side. That was on the nursing side mainly. The recruitment and retention of community-based workers is not as -- with respect to the delivery of community programs, there is quite a bit of stability.

**MS. MEREDITH PORTER:** Okay. In the guide to mental health counselling services, again Exhibit 30, under Subsection 2.3, it reads: (as read)

```plaintext
Non-Insured Health Benefits mental health service providers are encouraged to continue to enhance their knowledge of First Nations and Inuit cultures.
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I understand this to mean that it is not a
requirement then for the national -- for the NIHB mental health service providers to have any preexisting knowledge or training specific to Indigenous people prior to becoming listed service providers through the NIHB program; is that correct?

**DR. VALERIE GIDEON:** It's not specified in the policy, but I would -- I would say to you that we've had -- we do respond if communities or clients raise concerns with us with respect to specific providers. And we have de-listed providers based on complaints with respect to quality of service.

**MS. MEREDITH PORTER:** Is it a requirement for --

**MS. JENNIFER COX:** You are out of time.

**MS. MEREDITH PORTER:** I am? Okay. Thanks.

**MS. ANNE TURLEY:** Chief Commissioner, I have a point of clarification coming out of something out of Commission counsel's questions that I think will assist all parties with standing. Ms. Porter asked Dr. Gideon for two undertakings, and I would like some guidance from the Commission because parties with standing had been priorly (ph) told by other Commission counsel that undertakings were not permitted, so this may have guided what other counsel have done to date in these hearings, and so I'm finding a bit of inconsistency here that we're being told
we cannot ask for undertaking, but yet Commission counsel
is asking for undertakings. And I seek the Commission's
guidance so that parties with standing know what the rules
of the game are going forward, and so that witnesses know
when they come here what they're responsibilities are.

As you know, traditional rules of evidence
before a Court or Tribunal is that when you have someone on
the stand in examination-in-chief, if they don't know the
answer to the question, they don't know, and the Tribunal
or Court can make an adverse inference, but they are not
required, as in examinations for discovery or
cross-examinations, to give undertakings.

And I'm not trying to be obstructionist, I
would just really like some clarity and consistency for all
parties with standing.

CHIEF COMMISSIONER MARION BULLER:
Submissions?

MS. JENNIFER COX: Well, I guess this
is -- for starters, this is not a court, it is the National
Inquiry, and quite frankly, we're looking for more
information to inform not only the Commissioners, but the
parties with standing and all of the families involved. So
really the request is for additional information that the
witness couldn't speak to, but indicates exists.

I'm not sure what the harm is in terms of,
you know, whether you want to provide it in an informal follow-up, Counsel, or in response to a request for an undertaking, which is a more formal process that we normally engage. At the end of the day, we're just trying to give the information that people are seeking to the families and the Commissioners.

**COMMISSIONER QAJAQ ROBINSON:** If I may, I don't believe that it's the information that's at issue, it's the process, so could we get some clarity on whether or not parties were advised that seeking undertakings was prohibited?

**MS. JENNIFER COX:** I can't speak to it.

**COMMISSIONER QAJAQ ROBINSON:** I'd suggest that we hold off on making any determinations with respect -- if you're able to speak to it, yes.

**MS. CHRISTA BIG CANOE:** Thank you. Actually, there's been no formal procedure in relation to this. There have been conversations with multiple parties and counsel, and it was raised that if a lot of undertakings were requested, that that would be onerous for witnesses, particularly in this process, but that where we could come to agreement -- so, for example, the witness has referred to an exhibit that was put into the party -- by the party, but there's been an update. So, for example, seeking something like that update is not an unreasonable
In terms of the undertaking, I would also note that the -- that one of the answers to a request for an undertaking is that I'm not able to provide it. Thank you.

COMMISSIONER QAJAQ ROBINSON: If there was an agreement for no undertakings, then at this point there are no undertakings.

CHIEF COMMISSIONER MARION BULLER: Yes.

MS. ANNE TURLEY: And I -- I just want to be clear. I'm -- I'm not trying to stifle information, and I'm happy for Dr. Gideon to give it. I just wanted clarity, so that everybody is on the same page and understands what the rules are. And I'm -- if -- I am very happy for Dr. Gideon or any other witnesses from the Government of Canada to provide undertakings, subject to the rules of privilege, but just want to ensure that we, too, then can ask for undertakings.

COMMISSIONER MICHELE AUDETTE: Chief Commissioner, I need to have two minutes so she explain to me in French.

CHIEF COMMISSIONER MARION BULLER: Oh, okay. We're just going to take about a two-minute break to ensure that we have proper translation. So we're not going to stop. Nobody leave their seats. We're just
going to make sure we have the correct translation.

(SHORT PAUSE)

CHIEF COMMISSIONER MARION BULLER: You're okay?

COMMISSIONER MICHÈLE AUDETTE: Yes. Merci.

CHIEF COMMISSIONER MARION BULLER: Okay.

Commissioner Robinson will address the issue.

COMMISSIONER QAJAQ ROBINSON: For the purposes of the two specific undertakings that you are asked to follow through on, it's -- it's our view, in light of your -- the direction given to you that -- that this was a prohibited practice at this proceeding, that you are not bound to do so, although I hear what Ms. Turley is saying, that if you wish to provide us information, there's nothing stopping you. However, in terms of how this process will go, moving forward, this is something that we will revisit. But for the purposes of this hearing, as this has been the direction given and to ensure clarity and fairness, moving forward, we will continue with the practice as you've described it for this week.

MS. ANNE TURLEY: Thank you. And I will say on the record that subject to the -- any privilege or confidence, we will provide the information.

COMMISSIONER QAJAQ ROBINSON: Thank you.

CHIEF COMMISSIONER MARION BULLER: Okay.
Before we start our examination of the witnesses, we're going to take a 15-minute break. We'll reconvene at 9:20, please.

--- Upon recessing 9:07 a.m.

--- Upon reconvening at 9:30 a.m.

MS. JENNIFER COX: -- with the questioning of the witnesses by the Commissioners. Madam Commissioners, I will not have any redirect with respect to Ms. Anderson or Ms. Dumaine, so I'm wondering if we could perhaps start with the questioning of those witnesses so that they could be excused?

CHIEF COMMISSIONER MARION BULLER: And I've also sought the consent of my friend Mr. Lee (ph) for asking for that. Yes, thank you.

Okay. Just for clarity and so that the witnesses know when they can breathe again, we’ve decided amongst ourselves that we will question by witness as opposed to other ways of doing it. So what that means, Ms. Anderson, is we will ask our questions of you. Then, Ms. Dumaine, if we have questions for you, we’ll ask questions of you, and then, Dr. Gideon, we’ll ask the same way, questions of you, rather than sort of a scatter-gun approach.

JACKIE ANDERSON, Previously Affirmed:

QUESTIONS BY THE COMMISSIONERS:
said that, Ms. Anderson, I do have some questions for you, starting with -- you described how young people stay with you under various legal agreements. What, if any, involvement do the parents or extended family members have with the young people while they’re in your homes?

MS. JACKIE ANDERSON: Well, that is one of our priorities, that when a young person comes to us, that we immediately start to assess and look at the engagement of family. Our families are encouraged to participate and be a part of all aspects of them being within our home. For example, at Hands of Mother Earth, we also have space there for the family to be able to come and spend the weekends, bring their siblings, and be there for their -- their young one that is placed with us. We also include them in all planning, which -- care planning for the child, that they are present and that their voice is heard and that they are included in making those decisions.

CHIEF COMMISSIONER MARION BULLER: Does this -- does this also include family members of -- of young people who are in care by way of court order, not a voluntary placement agreement?

MS. JACKIE ANDERSON: Yes. All -- all orders, whatever the child is under, and that’s an agreement that we also include when an agency worker is placing their
children with us, is that they need to participate and agree to be a part of that process.

CHIEF COMMISSIONER MARION BULLER: You’ve said in your testimony that young people can stay with you for as long as they want, but at the same time, the voluntary placement agreements are for limited periods of time by law. Are those -- to the best of your knowledge, are those voluntary placement agreements renewed on an as-needed basis, then?

MS. JACKIE ANDERSON: Yes. I believe a voluntary placement can be up to six months --

CHIEF COMMISSIONER MARION BULLER: Yes.

MS. JACKIE ANDERSON: -- and can be renewed for an additional six months.

CHIEF COMMISSIONER MARION BULLER: There are some provisions in the law that those, in some circumstances, those voluntary placement agreements can be renewed until the young person achieves the age of majority in the province. Is that a common occurrence, to the best of your knowledge?

MS. JACKIE ANDERSON: I’m just trying to think of a young lady that we did have and I -- I’m not sure if her order ended up changing along the way when she was with us, but she was with us for two and a half years, until she graduated from the program and went home.
CHIEF COMMISSIONER MARION BULLER: Okay, thank you. And I’m going to ask you to kind of turn the box around or -- or think outside the box a little bit and not in a critical way. If we look at the two homes that you operate, and rather than looking at them as child placement under the Manitoba Child and Family Services Act, and we turn that around to look at them as a more holistic healing location or -- or facility and moved out from underneath the Manitoba Child and Family Services Act to a health centre or a health care provider, would that change your resources? Would that change how you do business?

MS. JACKIE ANDERSON: I think that the overall ability to do so would have a more positive effect on the child and the family. Rather than that child having to be under a specific order of care, we would continue to do the great work that we do that we -- that’s very valuable to the work that we do, but I think it would be extremely beneficial if we had the ability to place children within our programs that don’t have to come under a children-in-care status.

CHIEF COMMISSIONER MARION BULLER: Okay, thank you. In your evidence, you described a -- a response team for families that are evacuated.

MS. JACKIE ANDERSON: M’hm.

CHIEF COMMISSIONER MARION BULLER: And that
it’s a -- a coordinated safety response. Other than you and -- and your organization, who else is involved in this coordinated safety response?

**MS. JACKIE ANDERSON:** Well, within Manitoba right now, when the evacuation happened about a week and a half ago, it was multiple players that came to the table that are able to provide different expert support to the families. So Ma Mawi Wi Chi Itata was approached to be able to provide activities for children daily, from nine a.m. until nine p.m., and from nine p.m. until one a.m. in the hotels is for the older age group that may be a little bit more at risk with the environment of what we’re seeing with -- with access to perpetrators coming around the hotels, drug dealers, alcohol. So providing them alternative activities to keep them safe.

So that was our area of expertise because of our -- our programming that we’re able to deliver. So right now, we have over 35 youth that we also hired that are working in the hotels as the youth helpers. Other places that are also responding that are taking care of their community, of course, is Southeast Child Family Services, the Bear Clan in Winnipeg, SCO, to name a few, SERDC. A number, as I mentioned, of organizations came to that table and taking different parts that they’re able to help with along with Red Cross.
Chief Commissioner Marion Buller: Okay.

Thank you. Commissioner Audette?

Commissioner Michèle Audette: Merci, Mme la Chef Commissaire. Bonjour.

Ms. Jackie Anderson: Bonjour.

Commissioner Michèle Audette: Well, thank you so much, the two of you. It was very, very -- I have to say, important to hear, but most of all, important to share for the rest of Canada, that there is success stories and there is what I call for me, like you said, a real expert and real people. We’re all real, of course, but are part of this Inquiry or helping us. So I have to say merci beaucoup, beaucoup, beaucoup.

And my first question, it’s for the two of you, of course. Christine -- Christine is -- you’re the example that this organization, this movement is a success, and it’s -- it’s also a need, but all the research that you gave us and provided to us, knowing also, when you share your story and when you mention also, Mme Anderson, young children that come from other places or from other provinces, do you think that your organization or your model could be -- how do you say in English -- not exported, but bring to other territories, provinces, and other places across Canada?

Ms. Jackie Anderson: We -- we would love the
opportunity to be able to share our model and to be able to help across Canada, to be able to develop, but it’s -- it’s -- it’s imperative, as I said yesterday, that it is Indigenous-led and that there’s extreme respect and value to having an organization that supports the experience as -- as working in the environment.

CHRISTINE DUMAIN, Previously Affirmed:
QUESTIONS BY THE COMMISSIONERS:

COMMISSIONER MICHÈLE AUDETTE: And you, Christine, do you have, like, a network across Canada with women like you, survivors like you?

MS. CHRISTINE DUMAIN: Can you say that again?

COMMISSIONER MICHÈLE AUDETTE: Pardon me?

MS. CHRISTINE DUMAIN: Can you say that again?

COMMISSIONER MICHÈLE AUDETTE: Sure. If you have friends or a network across Canada that went through the same experience as yours.

MS. CHRISTINE DUMAIN: No, but just in Manitoba. I have, like, friends in Manitoba who’s -- who’s -- that, like, been through the same stuff that -- that I have. I -- when I was moving into Little Sisters, I had a friend who was faced with a similar situation as me, so she got to Little Sisters, also, and she's actually -- did her
child and youth in care. She lived there about three years, I believe, so ...

COMMISSIONER MICHÈLE AUDETTE: Outside of Winnipeg, do you think that this organization, this movement, these services, should exist also?

MS. CHRISTINE DUMAINE: In other places?

COMMISSIONER MICHÈLE AUDETTE: Like Thompson or --

MS. CHRISTINE DUMAINE: Yes, I -- yes.

COMMISSIONER MICHÈLE AUDETTE: Thank you.

Merci beaucoup. Merci. And you're beautiful. All of you.

MS. CHRISTINE DUMAINE: Thank you.

(LAUGHTER)

COMMISSIONER MICHÈLE AUDETTE: I have to say I'm always proud to see women, you know, and we have a table, a panel here, of strong women. Maintenant pour vous, Mme Gideon.

DR. VALERIE GIDEON: No, ma’am.

COMMISSIONER MICHÈLE AUDETTE: Oh, sorry, it's true. So sorry. I'm so -- I'm so different --

(LAUGHTER)

COMMISSIONER MICHÈLE AUDETTE: Thank you.

MS. JACKIE ANDERSON: Thank you.

COMMISSIONER MICHÈLE AUDETTE: Merci beaucoup. Thanks for the reminder.
COMMISSIONER QAJAQ ROBINSON: Thank you both so much. I -- I really -- I was grateful to hear from both of you. You reiterate -- you reiterated a lot of what we've heard from families and survivors and built on what they talked to us about what needs to be done. And thank you for sharing this with us and -- and the country.

JACKIE ANDERSON, Previously Affirmed:

QUESTIONS BY THE COMMISSIONERS:

COMMISSIONER QAJAQ ROBINSON: A lot of the questions I had for -- for you, Jackie, was about the funding and how you're supported. And a lot of those have been answered. But it strikes me that -- and this is something we've heard from other grassroots organizations, that to do the good you need to do, you need to find that space within the system, in the bureaucracy, where you're permitted to take that piece of work and do it your way.

MS. JACKIE ANDERSON: M'hm.

COMMISSIONER QAJAQ ROBINSON: That's sort of how I am paraphrasing what I've been hearing. Does that sound like the case? Like, you're kind of -- have to depend on governments and agencies to give you this space and the resources to do what you know you need to do?

MS. JACKIE ANDERSON: Yes. I mean, that definitely always is, you know, a barrier that when we've identified a need, you know, for -- for a young woman, that
we have to sit back and try to figure out where we're going
to get the funding or where we're going to access it. We
do operate, though, again by -- by values and, you know,
assessing the immediate, you know, risk of that individual.
And we'll do that we need to do and then figure it out.
But, you know, there's always risk of loss at the end of
that if we can't figure that out.
And that's -- that's -- shouldn't be in the
work that we're doing, to not be able to respond
immediately to a need of a young person or multiple young
people when we have to sit back and delay that time when
they need it now.

COMMISSIONER QAJAQ ROBINSON: In terms of
the needs that are identified, a lot of it was, of course,
guidance and teaching, but you talked about a lot of
services, so health, mental health. Is that the majority
of the needs that you see Little Sisters needing is sort of
health, mental health, spiritual health, wellness needs?

MS. JACKIE ANDERSON: Yes. In -- in terms
of wellness needs, but there's also other needs that, you
know, a lot of our young people are faced with whether
they're in our care or whether they're not in our care or
whether they're adult women, and that's safety. You know,
I -- I mentioned yesterday, you know, one of the -- like,
we're very coordinated and -- and have a lot of strengths
within our province. However, we don't have supports and
services for 18-plus, 24 hours. And -- and to me, that
hurts my heart to know that, you know, we can do everything
we can do until that child ages out of care, but then at
18, there's no 24-hour supports for them, you know, when it
comes to safety.

For example, yesterday I needed to figure
out how to get a young -- young woman out of the city
because her -- her life is at risk, you know, and then
having to figure out, well, where are we going to get the
funds? How can we do this? So those are some of the
challenges as front-line responders because we know when
there's a need that needs to be met, I need to be able to
meet that need this minute, not three days from now or
three months from now.

COMMISSIONER QAQAQ ROBINSON: And it's
pretty -- finding the services and the resources available
to you, that's almost a full-time job?

MS. JACKIE ANDERSON: Absolutely.

COMMISSIONER QAQAQ ROBINSON: So for a -- a
woman or a girl, to be able to do that herself, how likely
is that?

MS. JACKIE ANDERSON: It's -- it's
impossible, especially at that moment when they're in
stress and the trauma that they're experiencing. They
don't have the ability to navigate the different systems or try to figure it out. And unfortunately, that -- that -- it -- their risk becomes higher because they just give up, and they feel, I might as well just stay where I am.

COMMISSIONER QAJAQ ROBINSON: Yeah. We've heard from a number of women that the need for an advocate guide is -- for every system, not just health, but criminal justice system, social services, that that need for guidance, advocacy, was tremendous. Would you echo a recommendation that there be a formalized and well-supported process of -- of advocates for women and girls?

MS. JACKIE ANDERSON: Absolutely.

COMMISSIONER QAJAQ ROBINSON: Navigators?

MS. JACKIE ANDERSON: Absolutely, but not multiple navigators that are situated at different locations. Again, yesterday, I spoke about that 24-hour safe place where a woman can go any time of the day or night where there is those advocates that are there that can access and be that -- that guide to help them through all those systems, whether it's EIA, medical treatment, all those areas that -- that our women are needing.

COMMISSIONER QAJAQ ROBINSON: And I -- I'm going to apologize if you've already answered this, but I
understood that the homes are open for -- for all Indigenous girls; is that correct?

**MS. JACKIE ANDERSON:** Yes. And our services are not just for Indigenous. We, you know, do support non-Indigenous young people, as well, in our children in care programs.

**COMMISSIONER QAJAQ ROBINSON:** Okay. Thank you. I want to read to you -- because, you know, you talked a lot about it being -- I think the terms some people used is wrap-around or comprehensive. And in Ms. Gideon's materials, she quoted the mandate letter that the Prime Minister has given to the Minister of now the Indigenous Services of Canada. And the Prime Minister has asked or directed Ms. Philpott to take an approach to service delivery that is patient-centered, focused on community wellness, links effectively to provincial/territorial health care systems, and that -- that considers the connection between health care and social determinants of health.

As someone who is working with women and girls, what are your thoughts on this direction and do you think -- what are your thoughts on it? Do you agree with it? Is it comprehensive?

**MS. JACKIE ANDERSON:** I don't quite understand.
COMMISSIONER QAJAQ ROBINSON: So for the Indigenous Services of Canada, it's -- INAC is now two -- two ministries, and the Prime Minister has told the new Minister of -- the new part of INAC that in doing her work and in setting up how she serves Canadians, Indigenous people, that she needs to take an approach to service delivery that is patient-centered, focused on community wellness, links effectively to provincial/territorial health care systems, and considers the connection between healthcare and social determinants of health. And social determinants of health are all these other factors that impact our overall wellness.

MS. JACKIE ANDERSON: Okay. I'm not sure if I'm going to give you the right answer to what you're asking, but --

COMMISSIONER QAJAQ ROBINSON: There's no right answers. As someone with lived experience, front-line experience, the Government of Canada has a role in providing services to the women and girls that you serve.

MS. JACKIE ANDERSON: M'hm.

COMMISSIONER QAJAQ ROBINSON: And I want to know that as a service provider, is this direction that the Prime Minister is giving meeting the needs that you see? And the vision that you think needs to be had?
MS. JACKIE ANDERSON: Well, I guess how I can -- and again, I'm -- I'll answer the best -- the way that I can as to what I think that it's read. Again, it's a lot of language I don't understand. But I do know that there's an immediate need when it's looking at services, systems and services or programs within our communities. And it absolutely needs to be guided by our community, not by -- not by -- not led by government. I mean, there is different, you know, needs, as I used the -- everybody holds a piece of the puzzle --

COMMISSIONER QAJAQ ROBINSON: M’hm.

MS. JACKIE ANDERSON: -- situation yesterday, but the primary piece of that puzzle needs to be the community having that voice and direction. I think, you know, often what happens is that, I know in our community is that people are being brought to the table to give their recommendations or to share, and either nothing happens with that, and/or they don’t hear anything back, or it takes years before anything is enacted. I think, if we want to look at what’s going to help our community and what’s going to help with our people, we need immediate action. And we need those voices to be respected, and we need them to be led by community, families, and -- and NGO, our non-profit organizations that are working on the grassroots level. Is that --
COMMISSIONER QAJAQ ROBINSON:  Thank you.

Yes, absolutely.

MS. JACKIE ANDERSON:  Okay.

COMMISSIONER QAJAQ ROBINSON:  I want to know what you think, so there’s no right or wrong answer.  It’s what you think.

MS. JACKIE ANDERSON:  Thank you.

COMMISSIONER QAJAQ ROBINSON:  Thank you so much.

MS. JACKIE ANDERSON:  Thank you.

COMMISSIONER QAJAQ ROBINSON:  And -- and Christine, thank you.  On the -- I -- I want to -- this question could be for both of you.  You talked about predators, and you know what they’re doing, you see what they’re doing, especially when you’ve had to deal with it firsthand.  Is there a way that the police in your area are using and -- your expertise to help in -- in -- identify these tricks and tools that predators are -- are using?

MS. JACKIE ANDERSON:  As I mentioned yesterday, we have a very strong coordinated Winnipeg Outreach Network.  And on that team is different youth and adult serving organizations that are out on the street doing the outreach, but also with the Counter Exploitation Unit and Missing Persons Unit.  So there’s a -- a very strong relationship that when we are coming across, because you’re
right, we know who the perpetrators are. We know how to identify, you know, when someone’s driving some of the stroll areas, we know that they’re not part of that community. We know what they’re doing.

And again, a lot of our children are telling us who -- giving us names, giving us addresses, but they’re not in a place to tell the police, or give a victim statement. So because of that relationship that we do have with our police, we don’t have to go through the generalized police line, and make a report, and talk to somebody who may not really fully understand that immediate need. We have direct access to the units, where we’re also helping them identify -- identify perpetrators. And changing areas within the city where we, you know, new addresses are -- are coming up because they move around. They don’t stay in one location very long. As soon as they know the heat is on them, they will relocate, and they will go elsewhere.

COMMISSIONER QAJAQ ROBINSON: Do you think that -- I mean, this I would -- it -- it sounds like this relationship is -- is allowing for faster information sharing. Faster action. Do you also think it’s leading to more charges and convictions?

MS. JACKIE ANDERSON: I believe so. You know, and again, because we have access to that info and if we’re faced with a situation -- because we’re very proactive
in -- in our outreach. When our young women are not home, we haven’t heard from them, we’re out on the street and we’re looking for them. We -- we have our safety teams that are looking at those locations. We’re able to identify, and a lot of that -- because our team is coming from lived experience, so we also know how to identify those safety risks. So when we’re out looking for our children, and we get an address we know, we have a -- an idea that that child is in there, we can call our partners and say this is where we are, we need your assistance. And they’re usually responding in less than ten minutes, rather than having to wait and go through the general police line.

And so we are absolutely seen. And -- and, you know, my hopes at the end of the day is that it, and, you know, it -- it decreases the demand. However, it’s very important that if, you know, we also look at the other realm of it, is that our women, they need -- they need immediate supports. And -- and we need to be able to -- to respond and provide that to them.

COMMISSIONER QAJAQ ROBINSON: Absolutely. I think you’ve said -- and Christine, I think, it was your quote, “It’s not about programs, it’s about relationships.”

MS. CHRISTINE DUMAINE: Yes.

COMMISSIONER QAJAQ ROBINSON: And those relationships that you have with your big sisters, the
little sisters, the relationship with police, relationship
with these organizations. I want to thank you for this
teaching about how we see, how we care for each other, and
live as a community and as a family, and as a nation. I
think that that has to be seen at every level.

MS. JACKIE ANDERSON: M’hm.

COMMISSIONER QAJAQ ROBINSON: The
relationships. So thank you both very, very much.

MS. JACKIE ANDERSON: Miigwech.

COMMISSIONER QAJAQ ROBINSON: Thank you.

COMMISSIONER BRIAN EYOLFSON: I actually
don’t have any further questions for either Ms. Anderson or
Ms. Dumaine. So I just want to take this opportunity to
thank you very much for taking the time to come here and
share your truths with us. So chi-miigwech.

UNIDENTIFIED SPEAKER: Love you.

CHIEF COMMISSIONER MARION BULLER: They may
be excused. We do have more questions in a moment. Or
first of all, Ms. Dumaine, I didn’t mean to leave you out.
Just I didn’t have any questions for you, so --

MS. CHRISTINE DUMAINE: That’s okay.

CHIEF COMMISSIONER MARION BULLER: But I want
to thank you. Okay, thank you. For most -- thank you.
Before you leave, Ms. Anderson and -- and Ms. Dumaine, we
have gifts for you as we do for our witnesses. We’re very
grateful that you were able to come and share your amazing wisdom with us. It’s been very helpful. And what you’ve told us has made a difference to our work, so thank you.

We were told early on in this process by some matriarchs in Haida Gwaii that we had to gift to you eagle feathers. And if -- you don’t argue with them, as you know. So we have eagle feathers for you. There are a lot of commonalities across Canada about the meaning of eagle feathers. First of all, they’ll lift you up and hold you up during those moment that you need them. They’ll also help you soar higher and achieve things that you never thought were possible. So with that in mind, and those teachings in mind, we want to gift you eagle feathers today. And to thank you very much for helping us in this very important work. You’re really made a big difference. Thank you so much.

MS. CHRISTINE DUMAINE: Thank you.

(APPLAUSE)

MS. JACKIE ANDERSON: Thank you.

(SHORT PAUSE)

VALERIE GIDEON, Previously Affirmed:

QUESTIONS BY THE COMMISSIONERS:

CHIEF COMMISSIONER MARION BULLER: Okay,

Dr. Gideon.

DR. VALERIE GIDEON: Yes.
CHIEF COMMISSIONER MARION BULLER: There's a couple of points of clarification on your testimony. Based on your experience in your current position, is there any movement or any appetite towards redrafting the 1979 Federal Health Policy?

DR. VALERIE GIDEON: There is. I mean, there is a working group of ministers that the Minister of Justice appointed last year to review all laws, policies and operational procedures in the context of the United Nations declaration and the rights of Indigenous peoples in Section 35, and so that work is ongoing. It's a question of prioritization and, I mean, there's been a -- obviously now, with Minister Bennett very actively consulting with First Nations, Inuit and Métis on the recognition and implementation of Indigenous rights framework, and there's also discussions with respect to child and family services and potential legislation, so there is a lot of work underway.

Within the context of health, absolutely we expect that the Indian health policy will be reviewed in the context of that work. It's just ministers are identifying priorities with First Nations, Inuit and Métis leadership, and it will be a continuing process, I'm sure, for several years.

CHIEF COMMISSIONER MARION BULLER: Okay. So
there's no time limit then on -- or deadline by which this will be revised?

**DR. VALERIE GIDEON:** Not at this point in time identified by ministers, no.

**CHIEF COMMISSIONER MARION BULLER:** And considering health policy, after the Daniels decision, is there any appetite or any movement towards including Métis and what used to be called non-status people in FNIHB programming?

**DR. VALERIE GIDEON:** The Métis Nation has approached us for -- with a draft memorandum of understanding to work collaboratively, so this is through the permanent bilateral mechanism. There's regular meetings between ministers and Métis leadership, and as well as an annual meeting also that includes the Prime Minister. The next one is actually June the 14th.

The Métis Nation has tabled this draft MOU with the government to specifically look at health priorities and to work collaboratively towards a ten-year Métis Nation health accord. They recently released quite an extensive report with respect to what are the health priorities of Métis. They, I believe in March, held a national health summit where region by region they presented their priorities, so all of this work would be informing the discussions with respect to a ten-year health
accord. So, actually, I'm meeting with them on Friday to continue to work on that MOU, and we are hoping that we would be able to sign that prior to the June 14th meeting between the Prime Minister and Métis leadership.

So there's absolutely interest in -- in -- with respect to the government working collaboratively with the Métis Nation. We have not, however, determined what will be the outcome in terms of whether or not it's a suite of programs and services. I think there are recognition and implementation of rights tables with members of the Métis Nation at the regional level, such as at Manitoba Métis Federation, and through that process, there is a lot of interest in looking at a self-government or, you know, another type of mechanism in order for Métis to be able to address their priorities, which would include health priorities.

So it may look very different than it would look in a First Nations and Inuit context, but certainly the government has indicated through the permanent bilateral mechanism its interest in working with the Métis on health.

CHIEF COMMISSIONER MARION BULLER: Thank you. Turning now to nursing recruitment and retention for a moment. What role, if any, does the salary and benefit package available to nurses have to -- have in the role of
retaining -- well, recruiting and retaining nurses?

**DR. VALERIE GIDEON:** It has a role, it is part of the elements that we've heard in terms of surveys of nurses in terms of what are the main issues with respect to recruitment and retention, but there have been collective agreement increases that were negotiated recently by Treasury Board as the employer.

I would say, however, that the Phoenix system with respect to the pay issues has certainly had an impact on our nursing personnel because a lot of the compensation of nurses is also based on allowances, additional allowances that they have access to, so it's more complex than a salaried policy advisor, as an example. So it's been further complicated by the transition in terms of the pay system, however, there has been a dedicated team with Health Canada, which we continue to use through a memorandum of understanding to support the nursing personnel specifically to troubleshoot those issues, and it's actually been quite effective in terms of being able to address them.

But, you know, obviously there are recurring differences with respect to salary scales depending on when provinces are negotiating their salary levels, when we're negotiating, so at different points in time, it has been an issue more so than at other times.
CHIEF COMMISSIONER MARION BULLER: Okay.

Thank you. Going now to Exhibit 27, which is the Guidelines For the eHealth Infostructure -- where these titles come from. I just want to clarify a few things. This sets out timeframes of one to two years, it varies through this. Is this program on schedule?

DR. VALERIE GIDEON: Yes, actually, we're doing very well. We even exceeded our targets in the last evaluation for things like Telehealth sites.

CHIEF COMMISSIONER MARION BULLER: Okay.

Then at the very end of the document, at page 23, the second full paragraph, there's a reference to mHealth. Can you explain a little about that, please?

DR. VALERIE GIDEON: Let me just make sure. So that's mobile health applications, so it's things like health apps that may exist within a different type of provincial or other context. So if people have an ability, for instance, to use a mobile app to track their diabetes medication compliance or things like that, that's what it would include.

CHIEF COMMISSIONER MARION BULLER: Okay.

And is that being implemented at all?

DR. VALERIE GIDEON: There is mobile health apps, but I have to say it's been a bit slower progress than we anticipated. We anticipated that those types of
applications would just sort of take off, but it's not always had as much of a user uptake as we would expect. Sometimes it's because of wifi capacity or ability for people to have wifi in their homes, and sometimes it's just a question of working with a population that may not be as connected or, like, an aging or old population.

I don't want to label anybody, but -- so it's -- we are continuously -- actually, that's the one area that we've had slower progress, and so we are trying to increase access to -- to mHealth type apps in communities.

CHIEF COMMISSIONER MARION BULLER: Okay. Those are my questions. Thank you very much, Dr. Gideon. Your evidence has been very helpful.

DR. VALERIE GIDEON: Thank you.

COMMISSIONER MICHÈLE AUDETTE: Merci beaucoup, Madame la chef commissaire. Alors je vais parler en français.

Dre VALERIE GIDEON: Super! Ça fait du bien de parler français.

COMMISSIONER MICHÈLE AUDETTE: Le temps que les gens mettent leurs écouteurs.

UNIDENTIFIED SPEAKER: You guys can say whatever you want.

COMMISSIONER MICHÈLE AUDETTE: Et voilà! I
can say whatever I want. Je vais commencer par dire... Tout à l'heure, je disais qu'il y avait devant nous un beau panel de femmes. J'ai toujours, toujours, toujours aimé travailler pour les femmes et avec les femmes, et d'autant plus que, avocate, autochtone, survivante, femme impliquée sur le terrain, et vous, comme sous-ministre associée au sein de la fonction publique fédérale, mais Mi'kmaq avant tout. Alors, je suis fière.

**Dre VALÉRIE GIDEON:** Merci beaucoup.

**COMMISSAIRE MICHÈLE AUDETTE:** Toujours fière de voir les femmes bouger les choses. Vous avez, dans vos discussions et évidemment dans les échanges avec les parties intéressées, expliqué le Principe, les Principes de Jordan. Et donc on ne retournera pas sur c'est quoi le Principe de Jordan.

Mais ma compréhension, moi, à cette époque-là, et encore aujourd'hui en 2018, ça allait révolutionner l'accès aux services en matière de santé pour nos enfants autochtones, pour les Premières Nations, et ce, peu importe s'ils sont dans la province ou dans leur communauté.

Aujourd'hui, en 2018, ma première question pour vous Mme Gideon, au sein de votre organisation, est-ce que vous avez un plan d'action pour mettre en œuvre ce principe-là, le Principe de Jordan?

**Dre VALÉRIE GIDEON:** On avait une approche
intérimaire parce que c'était urgent. Là quand la décision
est survenue en janvier 2016, le ministère a tout de suite
mis en place un plan d'action. Il y a eu d'autres décisions
qui sont survenues suite à la première décision de janvier
2016 qui ont offert plus de précision sur la définition pour
s'assurer, par exemple, qu'on tient compte de l'égalité - en
français substantive - substantive.

   Et donc l'approche a dû changer bien sûr pour
rencontrer les décisions du tribunal. Présentement, on suit
les ordres qui nous ont été donnés: donc détermination des
cas dans le contexte du 12 à 48h; pour les demandes de
groupes jusqu'à quelques jours ouvrables, et tout ça.

   Mais on est en train de travailler avec les
Premières Nations pour le plan à plus long terme. La
ministre va retourner au cabinet cet automne, spécifiquement
pour présenter une stratégie qui va être plus à long terme
sur la mise en œuvre du Principe Jordan, qui va bien sûr
prendre compte des leçons qu'on a apprises ensemble depuis
que l'initiative a été mise en place en 2016.

   Ce qu'on voit, c'est vraiment beaucoup
d'innovation en ce qui concerne les modèles de prestation de
service aux enfants des Premières Nations, mais beaucoup de
différences à travers le pays.

   Comme, par exemple, au Manitoba, toutes les
communautés, presque toutes les communautés ont mis en place
un programme pour vraiment offrir des soins au sein de la communauté aux enfants pour répondre à autant de leurs besoins qu'ils le peuvent. Ils ont été très proactifs pour mettre en place une initiative du Principe Jordan qui a été dirigé par une communauté en particulier, Pinaymootang, qui ont développé un programme de formation pour toutes les communautés pour qu'ils puissent vraiment créer ces services-là. C'est fantastique ce qu'ils ont pu faire en très peu de temps.

Au Québec, par exemple, chaque communauté a une personne dédiée spécifiquement au principe Jordan pour faire la liaison avec les familles et les communautés, mais il n'y a pas autant d'organisations qui ont comme mis en place des nouveaux modèles de prestations de services. C'est plus une fonction de liaison communautaire, puis c'est sûr qu'il y a des cas individuels qui surviennent, mais l'envergure est un petit peu différente. On a la Fondation du Dr Julien, par exemple, que vous connaissez peut-être...

COMMISSAIRE MICHÈLE AUDETTE: Oui.

Dre VALÉRIE GIDEON: La province a annoncé du financement. Une des communautés des Premières Nations nous a approchés pour voir s'ils pouvaient avoir une clinique pédiatrique de soins spécialisés comme tels que le Dr Julien... Et donc on est capable de fournir du financement à travers le Principe Jordan pour appuyer cette communauté-là.
Donc peut-être que, ça, ça va s'élargir.

Au nord de l’Ontario -- puis, ça, ça va être le dernier exemple que je vais vous donner -- Choose Life, j'en ai parlé un petit peu hier, de Nishnawbe Aski Nation: la concentration c'est vraiment de répondre aux besoins des enfants qui sont à risque du suicide. Et donc les communautés -- on a financé au-dessus de 41 projets, au-dessus de 30 000 000, l’année passée, spécifiquement, pour que les communautés puissent mettre sur pied des services en santé mentale, mais ce n'est pas seulement des conseils psychologiques et des choses comme ça. C'est aussi sur la terre, les terres traitionalles, des activités culturelles -- comme Jackie avait mentionné -- même faire des produits artistiques ou des costumes, de la danse, toute sorte d'activités comme ça.

Donc le plan à long terme du Principe Jordan, c'est vraiment de définir quels sont les écarts qui sont pas mal systématiques qu'on est en train de voir avec les au-dessus de 77 000 demandes qu'on a répondues jusqu'à date. Et puis est-ce qu'il y a une façon de répondre à ces écarts-là de façon plus systématique? Tsé, je veux dire de juste les combler à travers des initiatives, avoir moins de demandes plus spécifiques, individuelles. Et également comment est-ce qu'on peut appuyer ces initiatives-là qui sont dirigées par les communautés ou par les régions pour
qu'ils puissent avoir du financement qui est stable pour
pouvoir planifier à plus long terme. Donc ça s'en vient en
automne.

COMMISSAIRE MICHÈLE AUDETTE: Merci beaucoup.
Justement, vous avez parlé, vous parlez des écarts et des
enfants lorsqu'on parle du Principe de Jordan. Ces enfants-
là ont des mamans, des papas, et moi j'en ai cinq beaux
enfants. Alors on a entendu beaucoup de mamans à travers le
Canada, de parents quand lesquels se sont retrouvés soit
sans service ou sans réponse ou un manque d'information ou
d'accessibilité à des services. Est-ce que, dans votre
réflexion dans ce que vous allez faire avec la ministre à
l'automne, ça serait possible d'appliquer le Principe de
Jordan aux parents aussi, aux adultes?

Dre VALÉRIE GIDEON: C'est certain que, des
services qui sont fournis à travers le Principe Jordan,
presentement, comme des soins pour appuyer les familles ou
les parents qui ont besoin de soulagement à cause du stress
ou de la fatigue ou ils ont besoin d'appui au sein de la
famille pour permettre que les enfants aient un
développement qui est sain, qui est en sécurité et tout ça,
pour optimiser leur développement, ça fait partie,
presentement, de ce qu'on considère dans le contexte du
principe Jordan.

Mais ça serait intéressant de le voir au
niveau du profil parental. On n’a pas vraiment eu ces discussions encore avec les Premières Nations. Je ne dis pas que c’est impossible de le faire, mais pour le moment, ça n’a pas été une grosse concentration.

COMMISSAIRE MICHÈLE AUDETTE: OK. Parce que, justement, vous avez parlé, là, des écarts dans votre réponse, là, plus tôt. Et je lisais dans la presse, avant hier, un article qui faisait état d’une étude de, justement, l’Agence de la santé publique et d’autres organisations gouvernementales ou autochtones qui faisaient état de la situation de la santé chez les autochtones ici au Canada.

Puis le taux de mortalité, je pense que ça a été mentionné par une des parties intéressées, de mortalité infantile est très élevé chez les Inuits, très, très, très élevé. Et que pour les Premières nations, c’est le taux de diabète qui est très élevé. Alors ce sont des choses d’ailleurs que le Dr Vollant, docteur autochtone innu, a souvent mentionnées sur toutes les tribunes.

Et dans cette étude-là aussi, ça démontrait que l’espérance de vie chez les Inuits était inférieure de 12 ans à la moyenne des autres régions et que ça pouvait aller jusqu’à 69 ans. C’est jeune 69 ans, là, quand on voit ça.

Dre VALÉRIE GIDEON: Absolument.

COMMISSAIRE MICHÈLE AUDETTE: Donc on voit là
qu'il y a vraiment un écart entre les Inuits, les Premières Nations et les métisses avec celles des Canadiens et des Canadiennes.

Vous, dans votre présentation, vous nous avez souvent parlé des partenariats qui existent entre les provinces, les autochtones et les Inuits, et vos programmes. J’ai fait la lecture de vos documents aussi. Et on voit qu'il y a une bonne volonté. On voit qu’au niveau politique et administratif ça semble fonctionner. Mais sur le terrain, quand on entend les familles, on a eu comme privilège d’écouter pendant les audiences, mais aussi avec les deux expertes, qu’en est-il des écarts sur le terrain et vos programmes ou documents que vous nous avez -- bien, ce que vous nous avez présenté, là. Ces écarts-là, pourquoi qu'ils sont là?

**Dre VALÉRIE GIDEON:** Ah mon dieu. C’est une grosse question.

**COMMISSAIRE MICHÈLE AUDETTE:** Hm, hm.

**Dre VALÉRIE GIDEON:** C’est une grosse question. Je vais vous dire qu’il y a énormément de progrès que, moi, je crois qui a été fait au niveau d'augmenter la flexibilité de ce qu'on avait avant étant des cadres de programmes ou de politiques qui étaient plus restreints.

On a également reçu plus de financement, beaucoup plus de financement durant les trois derniers
budgets fédéraux à comparer à ce qu'on avait avant. Ça prend un petit peu de temps avant que les résultats vont être vus sur le terrain.

Il y a le processus de planification avec les partenaires, les discussions et tout ça. Il y a également le recrutement, la formation des travailleurs en communauté, des professionnels. Puis ce n'est pas des excuses. C'est vraiment juste le fonctionnement des choses.

Je crois qu'on va voir les résultats concrets des dernières années dans les communautés. Ça ne veut pas dire que ça va répondre nécessairement à tous les écarts non plus, mais même quand on regarde quelque chose comme le Principe Jordan, ça a pris un petit peu de temps, comme presque un an avant que vraiment on puisse promouvoir le Principe Jordan, que les gens commencent à comprendre qu'est ce que c'est, qu'ils sont capables de nous appeler, d'avoir le centre d'appels 24/7. Puis là on voit de plus en plus à chaque semaine une augmentation des appels qu'on reçoit, tsé.

Donc des fois, c'est une question vraiment que les gens -- puis aussi, tsé, je veux dire -- Jackie l'a dit aussi -- la relation de confiance, hein? La relation de confiance avec le gouvernement, ça prend des générations à la rebâtir, là, et puis la dévolution de services. Tsé, quand on regarde la Colombie-Britannique, ça a pris au-
dessus de 10 ans à négocier ce modèle-là. Le prochain modèle, j'espère que ça va prendre 5 ans! Tsé!

Mais quand les Premières Nations et les Inuits - c'est la même chose, bien sûr - quand elles ont l'opportunité d'avoir vraiment le contrôle, ils sont capables de faire des choses beaucoup plus rapidement que le gouvernement. Le gouvernement, à moins de -- la flexibilité, mais aussi c'est une plus grosse machine à bouger.

Donc vraiment, la raison que plusieurs voient dans mes réponses: j'encourageais et je parlais beaucoup des organisations autochtones, c'est parce que dû à mon expérience, quand les organisations autochtones reçoivent le financement avec la flexibilité, elles sont vraiment capables de mettre en place des stratégies qui vont mieux fonctionner pour combler les écarts et répondre aux besoins de la population locale.

COMMISSAIRE MICHÈLE AUDETTE: Là-dessus, je suis d'accord avec vous. Ça prend du temps. Ça prend du temps pour être sûr qu'on fait bien les choses. Ça... Puis la relation de confiance, c'est une réalité au sein de l'Enquête aussi, de bâtir la relation avec les familles. Alors c'est important, et ce, à tous les niveaux.

Vous avez présenté votre plan et tous ces programmes, est-ce que vous vous êtes dotée des indicateurs
de performance pour voir où vous êtes, puis comment ça fonctionne.

Dre VALÉRIE GIDEON: Oui.

COMISSAIRE MICHÈLE AUDETTE: Oui. Pouvez-vous m'en parler un peu?

Dre VALÉRIE GIDEON: Ah oui. On a une stratégie de rendement qui est exigée au niveau du ministère qui doit être renouvelée à toutes les années, même, je crois. Ce que la ministre encourage vraiment, et le gouvernement en général, c'est d'avoir plus d'indicateurs qui démontrent le lien entre les déterminants de la santé et la santé.

COMISSAIRE MICHÈLE AUDETTE: Ce qui veut dire: on voit les écarts aussi.

Dre VALÉRIE GIDEON: Oui, exactement. Oui, exactement. Donc la ministre parle également, et le gouvernement, comme, par exemple, essayer d'utiliser des indicateurs tels que ceux des Nations Unies, par exemple, qui va permettre d'avoir un aperçu plus global.

Avant, on avait des centaines d'indicateurs, mais ils étaient très isolés sur -- puis par programme. Donc ça ne permettait pas vraiment de voir le lien entre les choses. On était capable de voir par exemple les programmes qui -- les communautés qui ont accès au programme de santé, maternelle et infantile. On voyait une augmentation de la
proportion de femmes qui choisissaient d'allaiter dans les communauté. Mais à l'extérieur de ça, c'est plus difficile de voir: est-ce que ça a amélioré l'état de santé de l'enfant 5 ans plus tard? Tsé, donc c'est essayé d'avoir des mesures comme ça.

Le Sondage des Premières Nations sur la santé, le Sondage régional en matière de la santé, ou l'Enquête, en français, c'est l'Enquête régionale en matière de la santé des Premières Nations. Maintenant qui a été financée depuis le début des années 2000.

**COMMISSAIRE MICHÈLE AUDETTE:** Une enquête longitudinale ou...

**Dre VALÉRIE GIDEON:** Oui, c'est ça, il est longitudinal. Là, on est vraiment capable de voir où il n'y a pas de progrès qui se fait, où il y a du progrès qui est en train de se faire.

Donc c'est vraiment très important, puis c'est pour ça qu'on était très content de voir que le gouvernement finance maintenant une enquête spécifique à la santé des Inuits. Parce qu'avant il n'y avait pas de financement stable du tout pour les Inuits, pour faire quelque chose de similaire. Donc là ils sont en train de mettre ça en place.

**COMMISSAIRE MICHÈLE AUDETTE:** Puis pour les programmes que vous nous avez énumérés qui peuvent se
retrouver, là, à travers le Canada sous votre
responsabilité. Souvent, on a entendu dans les témoignages
- et je reviens toujours parce que c'est de là que, hein, la
force, la richesse, la souffrance là de toutes ces familles-
là qu'on a écoutées en public ou en privé - il y avait
quelque chose qu'on entendait, peu importe la province ou le
territoire. Et on entendait la difficulté d'accéder aux
services. Ça, c'était une situation qu'on entendait tout le
temps. Plus on allait au nord, plus c'était constant dans
tous les témoignages, privés, publics ou de façon
informelle.

Et ce qu'il y a - je vais être sincère - il
faut rester forte pendant ce mandat-là parce qu'on reçoit
cette vérité-là qui est déchirante et je dirais tragédie
aussi. Et de voir que dans le nord il y a un grand
territoire avec une trentaine de communautés, de villages,
juste un centre pour la santé mentale, pour lutter contre le
suicide ou prévenir ou sauver des vies ou un centre de
désintox. Alors, ça, ça a été frappant.

Ça a été de voir, bon, et de pouvoir profiter
de votre expertise et de voir ce qui se passe au sein de
votre département, qu'est-ce qu'il en est pour vous, pour
rassurer la disponibilité de ces services-là, pour ces
familles-là, pour ces femmes-là et leurs enfants?

Dre VALÉRIE GIDEON: Oui. Voulez-vous parler
de -- le centre que vous mentionnez, est-ce que c'est celui à Nunavik?

COMMISSAIRE MICHELÉE AUDETTE: Oui, ça en est un, oui.

Dre VALÉRIE GIDEON: Oui, oui. Parfait. Je veux juste m'assurer que je comprends la définition aussi du nord. Donc absolument, c'est un appel à l'action de...

COMMISSAIRE MICHELÉE AUDETTE: Le vrai nord.

Dre VALÉRIE GIDEON: Le vrai nord. Non, non, je le sais, excuse. C'est juste parce que je veux juste m'assurer, là. Ça avait l'air qu'il y a des gens, il y a des gens qui pensent que Sudbury c'est le nord. Donc je veux juste m'assurer que je comprenais bien votre question.

Donc absolument, c'est même un appel à l'action spécifique de la commission de vérité et de la réconciliation qui devrait avoir un centre de traitement - puis ils ne définissent nécessairement tous les services - mais que ça devrait exister dans le nord.

L'année passée, on a commencé le travail avec notre comité de partenariat à Nunavut pour financer une étude de faisabilité pour un centre qui existerait dans le territoire de Nunavut avec l'organisation Inuit NTI et le gouvernement du Nunavut. Et ils sont en train de faire un processus d'engagement pour communiquer avec les communautés pour avoir leurs observations sur: quels seraient les
besoins en priorités, comme quels seraient les services offerts, l'infrastructure et tout ça. Donc on continue à financer cet effort cette année.

Et puis on a également des conversations au gouvernement du Territoires du Nord-Ouest avec aussi les Premières Nations et les Inuits au gouvernement dans ce territoire-là. Ils ont mis beaucoup d'emphase, durant les dernières années, sur des initiatives qui étaient sur la terre ou dans un milieu traditionnel. Mais récemment, ils ont exprimé une ouverture à regarder la possibilité d'un centre qui serait plus résidentiel.

Makivik ont fait un appel à du financement à la province et au gouvernement fédéral pour appuyer comme une rénovation, un agrandissement du centre qu'ils ont présentement. Donc ça, c'est en considération. Je pense que la province a annoncé du financement dans leur budget provincial la dernière fois.

Et puis, au niveau fédéral, on est en train de regarder les ressources à travers le budget 2018 et quelles seraient les possibilités. Donc c'est absolument une priorité à laquelle on continue à travailler avec les partenaires.

Présentement, les gens doivent aller dans le sud, ils doivent se déplacer et aller dans les centres dans le sud pour accéder à ces...
COMMISSAIRE MICHÈLE AUDETTE: C'était ça mon autre question. C'est important ce que vous nous donnez comme réponse, mais c'est pour demain. Mais aujourd'hui, en situation de crise, où vont ces femmes et ces enfants?

DRE VALÉRIE GIDEON: Oui, ils doivent se déplacer. Ils doivent se déplacer, puis ils doivent aller dans le sud.

COMMISSAIRE MICHÈLE AUDETTE: OK. Et ma dernière question pour vous, Mme Gideon, évidemment Dre Gideon. Vous avez mentionné le - c'est quoi en français? Vérité, réconciliation, les actions. L'action...

DRE VALÉRIE GIDEON: Les appels à l'action, je pense.

COMMISSAIRE MICHÈLE AUDETTE: Les appels à l'action, hein?

DRE VALÉRIE GIDEON: Les appels à l'action.

COMMISSAIRE MICHÈLE AUDETTE: On voit que je suis vraiment en anglais, là! Est-ce que vous vous êtes doté d'un plan de match, d'un plan comment appliquer ou mettre en œuvre?

DRE VALÉRIE GIDEON: On doit répondre régulièrement sur le progrès qu'on fait sur chacun des appels à l'action. Ça, c'est à travers tout le gouvernement fédéral.

COMMISSAIRE MICHÈLE AUDETTE: OK.
Dr VALÉRIE GIDEON: Et au début ils ont essayé, bien sûr, de cibler quel ministère prendrait le lead comme, qui coordonnerait... Parce que plusieurs des appels à l’action exigent du travail en collaboration entre plusieurs ministères. Et donc, nous, à la DGSPNI, on est impliqué dans un nombre des appels à l’action et on doit continuer à avancer et à se rapporter à notre progrès, aux agences centrales et au ministre.

COMMISSAIRE MICHELE AUDETTE: C’est public ça?

Dre VALÉRIE GIDEON: Je suis pas mal certaine qu’ils ont un rapport sur le site internet, mais je vais être obligée de juste confirmer ça. Je suis désolée, là, je...

COMMISSAIRE MICHELE AUDETTE: Merci. Merci beaucoup.

Dre VALÉRIE GIDEON: Merci.

COMMISSIONER QAJAQ ROBINSON: Hi.

DR. VALERIE GIDEON: Hi.

COMMISSIONER QAJAQ ROBINSON: I'm going to, one, thank you for being here. You're not in an easy seat, and I want to acknowledge that. You're -- you're talking about a program in a department that we've heard a lot about and not always good, and I know you're here with good intentions. So I want to acknowledge that.
I want to start a little bit where Michèle was going with on Jordan's Principle. My understanding of Jordan's Principle is at its core, it's to make sure that children don't suffer from inter-jurisdictional bickering over who covers the cost of their care.

**DR. VALERIE GIDEON:** The tribunal has moved away, I would say, from that particular definition in its recent decisions to be broader with respect to addressing unmet needs of First Nations children for public or government services, and that a jurisdictional dispute is not required in order for -- for the Jordan's Principle definition and the application of Jordan's Principle.

**COMMISSIONER QAJAQ ROBINSON:** That's great. What is your department's position on the application of Jordan's Principle to Inuit, Métis, and non-status?

**DR. VALERIE GIDEON:** So the departmental position is not confirmed at this point. The -- some of the parties to the complaint have asked the government to consider a broader application -- a broader definition and application of Jordan's Principle. As well, President Ovide has written to the Prime Minister specifically to ask for Inuit eligibility under Jordan's Principle. So we have provided our advice to the government, and the government is considering that advice at the moment.

**COMMISSIONER QAJAQ ROBINSON:** Okay. Now,
with respect to Métis and non-status?

DR. VALERIE GIDEON: With respect to -- so
the Caring Society in the First Nations and -- the First
Nations Child and Family Caring Society, in their written
correspondence to the government, have asked for non-status
and Métis application, as well.

COMMISSIONER QAJAQ ROBINSON: Okay. Thank
you. I want to go now sort of to the foundation, the
guiding instruments for the work of your department. And
Marion touched on the 1979 Indian Health Policy. And in
the second paragraph, I'll read it.

"The policy for federal programs for Indian
people, of which the health policy is an aspect, flows from
constitutional and statutory provisions, treaties, and
customary practices."

What is your understanding of what those
constitutional, statutory provisions, treaties, and
customary practices are?

DR. VALERIE GIDEON: I don't know if I'm
properly equipped to answer that question. I would say to
you that how we operationalize that as a public servant
within the context of the First Nations Inuit Health Branch
is that we recognize the special relationship that we have
with First Nations and Inuit, which is why we emphasize
significantly the importance of working in partnership in
terms of the advancement of our policies, programs, and
services, and the reason why we have signed protocol
arrangements with respect to First Nations and Inuit.

COMMISSIONER QAJAQ ROBINSON: M'hm. Is the
Constitution Act of 1984 [sic], the Charter of Rights and
Freedoms, as well as Section 35 part of the constitutional
and statutory provisions that inform this work?

DR. VALERIE GIDEON: From a policy
perspective, absolutely. We are -- we recognize Section
35. Our programs and our services, however, don't flow
from a rights-based perspective. It is based on a policy
mandate.

COMMISSIONER QAJAQ ROBINSON: Okay. And
that would then include international human rights laws and
instruments, as well as domestic?

DR. VALERIE GIDEON: The government has
fully committed to the United Nations Declaration on the
Rights of Indigenous Peoples, for instance, and -- which is
why they've mandated the ministers working group on the
review of laws, policies, and operational procedures to
review all aspects of federal policies which would include,
for instance, the 1979 Indian Health Policy, to ensure that
it would be in alignment with the United Nations
declaration. So I would say that international
rights-based instruments are recognized in that context.
COMMISSIONER QAJAQ ROBINSON: Okay. Thank you. Now, in terms of what Indian people are, is it clear -- am I hearing you correctly that that's on-reserve First Nations and Inuit as defined by those who are members of -- and rights-holders under land claims?

DR. VALERIE GIDEON: Unfortunately, it's not that simple in terms of the -- the -- some of the program scope. For instance, such as the Indian Residential School Health Support Program or the Non-Insured Health Benefits Program also extend to beyond First Nations living on reserve and Inuit.

COMMISSIONER QAJAQ ROBINSON: Okay. Thank you. You were asked a number of questions by -- by some of the parties about equity [sic] in service delivery. And so I want to ask you, if there's a woman in Cambridge Bay who has orthodontic needs, and she is assessed for her eligibility for the services under the Non-Insured Health Benefits. And then there's a woman in Hopedale, Nunatsiavut, who has similar needs. Let's say identical in this case. And she is eligible for this benefit, as well. Does -- who evaluates whether or not they get this benefit? The woman in Cambridge Bay and the woman in Hopedale?

DR. VALERIE GIDEON: So in Hopedale in Nunatsiavut, the Nunatsiavut government has drawn down the Non-Insured Health Benefits Program. As a government, they
have flexibility with respect to what parameters they have placed with respect to benefits that they provide as a government. Within the context of a community in Nunavut, I do believe that we would be within the context of the program. The orthodontic consultants that when we are on contract, they are independent, but they are on contract with the Department, would assess the -- the request for coverage with respect to the orthodontic program.

**COMMISSIONER QAJAQ ROBINSON:** And are they an orthodontic expert, the person --

**DR. VALERIE GIDEON:** Yes, yes.

**COMMISSIONER QAJAQ ROBINSON:** -- evaluating?

Okay.

**DR. VALERIE GIDEON:** They're orthodontic consultants.

**COMMISSIONER QAJAQ ROBINSON:** And that's the same for the person evaluating the needs of the woman in Hopedale?

**DR. VALERIE GIDEON:** The Nunatsiavut government has flexibility for how they're -- I mean, there's a government. They're managing that as a government. So they don't have to follow the parameters or the mechanisms or the methods that we use. So I don't know, honestly, how the Nunatsiavut government is managing orthodontic requests within their government. They don't
have to report to us with respect to that.

COMMISSIONER QAJAQ ROBINSON: So their evaluation of her eligibility will be theoretically different than the evaluation and needs assessment provided for the woman in Cambridge Bay?

DR. VALERIE GIDEON: It could be.

COMMISSIONER QAJAQ ROBINSON: Okay.

DR. VALERIE GIDEON: It could be.

COMMISSIONER QAJAQ ROBINSON: Now, in terms of the amount of funding they're eligible for, will the woman in Cambridge Bay receive the same amount of coverage as the woman in Hopedale?

DR. VALERIE GIDEON: So we will pay for a full cost of treatment for cases that are approved for coverage. On our end, I don't know -- in Nunatsiavut, again, because it's a separate government and they have the full authority with respect to the program, it is up to them and their determination. So I honestly do not know how they manage any of their benefits directly.

COMMISSIONER QAJAQ ROBINSON: Okay. And I think you said yesterday that in terms of mechanisms to ensure substantive equity [sic] in the types of services, there is no current mechanism when it comes to either the agreements or the delegations to ensure that substantive equity [sic] for -- again, with this same scenario, the
woman in Cambridge Bay and the woman in Hopedale?

**DR. VALERIE GIDEON:** I don't remember which aspect of the testimony I would have responded that to, but I would say that substantive equality is not something that is part of our funding agreements directly with any recipient outside of Jordan's Principle, which at this point we are determining cases under Jordan's Principle --

**COMMISSIONER QAJAQ ROBINSON:** Okay.

**DR. VALERIE GIDEON:** -- as a government.

**COMMISSIONER QAJAQ ROBINSON:** Thank you. My last set as of questions and -- and -- when it comes to -- it's about the effectiveness, the evaluation of the programs and challenges. And, first, are you familiar with the Auditor General's work with respect to services and programs under your department?

I mean, there's been a number of them over the years, and in a recent presentation to the standing committee, the Senate Standing Committee on Aboriginal Peoples, he raised a few concerns and factors that he identified as being ongoing challenges. I'd like to -- and for some of these, actually, identifies programs that have -- and partnerships that have flowed through your department, particularly the First Nations Health Authority in BC.

He have identified eight factors that were
continuing challenges when it comes to ensuring the effectiveness of services provided to Indigenous peoples. I'd like to hear your thoughts on whether these are -- are accurate, I guess, in terms of the challenges. And one in particular that was identified was sustained political will. And in terms of these programs and policies being effective, that sustained political will was a factor that made it hard to ensure success. Would you agree with that?

**DR. VALERIE GIDEON:** I think that political direction is certainly very important with respect to the speed at which progress can be made, with respect to decisions made on levels of investment, for instance, and also partnership commitments with Indigenous peoples. Those are examples.

**COMMISSIONER QAJAQ ROBINSON:** One of the other factors he identified was the need for clear statements on the level of services to be delivered, in a sense transparency, knowing what is available. Is this something that you would agree with?

**DR. VALERIE GIDEON:** I think it's, as mentioned by Jackie earlier, it can be very confusing to individuals, who is responsible for what and where do I get access to the service, unless they're connected to somebody who has that knowledge or familiarity. We put out a lot of public information around phone numbers and contacts and so
forth, but it's not always easy even to navigate websites. So I do think that it's a continuous challenge in order to find the best, most effective way to communicate with individuals who live across the country in very, very different settings with respect to the types of services that they can access. Regardless of the government, regardless of the agency.

COMMISSIONER QAJAQ ROBINSON: Yeah, I agree with that one. A third thing he identified, and I'm not going to go through all eight, there's just four that I think are significant. The third is the need for an appropriate legislative base that supports the diverse level of service, more specifically a legislative base is an unambiguous commitment by the government to deliver certain services. It allows funding to be defined and leads to accountability. Would you agree with this statement?

DR. VALERIE GIDEON: You know, throughout my career I've had a lot of discussions with First Nations, in particular when I worked at the Assembly of First Nations, about whether or not they would support legislation in health, and I really do feel like that is something that First Nations, Inuit and Métis need to determine, whether or not they would like to see federal legislation specific to health, more so than it would be my role to determine
whether or not that is required or not.

**COMMISSIONER QAJAQ ROBINSON:** And finally, one of the factors that was identified was capacity for local service delivery with appropriate governance structures and accountability to the citizens or the Indigenous people they serve. What are your thoughts on that challenge?

**DR. VALERIE GIDEON:** I agree that self-determination of Indigenous peoples across all sectors of services, to address the needs of their citizenship and report back to them is the model that we should all aspire to.

**COMMISSIONER QAJAQ ROBINSON:** Are there any other sort of challenges and ongoing obstacles that you see in your work building on what we've heard from the Auditor General that -- that may help produce tangible results for the women and children across the country, Indigenous women and children across the country?

**DR. VALERIE GIDEON:** I've spoken a lot, I think, to a number of challenges. I think the only addition that I would make is I do think that -- and I think I did mention it, but I think coordination across levels of government and within government offering more single window entry points for individuals, families, communities, to be able to access the supports that they
require would be effective.

I think you asked Jackie even earlier about how much work is it to be able to confirm the amount of funding that you have as an organization to continue, and I would say many non-profit service delivery organizations, whether they're Indigenous or non-Indigenous, in this country would share that as a particular challenge.

I think we have a federation in -- and we have distribution of different constitutional responsibilities in this country, which are very important, but I think that governments certainly could work to make it easier for people to understand and access services. I think we would all be motivated to do that.

COMMISSIONER QAJAQ ROBINSON: I want to thank you again for answering my questions and being here with us this week. I think those are all the questions I have right now. Thank you.

DR. VALERIE GIDEON: Thank you.

COMMISSIONER BRIAN EYOLFSON: Thank you, Dr. Gideon, I just have a few more questions for you. A few times in your evidence you mentioned partnership with Métis, and I realize the Chief Commissioner also asked you a question this morning about Métis, but just to be clear, does your department currently fund any services or provide any services to the Métis at
DR. VALERIE GIDEON: The First Nations and Inuit Health Branch does not, but within the broader department of Indigenous services I am not exactly sure. I'm not yet -- we've just recently been brought together, so the extent of my knowledge with respect to the array of services that may be offered at the departmental level is not what it needs to be yet. But within the First Nations and Inuit Health Branch outside of the Indian Residential School Health Support Program, which is not a status-based program, but is based on being a survivor or a family member of a survivor, we don't have anything directly at the moment.

COMMISSIONER BRIAN EYOLFSON: Okay. Now, I was just looking at the two-page document, What We Do, I think it's Exhibit 26, and on the second page under Next Steps there's a statement about supporting the permanent bilateral mechanisms with First Nations, Inuit and Métis representative organizations and advancing a distinction-based approach. So what are the Métis representative organizations that are referred to? And I appreciate in your answer to the Chief Commissioner you also referred to meeting with Métis leadership, Métis Nation, and you mentioned the Manitoba Métis Federation, but what are the organizations that are contemplated there?
DR. VALERIE GIDEON: So it's the organizations that make up the governing council of the Métis Nation, and they have -- for instance, in health they have a lead with respect to the health portfolio, which is Dale of British Columbia, so we work with the members of the governing council and -- and that is also coordinated through the Métis Nation, the MNC, the Métis National Council.

COMMISSIONER BRIAN EYOLFSON: Okay. So, that doesn't include any Métis women's organization, such as the women of the Métis Nation or --

DR. VALERIE GIDEON: So I'm -- I'm sorry, I'm not an expert in terms of how all of their governance mechanisms work. I, at this point, have been meeting with representatives of the Métis in -- in British Columbia, Alberta, Saskatchewan, Manitoba, and Ontario. I do not know, however, if they do have Métis women’s associations at their table. It’s -- it’s a possibility. I’m just not -- I cannot confirm for you.

COMMISSIONER BRIAN EYOLFSON: So can you comment on how the voices of Métis women will be included in decision making going forward?

DR. VALERIE GIDEON: I -- I cannot. I -- I certainly -- we’re open to however the Métis Nation would like to organize the input from their population that they
are representing, regionally and nationally. It, you know, we would be open to whatever option they would want, in terms of how to build that partnership model.

**COMMISSIONER BRIAN EYOLFSON:** Okay. So you’d leave it to the Métis governance to determine that?

**DR. VALERIE GIDEON:** Yes. Absolutely. Through the permanent bilateral mechanisms, absolutely. Because those are political processes, and so it would be determined by the representative organizations of the Métis.

**COMMISSIONER BRIAN EYOLFSON:** The document also -- the two-page document also refers to Budget 2018, investing over 1.5 billion in priority areas identified by First Nations, Inuit, and Métis. Do you -- or can you comment, were any priorities identified that are specific to the health and well-being of Indigenous women and girls?

**DR. VALERIE GIDEON:** Sorry, I’m -- I’m just trying to make sure that I have an accurate answer for you. I’m going through the amounts of funding. Specific, targeted, Indigenous women and girls funding within the First Nations and Inuit Health Branch, in terms of funding that we received or through the health portfolio, there isn’t anything that is specifically targeted. There are a number, however, of investments that will benefit Indigenous women and girls, but they’re not specifically targeted.

**COMMISSIONER BRIAN EYOLFSON:** Okay. Now, I
was also reviewing your overview, which I think is Exhibit 25, and it refers to partnership relationships with First Nations and Inuit, and in particular, to agreements with the Assembly of First Nations and ITK. So it wasn’t really clear to me, from your evidence, how your ministry ensures that the perspectives and the specific needs of Indigenous women and girls is taken into account in the decision making and agreements.

**DR. VALERIE GIDEON:** Well, I -- I think we, through the Assembly of First Nations relationship, as you know, they have a Women’s Council, which they include with respect to different policy advice and priorities that they bring to the table. With -- within the context of ITK, through the National Inuit Community on Health, as I mentioned. I know that Pauktuutit is invited to participate in those meetings, I believe, it’s as an observer, but again, it’s not my -- I don’t want to speak on their behalves. I think that, from our perspective, we have had a bit of collaboration in -- in more recent years with respect to a direct funding relationship with Pauktuutit and the Native Women’s Association of Canada. And that’s particularly in the area of sexually transmitted and blood born infections.

**COMMISSIONER BRIAN EYOLFSON:** M’hm. Okay. So we heard from our other witnesses as well about the
importance of hearing from Indigenous women and girls with lived experience. And I’m wondering if you have any mechanisms for obtaining that input to contribute to the decision making that happens in your ministry?

**DR. VALERIE GIDEON:** We don’t have any direct mechanisms --

**COMMISSIONER BRIAN EYOLFSON:** Okay.

**DR. VALERIE GIDEON:** -- at the national level, no.

**COMMISSIONER BRIAN EYOLFSON:** One last question about access to addiction services. In your overview again, I think it’s on page 11, you indicated eligible clients include First Nations on reserve, and Inuit living in Inuit communities. So to be clear, does your ministry fund any addiction services where Indigenous women living off reserve or outside Inuit communities, such as in urban centres?

**DR. VALERIE GIDEON:** So we have -- like, the Victims of Violence Initiative, as an example, I spoke about it in my evidence, where although many of the recipients of funding are shelters on reserve, they likely also offer services, in many cases, to women who may also be living off reserve. The Non-Insured Health Benefits Program is open to women that are living off reserve. So if they require counselling services in an off reserve context, they can
absolutely access that.

And, you know, the other thing I would say is that the more that services are being delivered directly by First Nations and Inuit organizations, or organizations that serve multiple populations, my experience has been that those organizations offer services regardless of residence and have more of an open-door kind of approach. So I do think that part of the -- part of the strategy that we are encouraging is through the empowerment of those organizations and the resourcing of those organizations to be able to provide services how and where and when it makes sense to address the needs of their members in their community. Members, like, regardless of where they are living.

**COMMISSIONER BRIAN EYOLFSON:** Okay. Thank you very much, Dr. Gideon. And I appreciate you taking the time to come and give your evidence and answer our questions. Thanks very much.

**UNIDENTIFIED SPEAKER:** I -- I have no re-examination for Dr. Gideon. Thank you.

**CHIEF COMMISSIONER MARION BULLER:** Thank you very much. Dr. Gideon, it’s been a benefit to us to hear your evidence, and we’re very grateful. And as with all of our witnesses, we have an eagle feather for you to lift you up and hold you up on those days and those moments where you
wonder if you can ever take another step forward. And also,
to lift you up to higher places that you can only dream you
can go.

DR. VALERIE GIDEON: Thank you.

CHIEF COMMISSIONER MARION BULLER: Thank you very much.

DR. VALERIE GIDEON: Thank you very much.

CHIEF COMMISSIONER MARION BULLER: And we’ll
take a break now until 11:10.

--- Upon recessing at 10:57 a.m.

--- Upon reconvening at 11:19 a.m.

MS. CHRISTA BIG CANOE: Commissioners, we
would like to call our next panel, the third panel. We
would just like to call the next panel. The next panel
will be on shelters, safe houses and transition houses.
There will be three witnesses called.

But just as a matter of housekeeping before
we start, I would like to request that pursuant to 31, on
consent from Commission counsel, I'm asking Mr. Darrin
Blain to call the testimony-in-chief for Josie Nepinak.

CHIEF COMMISSIONER MARION BULLER: Yes,
certainly. That’s agreeable. Thank you.

MS. CHRISTA BIG CANOE: Thank you. And
actually, the first witness I will be calling is Nakuset
from the Montreal Native Women’s Shelter, and before Nakuset
begins, we’d ask that she’s affirmed on an eagle feather.

CHIEF COMMISSIONER MARION BULLER: Nakuset, thank you. Thank you, Nakuset.

NAKUSET, Affirmed:

EXAMINATION-IN-CHIEF BY MS. BIG CANOE:

MS. CHRISTA BIG CANOE: And I’m going to make sure -- I think I mispronounced it before. It’s actually Nakuset. So, Nakuset, I -- I understand that you’re the Executive Director of the Native Women’s Shelter of Montreal.

NAKUSET: Yes.

MS. CHRISTA BIG CANOE: Yes. Can you just share a little bit of background about yourself, what you’re willing to share personally and a bit about what you do professionally?

NAKUSET: I am Cree, from Lac la Ronge, Saskatchewan. I am part of the Sixties Scoop, so I was apprehended when I was three and flown over to Montreal. I was chosen out of a catalogue to Jewish Family Services and I have lived in Montreal since. I started working with Indigenous Community Montreal in my 20s. I became -- I started working at the Native Women’s Shelter in 1999. I became the Director in 2004 and I continue to work in -- as the Director.

MS. CHRISTA BIG CANOE: Thank you. I also
understand that you sit on a number of committees and do work even outside of your job as an Executive Director.

NAKUSET: Yes. Well, the Native Women’s Shelter of Montreal originally started the Montreal Urban Aboriginal Community Strategy NETWORK. That was created in 2008, and the reason why we created the -- the NETWORK was because there were so many gaps in services for Indigenous people in Montreal and we needed to find a solution, and that solution has to come from Indigenous people. So we created this network, and in order to be more holistic in the approach, we broke down into six committees. So we have a committee on health and social services and art, culture, and education in youth and in communications.

And we get together three times a year to talk about all the progress we’re making as well as all the different challenges in our -- in our way, and we also have a government that sits on the steering committee from Secretary des affaires autochtones, the municipal government, INAC, and they help fund the -- the coordinator position and they also help with creating our own projects so that we can help the Indigenous people to improve their lives.

MS. CHRISTA BIG CANOE: So I understand, too, that you know quite a bit about the Native Women’s Shelter, and maybe I’d like you to start there. If you could tell us
a little bit about the shelter’s background?

NAKUSET: The Native Women’s Shelter was created because Indigenous women would go with strange men to have a place to sleep, because there was nowhere for them specifically in Montreal. A needs assessment was created through the Native Friendship Centre and then they created the Native Women’s Shelter through that needs assessment. So it was established in 1987. It was a much smaller shelter at the time, just basically core services. The women can come to the shelter, they could have a safe place to stay, they can bring their children, they would be assigned a counsellor, they would get referrals, and that was it.

Then we were able to get more funding through the Aboriginal Healing Foundation and we could address some of the issues that women were facing because of residential school, because they were intergenerationally traumatized by it, and there are currently very few services in Montreal that address these issues. So we -- we stand up and we -- we take charge of those -- of those needs and we create the -- the appropriate programming for our women to become strong.

MS. CHRISTA BIG CANOE: Now, I know that we’re going to talk about challenges and barriers, but I was wondering if you could tell us particularly about some of
the projects and programs that -- that you run and how
important they are to ensuring Indigenous women and -- young
women and youth are impacted in a good way.

NAKUSET: Okay. Well, we have a lot of
programs. So we get our core funding just to have, you
know, the running of the house, food, feeding the women,
salaries. But we need very specific staff to help the
women.

So the first thing we needed was a family
care worker, because our women are -- are losing their
children at an alarming rate through Youth Protection. So
we needed to find -- hire a staff that would work between
the women, strengthen them, teach them their rights, and
work with Youth Protection. We have an addictions worker.
We have a Cabot Square worker that works in the Cabot Square
area to help those that are still on the streets but need
additional services. We have Iskweu worker, which is on
missing and murdered Indigenous women. We have a
psychologist. We get funding through Health Canada so that
our women can see a psychologist four days a week. We have
an art therapist, we have a sweat lodge in the botanical
gardens, we have a Welcoming Fire Outreach worker who works
with the women that have left the shelter and helps them to
remain autonomous. I think I mentioned it all, but I might
have forgotten something.
MS. CHRISTA BIG CANOE: That’s okay. I --
there are lots of -- there are lots of great programs. Could you spend a little more time explaining to us? You just mentioned the Iskweu program.

NAKUSET: Okay. So in order to give you a little bit of background as to why we created the Iskweu project, was in 2015, I signed an agreement with the Montreal Police, the SPPM, saying that the police needed to have a better working relationship with Indigenous people in Montreal, and in order to do this, they needed to -- there was, like, four objectives. One was to have police training for all police officers and 911 operators. A procedure on missing and murdered Indigenous women, (speaking in Native language) and a prevention plan.

Because I signed the agreement, I wanted to make sure that it went through, so I became very involved with all parts of the agreement. In order to have a procedure on missing and murdered Indigenous women, we did a lot of studies about what currently was happening in Canada, and Alana Boileau, who was working at the time for Quebec Native Women, we both went to a conference in Edmonton where we piloted a project and presented it there and got enormous positive feedback from the experts in -- in that field.

So the idea is that our women are too afraid to go to the police when someone -- one of their -- when
their loved one is missing. In order to have a working relationship with the police, we needed to hire someone in between the community and the police so that the women could go to that other person instead of going to the police and she would support them and she would help them make that first form, that -- that -- that initial form that you have to fill out when someone goes missing. That she would help with the language barrier, that she would help with support services, that she would follow up, because a lot of the times, the police take a report and then they don’t ever contact you. So she would pressure them to make sure, 24 hours later, they would follow up.

So when we told the police this was our project, they said, “Oh, that’s very nice, but we’re not paying for it.” So we applied to Canada Women’s Association, something along -- along that line, and they said no, so then we went to Justice -- Justice Canada and they said yes. At the same time, we also pressured the municipal government, the ville du Montreal, and we asked them what they were going to do on missing and murdered Indigenous women, and they said they were going to support us. So I told them to write a cheque to the Native Women's Shelter, which they did, three years later.

But what their money does is for prevention. So when a woman gets off the bus in Montreal at the bus
station, usually the pimps are there waiting to take them. So we will have our beautiful Iskweu poster, and we will have kits, toolkits, that will help them navigate through the city to let them know about the pitfalls of living in the city, to give them bus tickets to the Native Friendship Centre, to all the shelters, all the resources. And also some of the monies from the (speaking in Native language) is also going to be to collect statistics, because in Quebec, we don't really know what the numbers are, but now we're going to find out. Did I answer your question?

**MS. CHRISTA BIG CANOE:** You did. Thank you. Very well. And so interestingly, when you're talking about this particular program, you've already started to kind of talk about funding. And so what I was wondering if you could spend some time -- because you've listed all these programs and these really necessary positions in order to provide those services. Can you tell us a little bit about how the shelter itself is funded?

**NAKUSET:** So we get funding through PSOC. So it's *Programme de soutien aux organismes communautaires*, I believe. So it's provincial funding. So we are off-reserve. We are in the city of Montreal. So we get -- we re-apply every single year. We have our AGM, and we get monies. It is not enough money, however. So I always have to go outside and find other sources of money.
in order to have these other positions that are crucial.

**MS. CHRISTA BIG CANOE:** M'hm. And what is one of the mechanisms or how are you going outside? Is it funding applications to other funding agencies or governments, or is it community-driven fundraising?

**NAKUSET:** It's everything. It's every time there's an application, we apply for it. It's going to other people who have expertise in the field and finding the information. This is a year where we are now starting to hit up private foundations. And there are a lot of Indigenous people -- or there's a lot more awareness now about Indigenous issues in Montreal. So because there is more empathy from some of the community, they are the ones who also will say, "How can we help?" And I'm, like, "Help us financially. If you don't know someone who can help us financially, maybe there's some kind of foundation or something that you can link us up to." So we do a lot of the work that way.

I know that there are some people that are fantastic in the media that have been incredibly helpful, like Christopher Curtis from the Gazette, who when we needed a van for the Native Women's Shelter to transport our women to court or to help them when they needed to move, our van had broken down, and he put -- he wrote a beautiful article about the Native Women's Shelter that was
on the front page, and I think we got $8,000 just from community members.

We're going to be having our Spirit Walk. We're doing a fundraiser on June 16th. So this is an initiative where we send the women out of the city to this beautiful location in the country. They can spend time with their -- with their children. We have an Elder there. We do ceremonies. It's not something you can find in Montreal, but it's something that is so needed because the obstacles and the challenges they face every single day, they never get a breather. So we offer that to them.

But when we do the Spirit Walk, it's the community that fundraises for us. So we actually wrote a letter to Valérie -- Valérie Plante, who right now is the -- the mayor of Montreal because she talks about reconciliation. So I think if you're going to talk about reconciliation, then you should join our walk and also let people know that you're really serious about reconciliation. And -- and in that way, you know, more people are, like, “What should I do with my money?” Send it over to us. We'll take it.

(LAUGHTER)

MS. CHRISTA BIG CANOE: So it sounds like you've used a lot of innovation, goodwill, and some strong allies to -- to raise money. But can we talk about the
fact that the first point you made, “It's never enough money?” What is the barrier or problem of not having consistent funding or funding that you can rely on year over year to ensure your programming?

NAKUSET: Well, it's incredibly stressful, for one thing. So at one point, we had our addictions worker -- and you have to re-apply yearly. And for whatever reason, we don't fit into the criteria so well, so they chose to give the money elsewhere. And I have to run around to find someone else who will fund this position. I actually sent an application to INAC. I haven't heard from them.

But this is the kind of things that we have to do. We have to keep looking and searching because there's almost, like, a crisis in this city. When they know that they can't rely on our addictions worker -- the thing is that our women, when they try to go and get services from either the hospital or from the addictions centres, they are turned away. And they are turned away in such a devastating manner that the counsellor that escorts them comes back traumatized. And I look at her, and I'm like, “How do you think the woman feels?” So we have to continue to have someone who is going to help them.

Because they're turned away, they expect that this is the norm, and we have to show them that it's
not, and we have to help them by being there and advocating on their behalf so that they can see, hey, this is the way I'm supposed to be treated, this is not the norm anymore.

So the Native Women's Shelter, we have -- probably 85 percent of our women who come through our doors have addiction problems. So it's -- it's huge. And when you have addiction problems and you have children, they take your children away. And when they take your children away, you spiral down. So in order to strengthen them, you have to have this service.

**MS. CHRISTA BIG CANOE:** So there -- there's obviously some complexity and difficulty in securing money and funding for particular things. But can we talk about the human resource part, the ability to actually retain and get the -- the workers that have the skill and how easy is it to keep them when they don't have job security on that year to year -- potential year to year turnover of losing funding?

**NAKUSET:** You know, it's really difficult. And we are -- you want to know -- you don't want to know how much we make. I think the women that work at the shelter and the men work at the shelter because they love what they do. If you look at other addiction centres or other organizations, we are so underfunded. And I need to keep the people that I have. So I have to find a way to
keep them at the shelter.

It's -- and you have to be creative. You have to -- you have to share more about the struggles because people in Montreal don't really know about the struggles of Indigenous women. What they do is they will see Indigenous women on the streets, and, you know, they will kind of, like, walk by them and think, "Well, why don't you get over it?" But if they truly understood the history of everything we have been through, then that would change. And in Montreal, the education in elementary and high school, there is barely anything about Indigenous histories. People don't know that in, you know, Quebec, there's 11 nations.

So what I have to do or I choose to do is go to different agencies and different schools and do workshops on Indigenous realities. And only then do they sort of get the lightbulb. And then they are more empathetic. And then they say, "Hey, I know someone who might be able to help out. I know someone who may have some money." And that's where -- you know, those are the kind of things you have to do. You have to keep advocating on behalf of the women and spreading the word that, you know, we are incredibly resilient, but we still need to get from A to B. And there's nothing right now in the city that's appropriate.
They do have one addictions centre in Kanesatake called the Onen’tó:kon Treatment Centre, but it's six weeks, and it's specifically in the English language. So some of our people don't always speak English. They speak French. Six weeks is not enough. So what do we do? And by having an addictions worker, it's -- it's what we need.

I just lost my family care workers as well because they fell under the same funding, but, you know, all those donations that come in, I earmark them for that purpose. So we are going to have to do another fundraising strategy soon.

**MS. CHRISTA BIG CANOE:** Thank you for -- for sharing that. One of the things you were just talking about was Indigenous women's realities, and what I wanted to ask you about is there's The Housing Needs and Preferences of Indigenous People Using Community Resources in Montreal, is the English, it's an abridged version that you have provided to us. And, please, I'll ask you to give the French title, so I don't get it -- I will ask you to put in the French title, so I do not get it so wrong it's not understandable?

**NAKUSET:** Okay, well, my French is not great, but here we go. Tell me if you're impressed, Michèle. Besoin exprimer et préférence en matière de
logement des utilisateurs autochtones des ressources communautaires sur l'île de Mon.

MS. CHRISTA BIG CANOE: Thank you.

NAKUSET: And in English we say Housing Needs and Preferences of Indigenous People Using Community Resources in Montreal.

MS. CHRISTA BIG CANOE: Wonderful. So these materials actually were provided to all of the parties with standing and are before you. I'm going to ask that they be marked as the next exhibits. The one that's French is a full, not an abridged version, so I want it entered as a separate exhibit to the English abridged version, please.

CHIEF COMMISSIONER MARION BULLER: Okay. The full French version will be Exhibit 37, and the abridged English version of housing needs and preferences of Indigenous people --

MS. CHRISTA BIG CANOE: Can you just --

CHIEF COMMISSIONER MARION BULLER: -- using community resources in Montreal, will be the Exhibit 38.

--- EXHIBIT NO. 37:

« Besoins exprimés et préférences en matière de logement des utilisateurs autochtones de ressources communautaires sur l’île de Montréal » (février
2018), auteurs : Eric Latimer, François Bordeleau et Christian Méthot, Institut universitaire en santé mentale Douglas du Centre intégré universitaire en santé et services sociaux de l’Ouest-de-l’Île de Montréal (76 pages)

--- EXHIBIT NO. 38:

“Housing needs and preferences of Indigenous people using community resources in Montreal,” (abridged version, February 2018) by Eric Latimer, François Bordeleau & Christian Méthot, Institut universitaire en santé mentale Douglas du Centre intégré universitaire en santé et services sociaux de l’Ouest-de-l’Île de Montréal (14 pages)

MS. CHRISTA BIG CANOE: So can you just tell me a little bit about this particular study or why you think it's important that we have an awareness of it?

NAKUSET: It's important because there is a large homeless population in Montreal and there are not enough services.
The Native women's shelter is a place where Aboriginal women and their children come and it's drug and alcohol free, but if you have an addictions problem you cannot come to the shelter if you are using, so where do they go? Well, they stay in the streets. And when they're in the streets they're left vulnerable to all different kinds of problems, whether it be other people on the streets or the police. So we wanted to get sort of an idea of what was going on with this population, you know, where do they see themselves, where are they hanging out, and what is sort of a best practice.

**MS. CHRISTA BIG CANOE:** And I understand that there are three authors of this report. It appears two are social workers and one has their Ph.D. It was -- if I understand correctly, this was written by not just one group, but multiple groups working collaboratively --

**NAKUSET:** M'hm.

**MS. CHRISTA BIG CANOE:** -- to identify these needs?

**NAKUSET:** Yeah, that's -- this is a report that was done by The Homelessness Committee of the Network, and I think what we often do is when we need to get the information we go to the experts, and we are not experts in everything, so that is what we did with this report.
The thing is that what Montreal needs is supportive living for Indigenous populations, and right now in Montreal there is no second stage housing exclusively for Aboriginal women and their children. So a woman can go to a second stage housing, but if she has a child, well, she has to leave her child behind, and that doesn't make any sense.

The fact that there are -- the apartments in Montreal are incredibly expensive, and what is least expensive is usually non-inhabitable. These are the options they have. So a woman can stay at the shelter for three months, but then afterwards they -- where are they going to go? You know, they either go to the streets or they go back to their community.

Once they go back to the community they end up coming back to the shelter because whatever was -- it's not resolved, the issues in the community as to why they left, so they return. So I've been at the shelter for 20 years, and I keep seeing the same women come in and out. And I love to see them, I'm super happy when they come back, I'm glad that they feel that they can come to the shelter as a safe place, but at the same time, you know, there needs to be something else for them.

Now, I know that Montreal has -- I mean, it's across Canada, they have this housing first approach.
The thing is, if you shove someone into a tiny little
apartment and be, like, there you go, now you're housed,
they're not going to stay because there's no support from
them, so basically it's almost like a little jail. So we
noticed that people will still leave their housing -- their
housing to go back and have a community and spend time out
there, and whatever underlying issue they have that's not
resolved, whether it be drugs or alcohol or whatever,
they're going to end up losing their housing again.

So it's sort of like this circle that keeps
going on, and this report is to show that we need something
else.

**MS. CHRISTA BIG CANOE:** And it also speaks
to the root causes that we see make Indigenous women in
particular vulnerable. One of the points you made was how
when we use these processes we continue to disenfranchise
women from their communities. And I know we will be
speaking more about recommendations later, but I don't want
to lose this thought.

When we're looking at the housing needs
particularly for second stage housing, do you -- do you
believe that it's important that it has an diligence led
perspective that is including the full communities and
ensuring that those placements are within Indigenous
community?
NAKUSET: Absolutely. I mean, otherwise it's not going to work. You know, in the past there have been other second stage housings that are not Indigenous led, and the women stay there for X amount of time and then they leave. If you don't have a clear understanding of where you come from and you have to explain yourself all the time, it's -- it's just -- it's not worth it.

Are you going to ask the next question now?

MS. CHRISTA BIG CANOE: Okay. So -- no, thank you for your answer.

(LAUGHTER)

MS. CHRISTA BIG CANOE: So I just wanted to ask one more question about the report itself.

NAKUSET: Okay, sorry.

MS. CHRISTA BIG CANOE: Because you're already speaking about this in terms of the housing preferences, so I just -- I note that on page 7 of the English abridged version, there is a conversation about the types of accommodations, and you've already given us an overview of that, but I was wondering if you wanted to address specifically any more preferences that the study found?

NAKUSET: Okay, sorry, I just had to make sure I got the right question. So the Native women's shelter for the last, my goodness, ten years, has been
trying to create our own second stage housing, and we
partner up with an organization in Montreal that has the
knowledge and the expertise in that. What they had been
mentioning for the last couple of years is, well, why don't
we put this out in Laval? Well, it's not a really good
idea to have the second stage housing in Laval if, you
know, they have their children in Batshaw and they have to
have supervised visits and it's going to take them a long
time to get from A to B, why don't we have it in a -- in a
location where the women actually are?

So finally it took ten years, but we are now
moving to have our second stage housing that will have 29
units, it will have three-bedroom apartments, two-bedroom
apartments, one bedroom plus studios. We will have a
community space, which for the funders, they were kind of
scratching their head, they were, like, well, what does
that mean? Well, it means we're going to have a very large
room where the community can come down during workshops or
holidays. And we will have, like, a large collective
kitchen where we can have feasts. And that's going to help
them.

And, you know, I was going to lend my staff,
so I would have my family care worker there one day and my
addictions worker and my art therapist and my psychologist
and our Elder to come one day of the week, and the women
can sign up. We would definitely have some kind of back to work or back to school component involved. What we want to do is strengthen them so that they have a fighting chance when they finish their stay. And they can stay there up to two to three years, so really give them the opportunity to move forward.

**MS. CHRISTA BIG CANOE:** And envisioning that, those preferences and those service needs, part of what this study also looked at was even the differences or diversities of Indigenous people, so it wasn't just First Nations, it was the First Nations and Inuit?

**NAKUSET:** Yeah.

**MS. CHRISTA BIG CANOE:** And one of the -- you know, while we're talking about root causes, I note that one of the conclusions was that the women, weather First Nations or Inuit, tended to be younger and poorer in terms of their needs to access the services. Can you speak a little bit about what you see in your client base? You talked about the returning client, but are you noticing trends just from where you stand?

**NAKUSET:** Sorry, I don't really understand the question.

**MS. CHRISTA BIG CANOE:** Are you noticing certain things happening, such as people accessing your services being younger or poorer?
NAKUSET: Yes. I -- I sent you the statistics of -- of this year, and actually has all the different age ranges of the women that come to the Native Women’s Shelter. We were at 91 percent occupancy this year. That is huge.

You know, when you come and visit Montreal, and you’re from a -- a community that has barely anything, it looks really wonderful, you know. It looks likes there’s lot of housing, and the prices of diapers are much cheaper here than it is in their community. And they think they’re going to come here and -- and they’re going to succeed, but because the racism, the discrimination, the -- all the different barriers, they end up at the shelters. So what we try to do build them up and find out what it is that they want to do. Sometimes they want to go back to their community. Sometimes they want to, you know, stay in the city and -- and go to school, and then have the career here. So whatever it is that they want, that’s what we try to do for them.

MS. CHRISTA BIG CANOE: Thank you. One of the other documents you did provide us was in relation to the strategic direction --

NAKUSET: M’hm.

MS. CHRISTA BIG CANOE: And this is the Montreal Urban Aboriginal Community Strategy NETWORK, so the
network you’ve been describing to us.

**NAKUSET:** M’hm.

**MS. CHRISTA BIG CANOE:** This was in the materials, and this is before the Commissioners in both French and English. They are the same document, so I just ask that they be marked as one exhibit?

**CHIEF COMMISSIONER MARION BULLER:** Okay. The -- is it the document called “Strategic Direction 2018”?

**MS. CHRISTA BIG CANOE:** Yes, it is.

**CHIEF COMMISSIONER MARION BULLER:** Okay.

Exhibit 39, please.

--- **EXHIBIT NO. 39(a):**

“Strategic Direction: 2018,” Montreal Urban Aboriginal Community Strategy Network (14 pages)

--- **PIÈCE NO. 39(b):**

Orientation stratégique, Réseau pour la stratégie urbaine de la communauté autochtone à Montréal (14 pages)

**MS. CHRISTA BIG CANOE:** Thank you. You know, a couple things I want to ask you in relation to these particular documents. And, I believe, we have -- I want to talk about -- before we explore some more of those barriers, I want to talk about strengths in fostering alliances. And I understand that we have a graph on fostering alliances
from the document that we can call up, please. There we go.
Part of the -- the thing -- the work, I want you to maybe
explain to us; one, how -- why is it important that you’ve
created this Strategic Direction? And in this particular
visual -- visual, can you explain to us what its purpose is?

NAKUSET: I can try. All right. Your first
question was, “Why do we need a strategic direction?”

MS. CHRISTA BIG CANOE: Yes.

NAKUSET: So, like I had mentioned before,
there was a Native women’s shelter that started the NETWORK
in 2008. We ended up -- it’s kind of a long story, what we
wanted to do was try to find the solutions to our own
problems. Once we got the community involved and they all
agreed that this, in theory, sounded like a good idea, we
had a meeting. When we were about to have our meeting, we
got a knock on the door from the government wanting to know
what we were doing. Remember what that was like? And we
told them that we were trying to come together as a group
and try to find the solutions. And they wanted to come to
this meeting. So we had SAA - Secrétaires Des Affaires
Autochtones arrived as well as the City of Montreal, and
then later AADNC or INAC, and this is how they became
involved in the NETWORK. And we came together, and we used
Rema (phonetic) Diabo from Kahnawake, who was able to bring
everyone together in one mind, in -- in reference to how are
we going to -- together, non-Indigenous and Indigenous, find the solutions?

Well, that was ten years ago. So it’s amazing that we’re still around. The idea of having this Strategic Direction was to start look at the new -- what have we accomplished, and what do we still need to do? And that is the purpose. So we hired experts to create this document and we did many different focus groups, plus one-on-one interviews with different key people of the NETWORK, and this is where this document arrived.

**MS. CHRISTA BIG CANOE:** And then my second question -- so thank you for giving us that good context. And -- and I’m sure that you’re okay with parties asking you questions --

**NAKUSET:** Yeah. Yeah.

**MS. CHRISTA BIG CANOE:** -- further questions in relation to this. But I just want to focus on the fostering alliances because you’ve given us already some fairly innovative, or good recommendations on how you engage the community and allies. Can you just tell us a little bit about this particular guiding question, how do we create strong, non-Indigenous allies?

**NAKUSET:** Well, I don’t understand. Do you want me to read it, or --

**MS. CHRISTA BIG CANOE:** Or, yeah, or just --
you can -- yeah.

NAKUSET: Is it up there? Okay. So acknowledging the expertise of urban Indigenous Montrealers. See, I love this one because, you know, we’ve been -- a lot of people in Montreal have been doing the work forever. And then there’s many times where they will go, let’s say the government will go elsewhere to find the expertise, and it’s almost like duplicating the work. And that’s a little bit insulting. And we have to, sort of, explain to them, “Oh, by the way, we’ve been doing this for ten years. So why don’t you just come to us?” So this is super important that they acknowledge the work that -- that we are doing. And then we have to cultivate. So we have to have better working relationships with the government, and, you know, I can only speak for myself. When I cultivate, I basically knock on your door, and I’m, like, “I’m here. You need to talk to me,” depending on which organization.

So I did this ten years ago, maybe longer than that, with Batshaw. Because Batshaw is the English Youth Protection Division of Montreal. And because I saw so many of our kids being taken away and continue to be taken away. Plus, the foster -- the -- the mothers that themselves were in foster care, now have children in foster care. So I wanted to address this problem. And I had to go to them and have many, many, many conversations with them as
well as eventually sitting on a committee with them, then I started to train them, then we had a collaboration agreement with Batshaw in 2011, saying that before you take one of our Indigenous children and put them in a non-Native home, bring them to the Native Women’s Shelter, bring the mother and child, we will use all our expertise to keep the family together.

And it’s very nice that they signed the agreement with us, but they -- doesn’t always trickle down. So although I may sign it with my -- me as a director, I sign it with their director, all the social workers aren’t really that aware. And they -- they are continuing the same behaviours. So what we then did was we did a research into how they are implementing the collaboration agreement, and that’s working. Because really, you know, once you do a research, then it shows that they have to take it a little bit more seriously. So we’re still in the process of that.

The next one is define -- identify and define appropriate roles and responsibilities -- I don’t really -- of allies working alongside. So knowing who the people are. And, I think, when you define, you also have to know who are really the allies. There are certain people in positions of government that really are empathetic and are -- are moving towards reconciliation with Indigenous people, and then there are those that just don’t care. So we have to define
the ones that do care, and work with them.

Clarify how non-Indigenous allies can use their privilege to listen, shift power dynamics into concrete steps through reconciliation, and I’ll give you an example about -- about this one. Not too long ago at the Native Women’s Shelter, McGill University sent over a group of students, nursing students, and they were going to do a project with the women at the shelter. Now, they couldn’t actually do anything nursing because they were still students, but they wanted to do something about accessing services for Indigenous women at the CLSC, which is a clinic.

So what they did was they did a poster, and they had the WIN’s input about how they can better access services at a CLSC. And it went along beautifully. They did -- made a great poster, then they went to the CLSC and said, “Hey, can I put this up?” And they said, “No.” And the teacher came back to me and she’s, like, “Can you call the CLSC and have them put up your poster?” And I was, like, “No. You guys are McGill. I am the Native Women’s Shelter. You guys have more pull than I do. Plus, what are you teaching your students? You’re teaching them that, you know, if I don’t make that phone call, that their project isn’t going to -- isn’t going to be completed? If they really want to advocate, then they have to go, and they have
to try. And they can see how even just putting up a poster is not even -- they’re not even able to do that. Before they can access a service, they can’t even put up a poster. So you go and fight.”

And that’s where I had to clarify the role. And I remember the teacher was, like, “Oh, okay. I get it.” And I’m, like, “Thank you.” Because I didn’t want to be mean. I’d be, like, “No. I don’t want to help you.” I do. But, I think, that they have more power than I do. Because I call and I’m just the angry Indian. She calls and she’s the professor, so, you know, they’re going to treat her a little nicer.

Education, use Indigenous pedagogy to support awareness-building and educate non-Indigenous individuals. So I think, you know, there are certain people who are thinking, “Oh, you don’t really have to educate Indigenous -- non-Indigenous people about our realities.” You do. But I think also that there are non-Indigenous people that have to pick up a book or search your website or something.

I was at Batshaw the other day, Monday, and I asked Batshaw, “Are you going to celebrate Aboriginal Day?” And the guy who’s in charge of the committee is like, “When’s that?” Look it up, buddy. Like, really. Right? You’re -- there are so many Indigenous kids in care and you’re not giving them one day? And then he looked at me
and goes, “What are you doing?” “Oh, I’m -- actually, I’m having a concert at Cabot Square. I got funding from the Ville du Montréal. So, yeah, trust me, I’m doing my work, but what are you doing?” So it’s sort of like sometimes you want to educate them, but sometimes, they need to step up. Sorry. I talk too much.

**MS. CHRISTA BIG CANOE:** That’s okay. No, no, not at all. Thank you for -- actually providing the examples was quite helpful. So, you know, we’ve been talking about root causes, we’ve been talking about the needs to make changes, looking at that last visual aid that was up. There’s another visual aid about the positive impact, and the guiding question is, how do we ensure a positive and sustainable impact on the lives of Indigenous people living in Montreal? Could -- if we could call that up? And if you just want to do what you just did and walk us through the points, that would be helpful.

**NAKUSET:** So the first one is addressing, so go beyond service solutions to identify and address the root causes of complex issues that negatively affect the quality of life of Montreal’s Indigenous community. And that one is huge. It’s huge because there are so many. I mean, through the NETWORK, I run the social service committee. Well, I’m the only committee that has three committees within one, because it is so huge, the problems. You know, youth
protection is a huge problem, justice issues are -- are a huge problem, and homelessness. And I think that that’s what we want people to do, is to really take a look at all the different issues. It’s not like we just have one, you know?

We don’t have enough legal services that are beneficial for Indigenous people. We get targeted more quickly than any other -- any other group. So we get ticketed for sitting on a park bench or standing in a metro or -- and then we go to jail and then we get these notifications that you can’t go back to that park bench in Cabot Square because you got too many tickets for sitting there, so then there’s the whole, you know, trying to push us out of our area. It’s huge. I mean, I don’t even know how many problems I just told you about, but there’s a lot, and that’s just one example.

Collaboration, or collaborate. To find new ways to collaborate and maximize the exchange of information about systems change between groups. Change. Adapt and change existing structures within the system that do not appropriately respond to or even negatively impact the well-being of Indigenous individuals. And this is kind of, like, ongoing. Adapt and change existing structures.

So when I talked about the ticketing, right? It’s sort of like a Catch-22, because this year, it was
really, really cold in Montreal. We had a cold snap and the
Gazette had said that, you know, the -- the -- the municipal government said, “Hey, if you’re really, really cold, you can go stand in the metro and it will be okay,” to the homeless population, and I have a Cabot Square outreach with our David Crane, so I said, “Dave, go find out what’s happening now.”

So sure enough, they go into the metros to stay out of the cold and they get ticketed. So the homeless population looks at us and says, “What’s going on? Like, you know, how come I’m getting ticketed?” So then we go see the police and they’re like, “Well, he was sitting down.” “He was sitting down, so you gave him a ticket? So if the cold snap is two days, you expect him to stand for two days?”

And then the police have this really interesting perception that, if you ticket people and you ticket them long enough, they’re going to go to jail and then they’re going to get their help in jail. I was like, “You want to show me your statistics on that?” So then we have to have more meetings with the police, because we have to find out, okay, so what do I tell the homeless population in order to keep them safe so that you’re not ticketing them? And, you know, he actually said, “Well, if they stand in groups more than three, they’ll get tickets.” “Okay.
I’ll -- I’ll -- I’ll relay that news."

Then they have special police officers that go on bikes, called the BEP, and they are really, really kind of harsh with Indigenous people. So now we are going to be training the BEP on Indigenous realities because they’re out now. So this is what I’m talking about, is collaborating or -- or changing existing structures, because we have to go so far to make these changes. When I spoke to the leader of the BEP, the guy in charge, and I said, “We need to have training,” he said, “Um, yeah, okay, sure,” and then he left his position, but he didn’t tell the new commander that they were supposed to have training. So I met with the new person, and I am going to pay out of the shelter’s pocket to make sure that we get the appropriate person to teach the police so that our women and our men are going to be safe on the streets. So we push because the system doesn’t want to change otherwise. So we have to try to do it in a really -- in a really good way.

Purpose. Work towards improving existing funding streams. Yeah, there’s a lot of problems with the funding streams for the Native Women’s Shelter, and if we don’t fit into their pocket, we don’t get in. And I think we need to -- there needs to be a better sort of understanding with the funders about what we need. And conduct research and advise the different levels of
government on policy issues and decisions that directly and indirectly affect the quality of life of Montreal’s urban Indigenous population.

So yeah. I mean, for sure, I -- I know that I work with Health Canada. I get -- you know, Health Canada gives us ten sessions when we’re in crisis. So what I did years ago was I asked Health Canada to just give me their money and then I would have a psychologist who would see all the clientele, and that took about two years to actually get a collaboration agreement with them. And then, after that, it’s a year-by-year basis.

So we help the women at the shelter and then I extend it to help, you know, the people at Cabot Square, and then there’s a daycare centre in Montreal called the Rising Sun Childcare Centre, so I also open the envelope to them so that they can all get professional services. Once upon a time, we used to get funding for our -- our therapist, but then, you know, the government decided that wasn’t appropriate, so now we don’t, and I think that’s a problem, because sometimes, you know, talking one-on-one works, but sometimes it doesn’t. And sometimes you need the art therapy to work with the children, to work with the mother. They’re not ready to -- to verbalize it. But apparently, they didn’t think it was important, so now I have to go to stream two and see if I can find funding
through them. So I think, you know, I should have been an inspector in another life, because that’s all I seem to be doing is keep looking.

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

I just have a -- a couple questions about this -- this document, what you’ve presented to us. I know that it -- I know that you can’t speak to all the shelters across the country, but a lot of the -- the things that are being suggested, being those experts, those knowledge keepers that actually have a strategic plan that people are listening to, do you think that some of these philosophies would apply to other Indigenous shelters, safe houses, or transition houses across the country?

**NAKUSET:** Absolutely. I think we all face the same issues. I mean, some of them are different because I’m off-reserve, so those shelters that are on-reserve have, you know, different funding streams that are -- it’s a little bit different. But at the end of the day, we all have the same issues, so it would work beautifully.

**MS. CHRISTA BIG CANOE:** And on that -- on that advice part, like, the -- the last one that was up on the last aid, the taking the awareness. So the example you gave was the art therapy, but, you know, can you make the connection for us between, you know, Indigenous people, and particularly from a cultural -- giving the best advice on
what’s truly needed for either treatment or for any type of
services that’s going to have a longer impact?

NAKUSET: I don’t know. Say that again?

MS. CHRISTA BIG CANOE: So being the -- being
-- how -- let me rephrase. It was too long of a question.

Would it be more helpful if your advice was
heeded about culturally appropriate programming that
actually impacts Indigenous women and families?

NAKUSET: Yes. It would be really great if
Health Canada through Stream 1 could, like, you know, found
our Elder, right. But he doesn't have a Ph.D. in being an
Elder, so they don't recognize that. There's a lot of
things that aren't recognized by mainstream society, but it
works for us.

If we don't fit into that little cookie
cutter than we have to conform, and, you know, it's amazing
as indigenous people that we're still here. We seem to
have found a way, but there's still an enormous amount of
work that needs to be done.

And I definitely see a shift, you know,
since we started the NETWORK I see a shift. I see new
leadership, but I think we -- you know, it's got to be more
voices that are holding the government accountable to, you
know, their policies and also, you know, their funding. We
have to help the people, and it's -- it's us, right.
If I -- not too long ago, when I started working at the shelter, we created a culture manual for the adoption and foster children in care, so the non-Indigenous parents that are taking our children, they don't know how to relate to them or talk to them, and this has been going on since the Sixties Scoop, so because of my own personal experiences I worked on this cultural manual with a group of people with Batshaw behind us, and we created this for non-Indigenous parents.

If I had waited for Batshaw to say, hey, we should probably create a manual, I'd still be waiting. We have to move, we have to use our own expertise and move forward and, you know, eventually they buy into it, so far so good.

**MS. CHRISTA BIG CANOE:** So in talking about barriers a little more, because I know we've now talked about some funding issues and human resource issues, you know, government being accountable, I want to talk a little bit -- you talked about the Iskweu Project and the agreement that you entered in between the SPVM and the Montreal Urban Aboriginal Community Strategy NETWORK.

This document was put before all of the parties with standing and also the Commissioners, so I'm going to ask that we please have it entered as the next exhibit.
CHIEF COMMISSIONER MARION BULLER: What is the title, I'm sorry, I --

MS. CHRISTA BIG CANOE: I'm sorry, the title is Cooperation Agreement between the SPVM and Montreal Urban Aboriginal Community Strategy NETWORK.

CHIEF COMMISSIONER MARION BULLER: Okay.

The cooperation agreement is Exhibit 40.

--- EXHIBIT NO. 40(a):

“Cooperation Agreement Between the SPVM and the Montreal Urban Aboriginal Community Strategy Network” (two pages)

--- PIÈCE NO. 40(b)

Accord de collaboration entre le SPVM et le Réseau pour la stratégie de la communauté autochtone urbaine à Montréal (deux pages)

MS. CHRISTA BIG CANOE: And I noticed that that agreement was entered into in June 2015?

NAKUSET: M'hm, I signed it.

MS. CHRISTA BIG CANOE: And you personally signed it?

NAKUSET: I personally signed it.

MS. CHRISTA BIG CANOE: And you've already
kind of told us what the purpose of the agreement was,
but --

NAKUSET: M'hm.

MS. CHRISTA BIG CANOE: -- I notice on the
second page the purpose of the agreement was to -- those
different things that you were talking about, the four
goals. I want to talk a little bit about the barriers or
the accountability. So if this is an agreement that's been
entered into place, is your expectation that the purpose of
the agreement will be fulfilled?

NAKUSET: Yes.

MS. CHRISTA BIG CANOE: Okay. And so is
your expectation that you will be working in partnership to
achieve the goals?

NAKUSET: You know, I'm a rose-coloured
glasses kind of gal. When I signed that agreement I
thought it was, like -- you know, I was skipping down the
street the next day. The reality is two steps back. There
has been a lot of push back from at the police.

Do you want to ask a question or should I
just keep talking? Okay, I will keep talking.

MS. CHRISTA BIG CANOE: You anticipated
where I was going, so --

NAKUSET: Yeah. So, you know, the first
part, you know, was to -- well, we had this training,
right. So we get to train the police, which is awesome in
theory. It took us almost two years to develop the
training.

So we sat down with a group of police
officers and we said, well, how do you want to be trained?
And they said, well, we don't want a PowerPoint because
that's boring and blah, blah, blah, you should do something
interactive. Okay, so we did something interactive. And
they're like, wait a minute, no, no, no, can you give us
the PowerPoint? Okay, so we recreated a PowerPoint.

We created a document which I don't have
here, but I can send it to you or it's on the NETWORK -- on
the NETWORK website, of chapter by chapter an interactive
kind of manual for the police. And we worked extremely
hard on it, and we found our own funding to put it
together. And we got the perspectives of First Nations,
Métis and Inuit content to put in there. And they were
like, nah, we don't like it. Okay, how about this? Nah,
we don't like it. Okay, how about this? Yeah, maybe,
maybe. Maybe we can do that.

And then we had said, all right, in our
interactive we're going to do the blanket exercise, and one
of the police officers said, but what if the police put the
blankets on their head? I was, like, well, you will tell
them to take it off, you will hold them accountable to
their behaviour.

So we did 120 police officers, we had a training, we had a group of maybe 15 of us, a lot of them were volunteers, Indigenous, non-Indigenous. And the training was two and -- two and a half hours and we did our best, but it was incredibly difficult because the police would not listen to us. They thought it was funny, they were laughing. We kept trying to tell them to stop. It was incredibly difficult.

And then at the end of that training they said we're not going to do it anymore. But, like, I signed an agreement with you. Well, we're not going to do it. So now they're talking about redoing a training. A lot of time has gone on. Well, it's been a year really since we started our first training. The City of Montreal hired Maria Bordeleau as the Indigenous Commissioner, so that's part of her mandate, is to create a training for the police.

The thing is that, you know, a year and a bit later, that's a lot of time for the police not to be trained and there's a lot of things that are going on, and racial profiling. And, you know, I'm very outspoken with the police, so -- and they know that. And I think that unless I use my voice nothing gets done.

With the Iskweu Project, you know, we
finally got the funding, and then we told the police, hey, we have our coordinator, we have our project, we're ready to go and we -- and we went.

And then Jessica, my coordinator, she got a phone call from a woman saying that her daughter had been seen in Montreal, she was supposed to meet her on a corner and she never showed up and she was really scared, and it's been a couple of days and she hasn't heard from her, so could she help her. So Jessica is, like, absolutely, I will take you to the police station.

And when they got to the police station the police officer refused to speak in English. Okay, so Jessica did the translation. And then he refused to take a report, so Jessica started to push him. And then maybe after about an hour the police officer told Jessica, you know, you're kind of bothering me, can you leave? And she was, like, no, I'm staying. Finally they decided to take a report, they took it in, like, an open area. They're asking super personal questions in an open area, they don't even give her a private room.

So she walks out afterwards with Jessica and she turns to her and says, if you were not here, I wouldn't have done this, I would have never -- I would have walked out a long time ago. And that is a problem. So then we had to address this problem.
I wrote a letter to the police chief and
then I, you know, cc'd it to a couple of my Indigenous
leader friends so that they knew what was going on. And
that's the only way you get things changed, is you hold
them accountable.

Then we had a meeting, then we discussed,
you know, ten non-negotiables, they agreed to nine. They
were going to be pushing the project now, they were on
board with us now, and that was in September. And just two
weeks ago I found out that the police stations are actually
receiving the information, the pamphlets, the poster and
are starting to implement it, but that's still another six
months between when I had that meeting. So it is much more
difficult than I ever could have imagined, working with the
police, but you have to do it. We keep doing it.

MS. CHRISTA BIG CANOE: Thank you. And so
just in terms of those -- you know, identifying those
barriers, is it fair to say that's like a cultural issue in
terms of -- a cultural issue in terms of -- it's not
a -- it doesn't seem to be a communication barrier, it
seems more like stereotypes and other issues and the
cultural differences continue to be a barrier in the work
you're doing. But if I'm hearing you correctly, you're
saying you have to keep pushing it and you have to keep
holding to accountability the agreements that are put into
NAKUSET: Absolutely. Let me tell you, half the work I do is not in my job description. I never thought I would say, you know, go hold the police accountable. But that's what we have to do. We can't -- you know, our women are afraid. You know, they had the Viens Commission in -- in Montreal not too long ago, and, you know, I ended up going with some of my colleagues to talk on behalf of the women because they are still afraid to go and share the kind of abuse that they meet from the police. So we have to do it for them. I never thought I would, you know, even be here one day. But this is the kind of thing that -- that we have to do. We have to be a voice for our women. And we have to -- we, that are strong enough to change the system or to try to change the system, need to be moving forward. And if I can't change the system, maybe someone behind me can.

MS. CHRISTA BIG CANOE: M'hm. Thank you. I'm going to go ask for a lunch break at this point.

So Chief Commissioner and Commissioners, I anticipate that I will require 30 more minutes with Nakuset to do that, but I'm also aware of the time of day it is. So I am going to request that we have a short lunch break, and that we come back at 1:05 so that we can continue with this panel. So -- and then I have one more request after
the -- the break request.

CHIEF COMMISSIONER MARION BULLER:
Certainly. We will break until 1:05.

MS. CHRISTA BIG CANOE: Okay. And just
before we depart for -- for the adjournment, I just want to
remind counsel and parties with standing that Rule 48 is
now in effect, as we're still in examination of chief. So
currently, the only -- you can talk and say hi, but you
cannot talk about the evidence with any of the witnesses on
this panel until they're done their examination-in-chief.
Thank you.

CHIEF COMMISSIONER MARION BULLER: Okay. So
1:05.

MS. CHRISTA BIG CANOE: And we, yeah, look
forward to starting at 1:05 sharp.
--- Upon recessing 12:22 p.m.
--- Upon reconvening at 1:11 p.m.

MS. CHRISTA BIG CANOE: So we're about to
get started, please. I'll take it again, if you don't
mind. Thank you.

Chief Commissioner, Commissioners, before we
re-commence with the re-examination, I did miss one small
introduction, and I'd like to apologize in advance to
Commission Counsel. Associate Commission counsel
Marie-Audrey Girard is the second chair on this, and
without her assistance and working with the witnesses, it wouldn't have been possible to pull this panel together.

So I just wanted to acknowledge that.

And is it okay, Nakuset, if we get started again?

NAKUSET: Yeah.

MS. CHRISTA BIG CANOE: Thank you. So one of the things that I know that you already touched on in terms of you had already testified a number of barriers for us, and you had provided some really good examples. But I know that when you talk about women that are -- and families that are accessing the shelter service, that there's a lot of intersectionality between that and Child Welfare. And, you know, I was wondering if you could give us an example of how the services you're providing that don't necessarily seem to fit in the perfect box are integral to assisting women in, you know, understanding but also having others understand. I'm actually asking if you can give me an example of ignorance.

So earlier, you were saying in order to be a good ally, you have to step up to the plate. And there was a story in relation to, you know, a Child Welfare incident you shared with me earlier. Could you share that story about how documents or child workers were treating an Inuit woman?
NAKUSET: Actually, I'm going to give you two. I hope you don't mind. Sorry. I talk too much.

Okay. So, you know, at the Native Women's Shelter, we have to almost have our staff be like warriors or advocates all the time. And these are the two examples I'm going to give you. One was with addictions.

I had a staff who brought an Inuk woman to get treatment -- to get treatment at a treatment centre, a very well-known treatment centre in Montreal. And the woman said to my staff, "I don't have a good feeling about this, I -- I want to stop, but I -- I don't have a good feeling." So my staff, her name is Rachel, she was the addictions worker at the time, said, "Don't worry, I'm going to be with you, I'm going to -- I'm going to help you through the whole process." So the Inuk woman said "okay." So she felt a little bit better.

They got into the -- into the building. They went to the reception area. The woman went to the reception and introduced herself, and she went to the window. And she wasn't acknowledged. So she came back to see Rachel, and she said, "They're -- they're not talking to me." So Rachel went up and said, you know, this is so-and-so, and she came to -- she has an appointment with Dr. So-and-so. So whatever. So then the receptionist responded.
They sat back down, and then a couple of minutes later, she was called, and they went upstairs to the doctor's office. The doctor sat down and looked at them both and said to the Inuk woman, "So how long have you been using?" And she went through her history. I've been using since I'm about 12, and you know, she -- she explained her -- her past.

And the doctor took a look at Rachel, winked at her, and said, "I don't think you really want to stop."

And the woman said, "No, I do, I do, I -- you know, I'm here because I want to stop." And then the doctor winked again at Rachel and said, "No, I don't think you really want to stop. So, you know, maybe we can, like, have an appointment, you know, in a couple of months." So they left together.

And the woman was talking to Rachel, you know, on the metro on the way back and said, "Ah, I knew it, I knew it, I had a feeling this wasn't going to work out." And Rachel was trying to encourage her, and she was trying to, you know, "don't worry, we'll go see a different place." So the woman came back to the shelter. She packed up her stuff, and she left, and we never saw her again.

Rachel came to see me, and she was, like, shell-shocked. She was, like, I can't believe how the medical profession just treated her. I can't believe it.
So I was not surprised at all. What I did was I pulled out this paper that I have, and it's called "Outside Occurrences of Discrimination." And we -- it's pretty sad that we have to have a checklist of all the different things that our women face, but we do. So we write down the organization, the person's name who did this, the address. We have a little checkbox. What kind? Was it discrimination? Was it this? So she filled it out. What do we recommend? And then she mailed it to the organization.

The organization picked it up, and they were, like, shocked. They're, like, oh, my God, they're complaining. Oh, no, this is terrible, it's in writing, oh, no. So what they did was that organization came to the Native Women's Shelter, and they did a workshop on addictions. Rachel and Robin Sky from Onen’tó:kon Treatment Centers went to that organization, and they did a training on cultural sensitivity. So this is what we have to do.

The other incident that happened was at Youth Protection. So sometimes Youth Protection acts like everything is fine. The woman was at the shelter. Her daughter was in foster care. The social worker said, "Oh, it's going to be fine, we're just going to go to court, and -- and everything's fine." And they go to court.
Before they go to court, they sit down with the lawyer and the social worker, and they presented her a piece of paper that had, you know, the -- the file. And at the top of the paper, there's a presenting problem, and it said, "This Inuit woman is a risk to her child because she is Inuit." And my staff looked at that and said, "That is discrimination, you need to remove that immediately." So they did.

However, the woman who read it absorbed it. Now, when you take our children away for generations, sometimes when you read statements like that, you believe it. So it was my staff who had to explain to the woman, that's not right, that is not why they took your child. That -- so they removed it. They still took her child.

But eventually, my staff, Anita, came to see me, and she showed me this piece of paper. Now, I have a collaboration agreement with Batshaw. So I went to Batshaw, and I said, "Who wrote this? Who wrote it?" And social workers were, like, "Oh, it wasn't us, it was the legal team." And the legal team was, like, "It wasn't us. It was the legal team." And the legal team was, like, "It wasn’t us, it was the social worker." So nobody wants to take accountability. And I think this is a big problem that, you know, what we’re finding with a lot of organizations, is they’re not taking -- they’re not taking
care in how they write documents. They’re not taking care on even identifying who the women is, what Nation she is. It’s not hard to say what Nation are you? What community are you from? They don’t write that. They take a look at you, and they, “Yeah. You look like you’re this.” And they write it down. And it’s not even correct half the time.

Personally, in my own -- because I was also fostered, and then eventually adopted through the AIM program. Even mine says that my mother’s Métis. My mother is Cree. So we’re talking generations of them misinforming, and that has to stop. Did I answer your question?

**MS. CHRISTA BIG CANOE:** Yes. Thank you. It did. That -- talking about that misidentification, or the -- the issue, and particularly the story about the women absorbing it.

**NAKUSET:** M’hm.

**MS. CHRISTA BIG CANOE:** How does that relate to power and balances? When you look at services or organizations, and the women and families you’re serving, can you tell us a little bit more about the power and balances? And how we -- we’re hearing you how you have to advocate, what are the tools that everybody else needs to advocate strongly to address those power and balances?

**NAKUSET:** Well, for one thing, that form that
I have is incredibly helpful because, I think, that when people get something in writing that is holding them accountable to their behaviour, that’s the only way they’ll react. We can say it to them in person and, you know, it’s like water off a duck’s back. It’s, like, “Yeah, yeah, yeah. Whatever.” But once they get it on paper that there is a complaint, then they have to do better. So this is something that we try to do is always write things down. I think that the power dynamics between, you know, Indigenous women and youth protection Indigenous women, and the police, there always is a huge, huge power dynamic.

I -- I had a meeting last week with a good police officer, there are some, Sylvia De Sousa, and she was explaining what our rights are so that we know that if someone -- a police officer stops you and says they want to look through your bag, whether or not we have to do that. So we went through every single item of what our rights are. And then she actually explained whether or not the police would adhere to it, even though it is our rights, but if we don’t have that knowledge, then we just let them do whatever they want. And that’s what they do.

I’ve even spoken to creating those rights and putting it on a huge, huge poster, and putting it in the middle of Cabot Square and that way anyone who walks by can see what our rights are. And then the police are, like,
“Oh, geez. I better not do that because they know what their rights are.” That’s what we have to do. We have to continually remind them of what their behaviour is. And we have to also be there to support our women, to show them when things are wrong.

Sometimes the agency isn’t really clear about the dynamics of power, that they have more. So we were talking about one particular Inuit client that they had written that she was Cree. One of the social workers recognized the name and understood it to be Inuk. So we sat in a meeting and he looked at me and he’s, like, “How come so-and-so didn’t explain to me that she was Inuk? I’ve been sitting with her all this time and I’ve been talking to her and mentioning that she’s Cree, and she never corrected me.” I was, like, “Well, you’re holding her child. You think she’s going to correct you? You think she’s going to tell you what your job is? You’re supposed to ask. Why aren’t you taking the time to ask correctly?” It is not hard to ask these questions. But, for whatever reason, certain agencies have difficulty stepping outside their comfort zone to do that.

And, I think, that unless we keep pushing them -- and we have to push them in a really, kind of, gentle, fun way because nobody wants to be forced to do things they don’t want to do. But if you try to package it
 differently then you get more success. Is that clear?

MS. CHRISTA BIG CANOE: No. That’s great.

That’s very clear. You know, talking about packaging it, it
-- I -- I -- just that rolled off tongue so odd that we’d
have to package Indigenous culture, or Indigenous rights in
way that everyone else can understand it, but your testimony
earlier talked to how you choose to educate others. What’s
a really good dynamic way to do that? Like, we talked
earlier about using media in a positive way to -- to pass
that, sort of, education piece on?

NAKUSET: Okay. Before I get there, let me
just tell you about one more thing. So I had mentioned
before that I’m doing Aboriginal Day in the park, because in
Montreal we don’t really celebrate it, so I get funding.
And what I do is, I write out an application and I explain
to them what it is that I’m doing. And then I have to go in
front of a jury, then I have to put on a presentation for
five minutes and explain why I’m doing what I’m doing. And
how I do this is, the previous year I had a professional
photographer take pictures of everything and that goes up on
a, you know, on a slide show. And then I talk about, you
know, how empowering it is for Indigenous people to see
Indigenous artists. It’s a free concert, they couldn’t
afford to see most of these people anyway, and -- and this
is an opportunity for them to really celebrate because we
never get to celebrate, so this is one day.

And the City of Montreal said, “Do you really think that’s appropriate? Like, why don’t you help your people?” And me, I am, like, super dynamic, “Oh, my God. This is incredible.” I’m talking, like, you know, like I’m a talk show host or something because I know that if I answer the question in a way that’s going to straighten them out, I may not get that funding. So I have to find a way to present it in a positive way to -- almost extinguish their negativity and their discrimination. She was, like, “Well, you know, Aboriginal Day, it’s not just for Aboriginals.” Like, “Oh, really?”

(LAUGHTER)

NAKUSET: “Okay. Well, come on over.”

Because, I mean, I invite everyone to go anyways, but the questions, they were like, you know. And I had -- I have a psychologist at the -- at the shelter, and she came with me. So she answered those tough questions where I was, like, you know, 364 days a year -- or 5 days a year, we give all the services. We help them. We just get one day. Let’s do it. Let’s celebrate one day. So we did get the money, but everything that we do is often a struggle. And, okay, so you were asking me about --

MS. CHRISTA BIG CANOE: That was one example of, like, dynamically educating others, but I know earlier
you talked about use of media --

NAKUSET: Yeah.

MS. CHRISTA BIG CANOE: -- by means to get
out the messaging, and to do the education piece.

NAKUSET: You know, I’ve been doing my job
for a really long time, and I’ve very outspoken, so every
time we do an initiative that is positive, it gets media
coverage. And then there are certain people in the media
that are very empathetic, and really believe in
reconciliation, and really believe in, you -- the strength
of Indigenous people. And they will often, you know, ask me
to do interviews on -- it could be anything because I, sort
of, have my hands in so many different things. And, I
think, that’s helpful because I’m able to usually portray
the strengths of Indigenous people. And that also brings
hope to those that are watching and also educates those and
gives them a different perspective.

There is such a negative perspective of
Indigenous people, so we’re always trying to shift that. So
when I have Aboriginal Day at Cabot Square, we have a group
of Inuit stone carvers, and we do a free workshop, so
everyone can participate in that, so it’s so popular. The
thing is, that the stone carvers we use are actually
homeless. The population, so the non-Indigenous population
that sits down and participates in it, has no idea that
they’re homeless. What they are learning is this Inuk man is super talented. And they’re learning about the language, and the culture, and -- and they’re giving him further contracts down the line. And when they see him on the street, they’re not, like, “Hey, you homeless dude, get over it.” They’re, like, “Oh, my God. You did a great dancing bear. My cousin wants one.” So this is the way that we try to work with the non-Indigenous people and get them involved and get them to see change. And I think you have to sort of go at it at every angle, and we get lots of media coverage. I get -- you know, I write to everyone I know that's, you know, positive, and even those that are negative, and I'm, like, try to find something bad in this.

**MS. CHRISTA BIG CANOE:** It's an interesting perspective and challenge to -- to spread more of the positive stuff. I mean, I think it's implicitly understood in this group, as the executive director of a shelter that -- and we haven't explored it much, and I'm aware of the time -- that you're dealing with women who, and families, that are experiencing high levels of violence. So striking the balance between, you know, giving real attention to those real issues, but also to that education piece, how do you do that?

**NAKUSET:** Say that again?

**MS. CHRISTA BIG CANOE:** How do you raise the
issues, like the violence, the sexual violence and the harm
that's happening to women, how do you balance that with
what you were just talking about, demonstrating and giving
positive examples of Indigenous people? Because is it fair
to say that both are just as important for people to
understand?

NAKUSET: That's a tough question because, I
mean, when I'm at the shelter we do everything we can for
the clientele and find what works for them in order for
them to -- to deal with whatever reason it is that they
show up at our door, and I prefer to keep that private from
the media.

I'm not really going to share -- I mean,
today I shared a couple of stories, but I didn't give the
names, so -- and, you know, those are pretty drastic
examples, but, I mean, every single woman that comes
through the shelter has had -- you know, has been touched
by violence and poverty and all those other systemic issues
that they're facing, so I don't usually let the media come
to the shelter. I'll meet them outside. I want to keep
our women safe and -- you know, but I think that the more
that you're engaging -- whenever a reporter calls I'll do
the interview, I'll talk.

You know, sometimes if we have outreach
clients I'll ask the outreach worker is there anyone
interested in sharing their story. We are so over documented. People always wants to, like, interview us, you know, like, what is the problem with Indigenous women? What are -- like, there's so many studies out there. We've been studied galore. It's enough with the studies.

I don't want to put the women in that position to be restudied. And then most of the time they don't give anything back, right. So they come, they take our information, they take our information, they never renumerate [sic] the woman who -- who gave that information. It's sort of like taking a piece of their spirit and walking away with it and I don't know if it necessarily benefits them, so I will not put them in that position unless they really want to.

I always give them that option, if they're -- you know, if someone wants to interview you, anyone open to it? If not, it's fine, and -- or we will really just focus on the outreach clients that are a little bit more secure in their way. Did I answer that okay?

**MS. CHRISTA BIG CANOE:** So earlier you had brought to our attention two documents in particular, they have now been put -- uploaded for parties to have access to. And so one was the Indigenous Cultural Awareness Guide for the SPVM, so there is a -- the training guide, I believe, and this is what the cover looks like. Is this --
NAKUSET: Can you all see that? Yes.

MS. CHRISTA BIG CANOE: So that was the guide you were talking about --

NAKUSET: Yes.

MS. CHRISTA BIG CANOE: -- earlier?

NAKUSET: Yes.

MS. CHRISTA BIG CANOE: So I'm going to ask that it be entered as an exhibit. It's publicly available --

NAKUSET: Yes.

MS. CHRISTA BIG CANOE: -- on the NETWORK's --

NAKUSET: Yes, website.

MS. CHRISTA BIG CANOE: -- Urban Aboriginal Community Strategy NETWORK's website, so that people can see the type of cultural awareness guide you've created for a police service.

NAKUSET: Yeah, we created it and they ignored it, but it's still on the web site, so --

MS. CHRISTA BIG CANOE: So could I have that made an exhibit, please.

CHIEF COMMISSIONER MARION BULLER: Yes, Exhibit 41 will be the Cultural -- sorry, “Indigenous Cultural Awareness Guide for the SPVM”.

--- EXHIBIT NO. 41(a):

--- PIÈCE NO. 40(b):

Guide de sensibilisation à la culture autochtone à l’intention du SPVM, préparé par Elizabeth Fast, Stephen Puskas, Vicky Boldo et Rachel Deutsch pour le Réseau pour la stratégie de la communauté autochtone urbaine à Montréal (35 pages)

MS. CHRISTA BIG CANOE: And you also talked earlier about a cultural manner -- manual for fostering and adoptive parents of Aboriginal children, and if I understood you correctly, this is actually intended for non-Indigenous people?

NAKUSET: That's right.

MS. CHRISTA BIG CANOE: So you've already described it, is there anything else you wanted to add in relation to the manual itself?
NAKUSET: Well, just the fact that, you know, because of the '60s scoop, because of the way that non-Indigenous people bring up Indigenous children, a lot of times it's more harmful than it's good. And I think with the way the media has in the past portrayed Indigenous people, that's all they're getting their knowledge from. So they're not learning about Indigenous people from the history books, the only thing they see is what's on TV or what you see in a sociology book, which is usually super, super negative.

So if we were able to give a tool to these parents on how to bring up Indigenous children in a good way, this could be helpful. The other option that we also do is every summer there's a powwow in Kahnawake, there's Terres en Vues, which is, like, Land InSights, it's a music and art festival that happens in the city, and then there's another powwow at McGill. And I sit there with Batshaw, and we have a sign that says "Indigenous children need Indigenous foster parents, can you be one?" So we recruit them, and that's really, you know, a best scenario, but if that doesn't happen we fall back on the cultural manual.

And, you know, I was talking to another lovely lady in the bathroom who is also a director, and I was talking about the fact that when I was adopted my parents used to tell me you don't really want to tell
people you're Cree because, you know, Native people, they
grow up and they're drug addicts and prostitutes, just tell
them you're Jewish. So I have a special page dedicated to
that.

So I have a page where we have role models,
so we put down Adam Beech and Buffy Sainte-Marie and Carey
Price and Carla Robinson and Elisapie Isaac, to show that
our people are strong. And this is what the parents should
be telling the children, they should be telling -- they
should be looking into the role models in the community, so
they can offer that as opposed to the opposite. Because,
you know, maybe my Jewish parents thought that was reverse
psychology and that was going to help me, but I didn't
think it was helpful at the time.

You know, we also put in Aboriginal words.
I can speak more Hebrew today than I can speak my language,
so we put in words. Why don't you teach your children the
language, and if you're going to take a child, do the
homework. Find out, you know, what nature they're from.
And, you know, there's so much information out there, but
what we want is for non-Indigenous people to take that
extra step because I think it's an honour to have an
Indigenous child, they should think so too.

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

Commissioners, may I ask that that be entered as our next
exhibit, the Cultural Manual For Foster and Adoptive
Parents of Aboriginal Children. And just in terms of the
source, that is also from the Montreal Urban Aboriginal
Community Strategy NETWORK.

NAKUSET: Do you want me to show everyone?

CHIEF COMMISSIONER MARION BULLER: Is there
a French version of this?

NAKUSET: Pardon me?

CHIEF COMMISSIONER MARION BULLER: Is there
a French one?

NAKUSET: There is. If you look on the
website, because the actual book, you flip it over and it's
c'est en français le le.

(LAUGHTER)

MS. CHRISTA BIG CANOE: We can produce -- we
can produce that one as well.

CHIEF COMMISSIONER MARION BULLER: Yes,
please. Could it be appended to the English version and
both collectively marked as Exhibit 42, “Cultural Manual
for Foster and Adoptive Parents of Aboriginal Children.”

--- EXHIBIT NO. 42 (a):

“Cultural manual for foster and
adoptive parents of Aboriginal
children,” Montreal Urban
Aboriginal Community Strategy
Network (13 pages)

--- PIÈCE NO. 42(b)

Manuel culturel pour les parents
d’accueil et adoptifs d’enfants
autochtones, Réseau pour la
stratégie urbaine de la communauté
autochtone à Montréal (16 pages)

CHIEF COMMISSIONER MARION BULLER: And the
same for the policing as well.

MS. CHRISTA BIG CANOE: We’re not certain if
the Indigenous Cultural Awareness Guide is, but we will
look.

NAKUSET: I think it is, I think SR said
they were going to translate it for free.

UNIDENTIFIED SPEAKER: There is now.

UNIDENTIFIED SPEAKER: We found it.

NAKUSET: There is? Awesome, okay. So they
followed through, awesome.

MS. CHRISTA BIG CANOE: Nakuset, I'm
cognizant of the time, and with the time we have left I
want you -- you've already actually provided a number of
suggestions or recommendations of good or promising
practices, such as the discrimination list, such as, you
know, reaching out and communicating in fun and dynamic
ways, but I wanted to offer you an opportunity if you had
any recommendations for the Commissioners in relation to
narrowing some of those gaps or diminishing the barriers
you told us about that may be helpful for them in
considering making recommendations?

NAKUSET: That's a hard one. I think as,
you know, Indigenous people, you have to advocate, and you
have to -- you have to go full force in everything that you
do. So every time there's an injustice you have to step up
and you have to name it and you have to create those
partnerships so that you know who to go to. Because that’s
what I do. I’m like, who do I go to talk about this?
Because otherwise, nothing gets done.

The thing is, like I said before, you know,
you know, the -- they did the Truth and Reconciliation
Commission and they did the 94 recommendations, and I was in
a workshop last week and I asked a group of non-Indigenous
people, and there was about 40 of them, “Who’s read the
recommendations?” And I think three people raised their
hand. How do you get people to read it? It’s the same
thing. You all are going to be doing the report after this,
you know, the Viens Commission, they’re going to do a
report, but at the end of the day, is the police going to
treat us better because that’s what the recommendation is?
Where is their accountability when it comes to actually
following through on these things? You know, is Youth
Protection going to stop taking our children?

Okay, here’s another example. Social worker goes to a -- an Indigenous woman’s house, and for breakfast, they’re feeding -- she is feeding caribou stew to her child, and the social worker says, “Well, that’s inappropriate. What about Froot Loops?”

(LAUGHTER)

NAKUSET: So -- no, but you’re going to take the -- the -- the child away because she’s eating stew? Like, really? So the Viens Commission, you know, are they going to tell the social workers, “You have to?” At what point do people absorb and adhere to these reports? How do you make them do it? Good luck with that. I don’t know.

I think that, you know, if those that are in the position of power -- like, I’m an Executive Director. When I became an Executive Director, that’s when I started doing all these moves, because when I was a frontline worker, it was like, yuck, nobody cares about you. But I’m an Executive Director, so I’m able to use that power to make change. I think everybody else in this position has to push, and let me tell you, all the times that people have said no to me, I don’t get deterred. I’m kind of like, “Try it. Just try it. Say no to me and see what I’m going to do. I’m going to go around and over and this way and that way and I’m going to find a way. And if I don’t find a way,
then I’m going to find the expertise and they are going to help me get this done.”

Because it’s time now. If we don’t do it now, when is it going to happen? And if -- if this can, you know, inspire other ones -- other people to do the same, then please, you know, let’s do it as -- as a collective. So I don’t know -- really know what to tell you. Sorry.

**MS. CHRISTA BIG CANOE:** No, but -- and -- that -- thank you, because you have actually provided us a number of promising practices and good -- good ideas.

I’m sure that we’re not going to have cross-examination now. That will come later. But we will be calling the next witness, and on that basis, I ask for a very brief five-minute break just so that we can set up and change the positions of the witnesses.

**CHIEF COMMISSIONER MARION BULLER:** Yeah.

It’ll be a real five-minute break.

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

**CHIEF COMMISSIONER MARION BULLER:** Okay.

--- Upon recessing at 1:42 p.m.

--- Upon reconvening at 1:48 p.m.

**MS. CHRISTA BIG CANOE:** Great, if we could recommence, we’ll call the next witness, please.

**MR. DARRIN BLAIN:** Good afternoon, everyone.

For those of you who I haven’t had the privilege of meeting
yet, my name is Darrin Blain. I’m a lawyer in private practice here in Calgary, and I’m honoured to have Josie Nepinak sitting to my left, who has become a friend and who’s doing what I would suggest is some of the most important work in this great city of ours. I want to mention in brief before we start that my mother was the victim of years of domestic abuse. And because of the work that people like Josie and the beautiful people working in her centre are doing, my mother is -- received the help that she needed and is now 83, going on 18.

(LAUGHTER)

MR. DARRIN BLAIN: So this is -- this is important work. So when I talk about being passionate about the work that Josie does in Awo Taan and the people from Montreal and everyone out there in this room and online, I'm telling you that from personal experience. It's very important work, and I'm beyond honoured to be here sitting with Josie. It's a file and a matter that I will remember for the rest of my life. I am honoured to be here.

Before we get into swearing you in, Josie, I wonder if you could tell us just a little bit about your upbringing and your family and just tell us about Josie.

MS. JOSIE NEPINAK: Yes. First of all, I'd like to acknowledge Chief Commissioner Buller. Madam
Commissioners, Mr. Commissioner, and the Elders. Earlier today I received some tobacco from the Commissioner Madam, and I'd like to thank you for that because that is an indication of the -- I guess, the -- a fierce conversation that we're going to have today, a blessed conversation, a conversation about truth, and a conversation about healing.

So my name is Josie Nepinak, and I was born and raised in Pine Creek First Nation, which is in the Treaty 4 territory on Lake Winnipegosis, is -- is the name of -- of the waters that a lot of our sustenance came from. I was raised by a traditional family. We spoke only the Anishinabe language in the home, and I had never known violence until I went to the residential school in Pine Creek. So I started at five years old. I went to the Pine Creek Residential School, and I also attended the Dauphin Mackay Indian Residential School in Dauphin, Manitoba.

I also have two family members that have been murdered and missing, and so today I think about them in -- in their spirit, that they're no longer here with us. But I also think about their children. My two nieces who -- who grew up without their mother, who didn't have that nurturing, that -- they had love from extended family, for sure, but that -- you know, when you tuck your children into bed at night and you give them their good night kiss, there's a lot of children in this country that do not get
that because their mothers have been taken so viciously.
So I remember those spirits of those mothers and the spirits of those children today as we speak.

And I remember the spirits of my ancestors who I asked to join me as I sit here today to help me, to see the right thing, to say the right thing, and to hear and to listen with my heart, and to live a good way, bimaadiziwin, and to -- and to -- and to remember those very fundamental values that -- that I grew up with. So I -- that's what I wanted to start off with. Thank you.

MR. DARRIN BLAIN: Thank you, Josie. And we'll get to the task at hand. The first order of business would be to swear Josie in using the eagle feather, please. She's got her own eagle feather, do you not, Josie?

MS. JOSIE NEPINAK: M'hm.

MR. DARRIN BLAIN: She'd like to affirm using the eagle feather, if she may?

CHIEF COMMISSIONER MARION BULLER: Certainly. Ms. Nepinak, welcome. Do you solemnly affirm to tell the whole truth and nothing but the truth?

MS. JOSIE NEPINAK: Yes.

CHIEF COMMISSIONER MARION BULLER: Thank you very much.

JOSIE NEPINAK, Affirmed:

EXAMINATION-IN-CHIEF BY MR. BLAIN:
MR. DARRIN BLAIN: And you are welcome to hold onto that, Josie, or let it go. It's -- it's whatever makes you comfortable.

Josie, I have a copy of your CV in front of me, and I'm certain that the Commissioners have it as well. I would like --

MS. JOSIE NEPINAK: M'hm.

MR. DARRIN BLAIN: -- that is your CV, is it not?

MS. JOSIE NEPINAK: M'hm. Yes.

MR. DARRIN BLAIN: Okay. And can you tell us about the certain aspects of your CV as -- as noted here?

MS. JOSIE NEPINAK: Yes. To preface that, I'd like to -- I'd like to say that a lot of my education or teachings, first of all, came from my grandmothers, and -- and the ladies in my community that I grew up with. And that is about community care. It's about community wellness. It's -- it's about cooperation. It's -- it's about child care. It's about looking after the Elders and -- and making sure that we have the home fires in a healthy way. So that's, first of all, my -- my first level of education.

And I was formally educated, as well, and I have a degree in women's studies. And I have more than 25
years in -- steeped in very complex issues, working with Indigenous women and children. And I'd like to say, I've often been asked, well, how long have you been involved in family violence? And I say, since I was five years old. And I say that because previous to that, I'd only known the tradition, the culture, and the language, and a safe and secure -- safe and secure environment with my family. So upon entrance into the residential school, then you begin to feel the -- the dynamics and the destruction of one's spirit when it comes to the residential schools. So -- so I guess my -- my -- my involvement has been quite a long time.

And in the past 25 years, I -- I have -- I have been paid for the work that I do as executive director for Awo Taan Healing Lodge Society. Awo Taan Healing Lodge Society is a 32-bed women's emergency shelter. And I'd like to say, as well, that we decided about 15 years ago, through the board of directors, that we would call the shelter a healing lodge. And -- and the purpose for that is to focus on the -- the trauma-informed, strength-based work that we do because we know that women who are coming into the healing lodge have already suffered multiple traumas from colonization, from oppression, from racism, paternalistic policy, et cetera, et cetera. So we know that that's already been a part of their experiences, and
we prefer through our healing environment to provide a
nurturing and a caring environment that tears the walls
down of institutionalization, because when you come into
Awo Taan you're going to see people that look like you.
You're going to see people with dark hair, people
who -- people with dark skin, who -- who -- people who
speak the language.

We have five languages, First Nations
languages, in the shelter. And we have several other
languages, as well, for some of the immigrant women who
come in.

So that's very, very important. Your first
entrants into the facility are Indigenous women helping
Indigenous women. And so that -- that's part of the
healing.

So before I go on, I -- I wanted to -- am I
going on too long, Darrin? Should I --

MR. DARRIN BLAIN: Everything you say is of
value, Josie.

MS. JOSIE NEPINAK: M'hm.

MR. DARRIN BLAIN: I wonder if you could
talk about your professional affiliations that are listed
here and what we're going to do after that is have that
asked to be admitted as an exhibit.

MS. JOSIE NEPINAK: Okay.
MR. DARRIN BLAIN: So let's talk about those for a brief second, and then we'll get back to Awo Taan.

MS. JOSIE NEPINAK: All right. And some of my professional affiliations are I am a board member with the Institute for the Advancement of Aboriginal Women here in Alberta, and I've been a board member for five years. I also co-chair the Missing and Murdered Indigenous Women's Committee here in Calgary. I'm also a member -- a member of the Resolve Committee, which is the research, education, for solutions of violence in Alberta. I also am a member of the Canadian Domestic Homicide Prevention Initiative for Vulnerable Peoples, and I am also a member of the Canadian Femicide Observatory Justice and Accountability Committee, and I'm also a committee member of the Calgary and area Emergency Shelter Directors.

MR. DARRIN BLAIN: And on that basis, Madam Commissioner -- Chief Commissioner, pardon me, we are asking that that be entered as an exhibit in this proceeding.

CHIEF COMMISSIONER MARION BULLER: Certainly. The CV will be Exhibit 43, please.

--- EXHIBIT NO. 43:

Curriculum vitae of Josie Nepinak

(one page)

MR. DARRIN BLAIN: Fantastic. And I
apologize. I wasn't aware of what number we were at.
That's fantastic. Bear with me for a second.

Josie, I wonder if you could please give us
a -- just a really brief narrative -- you started on that
already -- on what Awo Taan is, because many of these folks
have never been there, of course. Where it is, just paint
the picture in brief, and then we'll get to the substance
of what you woke up this morning to come here and talk
about.

MS. JOSIE NEPINAK: Well, Awo Taan Healing
Lodge, and I -- and I need to say, first of all, awo taan
means “protector, shield” in the Blackfoot language, and the
name Awo Taan was given to the organization through a
blanket ceremony. And we are located about ten minutes
south of here. If you know where Chinook Centre is, we’re
just -- just two blocks north of that, yeah. And we have
been here since 1992 and this year we’re celebrating our
25th anniversary, so we’re still young. Twenty-five.

So at Awo Taan Healing Lodge, we provide a
broad continuum of support services. First of all, we have
an emergency shelter, which has 32 beds, funded by the
Province of Alberta. We have a child support program, and
this is for children who have -- who are affected by family
violence, and some of the literature I’ve researched tells
us that children who have witnessed and are affected have a
-- regarding brain development and activity, are similar to combat soldiers in Afghanistan, regarding the damage that’s done to the children. So our child support program is really about children being children, learning trusting relationships, and learning to play.

We do have other formal programs called Triple P, and that means Positive Parenting -- Positive Parenting. We also have ALAPS, which is Aboriginal literacy parenting programs. We have many seminars. Otherwise, we -- parents are -- are -- require respite care. We also have an Indigenous cultural support program, and this is where we have our cultural lead, we have our cultural Elders, and this includes men, who provide support services to women and children in the shelter. It is very important that the children who are coming into the shelter still get hugs from the grandmas, kokums. They need that more so, I think, when they’re in a -- a -- an environment such as a shelter.

We provide emergency transportation in the city, but I have to say something about transportation because we have had women hitchhike to the shelter from different parts of the province. I’ll tell you a story about this one lady from -- who was looking to get into a shelter and she couldn’t. There were no beds available in Calgary and she was placed just south of the city in Okotoks through Emergency Social Services. And the next morning at
11 a.m., she -- she was told to leave. Check-out time. Although she had a broken wrist. She also had, I believe, a -- a -- an 18 -- or three -- three-year-old daughter with her. She had her purse and her bag, and it was about 30 degrees outside. This was last summer.

And so she phones us from a payphone and says, “Well,” she said, “why don’t I just start walking?” She said, “if you guys see me on the highway, pick me up.” So that crisis call came in and we said -- one of the staff said, “Okay. We’re just going to drop this. Someone’s going to go drive out to the highway and pick her up and bring her into the shelter.” Because she had no transportation. We had another lady who would quite often hitchhike back and forth from here to Fort MacLeod, to Lethbridge, and she’s a fairly older lady and she -- she did this quite often. So the -- you know, this lack of transportation means that, of course, we know it puts them in a very vulnerable situation furthermore.

MR. DARRIN BLAIN: So Josie, as I understand what you’re saying to the Commission, you are essentially a First Nation-operated women’s shelter?

MS. JOSIE NEPINAK: Yes.

MR. DARRIN BLAIN: In -- in the -- in the heart of Calgary, only a few minutes from here, in fact.

MS. JOSIE NEPINAK: Yes.
MR. DARRIN BLAIN: And the -- the bulk of your clients are -- are First Nation women --

MS. JOSIE NEPINAK: Yes.

MR. DARRIN BLAIN: -- and their children?

MS. JOSIE NEPINAK: Yes.

MR. DARRIN BLAIN: Although, as I understand it from visiting your facility and enjoying a lunch with you there, you won’t turn away somebody --

MS. JOSIE NEPINAK: No.

MR. DARRIN BLAIN: -- that --

MS. JOSIE NEPINAK: No.

MR. DARRIN BLAIN: -- you don’t have to be First Nation to be there?

MS. JOSIE NEPINAK: That’s right.

MR. DARRIN BLAIN: But that’s your focus.

MS. JOSIE NEPINAK: That’s right. We -- we -- we provide services to all women and children, so our statistics are First Nations women, Indigenous women, secondly, immigrant women, and -- and thirdly, settled Canadians, Caucasian.

MR. DARRIN BLAIN: M’hm. Josie, I -- I want to apologize if I -- if I seem like I’m interrupting you -- what you’re trying to say. You’ve got some things to get through and I want to make sure that the Commission has the right sound bites that we want to give them today. And --
and -- and more importantly, the recommendations that you
came here to give them. Can we talk about Awo Taan’s
funding and resourcing?

MS. JOSIE NEPINAK: Well, Awo Taan receives
core funding from the Province of Alberta for 32 beds, and
from the 32-bed core funding, we also receive a staffing
model that is developed by the Province of Alberta. And we
also receive a tiny bit, I -- I think it’s about 3%, from
the City of Calgary through Family Community Support
Services, FCSS, and they provide for one and a half
positions. And that’s where our funding dollars come from
to run the shelter. We also have, as I mentioned, a
continuum of services.

We also have a -- I want to tell you about
our health program. We -- we do have a -- a nurse
practitioner who works out of the shelter, so we have her
there for two-and-a-half days a week. We have no money to
pay her, but we do fundraise through a casino, so we pay her
from our casino dollars. For 18 months, we -- we work a
casino. Volunteers, the board come over and others, and
quarter -- and then at the end of that quarter, we receive
some money that’s -- we’ve designated that for our health
program. So the nurse practitioner does immediate health
care when -- when families come into the shelter, and this
has been extremely useful because some of our data
collection from that program is able to -- to move us into a further and longer-term strategic planning.

We also have a healing and reconciliation program, what we call our trauma psychologist, and -- and this psychologist is not funded either. I’ve had to beg, borrow, and steal, so to speak, from our current funding. A couple years ago, the Province of Alberta issued a -- an -- further investment, as they call it, to -- to the women’s shelters, and -- and provided a certain amount of money to hire what they call intensive case managers, and from those intensive case managers, I was looking for someone who had specific training in historical trauma, loss, and grief, but also knew the ways of our people. And the lady we found, we were very, very lucky. She grew up in northern Labrador and she grew up on a trapline and speaks her language. She participates in ceremony. She’s our trauma-licensed psychologist and she works very, very, very well with our -- and some of the moms have said, “We are so happy that our trauma psychologist will smudge and pray with us.” That is so important.

We have -- so I’ll just skim through these. We have outreach and follow-up for women who are leaving the shelter, and in that program, we have our women’s healing groups, we have our -- our Circle of Safety groups, we have our rural and community outreach, we have youth and family
program, we have a youth mentorship program, we have a parent link program, and we have a bullying program with our partner school, which is Piitoayis Family School. And so that’s the continuum of our services at Awo Taan.

MR. DARRIN BLAIN: And can you talk about the challenges and barriers with respect to funding and overall resourcing of your -- of your centre?

MS. JOSIE NEPINAK: Well, certainly we have positions that are not funded. I think, critically, I -- I talked about the -- the -- the health program. Our cultural programs are not funded, and I would like to, if I can, say that if we can influence that somehow, that our Elders be recognized as an -- as an essential service in our core funding model. Quite often funders will say, well, you know, you have a little bit -- you know, you have a little bit money left in your budget, do you want to -- do you want to bring in an Elder? No, I want to bring in this Elder, you know, seven days a week, 24/7, every day. So a greater recognition for the -- the -- the support services that our Elders can -- can bring into the shelters that contribute to healing and wellness and -- and -- and having their presence there, so -- so that’s part of it. Transportation is another piece. Infrastructure, aging buildings and aging facilities, increased dollars to -- to ensure, yeah, even around snowplowing, we don't have -- you know, when there's
a big storm there's -- we have staff that are out there,
sometimes the firemen will help us to -- to do our
sidewalks.

Monies to help women set up. Monies for
medication. When we have women come in that have no status
but require meds. For crutches, sometimes they -- we need
those, and so we look into our other budget areas sometimes
to find those dollars and we're skimping.

If someone calls us from -- you know, from
another province, even which we often have women come from
other provinces, but they have no way to get to us and they
have no resources where they are. They may be in the City
of Saskatoon or Regina. So, you know, if we had, you know,
an ability to be able to say, you know, we're going to send
through the bus depot, you know, et cetera, and to be able
to do those things. Again, you know, for non-funded
positions, our children who are so severely traumatized
quite often require one-on-one support.

Shelter staff are not paid well I believe
across the country. We do the training as much as we
possibly can with partners and look at what's available in
the community as well. So retention, although Awo Taan, I
must say, the staff that have been with us have been there
for five years or more, 75 percent of our staff, which
we're very, very fortunate, but there still is a need
to -- to pay our child support workers, our staff, our Elders, as equitable as any -- any other organization.

MR. DARRIN BLAIN: Now, Josie, yesterday we heard from two really beautiful souls that are involved in child exploitation strategies in the Winnipeg area and helping -- helping people in that regard. Yesterday when we were talking to them one of them made the painful link between the absence or not enough funding to her having to go to the funerals of some of the people that have, I hate to use the term, slipped through the cracks.

MS. JOSIE NEPINAK: M'hm.

MR. DARRIN BLAIN: Have you had to do that, Josie?

MS. JOSIE NEPINAK: Personally?

MR. DARRIN BLAIN: As an executive director or --

MS. JOSIE NEPINAK: Yes, we -- we have had -- yes, absolutely, we have had family members as well who lose family members while they're -- while they're in the shelter, and those family members may be in another province and the resources or the transportation is just not available for them.

MR. DARRIN BLAIN: So I want to make sure we're getting this through to the Commissioners, that because you don't have adequate funding before they get in,
while they're in, and when they leave, some women
are -- are dying?

**MS. JOSIE NEPINAK:** Oh, absolutely. There
have -- there have been women that have passed on shortly
after leaving the shelter.

**MR. DARRIN BLAIN:** Okay, that brings us to
our next -- our next topic. And I would like you to speak
about the challenges that First Nation women and girls have
when they're trying to leave violent situations. And you
want to be talking about the idea of violence from a First
Nation women's perspective versus a non-First Nations woman
speculative. Can you talk about the concept of violence
and sort of what -- what's going on in a women's mind with
her kids when she's leaving violence, and take us down that
path for a few minutes.

**MS. JOSIE NEPINAK:** Okay. Well, I'd first
of all like to make a distinction around domestic violence
and family violence and violence because domestic violence
is a term that's used very -- I think it's used mainly
mainstream, and domestic violence, at least in some of the
older research that I read, refers to a man and a woman in
an intimate relationship, and that's a domestic situation.
When we know that family violence often involves -- it
could involve family members or acquaintances, relatives, a
neighbour, and in some cases I've seen even the landlord
who is -- who is abusing the women, and so I'd like to refer to it as violence against Indigenous women instead of domestic violence, and I often use that term "violence."

And so I will talk about violence for Indigenous women is a result of colonization, and the whole experience around colonization and the dispossession of our sacred ways, the dispossession of our grandmothers and the dispossession of our -- of our Elders. And it is manifested through oppressive policies such as the Indian Act for First Nations women, and it is manifested through the residential school by killing the Indian in the child and killing the spirit of the child.

And it is manifested in those abuses that we have suffered through, whether it's being placed in a dark room or being told that we're savages or being told that we cannot speak our language. It is manifested in all of those areas, and our vulnerabilities are then pushed into these unsafe environments and -- and in these domains where we are at further risk to the extent where we don't even realize anymore that we're in a violent situation or that we are at risk of violence.

So it is manifested through colonization and the mass destruction of our traditional systems.

**MR. DARRIN BLAIN:** Now, Josie, excuse me, I think we need to touch on the best practices that we need
to have in order to ensure that women's shelters across this country are well resourced. We've heard from the group yesterday, we've heard from the presenter earlier today. And this might be a good time to introduce the next exhibit, it's the Aboriginal Framework.

Josie is just mentioning she's got a picture of the most adorable girl in the world. Could we put that picture up of this beautiful young lady?

COMMISSIONER MICHÈLE AUDETTE: The one in the report?

MR. DARRIN BLAIN: Yeah, it's the one in the report.

UNIDENTIFIED SPEAKER: It was up earlier. I think Shelby is going to put that up for us. Go Shelby.

MR. DARRIN BLAIN: Look at that.

COMMISSIONER MICHÈLE AUDETTE: Shelby it's there.

MS. JOSIE NEPINAK: This little girl --

MR. DARRIN BLAIN: Tell us about that,

Josie.

MS. JOSIE NEPINAK: I'd like to tell you about her. She was in the -- she was at the healing lodge and we were -- we were actually getting ready for our Sisters in Spirit march and rally here in Calgary, and I asked mom, I said can we take a picture of her, I said, you
know, and would she hold up this sign? And mom, you know, signed off and said yes, absolutely.

And this little girl was so proud, you know, she wore her prettiest dress and her pretty little sweater. And the sign that she's holding says "I don't want to be afraid to grow up because I'm an Aboriginal girl" hash tag MMIW.

**MR. DARRIN BLAIN:** Fantastic.

**MS. JOSIE NEPINAK:** So when we look at this child and we look at the future of Indigenous women, I think we have to be very, very cognizant of the fact, Commissioners, that there is a war on Indigenous women in this country. And by that I mean -- and I'm going to give you some examples if I can for a minute.

I would like to give you the examples of just two weeks ago there was an Indigenous woman killed here in Calgary by the police. She was shot by several police officers. She was shot seven times.

**MR. DARRIN BLAIN:** That --

**MS. JOSIE NEPINAK:** You will also --

**MR. DARRIN BLAIN:** That family has contacted our law firm. They are beyond lost, as you can imagine. They've reached out.

**MS. JOSIE NEPINAK:** And I'm so glad that they've reached out. And we also have folks like Angela
Cardinal who is now deceased. She was dragged and sexually assaulted, and the man who did this to her was placed in the same or a nearby cell to her, where he could see her and she could see him. When they were transported to the courthouse they were in the same van.

I'd like to tell you about Cindy Gladue, a 36 year old Cree woman who was murdered, and her body parts, her vagina, put on a paper plate and brought into the courtroom as evidence for the jury to look at. And this is here in Alberta. This is recently, like, this is in the last few years. What about Tina Fontaine, the 15-year-old girls who was found in the river, Red River in Winnipeg? What about Barbara Kentner, Thunder Bay, Ontario, who was hit with a -- a trailer hitch by three young men who opened the door and threw this trailer hitch and -- and laughed and giggled and said, “Ha, Ha. I got one.” And that injury killed her. She died last July. The war on Indigenous women, we can look on Facebook. We can look through the various sites that are available on missing and murdered women and see that this war has to stop.

A -- an old acquaintance, Brian Vallée, who has since passed away, wrote a book titled, “The War on Women.” And in that doc -- in that book, he also said that the -- the rate of death of women in Canada was higher
than -- than the rate of deaths in militaries across the
country. So we see more women dying than front-line
workers. Not that their lives don’t matter, but there is a
war that -- that has been declared on Indigenous women from
day one. And I believe that this Commission has an
opportunity to make those recommendations to -- to create
that change for -- for a brighter, for a healthier future,
and -- and to decrease these numbers possibility for missing
and murdered women.

MR. DARRIN BLAIN: You know, Josie, and I’m
just the kind of guy that I am, and -- and I want to believe
that the war is over. And that we need to have the war be
over as a result of this great Commission.

MS. JOSIE NEPINAK: M’hm.

MR. DARRIN BLAIN: And -- and the
recommendations that they are going to be making to our --
to our governments in their report. In that regard, can we
talk a little bit about ending the war and getting healing
and finding way to -- to keep going, and to be healthy, and
to get our -- our -- through -- through your organization,
how we can make the women and the girls that you serve
healthier and more equipped, so when they walk out the exit
door, they’ve got the tools that they need to -- to live,
and to leave the violence? Can we talk about that now?

MS. JOSIE NEPINAK: Absolutely. So we’re
going to ask for --

**MR. DARRIN BLAIN:** Okay. So the next item that we want to enter as an exhibit is -- you’ve got it, Commissioners, is the Aboriginal Framework for Healing and Wellness Manual. It’s an Alberta government, in consultation with Awo Taan, document -- there it is. You -- you’ve got it there. And we ask that it would be entered as the next exhibit. Josie, I just want to make sure that you’re aware of the contents of this document, and --

**MS. JOSIE NEPINAK:** I -- absolutely.

**MR. DARRIN BLAIN:** -- that you adopt it as part of your evidence.

**MS. JOSIE NEPINAK:** M’hm. And the -- the -- this is what we call a Framework Manual for Healing and Wellness. And although it’s a bit dated, I mean it’s 20 -- it’s -- it’s 2018 now, and there is a need to -- to revise and to review and update this document, but again, you know, it’s about lack of funding. It’s about lack of money. And several years of, I would say back in, you know, 2005, we were challenged by our funders to -- to put together a document by -- “What do you mean by healing? What -- what does that mean?” And -- and how do we define healing. And -- because we’re not sure. You know, we should be funding cultural programs, we’re not sure we can provide you with,
you know, resources for honouraria for your Elders, or that kind of thing. And so a group of us from -- from the shelter, including board members, and -- and our consultant, got together and we developed this Aboriginal Framework for Healing and Wellness.

I’ll -- I will go through it briefly with you on the second page. There is -- there is in -- index, and I will talk about it briefly if --

MR. DARRIN BLAIN: Just while you’re flipping there, I understand --

MS. JOSIE NEPINAK: The table of contents.

MR. DARRIN BLAIN: -- that a number of your executives are in the audience today, if we welcome --

MS. JOSIE NEPINAK: Yes, absolutely. My board chair is here, I have staff members here, we have our evaluation consultant, we have families of -- I -- we have Oprah.

(LAUGHTER)

MS. JOSIE NEPINAK: I wanted to throw that in because we have one of the ladies who does communications so well and social media, and we have a mother of missing, who’s -- who I can see now. So if we go to --

CHIEF COMMISSIONER MARION BULLER: Excuse -- excuse me. Two things for the record. First of all, the document, Aboriginal Framework for Healing and Wellness
Manual, May 30th, 2007, will be Exhibit 44.

--- EXHIBIT NO. 44:


CHIEF COMMISSIONER MARION BULLER: And would your staff stand up, so we know who they are?

MS. JOSIE NEPINAK: Yes. Staff, can you --

MR. DARRIN BLAIN: I wonder if the staff --

MS. JOSIE NEPINAK: -- so we have Victoria, who is our Board Chair.

(APPLAUSE)

MS. JOSIE NEPINAK: We have Carolyn Woodroffe who is our program supervisor. We have Marie Barinski (ph), who is another supervisor. We have Nicole Eshaghian (ph), soon to be doctor, who is our -- we also have Christine Hutchinson, one of our board members, and we also have Jackie Brownlee (phonetic), who is our cultural lead. We have -- those are the staff that we have. Yeah.

MR. DARRIN BLAIN: Fantastic.

MS. JOSIE NEPINAK: And -- and we also have Vernadee Applegarth (ph) sitting at the front, who’s daughter was -- was murdered several -- eight years ago. Yeah.

(APPLAUSE)

MS. JOSIE NEPINAK: Yeah.

MR. DARRIN BLAIN: Take us through that briefly.

MS. JOSIE NEPINAK: Okay. So I’m going to take you, just very briefly, to the table of contents. We’ll put back the -- the slide. And -- and so when I say healing, the definition of healing was -- is actually in this document. And it was given to us by Elder Andy Blackwater, who has since passed away as well, because we needed to define that from an Indigenous perspective. What does healing mean for us? It certainly doesn’t mean putting a band-aid over it, but it -- and -- and they way he explained to us was it’s -- it was the duality of life. And at -- whether you’re from, you know, from the east, the west, wherever you come from, there is a duality. And there is the forces that come together. And these two forces that he was talking about was -- were the positive and the negative. And the challenge for us in that healing process is to develop balance within that positive and that negative because we’re going to have that every day, right? We’re going to have that positive and that negative. And how do we balance that? And that is the duality of life. That is healing. And that’s the -- that’s the definition that he gave us in -- and -- and it’s in the manual.
So the purpose of the document was really
to -- to help other folks, other organizations, other
shelters, who were providing services to Indigenous peoples
to have a somewhat of a how-to manual, I guess. And -- and
this is what -- this is what this does, has definitions, for
examples. We often talk about best practice. And so best
practice can be defined as a practice that has gone through
rigorous testing and -- and evaluation. Now, Indigenous
community, again, our Elder Andy said, for us, best practice
is really about this works for community because the
community of Calgary, and I -- or and another community
further -- in another location, do -- may not have the same
needs. So there is a -- a, you know, there must be
revisions there, and -- and so to speak, as we can’t
parachute a program until program -- into a community and
expect it to work.

So it has to be programs that work for a
community. We have definitions around what is a healing
circle. We have a talking versus a talking circle, what are
-- what is the -- what is Indigenous knowledge. How does
that work for us? How do we -- how do we incorporate
Indigenous knowledge into the work that we do. We have some
guiding principles in this document. And I’m just going to
read a couple of -- of them to you. Goodness. So if you’ll
just give me a moment. Well, I guess, maybe I’ll -- if I’d
remember them, I’ll tell you what -- but that, yeah, the --
the guiding principles are: one, is that the spirit knows no
colour; and that everyone who comes into our circle, which
we do at Awo Taan, everyone is welcomed; and that we treat
everyone the same way; that -- when we wake up in the
morning that we acknowledge our truths, we acknowledge our
grandmothers, grandfathers, ancestors; and that we believe
that wholistic healing requires attention to healing the
mind, the emotions, the body, and the spirit; and that we
value traditional knowledge; we acknowledge the spirit and
integrity of all individuals affected by violence. So those
are some of our guiding principles that we have within --
within this document as well.

MR. DARRIN BLAIN: So, Josie, if I can
just --

MS. JOSIE NEPINAK: Okay.

MR. DARRIN BLAIN: As -- as my understanding,
am I right that you're working with the Alberta government
on this document, they've asked you for your -- based on
your experience and what you've learned in functioning in
Awo Taan for all these years, what works for First Nations
people while -- while trying to bring them healing in the
environment that you're in?

MS. JOSIE NEPINAK: M'hm. Well, as I
mentioned previously, when a -- a woman usually enters the
shelter through our 24-hour crisis line, and we -- and of course an assessment happens, she tells us about the danger in her life, and we may send emergency transportation over to pick her up and then bring her into the shelter.

And I think the first -- and, you know, and as an aside, we've actually had women who have waited two or three months to come into Awo Taan, even though it's an emergency shelter because they -- they favour the practice of Indigenous knowledge and wisdom and ways of knowing, as opposed to perhaps a mainstream model.

And so when Indigenous women come into the shelter we provide them with, well, all the basics, you know, the emergency transportation, food, clothing and shelter, safety in a secure facility. We do the intake. We have our cultural leads, for example, Jackie may meet with them. We have our intake workers who are -- most of our staff are Indigenous, they may be able to speak a same language with them. Shared experiences, and quite often we even know the same people. That -- that's really important because you have that trust already built.

And we also have our medicine room, so we have -- we call it our medicine, our Elders room. And it's just a tiny little space because we've run out of space at our facility, and -- and in this space we have our medicines, we have our sage, we have our -- we have our
sweet grass, we have our tobacco, we have our -- our eagle feathers and we have photos of our -- of our Elders in there and it's a very, very comforting. There's two rocking chairs with big old blankets over them, and it's an opportunity for women to come in there to quietly use the medicines or to meet with an Elder in that room.

We have access to our trauma counsellor, but we also have staff who get it. That's so important, staff who get it. Staff who we have the shared experiences, we have -- we've been through colonization, we've experienced racism, we've -- we've been in situations where we've suffered abuse, we've been through justice systems. So staff will use that lens to work with -- with our women and children with the overall intension of safety and keeping women alive and children.

We love the babies that come into Awo Taan. Oh, my goodness. I have to tell you -- now, this was a few years ago, we had two sets of twins in the shelter at the healing lodge, and they were both young. Like, I think they were both sets were under a year old. And I remember going upstairs onto the second floor, where the work happens, and, you know, one staff member is on a crisis call and with her feet she's rocking a baby who is in a -- who is in a car seat, and someone else is holding a baby and walking around with a baby and just trying to
comfort the baby. But -- so when these babies come to the
shelter we all become the grandmothers, we become the
kokums, and quite often I have to be reminded that there is
a no take home policy because --

(LAUGHTER)

MS. JOSIE NEPINAK: A no take home policy
because these babies are absolutely beautiful and -- and
sadly, some of these babies come directly from the
hospital, newborn into the shelter as their first home
because home is not safe for the children, it's not safe
for mom to go to the children.

I want to tell you a quick story, and this
was again a few years ago. There was this little guy at
the shelter and he was probably three, three and a half,
and his sister was 18 months old. And mom was getting
him -- the baby ready in the stroller and they were
leaving, and I heard them from my office. And he was
jingling some change in his -- in his pocket, and I said to
him, Are you going to buy a treat? And he said -- he was
kind of shy, right, you know, and so I said to mom, Are you
house hunting? She says, Yeah, yeah, we're going to go
look for a house.

And he jingles his money and he puts it out
in his hand like this and -- and he had a quarter, he had a
dime, and at that time we still had pennies, he had two
pennies, he had 37 cents. And I said, Are you going to buy a treat? And he looked up and me and he said, No, he says, I'm going to buy my mommy a house. Yeah.

**MR. DARRIN BLAIN:** And with that, to the Commission, I wonder if that would be an okay time for us to take a bit of an afternoon break. We're not finished, I understand that we would have some time after the break to finish up on talking a little bit more about Josie's presentation, then getting into the recommendations. So our request is for a break.

**MS. CHRISTA BIG CANOE:** So if could just also echo the request for a break. We haven't had the afternoon break. If we could keep it a 15-minute break? We did fall a little behind schedule, but we believe we are still making good time. So if we could request a 15 minute break. It's now 2:33, if we could be back in 15 minutes that would it be appreciated.

**CHIEF COMMISSIONER MARION BULLER:** Fifteen minutes, please.

--- Upon recessing at 2:36 p.m.

--- Upon reconvening at 2:55 p.m.

**MS. CHRISTA BIG CANOE:** We can get started. One of the councillor representatives from parties, they actually have at their desk the attendance list, the official attendance list by the Registrar. It’s circulated,
it hasn’t been returned to him, so if someone does have
that, can they ensure that Mr. Bryan Zandberg gets it back?

MR. DARRIN BLAIN: Good to go.

MS. CHRISTA BIG CANOE: We’re about to get
started.

MR. DARRIN BLAIN: Okay. Thank you for the
break, to the Commissioners. And Josie, we have about 20 or
25 minutes left to get in what we came here to get in, so we
might jump around a little bit in what we’re talking about.
We’ll do our best and then what we’re hoping to land on
today is some recommendations from your perspective to the
Commission, and that should take us to the end of your
submission.

MS. JOSIE NEPINAK: Okay. So I’m going to
ask for a slide, slide on danger assessment.

MR. DARRIN BLAIN: Okay, so this is a -- a
document called “Danger Assessment” and it’s got two graphs
on it. There it is there. That is the top part portion of
it, Josie. First of all, we’re asking, Josie, do you
recognize this document?

MS. JOSIE NEPINAK: I do.

MR. DARRIN BLAIN: And do you understand who
authored the document?

MS. JOSIE NEPINAK: Yes.

MR. DARRIN BLAIN: Who authored it?

MR. DARRIN BLAIN: So your agency.

MS. JOSIE NEPINAK: Yes.

MR. DARRIN BLAIN: You’re familiar with it, then, and you adopted it as part of your evidence today. We therefore ask that it be entered as an exhibit to the Commissioners.

CHIEF COMMISSIONER MARION BULLER: Yes. The “Danger Assessment” will be Exhibit 45.

--- EXHIBIT NO. 45:

Danger Assessment Graphs (one page)

MR. DARRIN BLAIN: Very well. Thank you, Ma’am. Josie, tell us about this document and your perspective on -- on it.

MS. JOSIE NEPINAK: So “Danger Assessment” is -- is a representation of the woman’s perception to the level of danger that she is in. So what happens when a woman comes into the healing lodge is she is assessed through a number of questions that -- and each of the questions are weighted. So this is to determine her level of danger and her likelihood of being killed by her partner.

So the levels of danger, you will see that what we did was we took an equal amount of Indigenous women, immigrant women, and settled Canadians, and all of them were
-- were women who stayed in the shelter and were assessed. And so as you can see on this chart, Indigenous women are
the -- on the orange line. On -- on the pink line is non-Aboriginal women, and the darker line, or the green, is
immigrant women. So you can see on the -- on the variable danger that Indigenous women score zero, or low, and that is
because of the -- the variable rate which determines their level, and they don’t see themselves being in a very
dangerous situation. And as you move on to the scale, and depending on the questions and the weight of those
questions, you can see that it goes up. And -- and that -- and -- much -- much higher than -- than some of the other
women.

So let’s -- let’s move to the second one that -- that shows you -- now we don’t -- that -- that -- the variable rate is right off the scale. There is no variable rate, and we also see that -- and this -- the -- the -- does -- the post usually happens when they’ve been in the shelter after ten days, after they’ve had time to see a counselor, to talk to the Elders, to see the -- the trauma psychologist and -- and do some community networks, or even peer support from the other women in the shelter. And so as you can see, their recognition of -- of danger starts to increase through education and awareness and peer support. And you can see that the other women, the -- the -- the non-Indigenous women
and -- and their rate starts to get lower -- starts to get higher, as well.

So what I -- the purpose of showing you these documents is because there are many danger assessment tools across this country. And the danger that is currently utilized by -- by Awo Taan and many shelters in this province is -- is danger assessment developed by Dr. Jacquelyn Campbell. And Dr. Jacquelyn Campbell has done some fantastic work. However, the -- the -- these -- the scales and the assessment questions with which I did not provide today did not speak to the lived experiences of Indigenous women. It does not take colonization, the paternalistic policy, the oppression, residential school experiences, the -- the -- the Child Welfare experiences, the -- for example, I was -- you know, when I was 13, 14 years old, I -- I liked to be on the streets in Winnipeg and so -- on Main Street. And anybody who knows Winnipeg knows that that's a fairly dangerous area today. But -- because my aunt was there, and so I -- I quite often was -- was hanging around there. And so you develop a little bit of a culture, a street culture, right?

And then so when you do a danger assessment, and your level of -- or your -- your awareness of risk or danger is not as great somewhat as who someone who hadn't
had had those experiences. So in my opinion, based on the study that we -- that we draft and chartered at the shelter, at Awo Taan, the danger assessments are not adequate to the experiences and lives of Indigenous women, and these require much work through the family violence initiatives, through police forces, through justice initiatives, through front-line shelter workers, and through policy-makers because until we can recognize that violence against Indigenous women is manifested through colonization, then we're not going to get an accurate picture of what violence is for Indigenous women.

**MR. DARRIN BLAIN:** So, Josie, walk me through this in a -- in a bit more clarity. Do I -- how does the danger assessment work in relation to First Nation women that gets killed? Is it because she's going into a situation with a different perspective of danger or what -- what are we talking about here?

**MS. JOSIE NEPINAK:** Well, it's quite possible. As -- as I indicated, if -- if you don't have those lived experiences and there are not adequate procedures or -- or assessments in place, then -- then your vulnerability increases, absolutely.

**MR. DARRIN BLAIN:** And we're talking about danger assessment because it's something that the shelters need to be keenly aware to when they're doing the intake of
the women?

**MS. JOSIE NEPINAK:** Absolutely. And -- and many of the scores on these danger assessments that are being done across the province or even across the country are not speaking to those experiences of Indigenous women, but yet, these danger assessments influence policy and legislation.

**MR. DARRIN BLAIN:** And does it influence how the police relate to our women?

**MS. JOSIE NEPINAK:** Absolutely, it does.

**MR. DARRIN BLAIN:** Okay. Time is of the essence. Let's talk about another document called "A Roundtable: Missing and Murdered Indigenous Women" --

**MS. JOSIE NEPINAK:** Yes.

**MR. DARRIN BLAIN:** -- found in our materials. It's this one, if we're looking for documents.

Okay. Josie, who authored this?

**MS. JOSIE NEPINAK:** I did.

**MR. DARRIN BLAIN:** Okay. You know the author, then.

**MS. JOSIE NEPINAK:** Yeah.

(LAUGHTER)

**MR. DARRIN BLAIN:** Can -- can you tell us what it was prepared for and sort of the context then?

**MS. JOSIE NEPINAK:** Well, what we did
in -- in February of 2015, as you know, there was a Roundtable in -- in Winnipeg or Ottawa, and we knew that it was going on. And -- but nobody from Calgary was invited. So we thought, oh, okay. Well, then we'll have our own roundtable here in Calgary. And so we arranged to -- we got the public library as a space, and -- and we did some posters and through our outreach program we were able to phone families, and by word-of-mouth, and -- and we invited some MLAs. Our Chief of Police was there. Several other community people, and many advocates were there, organizations. And we had our roundtable where we had seven families from Calgary and area come over to talk about their experiences.

And the whole purpose, one, was to support the call for a National Inquiry, and second is that, well, we don't like being left out, so we wanted to have ours.

MR. DARRIN BLAIN: M'hm.

MS. JOSIE NEPINAK: So one of the -- you know, just to -- so that's the purpose. We made a few recommendations in there.

MR. DARRIN BLAIN: Sorry, Josie. I know you want to talk about what's in here, but before we do that, just a housekeeping matter. We need to ask the Commissioners to make it an exhibit, and I understand, Josie, you're asking for this to be an exhibit to your
testimony or a supplement to your testimony. And we're asking for an exhibit -- this to be an exhibit.

CHIEF COMMISSIONER MARION BULLER: Yes.

Roundtable: Missing and Murdered Indigenous Women, February 27, 2015, will be Exhibit 46.

--- EXHIBIT NO. 46:

"Roundtable – Missing and Murdered Indigenous Women and Girls (February 27, 2015), by Josie Nepinak, Awo Taan Healing Lodge Society (23 pages)

MR. DARRIN BLAIN: Thank you, Madam Commissioner.

Is there something in here that you wanted to talk about, Josie, or are we ready to move to --

MS. JOSIE NEPINAK: Well, I wanted to talk very briefly about the emphasis of culture because, again, we -- that -- that certainly is -- is very, very critical to the work that we do and the preparation of medicines through our staff, as well as through our cultural lead. And the staff had gone out to pick the sage and the sweetgrass to ensure that we had the medicines in place. We also had several speakers -- and I'm just going to do a couple of quotations from one of our speakers. And she says, "What does justice means for First Nations?"
MR. DARRIN BLAIN: Which page are you --

MS. JOSIE NEPINAK: You're on page 16.

MR. DARRIN BLAIN: Okay.

MS. JOSIE NEPINAK: And on that same page, she says: "I don't know because I have never seen equal justice in Canada."

MR. DARRIN BLAIN: M'hm.

MS. JOSIE NEPINAK: You --

MR. DARRIN BLAIN: And you have developed some recommendations, I see, on page 20?

MS. JOSIE NEPINAK: We -- we've developed some recommendations, and that was -- there's a few of them listed on the very back page about to continue to support and follow up with families who are -- who have missing and murdered loved ones, to create an advocate for healing environments, creating sacred space for families, and we asked to be included in the provincial framework on family violence, the provincial framework of which -- which is silent of Indigenous experiences or Indigenous peoples. So that's the document.

MR. DARRIN BLAIN: Thank you very much for your comments on that. That last document that we have in our portfolio of documents is called the "Briefing Note on Awo Taan Healing Lodge Society Women's Emergency Shelter Evaluation." I trust that the Commissioners seen that.
Josie, do you know who authored this one?

**MS. JOSIE NEPINAK:** Yes. Nicole Eshaghian, soon to be Dr. Nicole Eshaghian, and I'm --

**MR. DARRIN BLAIN:** And you -- you introduced her earlier. You've reviewed the contents of this, and you adopt the contents as part of your testimony today?

**MS. JOSIE NEPINAK:** Absolutely, yes.

**MR. DARRIN BLAIN:** And on that basis, to the Commissioners we ask that it be marked as an exhibit in these proceedings.

**CHIEF COMMISSIONER MARION BULLER:** Yes. The briefing note will be Exhibit 47.

--- **EXHIBIT NO. 47:**

"Briefing note on Awo Taan Healing Lodge Society Women’s Emergency Shelter Evaluation" (16 pages)

**MR. DARRIN BLAIN:** Thank you, Madam Commissioner.

Go ahead, Josie, and speak briefly about that document.

**MS. JOSIE NEPINAK:** Yes. I -- I talked our Aboriginal framework as a foundational document to -- to further develop evidence-based information on how the Awo Taan Healing Lodge Emergency Women's Shelter can provide culturally safe and trauma-informed approaches to family
violence prevention, intervention, and healing of all forms of abuse.

So we -- we hired -- we had a little bit of money left over from -- from our budget, and so our funder -- you know, we had to, you know, write letters, and we had to do the proposal. And so she said, okay, then yes, you can do this evaluation. And we were very fortunate Nicole Eshaghian was available to -- to do that work for us. And, really, is we wanted to do literature research, as well, to determine what other kinds of Aboriginal frameworks, foundational documents, exist in Canada. And we found that Awo Taan is one of the few documents that exist through our framework manual, our Aboriginal framework manual. And the -- the literature also said that while shelters across the -- across the country, Indigenous shelters, also aspire to -- to strategic frameworks that are culturally based, very few have a concrete long-term strategic plan to -- to develop those -- those strategies. And this is, again, goes back to funding and lack of resources.

MR. DARRIN BLAIN: Mm.

MS. JOSIE NEPINAK: The other piece that we want to determine through this document is cultural indicators, cultural indicators that -- and this is what our funders really like, right? Because they like to see
these scientific results come out. So cultural indicators around cultural safety, cultural role modelling, and cultural mentoring. So we have developed some of those indicators through Awo Taan, and we use those measurements in one of our funded programs.

And when we submit our information to that funder, the feedback that we get is, My goodness, this actually makes sense and we're actually starting to understand where you're coming from. And this is based on having access to -- to the medicines, to the culture, to language, to ceremony and activities, and people moving from pre and post assessment, so that -- that seems to be working well.

Also included in the research brief is our bibliography on some of the evaluation, as well as an extensive suggested readings list as well that was developed by our evaluator. Thank you.

MR. DARRIN BLAIN: It is an extensive list and we have adopted that as well. So, Josie, this takes us to the -- just about the end of your -- your good words today.

I'm going to ask you just to take a few minutes of silence, Josie, think about the women and the children that have come through your fortified front door, think about the ladies you mentioned earlier and the reason
why you woke up this morning to come here today.

There are many people watching online and there are many people in this room. I wonder if you're -- I could ask on you now to give your recommendations to this Commission that you came here to give them -- that you came here to give today. Would you take a few minutes and walk the Commissioners through your recommendations and speak directly to the Commission?

**MS. JOSIE NEPINAK:** Yes. Commissioners, it feels like a lot, it feels like there's so much to make recommendations, and I'm sure you have heard all of them, and all of them are very, very close to our hearts and spirits.

And here in Alberta, and I'm going to make a recommendation around this, in the year 2015-2016 there were 16,359 women turned away from shelters in this province, in Alberta.

**UNIDENTIFIED SPEAKER:** Could you repeat that?

**MS. JOSIE NEPINAK:** 13,359 were turned away. Of that number 65 percent were Indigenous women. So if we do the math on that, we can guess approximately, I haven't done the math, but it's approximately 10,000 women and children turned away.

Now, I'd like to recommend, first of all,
that we fund a database system long term that accurately collects data on number of First Nations women using shelters across this country, number of children, number of women that are referred and/or turned away as well, as well as how many women are missing and murdered, and that -- as far back as you can go. I have heard stories of women missing since the early 1960s that are not in the database.

We do not have a true record of what that means. A public record through the police tells us 1,200. Those of us that work frontline and have lost family members know that that number is much higher.

I would ask for long-term community-based supports for families and those babies of missing and murdered Indigenous women. Through some of our programs at Awo Taan we have seen some of those babies who are now youth who require long-term supports.

I ask you to look at and examine, investigate, the police across this country as to how they investigate missing and murdered Indigenous women or reports of missing and murdered. I'd ask you to examine the racism that underlies sometimes the way that they're going to react to us, and to have immediate corrective measures to -- to have them do their jobs.

I would ask that an Indigenous led research agenda, specifically on family violence from a colonized
lens be developed across Canada, led by Indigenous researchers and scholars for Indigenous women so that we can better understand, and perhaps even develop a clearing house on information.

One of the things that happens is we don't hear from each other. There's some really good work happening in the east and through central Canada and western Canada, but we don't know these stories because there's nowhere to share them in one area.

I would ask for supports to our children through child support programs and supports for those babies that -- that are born into the shelter and that are homeless on the streets. I would ask for transportation for our mothers, and the fathers too, who are suffering. I would ask that men be included in healing programs so that they too can -- can be the parents that they need to be for their children. I would ask for funding parity for -- for all shelters, irregardless of where they are in this country. For example, the -- the First Nation shelters in this province are inadequately funded. There are four or five shelters and they do not get the same amount of funding as we do in the province.

I was looking at some other stats yesterday. In the Province of Alberta, there are 41 emergency women's shelters. In Canada, there are, as reported by the
National Aboriginal Circle on Family Violence, it is reported that there are 37 shelters in Canada across the First Nations serving Indigenous women. Huge, huge discrepancy in that. We need to begin to prioritize the lives of Indigenous women.

If we are to stop this war, and if we are to save lives, then we need to work together and take these recommendations and build a safer tomorrow and a healthier future for our families. (Speaking in Native language).

MR. DARRIN BLAIN: Fantastic, Josie, and respectfully, subject to your questions, those are our good submissions.

MS. CHRISTA BIG CANOE: Thank you. We would like to call the next witness, and I'm sorry, it will take just a quick five-minute break in order to reset the seating arrangements, and if we could do that, that would be wonderful. Thank you.

CHIEF COMMISSIONER MARION BULLER: Five minutes.

--- Upon recessing at 3:18 p.m.

--- Upon reconvening at 3:24 p.m.

MS. CHRISTA BIG CANOE: Chief Commissioner, Commissioners, I would like to call the next witness. It’s a pleasure to introduce you to Sandra Montour. She is a mother and a grandmother, she’s Mohawk and part of the
Turtle Clan, and she’ll be explaining a little bit more about her background. But first order of business, can we please have her affirmed in on an eagle feather?

SANDRA MONTOUR, Affirmed:

EXAMINATION-IN-CHIEF BY MS. BIG CANOE:

MS. SANDRA MONTOUR: I’d also like to dedicate this sharing of truth to my sister, Leah, who passed away three weeks ago. Niawen’kó:wa.

MS. CHRISTA BIG CANOE: Thank you for being here today and for sharing your knowledge. Can I just ask you to tell us a little bit about yourself? As comfortable as you are sharing about some of your personal background.

MS. SANDRA MONTOUR: (Speaking in Native language) My Onkwehonweh name is Kahnhotónkwas, which means I’m an opener or a key. I am Mohawk Turtle Clan. I’m from Six Nations of the Grand River Territory. I have two sons, one daughter, I have three grandchildren, Zachary (ph), Tessa (ph), and Miles (ph), that are the absolute loves of my life.

MS. CHRISTA BIG CANOE: Thank you. I also am going to ask just a couple questions about the current roles you have and a bit about your educational background.

MS. SANDRA MONTOUR: Okay. So I am the Executive Director of Ganohkwasra Family Assault Support Services. Ganohkwasra is a Cayuga word and it means “love
among us.” And it’s a different type of love. In our language, it’s -- it’s different than a love between people. It’s an active love. It’s something that you’re always doing. And I also am a -- the President of the Aboriginal Shelters of Ontario, or we call it ASOO. I’ve been the President for a few years now, and I’m also a private therapist. I work with individuals in my community that are dealing with trauma, loss, sexual abuse, family violence.

MS. CHRISTA BIG CANOE: And I understand, so we’re -- today, I’m going to ask you to actually really kind of talk about the two different -- first, maybe a bit more about Ganohkwasa, and then we’ll -- turn to the Aboriginal Shelters of Ontario. I know sometimes your knowledge is obviously going to intertwine between the two, but I think it might be helpful if you can share your knowledge and experience on the programs, particularly starting with Ganohkwasa, and I’m sorry if I’m saying that wrong.

MS. SANDRA MONTOUR: You’re saying that correct. Well, Ganohkwasa, we’re celebrating our 30th anniversary this year, and we’re really proud of that. It’s been a long 30 years, and so we’re -- we’re very busy. We have amazing programs and services at Ganohkwasa, at Six Nations. And -- and I say that, it -- it takes a lot of work to make those programs and services happen. I’m looking here at the shelter folks from Alberta here, like
Josie, that came with Josie and -- and they -- I always tell people, if you really want to know what’s going on in a community, go to a shelter. Because the shelter knows everything, because we get everything.

So at Ganohkwasra, we do have -- we’re a 29-bed shelter. We -- we’re very unique in the world, and what I mean by that is we offer -- our shelter is not only for women, Indigenous women. We also, like the other shelters, take in non-Indigenous women, but we also take in our Indigenous men. So we’re very, very aware and we always have been from day one that men get abused as well. So we’re very unique in the world, and we provide safety and support to women and men and children who are victims of violence and -- and have experienced violence in their lives.

We also have a comprehensive community counseling program that -- we have men, women, and children community counseling program. We -- we have an eight-bed residential youth facility for children and youth who have been abused and -- and facing those difficulties in their lives. We have a nine-unit second stage housing program as well, and that goes from an accessible unit to a single to a double bed, our double bedrooms, to three-bedroom units, and individuals can stay there for up to two years after they leave the shelter.
We are very -- I'm so, so proud to say that we have a sexual assault centre, and, my God, it took so long to get that, but the stars aligned. And what I mean by that is the Creator smiled upon us and we -- we do have many champions at Six Nations and it took many, many people to make that happen, and one of them was -- certainly every one of our -- our -- again, I'm looking at the shelter folks that are sitting here. And we know in shelter that to separate domestic violence or family violence from sexual assault is impossible because 95 percent of the women that come to -- to shelter have also experienced sexual assault.

So, once again, our workers are expected to know absolutely everything. They're expected to be addictions counsellors, they're expected to be sexual assault counsellors, they're expected to be domestic violence counsellors, family -- family assault support workers, they're expected to be mental health specialists, they're expected to be nurses, they're expected to be cooks, they're expected to be cleaners. We do it all.

And I can't say enough about the shelter staff that we have and that every shelter has across this country, especially our Indigenous shelters, and I do consider these ladies here, even though they're urban shelters, their mandate is to provide safety and protection
to Indigenous women, so therefore they are Indigenous
shelters in my eyes. I just need to say that.

We -- we also have many programs and
services, such as -- we have an Oha’hi:yo group that is
a -- you would call it an Aboriginal PAR group. We're not
quite fully funded, as an Aboriginal PAR group, but we're
working on it.

So I hear the ladies here are fighters, I
heard that in them, and I'm no different, I'm a fighter. I
had six brothers, you know a very -- taught to fight very
young and -- and -- you know, and -- and I lean on that
skill when I need to, as I've heard with these ladies as
well. And more power to us because we have to. We've had
to fight for every little bit we get.

I'm very grateful to the Ministry of
Attorney General for funding our sexual assault centre.
There were -- we opened actually our sexual assault centre
just last week and there were many tears, tears of joy,
and -- you know, and also very thankful to our elected
Chief, Ava Hill, who is definitely such a strong incredible
support for -- for our women and our community in general.
We have also a very good strong relationship with our
traditional Iroquois confederacy and, again, I do not know
what we would do without them as well.

So these ladies, I totally have total
respect for what they're doing. I understand what they're doing. I heard them talk about having to build relationships, and we have to because our livelihood depends on it. Our livelihood depends on it and the lives of our women in our community depend on it, so we have to be incredible fighters, we have to be incredible diplomatic, we have to be able to problem solve and develop relationships, which I hear they can do, and I also can do, and all the shelters across the country can do.

MS. CHRISTA BIG CANOE: Do you mind if I call you Sandy?

MS. SANDRA MONTOUR: Sure, yeah.

MS. CHRISTA BIG CANOE: Thank you, Sandy. I just want a couple questions of clarification. And I know that it might be obvious to a number of the parties in the room, but because this is nationally televised, Six Nations First Nations is in Ontario?

MS. SANDRA MONTOUR: Yes.

MS. CHRISTA BIG CANOE: And when you referred to the 29-bed shelter, the eight-bed youth and the nine unit second stage, are those all located on a First Nation?

MS. SANDRA MONTOUR: Yeah, they are.

They're all located in Ohsweken.

MS. CHRISTA BIG CANOE: And Ohsweken is
right in the -- we heard this morning, Nakuset was talking about, you know, some -- sometimes people want to go back to their communities, so we're hearing about a service that's actually situated in the community where there's cultural access?

**MS. SANDRA MONTOUR:** Definitely. We're very much about culture, we're very much -- we interweave our expertise in family violence prevention with Haudenosaunee culture, and -- you know, so we just braid -- we braid that together in absolutely everything we do to make a very unique service.

We also -- one of those braids is also for us at Ganohkwasra, we're energy workers, so we're very good at -- we go out there, we get training, we get expertise in energy work, such a hypnotherapy, Reiki, veda healing, EMDR, eye movement desensitization, so we make it our business to be the best we can be because we know our people deserve that.

**MS. CHRISTA BIG CANOE:** And I know that there's a number of programs, and we don't have to get into the little details of each, but if you could tell me a little bit about it because one of the things I thought was pretty amazing is the use of language in the programming, and obviously I'm not going to attempt the Onondaga or the Cayuga, so I'm going to refer to the English names, and if
you could just tell us briefly about them. So your program
in English, A New Beginning --

MS. SANDRA MONTOUR: Ah seh sa wa:doh.

MS. CHRISTA BIG CANOE: Is an Onondaga word
for The New Beginning. It's a women's program?

MS. SANDRA MONTOUR: Yes, it's a women's
community counselling program. We -- again, as executive
director it's my business to do my best to try to find
funding, so the women in the community come in for
counselling and I do need to let you know that every one of
our programs have a waiting list that keeps -- keeps me
awake at night. Our women's community counselling program
has 20 to 30 women waiting every single month.

Our men's counselling program,
Saho^nikonri:ione, his mind has been healed, that has a
waiting list usually about anywhere from 15 to 20. Our
childrens program, Gaodwiyá:noh, they have a waiting list
usually in the 20s and 30s. We cannot keep up. And this
has been like this for years.

I lay awake at night and I worry about
losing our people to death as they're waiting on our
waiting list. I can -- I cannot -- I cannot find the money
to be able to hire more people. The need is there. We
have done so much educating, people are now saying, yes,
that's our -- that's my problem, I want to go in and I want
to get help. I cannot keep up with the demand. We cannot keep up with the need to hire more counsellors.

**MS. CHRISTA BIG CANOE:** So let's talk a little more about these barriers, and I know that -- I'm going to ask you first in your capacity as the executive director Ganohkwasra.

**MS. SANDRA MONTOUR:** Yes.

**MS. CHRISTA BIG CANOE:** And then maybe we will move a little into the Aboriginal shelters of Ontario perspective. But because these services are situated on a reserve, an Indian reserve in Canada, I'm going to assume there are some different funding issues, similar but different, funding issues than we heard our other two witnesses talk about today. Can you please help us understand how funding works?

**MS. SANDRA MONTOUR:** Yes. Well, I've been around for a while, I've been in this field for over 30 years now, and I have total respect for all the shelters there are across the country, both mainstream and Indigenous shelters. And I'm very grateful for the mainstream shelters, they've been great supports.

The mainstream shelters we have close to us around Six Nations have been very supportive, but there are differences. And, you know, Josie talked about the funding disparity, it is totally true. One of the statistics that
I read in this province was that Indigenous shelters receive half the funding as mainstream shelters, half the funding. And I that -- you know, I've thought a lot about, as these ladies have, as all shelters have, murdered and missing, because that's what we're trying to fight against, right. That's our whole mandate. That's our primary mandate, is to protect, to provide safety and protection to women and children, and in our case to men who have been impacted by family violence and abuse. So this whole issue of murdered and missing is near and dear to our hearts because we've all lost women, we've all lost children, and it hurts.

So, you know, we think about funding and my -- I guess my only thing that I can come up with is if we had more resources, then we would do better. I'm speaking now from the Aboriginal Shelters of Ontario hat that I -- hat that I wear as the president. I know what’s going on in Ontario across that province. I know the challenges of being on reserve, and being funded by one funding source, INAC. Or I know the challenges of our urban and -- and, oh, on -- on reserve, by the way, most of us are not incorporated. Because to be incorporated, is -- is to -- it affects our sovereignty. So on reserve, they don’t want -- our Chief and council don’t want us to be -- to be incorporated because we don’t -- we don’t want to
affect our sovereignty. So we don’t have all the access to
the funding that -- that mainstream, or even urban shelters
have.

So for a long time, I was busy educating the
funders. They would say, “Sandy, how come you didn’t apply
for this funding?” And I’d say, “Because your -- your very
first line says, ‘Must be Incorporated.’” And I would say,
“You know what? Ganohkwasingra is a 30-year organization that
never once -- never once have we ended a year in the red.
Never once. We’re reputable and -- and we will do what we
say we can do, and then some. But your -- your line item
that states you must -- ‘Thou Must be Incorporated,’ it
eliminates First Nations shelters right away.” So that was
one of the things that I’ve had to -- I tried my best to
educate funders about. And -- and that’s changing slowly.

But also, you know, I think about our
northern shelters, the struggles that our northern shelters
face. They have -- their expenses are twice the expenses of
those in the south. And yet, they get the same funding,
right? Their transportation costs are through the roof.

And -- so there’s so many barriers that
prevent -- prevent shelters from being the best that we can
be. And, you know, those -- the funding -- money is power.
And I can tell you right now that we’re not going to be
using our power to abuse anybody. We’re going to -- as a
shelter, as all shelters, we’re going to use our power to help our women, our children, and our men, our families. We’re not out to gain anything for ourselves. We’re just out to help our people and to save lives. And I truly believe that. That’s what -- and I -- I know our Ontario shelters for sure, and meeting these lovely ladies here, I can tell you I’ve met many women from across the country that feel the same way. That we need help.

I’m really sorry that it’s taken this long for us to be sitting here, and -- and to be being heard across the nation like this. I’m really sorry that it took this long, and it took the lives of so many for somebody to ask, “What do you think?” Because I know we’ve had these thoughts all these years, many years ago. We need help. We -- we need help. We need to be -- come together as a collective voice, and that’s what we did in Ontario. That’s why we formed Aboriginal Shelters of Ontario because we were doing it by ourselves and we were getting nowhere. We were competing against each other because that’s what funding sources tend to do, is become -- make us compete against each other. We weren’t sharing our -- our policies and procedures. We weren’t doing that.

And we decided, you know what, our women are dying. Our people are dying, our children are dying. We have to stop this. So we put all those aside, and we said
we’re going to form this organization. And we’re going --
we’re going to get a voice. Somebody that can speak for
Indigenous shelters in Ontario, somebody that can advocate
for equal funding because we know it’s just racism. It’s
discrimination the fact that we’re not getting equal funding
compared to mainstream shelters. We know that. And it --
the whole issue of injustice, I -- it really -- talk about
injustice. So the helpers of our women are also being
discriminated because shelters are the main helpers of our
women.

So, you know, there’s many obstacles that --
that keep our funding on -- on -- imbalanced. And --
and -- it -- but I say that, but even our -- our shelters,
our mainstream shelters, even them, there’s so much more
that they could do too with better funding. You know,
there’s so much more resources there I want to see them have
as well, because our women are in every shelter across this
country. They’re not just in Indigenous shelters. Thank
goodness those non-Indigenous shelters are there because
sometimes our women don’t feel comfortable coming to on-
reserve shelters, or Indigenous shelters. They want to go
to a mainstream shelter to -- to feel safer so, you know, to
feel that their confidentiality is protected more.

So I’m really a strong advocate for all
shelters, but my heart and soul is with Indigenous shelters,
MS. CHRISTA BIG CANOE: Sandy, there’s a document that you provided to us, it’s the Aboriginal Shelters of Ontario. It’s called the MMIW Survey Report. I would like to ask that this be entered because I understand that you have a familiarity with it and can answer questions. So first, I’ll ask the Commissioners if we could enter this as the next exhibit?

CHIEF COMMISSIONER MARION BULLER: Yes. The Aboriginal -- Aboriginal Shelters of Ontario MMIWG Survey Report is Exhibit 48, please.

--- EXHIBIT NO. 48:


MS. CHRISTA BIG CANOE: And before we get into actual content of the survey, or why you undertook the survey, because you’ve explained really well why Aboriginal Shelters of Ontario was a network that needed to be created, I wanted to draw your attention to page 19, where there’s a start of an Appendix A. And, essentially, what we see is over the years, the membership of the network building as well as the associates. So before we go through the years or anything, what’s the difference between a member
organization and an associate member?

**MS. SANDRA MONTOUR:** Member organization -- it’s their -- it’s their shelter, it -- actually, they don’t actually even have to be a shelter. But it’s an organization whose mandate it is to provide safety and protection to Indigenous women, so anyone could be a member. It -- so we have members that are non -- non-shelters, but the majority of our members are shelters. But we also wanted to include those -- because we know there’s territories out there that don’t have shelters. They have one family violence prevention worker. We want to be able to include them as well. So we have some members such as that. So there are First Nations in -- organizations that, perhaps, only have one family violence shelter, or family violence worker. So -- because we recognize that not every territory has a shelter, right?

So -- and associate members are -- those are usually mainstream shelters whose mandate it is to provide safety and protection to women, not specific Indigenous women, but to women.

**MS. CHRISTA BIG CANOE:** On a -- and is it fair to assume that a number of your associate members, though, are providing services to Indigenous women and families, because they -- they are engaging as a partner of sorts with the Aboriginal Shelters of Ontario?
MS. SANDRA MONTOUR: Yes. They -- our women are across -- and in every shelter, I believe that. Our women are, you know, utilizing all the -- the resources that they can. And I know that for a fact, because the associate members, many of them are, again, I know them as strong women and strong allies and supporters of Indigenous families. And we have -- we meet twice a year in -- in Ontario with a group called Let’s Talk. And what we do is that -- we’re shelters, and we talk shelter-talk. So we get together and we just talk about shelter-talk. And it’s Indigenous and non -- non-Indigenous leaders that get together. And it’s usually the directors. So we’re pretty close. We’re a pretty close group. And I’m honoured to know them.

MS. CHRISTA BIG CANOE: Now, I notice on page 19, back in 2014, you had nine member organizations, Indigenous organizations, and fifteen associates. And I note the last stats you have that start on page 20 and go over to 21, we see 23 Indigenous shelters or service providers that protect Indigenous women, and 26 associate members.

MS. SANDRA MONTOUR: M’hm.

MS. CHRISTA BIG CANOE: So it’s fair to say, when you were talking about funding, or the funding issues, the perspective you have as the President of Aboriginal
Shelters Ontario is, you know, based on more than just your experience as the Executive Director in your community shelter. So you understand some of those differences in terms of on-reserve, off-reserve, and urban.

**MS. SANDRA MONTOUR:** Right.

**MS. CHRISTA BIG CANOE:** And can contextualize those, and are happy to answer questions that you can -- have knowledge on about?

**MS. SANDRA MONTOUR:** I would like to mention, you mentioned about funding, the different layers of funding. I need -- I need -- I’m hearing my members in my head right now. You know, I need to speak about the for the -- I’ll say Ganohkwasra is a good example. We’re very fortunate that we were able to get funding from INAC, the province, Aboriginal Healing and Wellness strategy. We’re able to get funding from all those different funding sources, but I don’t know why it was shortly after we were able to do that, that they stopped doing that, the government, the province. So then it became -- shelters became only able to get funding from either INAC or INAC and Oz (ph) if they were lucky. And then the Ministry started -- I -- I just know of one on-reserve shelter that the Ministry funds.

So it -- they stopped -- to me, they stopped working together, and I don't know what that was
about, whether that was a cost-saving measure, I -- I want to think -- I’m thinking it might be that, but, you know, I wish that all shelters had access to all the funding sources because, you know, at Ganohkwasra we’re very fortunate, and even though we’re fortunate, like I said, we’re still lacking, there’s -- we’re still not able to provide all the services that are needed there, but I also -- I also know of shelters on reserve who, you know, who do not have -- basically provide a facility -- a lot facility at night that has security system. They don’t have counsellors, you know, they -- they just have one person on the floor to tend to the needs of their residents to get their medication, get their food, get -- you know, help them cook, and don’t have any of the -- all the amazing resources that we heard from these ladies or that we have.

So there’s a whole spectrum of services that shelters provide and the root cause is the funding source. If we were all able to have equitable funding, we could save lives, I guarantee it. That’s a no brainer, we would save lives.

**MS. CHRISTA BIG CANOE:** Thank you. I’d like to turn your attention back, now, to the content of the survey. Can you please explain to the Commissioners and everyone, what the survey was about and what you guys learned from the survey.
MS. SANDRA MONTOUR: We sent the survey to our members and we were -- we -- when we were -- actually, Beverley Jacobs is our -- our legal representative, our lawyer, and unfortunately she wasn’t able to be here today for family reasons, and I totally support, she’s where she needs to be today, but we were getting -- we were just trying to get an idea of what shelter -- what the shelter is seeing, like, the -- how other shelters were impacted by murdered and missing Indigenous women and girls. And so we did get ten responses and -- and again, there’s many differences. There’s -- so the first -- there was only three or four questions and has shelter been impacted by MMIG, and again we had many responses. Some said yes, definitely, 75 percent of our clients have been impacted by MMIG. Some had said, you know, no, we don’t -- we’re not aware of any. So it was just a spectrum across the board. One of the things that I really wanted to hear from them, though, was I wanted to know what the gaps were. I wanted to know -- oh, another thing we asked too was the number of women, men and youth or children who access the shelter for support after the murder of their loved ones. And usually, there you’ll see in the survey that again there’s a spectrum of answers. Some people gave numbers -- actual numbers that -- of -- of people who came into their shelter or they’re, you know, seeking services
because their family members were murdered. So that’s a spectrum across the board as well.

One of the -- the -- I think for me the telling -- what I really wanted to know was the gaps and the barriers. What did they perceive as the gaps and the barriers, and I -- we heard from our members definitely, you know, one of them talked about being short bed and having a waiting list, having only an eight-bed shelter and wishing they had more -- more beds because they would fill it. So rather than having a waiting list or having to send women away, they’d be able to provide more -- more family violence more -- more beds to -- to these individuals seeking -- seeking safety and support.

Another one talked about the duty to report, and I -- and I understand what they’re talking about there. There’s a lot of -- a lot of women and men that want to come into shelter because they don’t want -- they don’t want us to know that, yeah, my children did see this, because then they -- then they know that we’re going to have to call Child Protection Services. I know many of them have had such a negative, negative experience with that. Who would want that, right?

Like, they -- that’s an area -- I know these ladies talked about the police and I support everything they said, I agree with everything they said, but I really
think the child welfare system, that needs -- there needs
to be some serious work there because, you know, again, I
can’t speak -- like, thinking of our members, some of our
members -- we all have collaboration agreements. Ministry
mandates, thou shall have collaboration agreement with your
CAS. We all have that. At least the Ministry fund that
shelters do. The INAC fund that shelters don’t have to
have that, but I’ll speak about that in a bit. But the --
but just because we have a collaboration agreement, doesn’t
mean it’s working. Or guess what, most of us shelters are
the ones that are held accountable to it. So every year we
have to report on it whereas they don’t. Or we’re the ones
writing it with no -- with very little to no help from
them.

So they are a legislated organization. They
have power, and we are not legislated. We’re not -- we’re
-- you know, I would like to see prevention services
legislated too. That would really put us in a much more
fair and equal footing, but they are legislated and
sometimes that power can get abused really badly, and so I
-- I totally understand why our women don’t want to come
into shelters when they know their children have seen
violence because they know we have an obligation to report
and they -- that will take them through a whole turmoil of
problems that for -- for many of them, they’d rather face
the abuse. So that -- that is a barrier, I agree with
that.

So the days -- another barrier is the days
-- and I hate to say it like this, and I mean no
disrespect, but my mother was also -- she was also a victim
of violence and abuse her whole life, and those days of --
back in the ’90s when a woman would come into the shelter
because she was beaten by her partner, those days are done.
So now, today, she’s coming in, yes. She has an addiction.
Right. She has -- she has mental health problems. She’s
-- CAS is in her life, maybe Corrections as well, but she
has nowhere to live, housing problems -- housing. Her
children are -- are, you know, need -- in need of mental
health support.

So the -- the resources that we need today
are so much different than 30 years ago, and so those --
those are a big gap. So like I said at the beginning, our
shelter staff are expected to be the -- everything. The be
all to end all, and that is so unfair, it’s so unfair. And
the thing about it is, they -- they do it and they’re paid
-- they’re paid significantly less than mainstream shelters
or -- you know, so that’s -- that’s what’s so upsetting
about this whole thing.

But they continue the transportation, again,
for the north. They talk about transportation and women
hitchhiking to go into shelter and, you know, afraid to
call the police because they don’t trust, but -- so walking
to go into the shelter, hitchhiking, putting themself at risk.

There’s just many gaps. And I know it was
already mentioned, the issue of residential school,
poverty, homelessness, mental health, addictions, spiritual
disconnection. So, again, that’s another thing our
shelters staff are expected to be is we’re expected to be
spiritual -- to provide that spiritual guidance as well,
right. I have to tell you, I can’t, you know, for shelter
people that are out there, we’re -- I just can say kudos to
you, you know, because your heart is in it. You’re not in
it for the money, and I know that. All of us, we’re not in
it for the money. We’re in it because we love our people,
and that’s -- that’s what keeps us there and that’s what
keeps us going every day is our commitment to the work and
to the people.

So there’s just many gaps that are listed
here. Homeless is another issue. Sexual abuse. I’m very
-- like I said, I’m very proud of -- of us at Ganohkwasra
because it’s almost impossible to tease apart that sexual
abuse and family violence. And by the way, we call it -- on
-- Indigenous shelters call it “family violence.” We don’t
say “domestic violence.” I know mainstream shelters call it
domestic violence. And what I’ve found out is that’s their prerequisite for them to get into shelters in mainstream, is you -- has to be “domestic.” But for us, because we’re so communal, it’s “family.” It could be a neighbour. It could be -- it could be a father or it could be a brother. You know, it could be a -- a home -- a land situation, it could be siblings, and it’s family violence. So it’s bigger. In mainstream, they talk about only their mandate being only domestic violence, so that’s -- so even just with their mandate being only domestic violence, those shelters are still full. But we -- we take -- we’re trying to take in everything and everyone, including human trafficking.

So just -- I can’t say enough about the north. I can’t say enough about their challenges, their expenses. I do want to mention the good work that’s being done, though, by -- even though they have challenges, I think of Dorothy McKay in Big Trout, who -- her land-based counselling, what they do there is they -- I try to call her and sometimes she don’t answer, and -- and what happens is they -- they just leave their shelter, take their residents, and they go out on the land and they go hunting. And they talk and they tell stories and they go hunting. I can’t say enough about what she’s doing.

Margaret Kisik (ph), another one, is doing some amazing work with -- with -- from Fort Albany. She’s
doing some amazing work in her territory, going into other territories, and she’s -- she’s gaining trust and she’s bringing the concept of high-risk -- a high-risk committee to -- to her communities, and again, because this is too big for one agency.

We need everybody working together, especially in the north. So there’s some good work being done out there. So I just -- I just know that there are so many gaps, and -- and they talk about the need for OPP training. We’ve heard it already. They talk about that need as well. They talk about some of the urban shelters, the lack of mobile units to do street outreach, you know. I -- I know that Ottawa is doing some amazing work. Mary Daoust is doing amazing work in Ottawa at Minwaashin Lodge. She’s out there, they’re doing some -- they’re on the ground doing some amazing work.

And -- and again, I’m so happy that they have the resources to do that, and I just wish that all our shelters had those equal opportunities to be able to do that work that’s needed in our communities. I know that at Ganohkwasra, again, like I said, we have waiting lists. I can’t -- I -- I need to go back to that, that -- so we’ve spent a lot of years, we spent 30 years educating our community on what is family violence, what does healthy relationships look like, what does abuse look like, all the
different many forms of abuse. And we’ve triggered our
people galore and then we made them realize, you know what,
I need help, my family needs help. And now they’re coming
and we’re saying, “sorry, we can’t see you for six months.”
That’s just not acceptable. So I just, you know, we need --
we -- we need support. As shelters, we could save more
lives if we had support.

I heard somebody in one of the questions, I
was very honoured to listen to these wise ladies today, and
they talked about -- one of the things is, how are you
impacted, how are we? I -- we asked our participants, how
are we -- we impacted when there’s a murder in our
community? We’re all impacted. We’re all, as a First
Nations community, we all knew that woman, we all knew those
children. We all get traumatized and we’re all impacted.
So, you know, not just that family, but shelter -- us
shelter staff, we’re impacted. We have to do our own self-
care. We have to take care of ourselves so we can take care
of our clients, right, our residents. And -- but we’re all
impacted because we’re all from the same community.

But I -- I do also need to say that there’s
shelters with all the problems that exist in shelters, with
all the different needs of our -- our clientele. One of the
big issues that I have right now is our shelters are single-
staffed. No shelter should be single-staffed with these
problems. It’s very scary. I have -- we have already
talked to the Ministry about this. Basically, I don’t need
to say this, but we kind of threatened them, and we said,
“We’ve been telling you this for years. When -- if
something happens, not if something happens, but when
something happens, because it will, that we’re taking you
down too.” Because -- because we’ve been saying this so
long, that we’re single-staffed, and with all these multi-
level problems, we should not be single-staffed. It’s very
dangerous.

So these folks here should be getting danger
pay on top. They should be getting more, you know, more
money than -- they should be getting danger pay because
they’re -- because it is dangerous work. When people are,
you know, detoxing in our shelters, the people are suicidal,
and our -- the police are bringing them to us because
they’re suicidal. Because they know that we take our people
in. Right? So there’s so many gaps. There -- there are so
many gaps that I can see why, you know, it’s unfortunate,
the outcome, what’s happened. And I don’t want to see any
more women murdered.

I don’t want to see that, and I don’t want to
see our men murdered. And I need to say that too because at
Six Nations, we’re taught to follow our traditional values
of our people. And we have our teaching, our traditional
teachings about Shogway’adihs’oh, the Creator, and the
Creator’s brother. The good and the not-so-good twins,
right? And what we’re told is if we’re breathing, we have
those energies in us. I know I do. I do. I have that, my
good mind and my not-so-good mind, all the time, and I --
and they fight with each other. We all do. We all have
those, that duality of good and evil in us. So therefore,
it’s not just women that get abused. It’s not just men that
abuse. Women also can be abusive and men can also be
abused.

And I have to say that the last two murders
at Six Nations have been men. They have been -- our men
have been murdered, and, you know, so we’re strong advocates
of our people. We want our people to live. You know, and
-- and I would like to see more shelters being concerned
about our men, too. And -- and right now, there’s only a
few in Ontario that, you know, that, when a man’s in
trouble, that we can send them to. And that’s Akwesasne and
Atmunsi (ph) in Six Nations. So there’s only a few of us
that have that philosophy. So I’d really like to see, if
we’re going to do anything about this problem, we need to
heal the whole family rather than just the women, protecting
the women. We need to work with the whole family. I really
strongly believe in that.

**MS. CHRISTA BIG CANOE:** Thank you. And I
just -- I want to specify this particular survey was done
with members, particularly with the lens and the focus on
MMIWG, but there’s another document that you’ve provided,
which is the Aboriginal Shelters of Ontario “Aboriginal
Family Violence in Ontario Needs Assessment.” It’s December
2014. It was written in -- sorry, December 2014, is that
true?

**MS. SANDRA MONTOUR:** Yes.

**MS. CHRISTA BIG CANOE:** And that -- that --
that one’s way seems like a little -- a -- a while ago, but
in another way, very close. And before -- before I do
anything else, I’m just going to ask if we can enter it as
an exhibit. So you -- you’re aware and have knowledge of --
of this report?

**MS. SANDRA MONTOUR:** Yes.

**MS. CHRISTA BIG CANOE:** Yes. On that basis,
 can I ask that it be entered as an exhibit?

**CHIEF COMMISSIONER MARION BULLER:** Yes. The
“Aboriginal Family Violence in Ontario Needs Assessment,”
December 2014, is Exhibit 49.

--- **EXHIBIT NO. 49**

“Aboriginal Family Violence in Ontario
Needs Assessment (final version,
December 2014), Aboriginal Shelters of
Ontario (121 pages)
MS. CHRISTA BIG CANOE: And I mean, it’s a very large document in some respects, but I wanted to draw your attention before we walk through some of the solutions and recommendations, I did want to draw your attention to two spots in this report. And the first one is on page 20. And one of the -- the things is you know, we’ve heard and the association -- the Aboriginal Shelters of Ontario is in a whole lot of work in creating cultural specific training, but also training for other organizations. And I note that on page 20 of this report, there is a section on talking about that same expertise. We heard Nakuset talk about this this morning too, about being the people to teach and train others how to do and work with Indigenous people.

So on page 20, there’s a note that “Aboriginal Shelters have developed a body of expertise and knowledge that can be shared with other service providers.” I was wondering if you can speak to just some of the knowledge that the Aboriginal Shelters share, and -- and why it’s important as knowledge holders that -- that they are sharing it and teaching others?

MS. SANDRA MONTOUR: Okay. So first of all, I -- I do want to say that we recognize as shelters in our discussions that we’re not perfect. That we could be better. That we could do better. We can do better to protect the lives of our women, you know? And -- and so
what we did though, is we thought about -- we put a lot of
tooth into this Needs Assessments which was done by
Michelle Soux (ph) who’s a consultant, as well as Jone Riggs
(ph). And there’s -- there’s certain expertise that we have
as shelter folks. And so one of the things that we thought
is how -- what we can share is the wisdom we have, is how to
work with Aboriginal men and in their healing and taking up
their responsibilities as healthy men in the family.

So many of our shelters are working, doing
that. They -- you know, we have some amazing programs that
are happening across the province, across the country.
I -- I’d like this all to you know, be nice to have more --
I -- I’d love to hear more about what’s going on, ‘cause I
know there’s many gems across this country that aren’t
sitting here today. But this is just for Ontario, so I know
-- so what we’ve done is we actually developed trainings for
our members. So we’ve been very fortunate to be funded by
the province and INAC to provide trainings to our members.
So we’re -- we’re providing -- we asked our members what
they wanted training in, and we are out there giving them
the training.

But one of the things that we’re really good
at as shelter folks is how to navigate the system. How to
teach our women to navigate the system. So -- so we’re good
at the journey beyond the shelter and how to navigate the
system. So we’re good at that, so we teach people how to do that. The mothering role in the community and the responsibility it carries, how to create connections and allies with funders and with other community organizations, and with each other. So again, we know that we need each other. This work is too big for just one organization. We need each other and we’re good at that.

We’re -- I was telling, I -- I was telling the ladies earlier, “We’re really good at taking one dollar and feeding five people.” We’ve had to do -- we’ve had to learn how to do that, and we’re really good at that. So we -- every dollar that we get from the funder, we make sure it’s used, and then some to -- to do exactly what we say. So creating safety plans; we’re expert safety planners. We safety plan for everything: to get a woman out of the house and into the shelter; to get her to go to get groceries, you know? To -- to get -- we’re -- we’re experts in safety planning.

So many of us have resources already developed that are -- that help her to -- help individuals to safety plan, and how to maintain culture in the shelter. Respectfully reflect and celebrate different cultures in the shelter. Again, we’re a Haudenosaunee Shelter, however, we have many women that come to our -- our -- our territory, to our shelter. We’ve had women from China, we’ve had women
from New Zealand, we’ve had Inuit women, you know, we have Haudenosaunee women. We -- we -- we have non-Native women that just really like our holistic perspective. So we -- we have to be good at knowing how to treat people respectfully and inclusively.

And I give them so much credit to be able to live communally. That’s really -- that’s got to be so hard to do. To take your family and live with another family. I -- I give them so much credit and respect to do what they do, in order just to feel safe. So we -- we know how to celebrate and acknowledge mixed race children. We know how to do that. We -- we know how to -- and we -- we know how to be inclusive. We also know how to do our ceremonies. You know, as we did a survey before we talked about all the things that our Indigenous shelters do that mainstream doesn’t do.

We’re really good at doing feasts for people. Doing ceremonies for people. Getting people lined up with the right traditional knowledge holder. You know, we’re -- we’re -- we have to be good at these things. We don’t pathologize everything. So when our children start hearing voices and we know that that’s not them going psychotic. We know that a feast needs to be done, right? We know that. That’s our first line of thinking is to go the traditional route rather than thinking, okay, this woman is losing it.
We got to send her to the hospital. We don’t do that. We do ceremonies. We help them with ceremonies. And that holistic perspective is -- is -- is very appealing to people.

And I know a lot of people, non-Native people have commented how much it’s helped them. So we’re -- these are our -- and again, what -- what we’ve done is, we -- we developed ASOO, or the Aboriginal Shelters of Ontario has developed a comprehensive training program for our members, so they learn things like reality therapy, choice theory. They learn how to write proposals. We learn how to -- how to develop these shelter standards, ‘cause we also create a Indigenous Shelter Standards for Ontario. We -- that’s what the Aboriginal Shelters of Ontario did as well.

MS. CHRISTA BIG CANOE: And actually, at the risk of flipping and flopping, we can talk about the standards, but I just wanted to point out one more thing in -- in this document, which are the recommendations that came out of the Needs Review, that begin at page 56 of the document. And there are a number of recommendations that have been developed to reflect some Indigenous perspective. I understand that the medicine wheel was one of the sort of guiding means and mechanisms, but that the recommendations that begin there, go a number of pages, at least three full
pages. And I -- if I understand correctly, that -- that the recommendations in here, a number of them are still true recommendations that --

MS. SANDRA MONTOUR: M’hm.

MS. CHRISTA BIG CANOE: -- haven’t been fulfilled --

MS. SANDRA MONTOUR: Right.

MS. CHRISTA BIG CANOE: -- that you from the perspective of Aboriginal Shelters of Ontario would like to see fulfilled?

MS. SANDRA MONTOUR: Definitely. Definitely. Those recommendations, one of the things we are working on is we are doing -- we want to do a -- we want to do an actual research on the funding disparity between mainstream and Indigenous shelters. We don’t want to -- I don’t want to do that to shame out our funders. That’s not the purpose. But we need to -- we do need to be -- I think it’s -- it’s our responsibility as -- as a responsible association to -- to -- to know what’s happening with our members and our associate members. And to -- and so we can then advocate for change.

Because you know, we’re losing, we do lose many good social workers from our sector, just simply because they’re not making -- they can make twice as much money somewhere else. So we need to be able to support our
members to keep their -- their -- our -- our workers are our main assets. And so we want to be able to keep that. So -- so as an association that’s one thing we are working on, and I know it’s one of the recommendations in here.

**MS. CHRISTA BIG CANOE:** And then, I just also want to point out one more thing in this document, because this -- this document was pretty extensive. Obviously, the research and work put into it. Appendix “D” which is contained at page 100, actually does a preliminary review of literature. And I just wanted to mostly point out that it exists in the report, but would like to turn your attention to what you were talking about, and how ASOO has actually developed standards of -- for Ontario Indigenous Shelters. And it’s in the material. It’s a document called, “New Beginnings - Standards for Ontario Indigenous Shelters.”

**MS. SANDRA MONTOUR:** M’hm.

**MS. CHRISTA BIG CANOE:** I see that you have -- you have the pamphlet format of it. The -- the sort of desk guide version. And oh, there you go.

**MS. SANDRA MONTOUR:** ASOO.

**MS. CHRISTA BIG CANOE:** It’s up on the screen.

**MS. SANDRA MONTOUR:** I don’t think you have --

**MS. CHRISTA BIG CANOE:** Can you tell me a
little bit about New Beginnings? Can you explain to us how --

MS. SANDRA MONTOUR: Sure.

MS. CHRISTA BIG CANOE: -- how it came to be these standards and how they were developed?

MS. SANDRA MONTOUR: Well, let me just read to you the beginning of this document before all else.

"This document is detected to our Indigenous women and girls that were taken from their families, communities, clans, and nations too soon. May all shelters utilize these Indigenous shelter standards to foster a new beginning by creating a culturally safe, responsible, and welcoming environment that fosters protection and healing for our Indigenous women, children, and families from the generations of colonized oppression and abuse of our Indigenous peoples."

So this -- this was actually -- I need to say the Ministry -- the Ministry of Community and Social Services is the one who created Ministry shelter standards. So I was a part of that, and as well as many of the mainstream shelters. And so -- and a lot of work was put
into -- into that. And it was good. It was a good process because we -- the Ministry was trying to say, okay, what we want to do is we want to basically make a minimum standards. We want to know what's your policy on, you know, on -- on -- what's your policy on drugs and alcohol? What's your policy on -- and what they also said is, "You need shelters in Ontario, you should not be turning away women who are coming to your shelter who are intoxicated."

So then we have this whole concept of harm reduction, you know, which -- that has come into the shelters about -- you know, so -- it's -- it's basically the policies that -- you know, that every shelter should have a policy on these things such as access to shelter services, what's your person -- resident rights, and shelter responsibilities. What's your program standards? What's your length of stay? What's your intake and assessment process like? Is your shelter at capacity? What's your capacity? What are you going to do when you go over capacity? Who do you work with? Who's -- who's your main -- you know, so what we found was a lot of the -- and that's where I got to see the differences in our shelters.

And that's when I got to see, by the way, that many of the mainstream shelters -- and I'm not going to say all because some -- many of them are not -- are different, but some of the mainstream shelters, they
weren't even providing counselling. And I was shocked. I was completely shocked at that because I'm an INAC-founded shelter, and we have to provide counselling to our residents. So I was shocked. So not only -- I thought, okay. So wow. We're going to be -- we're making less money and we're doing more work, you know, so -- and then they got kind of teasing -- some of the shelters kind of got teasing about it, but, you know, I really see the differences. I really seen the differences in our shelters. But anyways.

So what we do for -- we decided we were going to be the first in Canada to make an Indigenous shelter standard, so we did. We invited our northern representatives and our southern representatives, about eight of us, and we got together. And we -- we had these discussions. And we talked -- and we had some really hard discussions. We talked about our differences. And that's when we came about that we didn't want to just say "women." We didn't want it -- whereas the Ministry, it just says "women." We didn't want to do that because not all of us just work with women, right? We -- a lot of us work with Indigenous families. And we didn't want to just call it "domestic violence" because we knew that Indigenous -- Indigenous shelters are working with more than domestic violence. We're working with family
violence. We're working with communal -- communities. We
wanted to have something in here that supports -- that
helps to challenge murdered and missing Indigenous women.
How can we have shelter better?

We talk in here about serious occurrence
reporting. I know at Ganohkwasra, we report every time an
individual does not come back past curfew, we report it.
And now, the Ministry might get upset with me about that
because it's more work for them, but I say, you know what,
no, I'm reporting it because our people are so prone to get
murdered, you're going to know about it. As soon as
she -- as soon as she goes beyond curfew, I'm reporting it
as a serious occurrence. So we do. We -- and we feel that
that's our -- our part of being responsible as a shelter.

And so we talk about making sure that
shelters have collaboration agreements with the police
services, with their Child Welfare agencies because, like I
said, some of those on-reserve shelters don't have to have
that, but according to this, we want them to have that. So
what this is, is minimal standards that -- to operate a
shelter safely. So it's -- really, it's asking people to
have policies on, you know, what's your drug and alcohol
policy. You can't say zero tolerance anymore. You can't
say that because, you know, that -- the unfortunate reality
is many of our people are addicted. And -- and so we
can't. And so if we say, "No, you can't come in", well, we're eliminating three-quarters of our population, so you can't say that. So what's your -- just spell out what your policy is around it.

So this -- it's a -- it's actually a really good document that the Ministry has supported because recently, I had to report on our shelter standards, and they asked about this one. And I was so impressed that they asked all the Ministry-funded shelters if they had done this. So I was very impressed with that.

**MS. CHRISTA BIG CANOE:** Sandy, if I could just point you to a couple parts in the document, as well? And under the part 3 program standards, and so this would be page 15, although page 15 itself isn't numbered -- 14 and 16 are -- there's culturally safe supports, and one of the -- the standards that ESU is recommending is that all shelters will have written policy and procedure that outlines the supports that we'll provide to persons and dependents accessing shelter services, culturally safe supports. And then you give a list of things that may include. And this is not something that would normally be found in the -- in the Ministry's standards for all shelters, is it?

**MS. SANDRA MONTOUR:** No. No, I think they -- I can't really remember, but I do remember that the
Ministry standards has one paragraph for Indigenous -- Indigenous residents. I remember that. So no, this isn't in the Ministry -- this is ours. Like, we added this. And that was just added by the -- the ladies that helped us to create this. We thought -- again, our thinking was hopefully all shelters would incorporate this. And we know that Indigenous shelters, we usually just naturally do this, but we thought about the mainstream shelters, and we thought, how could we support the mainstream shelters to help our women that are going in there? So we just -- we came up with this list.

**MS. CHRISTA BIG CANOE:** So just a couple quick points of clarification. When you say the "Ministry", are you talking about the Ministry -- like, an Ontario ministry or are you talking about a Canadian --

**MS. SANDRA MONTOUR:** Ontario.

**MS. CHRISTA BIG CANOE:** Ontario. Thank you. And so the -- the shelters in Ontario, you identified this, and you just said, "we do these naturally." So there's nothing for your off-reserve members that requires that they provide in standards these culturally safe supports, but they do regularly? Do I understand that correctly?

**THE GUEST:** We do this regularly. These ladies do, too. These people here, too, these folks, they -- they -- I think Indigenous shelters just naturally
do these things. We just know how to do these things.

**MS. CHRISTA BIG CANOE:** And one -- and the reason I asked this is because often, when you have to meet a standard, when there's a standard or guideline set out in policy, then usually funding dollars attach because you have to meet a -- a minimum standard. So would one of your recommendations to the Commissioners be that this is a standard that should be adopted into ministry or provincial or any of the funders' basic standards so that money could then attach to the work, the good cultural work, that all of Indigenous shelters are doing?

**MS. SANDRA MONTOUR:** Absolutely.

**MS. CHRISTA BIG CANOE:** One of the other things I wanted to point to in this standards guide is under Section 6, the service monitoring and evaluation. And it's just two quick, you know, points that you're making in terms of service review, that the shelter will provide persons and dependents with opportunities to give feedback on whether they were satisfied with the services and supports, and the second part is the written policy. And before I ask my question, I just -- throughout the part 1 hearings, our Commissioners have heard a lot of testimony from women about when they have had to access service or things, the same things you've all spoken today. There's not enough beds, I'm turned away. When I'm in a shelter, I don't have these
things. But one of the things we've heard quite a bit is -- is no one asked me how my experience was. No one asked me from an Indigenous perspective what could be done. So, like, whether it's an exit survey or it's feedback, so can you tell me a little bit why it's important to actually have service monitoring and evaluation that is Indigenous informed, that listens to Indigenous women's experiences?

**MS. SANDRA MONTOUR:** Okay. So I know that the Ministry usually insists that all shelters have some sort of evaluation done with every client that leaves shelter. And I know we have client satisfaction surveys that we have that the Ministry gets them to complete as well. But what we do at Ganohkwasra, we do a little bit more -- well, a lot more.

So what we do is we do an internal review. I -- because I can't afford to pay an outsider to do that, I do it, me and my manager. So what I do is I pull residents aside and I ask them, because I believe you're -- the best evaluation is storytelling, is narrative. So I ask them, you know, what was your experience like? Did you complete a -- you know, did you -- how -- did you complete a plan of care and how many plan of cares did you complete? Were you able to fulfill your plan of care?

And what I always ask is what was it like
for you being in shelter where men were here, because I always want to know that. My board is -- my board holds me really accountable. And so I -- and I write these down and I've never heard one of them say, Sandy, that was -- you know, that was really tough, I didn't want to be in there with men.

What I always heard them say was, you know, it was a little uncomfortable at first, but after a while they have the same issues as I do. Like, they're abused too and we're the same, it's just a different gender. So that's what I would hear from them.

And then what I would do is my manager, she works with the shelter staff, and she asks them things like this: How well do you know the standards? What do you do if an intoxicated woman comes to the door? What are you going to do? So she asks my staff, my shelter -- she wants to know that my staff know their policies. And she -- and so -- and then what I do is I look at the chart notes. So I'll pick any chart notes and I evaluate that.

I make a report to my board of directors and I give that to the board. And that's what I do. So I try -- we try our best. I can't say enough, being responsible, for me, is being traditional. That's part of our traditions. We can't just start a ceremony in the middle of the day because, right. We just -- we're held
accountable. We expect our clients to be accountable, I
have to be accountable. My board holds me accountable and
my staff hold me accountable, and I hold them accountable.

And so I just want to know, and again, we
take those serious. When we get a complaint we take those
serious, you know, and we do the best we can. We're not
perfect by no means, but this helps us to be better. So
that's -- I guess that's our own Indigenized evaluation
that I do and it's face to face.

It's face to face, and they talk to me and I
pull people out of the shelter and let them know they're
not in trouble because they're coming into the executive
director's office, you know, and we have a great
corneration. So --

MS. CHRISTA BIG CANOE: Thank you. Just as
a matter of housekeeping, I apologize, I don't recall if
I -- okay, thank you. Could I please enter as an exhibit,
the New Beginnings, the Standards for Ontario Indigenous
Shelters, as the next exhibit, please?

CHIEF COMMISSIONER MARION BULLER: Yes, New
Beginnings is Exhibit 50, please.

MS. CHRISTA BIG CANOE: Thank you.

--- EXHIBIT NO. 50:

“New Beginnings: Standards for
Ontario Indigenous Shelters,”
Aboriginal Shelters of Ontario (29 pages)

**MS. CHRISTA BIG CANOE:** And just as another matter of housekeeping, and earlier we heard Sandy talk about the youth lodge, the youth lodge in terms of -- and just in the materials there's just a pamphlet, just an information pamphlet that talks about the services and talks about the counselling, and so Sandy touched on these briefly, but I would like to ensure that this actually also makes it into the formal record, so I kindly ask that it be made an exhibit, tendered to be made an exhibit as well.

**CHIEF COMMISSIONER MARION BULLER:**
Certainly. The youth lodge brochure is Exhibit 51.

--- **EXHIBIT NO. 51:**
Ganohkwasa Family Assault Support Services Youth Lodge brochure: “My Home on Turtle Island” (two pages)

**MS. CHRISTA BIG CANOE:** So I was -- I just -- I will repeat what I just asked. I asked if it's okay to move to anything that's not already included in recommendations because I'm cognizant of the time. So I'm asking Sandy, I mean, we've pointed out a number of recommendations that have been supported by studies, the expertise and the knowledge, but I do also want to also afford you the opportunity, you know, based on your
experience both with the three programs that are run out of Ganohkwasra, as well as the president of the Aboriginal Shelters of Ontario, what further or any other recommendations would you have for the Commission?

**MS. SANDRA MONTOUR:** Well, I totally agree and support the recommendations that these fine ladies have shared. I really -- I really was encouraged when I heard about the Inquiry. I was very happy to know that there was -- the Inquiry was finally here, and I believe many, many people across the country and across the territories were praying for this.

All I can hope for is that I want our women to be safe, just like you fine folks do. And I believe that because providing safety and protection to Indigenous women is a primary, the main primary focus of Indigenous shelters across Canada, I believe that we should be stood up as leaders in that movement. That's my personal thoughts.

Not to downplay all the rest of the great work that's being done. I look at and I know FIFC is here and First Nations, you know, Independent First Nations is here, and they do amazing work as well. But I just think that, you know, our folks are living with these women, and men, and I just -- I just know that we -- we're doing the best we can. We're all doing the best we can, but I just
think if there's leaders to be stood up in this movement, I think it needs to be the shelters. And Indigenous shelters in particular.

I think we -- we know the work that needs to be done, many of us are 20, 30, 40, 50 years' experience doing specifically, specific shelter work, so there's a lot of knowledge there. I love the idea of a national clearing house so we can learn from each other. You know, I really like that I had because I think that we can -- the Creator gave us each other for a reason, right, to help each other.

If we were -- somehow if there was an infant that was just left alone, that infant would die without touch. We need each other, and we need each other now more than ever. So I really -- I really am a strong believer of support -- supporting the shelters.

There's a lot of good work being done there and there's a lot more that we can do. Thinking of our northern shelters, they need support. I'm very proud to know these ladies, they're hard workers, they're fighters and I want every shelter across Canada to have the resources that us three shelters have, and I know we can save lives.

We need to have community educators educating our community, letting them know that, you know what, you keep going on that path somebody in your family
is going to die. And those things need to be said. They need to be said. So for people to say, gee, you know what, I don't want this to happen.

So I guess that's just really what I want to say, is I'm tired of being on the Island of Misfit Toys, as I was telling -- telling these ladies. I feel like shelters, we haven't fit in any box, especially us Indigenous shelters. We've had to be out there fundraising. Fundraising $400,000, there's shelters that are doing that. There's mainstream shelters that fundraise $400,000 a year, they have to to survive. That's impossible for on reserve.

We come from poverty-stricken communities. That's impossible, we can't do that. So we're doing it all and we're tired and, you know what, I'm just waiting for Santa to find the Island of Misfit Toys, I really am. I just -- we don't fit into any box. But, you know what, we're good at what we do. We're really good at what we do, and I know that we can save lives. More lives than what we do.

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

Commissioners, I take note of the time, that it's 4:30. Generally following the examination-in-chief of a panel we require a 30-minute break, and that's to verify and calculate the process and order with the parties, the
representatives, the counsel that are in place. I just want to, you know, take your instruction or your guide on what you would like us to do: Have a half-hour break and come back, or maybe have an earlier start tomorrow morning?

CHIEF COMMISSIONER MARION BULLER: I think it's pretty much unanimous. We'll finish for the day. And we will start with our witnesses tomorrow morning immediately after our opening ceremony finishes.

MS. CHRISTA BIG CANOE: Certainly. And before we formally adjourn, I would request kindly of the parties, the representatives, have the one representative or one counsel member attend the Silver Willow so that we can do the verification process for cross-examination, and we will open cross-examination in the morning.

UNIDENTIFIED SPEAKER: Okay.

MS. CHRISTA BIG CANOE: Thank you.

CHIEF COMMISSIONER MARION BULLER: We will close for the day.

--- Upon adjourning at 4:40 p.m.
LEGAL DICTA-TYPIST’S CERTIFICATE

I, Krystle Palynchuk, 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.

Krystle Palynchuk
May 31, 2018