National Inquiry into Missing and Murdered Indigenous Women and Girls
Truth-Gathering Process
Part 3 Expert & Knowledge-Keeper Panel
“Racism”
Chelsea Hotel, Churchill Ballroom
Toronto, Ontario

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

Dr. Barry Lavallee, MD, University of Manitoba

Farida Deif, Director, Human Rights Watch

Dr. Sylvia Moore, Memorial University

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

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Action Fund                                        Carly Moore
                        (Articling Student)
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Second Chair: Shelby Thomas (Commission Counsel)

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Counsel: Meredith Porter (Commission Counsel)

Witness: Farida Deif, Director, Human Rights Watch

Counsel: Meredith Porter (Commission Counsel)

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

Counsel: Fanny Wylde (Commission Counsel)

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

Counsel: Fanny Wylde (Commission Counsel)

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

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

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

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

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

**GRANDMOTHER NORMA JACOBS:** (Speaking in Cayuga). I want you to sit down and just relax. In our way back home, when a speaker is speaking, that -- it’s our way to hold respect for them, and that -- they stand up because they have something to say, so everybody else stays seated and we listen, like I said yesterday, with our ears sharp, and we open our minds so that we can catch all of those waves that come in our direction, because they’re meant to go through our ears and to touch our spirit. And, you know, we forget about that in these times because everybody’s in such a rush. You know, even to say a
greeting to someone that, you know, we just say, “Hi, how are you,” and we don’t even wait for a response. We just move on.

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

And, for many times that I realize that I have so much because of my conditioning from my mother who was in a residential school, she always wants us to hurry up and get things done, because that’s what she learned; you know? And so, we’re always in a hurry, I’m always in a hurry. And, inside of myself, I feel like I’m almost having an anxiety attack because my heart and my whole spirit inside is rushing to get things done.
And so, I have to be, you know, calming myself down and say, hey, you know, I don’t have to complete those hundred tasks that I set out for myself today. If I do one thing, that’s good, because that’s what I was meant to do and I did it with all of my thought, and my energy, and my good feelings, and my good thoughts. And, I put that in there because it’s going to be -- have an effect on somebody who I’m talking to. So, we have to remember to keep our pace, you know, because even in our ceremonies that -- you know, we have a pace that we go to because it’s in connection with the heartbeat of our mother, Mother Earth. And so, when we’re moving too fast, we’re making her heart beat faster, you know, and it’s something that she’s not used to.

So, she wants to give everything that she has to all of us here that walk this earth, and she wants us to enjoy life. You know, and when we’re moving too quickly and we’re losing that sense of safety, we’re losing that sense of community and family. And, you know, my mother used to say, (speaking in Cayuga). Be good to yourself. You know, respect yourself in all of those ways, in your mind and in your heart, in your spirit, you know, all of your physical self. Take care of that because you’re precious; you know? (Speaking in Cayuga). The Creator created you in the image of the Creator, (speaking
in Cayuga), the one who created us. There’s no male or
female label to that. It’s the one who created us. And
so, you know, we have to be conscious of those things and
to monitor our life in that fashion.

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

You know, we have berries, we have -- you
know, we have nuts that come from those nut trees, we have
our wild game, we have birds, you know, that we -- supply
us with food, sustenance. And so, all of those things were
meant for us to, you know, be and build that relationship
with creation, because they were here to enhance our life.
And, you know, every territory that other nations belong
to, in both, you know, North and South America, that they
have foods there that are the foods that they eat to bring them to their highest potential.

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

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

So, you know, all of those things shaped who
I am, and I find my comfort there. And, you know, if we use the language and you called my name, and you know that it’s a Wolf Clan name, and you know I’m Guyohkohnyo Cayuga Nation, then you know that should stand out for you that, you know, the land that I come from should be -- I should be unidentifiable, just like the trees, just like the shrubs, just like the berries. You know, when you go there, they’re just a part of creation. And so, that’s how I am as well.

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

So, it’s important, you know, that we acknowledge Gen-gi-hua (phonetic), the people, because we need each other in order to clear our minds and to clear our thoughts. We need to uphold one another and validate each other for who we are.
So, we give thanks to the people and we say let it be that way in our minds. You know, those people that have passed on, we give that recognition to them. If there’s someone who passed away in our community, we talk about that first, because they’re no longer with us and, you know, we can’t talk to them anymore. They’ve lived their journey and they’re complete and they return to the Sky World, you know, back to the Creator, and to share their story of their Earth Walk as they return there.

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

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

So, our Mother is our foundation, as in every family that exists. You need to have a mother to be
born, you know. So, she is our foundation and we step off
of her everyday, and we give her that thanksgiving and that
honour, and we say let it be that way in our minds.

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

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

So, you know, giving that honour to that
food, you know, that’s why our people are returning to that
way, because we know that those corn, beans and squash are
parts of our body, and they need to be replenished by those same foods. So, you know, we pay that honour to our foods, and we say let it be that way in our minds. And, not just in the human mind, but in that plant, you know, that food, because it too has a life, it too gives life, just like the women. So, we honour and respect that, and we say let it be that way in our minds.

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

So, we give thanks to all of those medicines that surround us, our words, our stories, our songs, our ceremonies, our people, our families, you know, our relatives, everything, because we’re all medicine, you
know. And, when we gather as we are gathered here, that we
were supposed to bring our good medicine when we come here, because everyone here in this room needs to have healing. Everyone in this room needs to have that good health, and everyone in this room needs prayer, you know.

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

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

You know, there’s many gifts that we receive from the forest, and so we acknowledge them for giving us those tools, and for providing us with our games so we have snow stick, and we have lacrosse. And, they are there to build the integrity and the dignity of people. You know, when we play our games and when we sing our songs, when we communicate with one another and honour one another, that we use our hickory trees to shape our males, because that’s how they’re supposed to be, is tall and straight. There’s
no knots in that tree. And, when we harvest that tree for our lacrosse, that they can be flexible, and we can bend them, and we can shape them, and our men are supposed to be that way.

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

So everything has a place, everything has a season, and so you know, we’re using that always to rebuild in our bodies, you know, that health that we need. And by going into the woods and to, you know, to build our fires and to cook out there and the ashes, you know? And we reconnect and build our relationship with the forest, you know, and we talk, and we sing, you know, out there. And
we participate in feasting, you know, and we give thanks
and honouring, and thanking the woods, you know, for
protecting us while we’re in there, while we’re tapping the
trees, you know, anything that we do.

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

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

And at the seasons, that they arrive to tell
us maybe -- that maybe now it’s time to plant, you know,
the seeds are ready. You know, they tell us so many things about our family, about the day and what’s about to happen in the daytime. So they are little messengers. You know, so we put our minds there and we give thanks to the birds for all they teach us.

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

And yet, you know in our ways that we’ve lost because of colonialism that it’s the other way around now where, you know -- and maybe confused, because nobody knows how to court anymore, you know? Nobody knows how to pick somebody and just honour them, and respect them, and to you know, provide them with good words and encourage them, you know to be all that they can be. And you know, and mostly what I’ve seen is as that girls are now taking over that role of trying to impress the males, you know, and that’s completely backwards to the way that we understand.
And so, we pay that gratitude to those birds, you know, and we thank them for every teaching that they bring forward to us and to remind us every day with those songs that they’re there and that we all have a responsibility. So we say let it be that way, in our minds.

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

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

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

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

Because when that water comes up to the
shore it doesn’t just, you know wash up to the shore and
move back because the Mother Earth knows that she has to
open her body in order for that water to seep into all of
her veins, her arteries, and touch every part of her body,
you know, to give her that life. So we think about water
and the many great oceans, and the seas, and the lakes, the
rivers, you know, the little streams, and even to you know,
the little puddles in the woods that are medicine for our
babies.
You know, to the wells that you know, people might still have wells, you know, by their home that the medicine is flowing in that veins and the arteries and you know, everywhere that we look, there’s water. You know, so we look for that nourishment, you know, that quenching of our thirst when we drink water, you know? And we feel it and be conscious of when we put that water in our mouth and feel it as it travels through our body, you know? It makes us come alive, and how it makes our minds clear to be able to think in a good way, you know?

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

Then we give thanks to our grandfathers who come from the west, you know, they have a great responsibility because as they rumble and tumble that they remind us that, you know, there’s weather changing, you know, and that water is coming and that we need to prepare for that, you know? So they tell us to pay attention and they say, “My partner is coming”, you know, and so we look into the sky and next thing we see, all these lightening
flashes across the sky, you know, and those are the women.

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

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

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

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

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

Next, we give thanks to the moon, our
1 grandmother, tissot (phonetic).  (Speaking in Cayuga), it’s
2 a calendar of relating back to the women, you know?  So, we
3 give thanks for our grandmother because our grandmothers
4 can teach us so many things.  You know, we see the stories
5 that she scatters on the ground early in the morning, you
6 know, in forms of drops, dew drops, on the grass, you know,
7 and she’s there to remind us about where she came from.
8 And, she knows every one of us and she knows every one of
9 our stories because she’s our grandmother, you know, and
10 she’s there to nurture us and to guide and direct us, and
11 to, you know, show us the good things in life about
12 birthing, you know, and so many other things that she has
13 wisdom about.  And so, we give thanks to that grandmother
14 and we say thank you and let it be that way in our minds.
15 And then we give thanks to our four sacred
16 beings who, you know, are always working above our heads
17 and helping us to make good decisions, you know, and
18 reminding us that there are always consequences to our
19 behaviours or to our attitudes.  And, they always try to
20 put us on that path that will be beneficial for us and not
21 cause us harm, you know, but it’s the human ego who, you
22 know, continues that struggle to be recognized and given
23 power to, and we make a bad decision, you know, but there’s
24 consequences that go, you know, along with that.  And so,
25 we thank our -- you know, the four sacred beings who keep
You know, we all traveled here and we had no difficulties. You know, sometimes we think of the detours that we have to take, but also there’s lessons in that, you know, it teaches us about it a different way, teaches us about raising our consciousness, you know, to seek further into other forms of knowledge, of relationship. So, we say to those four sacred beings, thank you and let it be that way in our minds.

And then we give thanks to our teachers, you know, and our prophets, and our speakers who bring us, you know, (speaking in Cayuga), the words of our Creator. You know, there’s been teachings that have been given to us in all of our communities, you know, about that spiritual realm and our journeys from the sky world, you know, our beginnings, you know, and how we’re to be. They set the pace for our values, you know, our relationship to our mother, we get a culture from that. We get values and we get beliefs, and they shape our attitudes and our behaviours. There’s so much, you know, in those words of -- from the Creator that help to shape us, you know, to build that relationship with all of those gifts that’s been provided and to honour one another for it, to be medicine for us, you know, so that we can work together, and that our world will be calm. And, you know, not to say that
there would be no problems because we would have the tools in order to resolve those things, by our principles, by our protocols, you know, and by our stories and the teachings that we get. But, we have to use our minds, that’s what my mother used to say.

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

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

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

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

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

So, I’ve had a long time in learning, and as
I said, chipping away at my being, the stories and the songs that I hear, they are nothing but good things from our teachings.

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

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

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

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

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

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

So, you know, it’s up to us, you know, as a people, to reach out, because there’s so much help that surrounds us in nature. You know, that was a plan by the Creator, to provide us with all of the help that we need,
and that we just have to open our minds and our hearts, and to listen because you can hear the plants grow.

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

And so, you know, we learned about belonging, we learn about balance and harmony, we learn about our roles and responsibilities and, you know, we have -- they all have communication. They all bare gifts. We learn about self-reflection. We learn about mobilization, you know, being proactive. We learn about, you know, our ancestors, and we learn about being inclusive. We learn about unity, you know, coming to that one mind, and that one heart, and that one body. We learn about protocols, intervention and prevention. We learn about sacred space. You know, we all have sacred space around us.
Acknowledgement, validation, values and beliefs, honouring relationship, healing, ceremony, empowerment. And, that thanksgiving address is a dance of intimacy of how we relate to everything that’s in our environment, and we should be doing that dance every day, you know, to acknowledge creation, not destroying her.

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

So, you know, it was always told to us too that, you know, the state of our health was recognizable by the number of corn fields that we have in our community, you know, because corn fields -- white corn is medicine, you know. It tells us about how to use it in mourning, you know, grieving. So many things that we haven’t even touched upon. And, trying to retrieve and to, you know, I guess to mend those scars of tearing us apart through the relocation, you know, throwing our head over there and our arms over there and our legs over here, you know, we’re working hard to attach those things again. But, we will
always carry those scars. You know, when we attend ceremony and we continue to revitalize who we are as a people that, you know, we’re able to heal and to remember, but to move forward as well.

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

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

So, the final thing that I wanted to say was about the acknowledgement. You know, I heard everyday about, you know, people acknowledging the land of the
Haudenosaunee and the Mississaugas of the New Credit, but once we acknowledge that and validate that, that this is the land of those people, then there’s a responsibility attached to that, and what is that? Because, you know, when you acknowledge something, you’re making it true.

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

So, I want to thank you for your kind attention this morning, and just, you know, to hope that I touched your spirit in some way. You know, I’m proud of what I know. You know, I’m not an educated person, and I always tell people, you know, I’m a teacher, like an educator, and I’ve worked with many nations of people in trying to tie us together by our similarities and, you know, always heard from some people from the north and say,
“I don’t know anything. I don’t even have Grade One.”

And, it’s, like, man, you know, you’re so lucky you’re not educated, because you have a connection to the land. You know how to hunt; you know how to fish. You know where your medicines are. You know your relationship to creation. Like, you’re so fortunate, you know?

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

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

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

Before I light the qulliq, I would like to say a couple of words. My identification, I was named Naulaq by my parents. I was also named E71866 by the government, and I was also identified as Eskimo. I am proud to be Eskimo. I’m a raw meat eater. I am still here because I have ate raw meat, and I am an Inuk, meaning I am
a person, and you guys, all you, are Inuit, meaning you are
people.

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

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

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

(Prayer in Inuktitut and English)

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

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

Now I'd like to call upon our women.
They're going to start our morning off with a song and then we'll get right into things. Ladies.

(Drumming and singing)

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

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

So just so that we know where we're going today, heading into talking about racism and institutions and what we want to do and how we can take a look at that as well and looking at that. You heard this morning about opening your hearts, opening your minds and opening your spirit to all of that. So I encourage you to do as we did yesterday to sharpen your ears and open your minds and hearts and listen to those words that are being shared with you today as well and to look at that and allow that to come in. And some of it may be a bit challenging at times.
Some of it may be a bit difficult to hear at times. We do have elders available, we do have medicines available and smudge available.

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

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

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

(Speaking in Oneida).
--- Upon recessing at 9:31 a.m.
--- Upon resuming at 9:46 a.m.

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

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

So, prior to getting started though, I did want to do one housekeeping item mentioned to the parties with standing. I wanted to remind you that if you want to cross the witnesses once their in-chief examination is complete, that you need to be sure to draw your number and -- your number slips at the first break. And, if you wouldn’t mind ensuring that you return the numbers and notify Francine Merasty of the number that you drew, so that we can begin to -- our scheduling of the order of cross-examination following the in-chief examination. So, I appreciate that. Thanks very much.
Good morning, Chief Commissioner and Commissioners. Prior to getting started with the qualifications of the first witness, I did want to seek their affirmation and I would ask the Registrar if he could begin with the first witness we have scheduled to give his testimony, Dr. Barry Lavallee.

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

DR. BARRY LAVALLEE: Yes.

MR. BRYAN ZANDBERG: Thank you.

BARRY LAVALLEE, Affirmed
--- EXAMINATION IN-CHIEF BY MS. MEREDITH PORTER:

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

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

DR. BARRY LAVALLEE: And, I graduated from
the University of Manitoba, the school of medicine, in 1988, and finished my residency training with a focus on Indigenous health and family medicine in 1990. And then I completed a master’s degree at the University of Western Ontario in 2004 with a focus on the relationship between providers and Indigenous patients. And, that drew my career to explore beyond traditional focuses of causes and diseases, and to emphasize racism as a determent of health for First Nations people.

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

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

Can you speak briefly about some of the additional activities you’ve engaged -- you’ve been engaged
in with respect to not only research, but also in other inquest work or in publications and reports that you’ve produced that are listed here in your curriculum vitae?

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

And so, in that particular context, there was a duality of the work that I’ve done in the past, and including some of the talks that I’ve done, mainly in Australia and New Zealand as well as across Canada, is really to engage large communities, mostly white communities or Settler communities to be able to fill a void of information that they have or had about what happened to us in the Canadian context. And so, my work then is really around teaching non-Indigenous people about
colonization. And, mostly with the physician learners I work with, to teach them what colonization looks like on the Indigenous body, both externally and internally.

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

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

It means that if you’re a brown skin
Indigenous man and you may have had a beer at a barbeque, but you’re not an alcoholic, and you go to emerg, there’s a chance that you will be assigned the stereotype of being a drunken Indian. And, the chest pain you’re experiencing has nothing to do with your heart, but with alcoholic gastritis. And so, the differential access for particular treatments as well as investigations are harnessed on stereotyping.

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

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

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

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

Commissioners, based on the document, the CV of Dr. Barry Lavallee, which I would request be entered in as an exhibit at this time, I’m going to ask that -- I seek that he be qualified as an expert in the overlapping domains of anti-Indigenous racism, Indigenous health and medical education.

**CHIEF COMMISSIONER MARION BULLER:**

Certainly. The CV will be Exhibit 16. And, we are satisfied that Dr. Lavallee has the requisite qualifications and experience to provide expert opinion evidence in the overlapping areas of anti-Indigenous racism, Indigenous health and medical education. Thank you.

**MS. MEREDITH PORTER:** Thank you.
CV of Barry Lavallee MD, MCISc, UWO,
CCFP, FCFP (nine pages)
Witness: Dr. Barry Lavallee, MD,
Director of Student Support and
Education for the Centre for Aboriginal
Health Education, University of
Manitoba & Indigenous Health UGME
Curriculum Lead, University of Manitoba
Submitted by Meredith Porter,
Commission Counsel

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

DR. BARRY LAVALLEE: Absolutely. Thank you.
But, may I first acknowledge Norma Jacobs for the talk that
she gave and the prayer this morning? I also want to
acknowledge the traditional lands that we sit on, because I am foreign here, I come from Manitoba, so that’s really important.

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

So when I was in medical school the health science centre, despite what I just told you about what happened to Mr. Brian Sinclair and the other Brian Sinclairs that they were unaware of and aware of, there was a large number of Indigenous People who sought care there. And so, when I was in third and fourth year medicine I wanted to work with my people. So I told the university
that I’ll only go to the hospitals where my people are. And then when I did my residency I only wanted to work with my people. So I sought places where there’s only my people.

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

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

Now, because I am a good teacher, I was chosen to lead nationally the development of a document to influence 17 medical schools to uptake Indigenous health in their curriculum. My colleague Linda Diffy (phonetic) and I did that. And so, 13, 14 years later, we were asked at
the University of Manitoba to develop an Indigenous health
course that was longitudinal, year one through four, from
about 12 to 13 hours to 16 hours. And so we did that, but
we moved and shifted away from a culturalist approach to
addressing Indigenous health, to one that explores the
position of settlers and white people in the context of
what happens to Indigenous Peoples.

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

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

So the course itself then is to arm, or to
increase the education and skills base, of providers that
come through out school to be able to address health needs,
social inequalities, economic inequalities, and all the
structural deficiencies that happen for Indigenous People,
because they are Indigenous People in a colonial context.
And they have to be equipped to deal with that, so that is
really the task of our curriculum.

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

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

So that had to move to a point where we
mentored our senior white people, or senior settlers, to
teach them to say the word racism, and to know what racism
is about, to articulate it in all corners of our
institution. Now, that doesn’t come easy. The resistance to change and the resistance of people who are in power to be able to reflect and look at themselves in an honest way comes out in very, very material ways for the work that we’ve done.

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

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

And there are other ways that it’s done as well in terms of resources, in terms of truth telling. For example, one of the things as a consequence, that we
realized is that when you teach students about racism, about microaggressions, about how it looks, or you teach them about gender violence, homophobia, and you get people to name it, they see it. And when they see it that know it’s wrong. And our institution is still unable to address racism in a real and practical way because we have a lot of Indigenous students now coming back to our office and saying, “Look you taught us this, we’re seeing a lot of this going on. What are you going to do about it?”

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

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

“Person to person racism is a barrier
to receiving good health and structural
racism is a barrier to receiving good
population health.” (As read)

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

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

But her gut said, something was the matter,
and she tried to get out and she finally got out of the
truck. But she felt a burning sensation on the left side
of her neck, and he had used a knife to try to kill her.

And she -- I saw her on the Wednesday and this was a
Friday, I believe this has occurred. And I asked her, I said, “Did you go to the hospital?” And that’s the health science centre. And she said, “No.” And I said, “Can you help me understand why you chose not to go to the hospital.” And she says, “I wouldn’t go there.” And she held her neck and went home and waited for Monday, not knowing if an artery or a vein had been nicked that would exsanguinate her and kill her over the weekend.

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

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

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

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

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

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

**MS. MEREDITH PORTER:** Thank you.
So at this time I’m going to request that the document, “Q&A with Indigenous Health Expert, Dr. Barry Lavallee” be entered as an exhibit.

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

--- EXHIBIT NO. 17:

“Q & A with Indigenous health expert Dr. Barry Lavallee,” Royal College of Physicians and Surgeons of Canada, September 4, 2013 (three pages) Witness: Dr. Barry Lavallee, MD, Director of Student Support and Education for the Centre for Aboriginal Health Education, University of Manitoba & Indigenous Health UGME Curriculum Lead, University of Manitoba Submitted by Meredith Porter, Commission Counsel

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

Now, again, as I mentioned previously, and you’ve brought up the circumstances of Brian Sinclair’s death. And I understand that that the process -- the inquest process is done, is completed. But what is the lingering importance that you want to share with the
Commissioners with respect to his death? And going forward, what importance does that -- does his death and the circumstances surrounding his death, going forward what message or evidence would you like to provide with respect to that?

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

DR. BARRY LAVALLEE: Yes.

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

DR. BARRY LAVALLEE: Yes.

MS. MEREDITH PORTER: --- with the

DR. BARRY LAVALLEE: Yes.

MS. MEREDITH PORTER: --- inquest.

DR. BARRY LAVALLEE: With Brian Sinclair’s death and when the state tried to examine the circumstances
to his death, what was really quite shocking for us, when we took off our colonial lens to examine what had happened, was that Brian’s death became a normalized death and an expected death, because he was part of the dying race of Indians. That is the settlers’ fantasy about Indigenous peoples; that we’re always dying.

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

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

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

And one of the things I want to say about the learning with Brian Sinclair is that we need to find
ways to de-normalize how racism appears with Indigenous peoples. You know, we have to de-normalize it and there has to be accountability set by -- within systems to protect Indigenous peoples wanting to gain access to healthcare systems.

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

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

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

So what we really want is we want people protected when they gain access to healthcare systems. And we want the people who -- the actors in the healthcare
system to be held accountable. Not in ways of cultural competency and cultural sensitivity, but we want them held accountable in terms of legal processes. If you are racist and you are charged with racism, we want a system to be able to support people to take that forward. And we want the person who’s charged with racism, be it a whole institution or groups or individuals, to be held accountable for that. Because right now as we move along, acts of racism are occurring, but like that Halley’s Comet metaphor we can’t see them because we don’t have the resources to monitor.

And, in fact, after the Brian Sinclair case what we were really wanting to do is to actually get the governments to support offices at key positions in Manitoba where First Nations communities can actually receive complaints, and have a system to actually take those complaints into the system in real ways. That’s what we wanted, and we wanted a significant number of offices and we want a lot of resources to support that kind of action so that our people who are on ground around Thompson, The Pas, you know, Flin Flon, Brandon, Portage, Interlake, to be able not to rely just, for example, on the Winnipeg Regional Health Authority but to actually have local resources placed there to take the complaints forward. And we want the colleges, we want the systems to actually -- to
receive those complaints in respect, and to treat them as they should be treated as acts of unkindness or, in fact, as acts of terrible behaviour to other humans. And that’s really what we’re wanting to and we still rely on that from the Brian Sinclair case.

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

So at this time I’m going to request a few documents be entered as exhibits that are contained in the -- again, in the package of documents. Particularly I’m making reference to documents that are contained at Tab D which includes a document entitled, “Sinclair Working Group, out of Sight, September 2017.”

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

--- EXHIBIT NO. 18:

“Out of Sight: A summary of the events leading up to Brian Sinclair’s death and the inquest that examined it and the Interim Recommendations of the Brian Sinclair Working Group,” produced by the Brian Sinclair Working Group (15 pages)

Witness: Dr. Barry Lavallee, MD,

Director of Student Support and
Education for the Centre for Aboriginal Health Education, University of Manitoba & Indigenous Health UGME Curriculum Lead, University of Manitoba Submitted by Meredith Porter, Commission Counsel

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

**CHIEF COMMISSIONER MARION BULLER:** Okay.

Racism in health system, Expert Working Group gets at factor sidelined at Sinclair inquest is Exhibit 19, please.

--- EXHIBIT No. 19:

Opinion article “Racism in health system: Expert Working Group gets at factor sidelined at Sinclair inquest” by Annette Browne, Winnipeg Free Press, posted at 1:00 a.m. June 13, 2014 (three pages)

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

MS. MEREDITH PORTER: Thank you. And, finally, at Tab F, the document entitled, “Ignored to Death: Brian Sinclair’s Death Caused by Racism, Inquest Inadequate, Group Says”. I’d request to have that tendered as an exhibit as well.

CHIEF COMMISSIONER MARION BULLER: Ignored to Death: Brian Sinclair’s Death Caused by Racism, Inquest Inadequate, Group Says, September 18, 2017, is Exhibit 20, please.

--- EXHIBIT No. 20:

“Ignored to death: Brian Sinclair’s death caused by racism, inquest inadequate, group says,” CBC News, September 18, 2017 (three pages)
Witness: Dr. Barry Lavallee, MD, Director of Student Support and Education for the Centre for Aboriginal Health Education, University of Manitoba & Indigenous Health UGME Curriculum Lead, University of Manitoba Submitted by Meredith Porter,
Commission Counsel
MS. MEREDITH PORTER: Okay. So, there’s another document that I’d like to have tendered, this was spoken to by the witness. At Tab B, Royal College of Physicians and Surgeons of Canada, Indigenous health values and principles statement 2013. I would request that that also be tendered as an exhibit at this time.

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

--- EXHIBIT No. 21:

“Indigenous health values and principles statement,” Royal College of Physicians and Surgeons of Canada, July 4, 2013, prepared by the Indigenous Health Advisory Committee and the Office of Health Policy and Communications (21 pages)

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

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

DR. BARRY LAVALLEE: Sure.

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

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

And, one of the troubling things that we discover -- and again for not all learners, not all medical learners -- is that when we bring cases forward that come from the community, our learners don’t know how to respond
to the cases. They don’t know what to say, they don’t know what’s right, what’s not right. And, in the case of Indigenous women and girls who are murdered or who go missing, our students express very little perhaps because they’re in shock, but their world is very different than the world that some Indigenous women and girls might be involved with or come from.

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

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

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

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

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

Indigenous women are not vulnerable, Indigenous women are targeted in secular society for violence. There’s a very big difference to be vulnerable.
To be vulnerable in medicine means that if I irradiate your body and you have no cells, you are vulnerable to an infection. But, to be vulnerable to murder because of your colour, and your positionality and just being Indigenous is targeting. It is an active form of oppression of Indigenous women.

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

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

**DR. BARRY LAVALLEE:** We know that the Indigenous body is proxy to our land and that the killing of our land is like the killing of the body of Indigenous people. So, while we have harm reduction approaches in the work that we do, to try and train 440 physicians every four years, we need our land back. That is fundamental to justice for Indigenous people. And, to reduce and to stop the targeting of Indigenous women, we need our land back and that we’re desperate to have our land. And, we need
equal access to resources. And, we need accountability by institutions.

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

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

In the University of Manitoba for example, when medical students come to me, they come with a 95 average by a state sponsored university and they’re very intelligent coming to medicine, yet they have an F when it comes to Indigenous issues. And so, I always pose to these learners, how is it that you come with a 95 in chemistry, in physics, in English, and yet you come with an F, failure, about what happens to the people that you’re
actually going to train on? 40 percent of them will train on the bodies of Indigenous peoples to become doctors and yet you don’t even know who these people are. How do you do that? Who is responsible for that? How do you account for that? This is across Canada, okay?

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

We need to ensure, for example my area, that we continue to increase the number of First Nations medical students coming to medicine. This is really important. I’m not anti-Métis, and we need, definitely, for our far northern people, Inuit people to come into medicine, because there is a hierarchy from colonial society. So, we see a lot of Métis come into medicine, very few First Nations and almost absolutely nobody from the far north, and that’s the result of colonization and the social
structures that currently exist in terms of resources and gaining access to appropriate educational materials and resources. We need doctors and nurses from all of our communities.

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

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

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

--- EXHIBIT No. 22:

Executive Summary of “First Peoples, Second Class Treatment: The role of racism in the health and well-being of
Indigenous peoples in Canada” by Dr. Billie Allan and Dr. Janet Smylie, Well Living House / Wellesley Institute, 2015 (20 pages)

Witness: Dr. Barry Lavallee, MD,
Director of Student Support and Education for the Centre for Aboriginal Health Education, University of Manitoba & Indigenous Health UGME Curriculum Lead, University of Manitoba

Submitted by Meredith Porter,
Commission Counsel

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

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

--- EXHIBIT No. 23:

“They treated me like crap and I know it was because I was Native’: The healthcare experiences of Aboriginal
peoples living in Vancouver’s inner
city” by Goodman et al., Social
Sciences & Medicine Volume 178, 2017,
pp. 87-94
Witness: Dr. Barry Lavallee, MD,
Director of Student Support and
Education for the Centre for Aboriginal
Health Education, University of
Manitoba & Indigenous Health UGME
Curriculum Lead, University of Manitoba
Submitted by Meredith Porter,
Commission Counsel

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

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

--- EXHIBIT No. 24:

Fact sheet “Health and Health Care
Implications of Systemic Racism on
Witness: Dr. Barry Lavallee, MD, Director of Student Support and Education for the Centre for Aboriginal Health Education, University of Manitoba & Indigenous Health UGME Curriculum Lead, University of Manitoba Submitted by Meredith Porter,
Commission Counsel

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

DR. BARRY LAVALLEE: One of the things that I didn’t speak to, and I apologize for that, was actually traditional knowledge and traditional practices in the context of health outcomes and health support for Indigenous peoples. At the Health Science Centre, or the WRHA currently, we have one practitioner who comes from Peguis, and she provides care for, I believe, it’s two days
out of 30 in a population that seek access to this system that’s anywhere from 20 to 80 percent who are Indigenous. And, the disparity with which you provide Western care that actually is diminished in access to our community, and then you diminish access to our traditional knowledge, is something that must be highlighted as No. 2 or 3 on recommendations.

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

I’m going to tell you, when my class starts, the first part of my class starts, there’s one rule for the learner who comes in, and I write it on the wall. And, it’s, “You do not have the -- you will never interrogate the experience of an Indigenous person in the context of racism ever.” That is rule -- the only rule to come into my class for the next four years. And, people actually know what that means. It means that you can’t inflict violence. Or students would say things, for example, “Indian people are hungry because their Chiefs are drunks
and drank all the money,“ you know, common things like that just said in an institution of higher learning where people come in with a 95 average so that the racism that we see in the medical school as much as the racism that you see in the street, and having a state supported degree, and even an honour’s degree, doesn’t cause immunity. You still have embedded implicit racial bias within you.

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

MS. MEREDITH PORTER: Thank you very much, Dr. Lavallee for your words and wisdom. I’m going to -- I’m just looking at the schedule here, and I note that we are scheduled to go to a break at where we were about 10 minutes ago. Would you, leave it with the Commissioners, if you would like, to schedule a short break? I know, though, on the schedule that I’m looking at is supposed to be half an hour. I’m not sure if we need half an hour, but
I would like to suggest, leave it with you, we can certainly proceed with the next witness or we can take an abbreviated break.

CHIEF COMMISSIONER MARION BULLER: We’ll keep going.

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

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

MS. FARIDA DEIF: Sure.

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

So I started my career after graduate school. I studied international affairs with a focus on human rights. And after that I started my career at Human Rights Watch as a researcher in the women’s rights division, focussing on discrimination and violence against women. And the focus in that time was on the Middle East
and North Africa. And I did research in five countries in that region on state-sponsored discrimination and violence. Four of those countries I focussed on policing abuses and abuses in detention centres, interviewing hundreds of victims of abuse on their experiences with mistreatment and abuse, both prior to their detention, during their detention and afterwards.

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

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

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

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

Following that work at the United Nations over, you know, the course of 10 years, I returned to Human Rights Watch about 3 years ago and focusing on the work in Canada, both with a focus on human rights abuses occurring
in Canada, as well as issues that are more sort of global abuses that are happening that we would hope the Canadian government would take a position on and move forward on.

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

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

And then the lens that we look at to really frame this work is the international human rights framework. And so we look at the various treaties and conventions that Canada has signed onto globally and we look at how practice, how the practice in Canada right now, and in the case of Saskatchewan, is violating those conventions and treaties that Canada has signed onto, how
it's violating international human rights law.

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

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

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

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

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

**FARIDA DEIF, Affirmed:**

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

**MS. MEREDITH PORTER:** So thank you so much. And I wanted to know -- I did also want to ask you whether prior to -- you have spoken a little bit about the work that you did prior to joining three years ago as the Canada
director of Human Rights Watch, but included in the materials for the Commissioners was a copy, not only of your bio, but also of your CV. And in the CV -- again, I'm not sure what tab that is at in with the Commissioner's binders, but there are a number of publications that you were a part of or listed on.

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

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

And as a researcher, the work is to interview victims of human rights violations, collect their testimonies, interview anyone relevant to the subject matter, lawyers, social service providers, community groups, to really paint a picture of a certain situation. We would speak to government officials, police officers, medical professionals, really, you know, the entire gamut
of individuals and first responders and social services providers and collect their testimonies, both from victims about their experiences and, you know, social service providers and other, you know, NGOs and civil society groups about what the challenges they're facing as well in addressing these particular issues.

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

And so the five, you know, reports that I authored, as I mentioned, you know, four of them involved interviews in detention centres, involved looking at issues in policing, looking at policing failures, police misconduct, police abuse. And in those situations, in Libya, for example, the work focussed -- both in Libya and in Jordan focussed on women in protective custody, women
who were victims of violence who for their own protection
sort of quote, unquote, were placed in custody, rather than
the perpetrators themselves. And so we spoke to those
women about women and girls about their experiences in
detention, their experiences with violence prior to their
detention.

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

cetera.

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

MS. MEREDITH PORTER: Okay, thank you. So,
I will be seeking to have Ms. Deif qualified as an expert
in the area of gender-based violence and gender-based
discrimination against women. This includes systemic
institutional-based racism, and in the context of the
reports, the two reports she’s referred to in Saskatchewan
and Northern British Columbia, I’m seeking the Systemic
Institutional-Based Racism Resulting in Abusive Police Behaviour in Relation to Indigenous Women with a Focus on Saskatchewan and Northern British Columbia.

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

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

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

So, the redacted C.V. will be marked as Exhibit 25, and we are satisfied that Ms. Deif has the requisite experience and education to be qualified to give expert opinion evidence in the area of gender-based violence and gender-based discrimination against women,
including systemic, institutional-based racism resulting in abusive police behaviour relating to Indigenous women with a focus on Saskatchewan and Northern British Columbia.

--- EXHIBIT No. 25:

CV of Farida Deif (four pages)
Witness: Farida Deif, Director, Human Rights Watch
Submitted by Meredith Porter, Commission Counsel

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

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

MS. FARIDA DEIF: Sure. So, the methodology followed very much our methodology in every context with every report. We carried out a fact-finding mission in
Saskatchewan, six weeks of fact finding between January and July 2016 where we interviewed 64 Indigenous women about their experiences with the police in Prince Albert, Regina, Saskatoon, both with the municipal police services and the RCMP. We shared our preliminary findings with all of the implicated police authorities to get their perspective on our findings, to get a response to the allegations that the individuals made, and then we prepared the report.

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

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

And, you know, in terms of, sort of, the findings of those -- of the report in Saskatchewan, it was very similar to the findings of our report in Northern
B.C., what we found, and this was based on interviews, as I said, with 64 women. And so, it’s not meant to paint all of the police services with the same brush. It’s not meant to be a quantitative analysis of the situation, a statistical analysis. It’s based on interviews with a subset of women on their interactions with the police. But, as I said earlier, even one victim of abusive police practices is one too many.

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

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

Overall, we found that Indigenous women reported the deep mistrust of the police and fear that they
would face retaliation if they filed any form of complaint against an officer. And, what’s very striking to us, you know, at Human Rights Watch, we cover human rights abuses in 90 countries, and what was striking to both me and the researcher that was involved in our work in Northern British Columbia was we really didn’t expect in Canada that level of fear of police retaliation for coming forward and telling their stories, for filing a complaint against a police officer for misconduct or abuse. And so, that was something that was quite striking to us, that there would be that level of fear of retaliation for just coming forward to tell their stories.

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

**MS. MEREDITH PORTER:** Thank you. I’m going to request at this point that two documents be entered, tendered as exhibits. I’m going to request that the document Human -- it’s at Tab D, I believe. Or, no, it would be Tab E, because mine are mis-numbered. Tab E,
Human Rights Watch Submission to the Government of Canada -
Police Abuse of Indigenous Women in Saskatchewan and
Failures to Protect Indigenous Women from Violence be
tendered as an exhibit, please?

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

--- EXHIBIT No. 26:

“Submission to the Government of
Canada: Police Abuse of Indigenous
Women in Saskatchewan and Failures to
Protect Indigenous Women from Violence,
Human Rights Watch, June 2017 (36
pages)
Witness: Farida Deif, Director, Human
Rights Watch
Submitted by Meredith Porter,
Commission Counsel

MS. MEREDITH PORTER: Thank you. And, I’d
also request that the document at Tab D, which is an
executive summary of the two reports that the witness will
be speaking to, and includes a broad summary of both the
methodology and the findings and the subject matter of the
report that was just entered as an exhibit. So, I’m going
to request that at Tab D, the summary findings of Schedule
C, Those Who Take Us Away, would also be tendered as an
exhibit at this time.

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

--- EXHIBIT No. 27:

Summary of findings, “Human Rights
Watch’s Research in Northern British
Columbia and Saskatchewan” (five pages)
Witness: Farida Deif, Director, Human
Rights Watch
Submitted by Meredith Porter,
Commission Counsel

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

I wanted to bring, actually, the summary of
that report that I’ve just entered as well as an exhibit to
your attention and something that’s said in the document. It speaks at page 2 of that summary. It’s at the fourth paragraph on page 2. I’m just going to allow the Commissioners to get to it. Yes, that -- exactly. Yes. Page 2 and paragraph 4.

The paragraph reads:

“For many of the Indigenous women and girls interviewed for this report, abuses and other indignities visited on them by the police have come to define their relationship with law enforcement.”

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

MS. FARIDA DEIF: Yes. I think -- you know, it’s really important to know that any incidence of police abuse against an Indigenous woman doesn’t only affect that individual woman in question who suffers from the abuse, but it creates a really chilling environment for everybody,
because we had spoke -- we spoke to women who said they may have witnessed a crime that involved an Indigenous woman, they may themselves be the victim of a crime, but they wouldn’t report those to the police because they really feared that the -- both they or the person that had -- you know, was committing the crime might be the victim of abuse by the police. And so, it creates a really chilling effect on the community when there’s even one incident of police abuse of an Indigenous woman or an Indigenous man for that matter.

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

You know, many of those have been made very, very public, sort of, where the policing failures have been in various cases that are part of the national psyche, that
are part of the understanding of many people. And so, what happens is that these, sort of, past and more recent policing failures contribute to a climate of suspicion and a widely held belief that we documented that police target and discriminate against Indigenous men and women with little accountability for violent and racist conduct.

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

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

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

So, one Indigenous community leader in
Saskatchewan told us:

“I have had problems with stalking, but I don’t trust the police. Professionally, I admit that working with the police is what we must do, but personally, I have zero faith in the police. It doesn’t matter what position or how many degrees we have, by the police services, we’re seen as just another Indian.”

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

Another woman said:

“They look down on us a lot. They look down on us Natives like we’re nothing, like we don’t deserve assistance, like they’re out to get us. A lot of times, the police will stop and ask, where are you going, what are you doing? The police treat you like you’ve got to be doing something wrong.”

And so, that’s I think another area that we documented where there is a sense for many Indigenous women that we met with in Saskatchewan and in Northern B.C., that there is a, sort of, presumption of criminality when the
police is interacting with Indigenous women. There is a presumption that they are engaged in criminal behaviour. And, when that presumption exists, many, many things result from that.

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

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

So, you know, many women we interviewed said that the police asked them to remove their under garments in the detention centre because of the reasons I mentioned. And, it’s interesting, because the Supreme Court of Canada
says that the removal of under garments in a detention
centre is a form of a strip search, but that’s not the
perception that many police services -- not the
interpretation that many police services have, that that
still happens quite regularly from -- based on just the
subset of individuals that we spoke to. And, of course,
then the risk and vulnerability of abuse, sexual in nature
and otherwise, is very high.

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

And, I guess the other thing that I think
was really striking to us was the issue of dual arrests.
What happens when a police officer responds to a domestic
violence situation? Does the police officer focus on the
primary aggressor, the primary perpetrator of that
violence, or does the police officer focus on the other
factors that might be there in that setting? You know, has
the victim, for example, breached her parole, is the victim
in possession of drugs, is there a situation of public
So, in terms of best practices on police response to victims of violence, the police should respond to the victim, should identify the primary aggressor of that violence and not really focus at that time on the other factors that might be in play. But, what we found time and time again is that the victim of violence herself might also be charged for any number of things that have nothing -- that are no where near the level of severity of domestic abuse.

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

The other thing that was quite striking was a woman who told us that she -- her mother was a victim of domestic violence from her white boyfriend. And, when the daughter called the police to respond to the domestic violence case not only did they charge her mother for
responding to the violence that her intimate partner, you know, perpetrated against her, but when the daughter protested and said, you know, “This man has been abusive to my mother. I have videotapes of that. I’ve got evidence of all of the abuse that he suffered -- you know, that he’s inflicted on her.” The first question they asked the daughter was, “Where are your children?”

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

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

“Canada has strong legal protections around
violence against women, and the federal and provincial governments have made some attempts to address murders and disappearances of Indigenous women through studies, task force and limited funding initiatives. However, the persistence of the violence indicates a need for deeper coordinated interventions to address the systemic nature of the problem.”

Can you elaborate on that statement?

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

So, on paper, everything is fine, but why is there a crisis of missing and murdered Indigenous women? Why are there so many women that still suffer from police
abuse and mistreatment? So, it’s not necessarily that the policies are bad, but there’s clearly a problem in the implementation, and there’s clearly a problem in terms of systemic bias and racism that results in a presumption of criminality that leads to a number of abusive practices.

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

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

systemic racism, systemic stereotyping of Indigenous women

that I think, you know, we need to come to terms with.

And, it’s not only us as a human rights organization that’s
documenting it and certainly many, many Indigenous women

and women’s organizations and groups, but even the United

Nations when they did a study on missing and murdered

Indigenous women, they found the same thing.

They were very much struck by the fact that

there was structural bias in policing and in other areas of

the country. And, what they’ve said was,

“This structural bias is reflected in the use

of demeaning or derogatory language towards

Aboriginal women and in stereotypical

portrayals of Aboriginal women as

prostitutes, transient or runaways end up

having high-risk lifestyles.”

And so, those types of stereotypes, that

type of demeaning and derogatory behaviour and thinking

permeates many, many areas, whether it’s sort of the health

care sector, whether it’s policing, and those are the types

of root causes, and root issues, and root biases and stigma

that we need to be tackling.

MS. MEREDITH PORTER: Thank you. And,

you’ve spoken very articulately about the methodology,
findings and, sort of -- you’ve really translated this report to a great extent. I’m just curious to ask, before the research you decided to undertake and produce this report, why did you find it necessary for this report, for this research to be done? What was sort of the extenuating circumstances, the present circumstances in Saskatchewan that influenced you to undertake the research in that province?

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

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

And, they prepared a briefing document for
us saying -- you know, asking us as Human Rights Watch, an
international human rights organization that hadn’t done
any research in Canada previously, could they use the same
lens that we use to look at human rights abuses in other
countries, and could we bring that lens to Canada and look
at the issue and look at where the gaps are in policing
failures and abuses. And so, we decided based on their
advocacy to us to do that work in Northern BC.

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

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

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

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

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

**MS. FARIDA DEIF:** So once the report was released in 2017 we mainly focussed then on advocacy, really at the federal level, and also to some degree the
provincial level. Really looking at, you know, we had interactions both with Public Safety Canada, I’ve had meetings in Ottawa with Public Safety Canada on our findings both in Northern B.C. and in Saskatchewan.

Because of a sort of, you know, limited capacity to focus on every single province and really kind of, do advocacy on the ground at the provincial level, we really focus in terms of the sort of post-publication stage, at doing advocacy in Ottawa on a Federal level. Meeting with various official from Indigenous and Northern Affairs Canada, meeting with Public Safety Canada, meeting with the RCMP to really kind of tell them, you know, what has happened since the report released to kind of get a sense of have policing practices changed? Have there been policy shifts? Has there been training changes? Have you used essentially, these reports as teaching moments to change policing practices and policies and implementation of those policies?

And you know, so far there -- we haven’t heard too much in terms of changes. We did get very detailed responses to a detailed letter that we provided to the various police services about police training, and policies, and accountability. But since then there’s been more limited interaction with the various police services. We would hope that there would be some kind of movement
that, you know -- I think in many countries that we do this work, as I said, and I think that’s the advantage of working within an international human rights organization, is that you have different points of reference outside of Canada.

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

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

And so, it tells you a lot about the various police services, in terms of, are they willing to say and to really -- to acknowledge that there are deep issues that
they need to address, and that there is still a fractured relationship between the communities that you are meant to serve and law enforcement. And so you know, I think in that case, in the Canadian context, it’s been a bit mixed depending on the police service, in terms of their willingness to really come to terms with our findings and the findings of many other organizations in terms of policing practices and policies and where the implementation is lacking, and where there are gaps.

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

So yeah, I mean I think, I would hope that police services would say, well, just as I had said, that you know, one victim of a human rights violation, one victim of police abuse, is one too many. And given that you’ve interviewed 64 and they’ve suffered police abuse at the hands of our police service and others, we take that very seriously and we are going to look, very, very closely at how to remedy that situation. That’s not necessarily the situation right now.
MS. MEREDITH PORTER: Okay. Thank you. And we had originally put in some materials that were going to be called as exhibits, but there was a request by one of the parties with standing to file additional materials within -- beyond the 48 hours, that our rules of procedure require in order to put documents in.

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

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

MS. FARIDA DEIF: It was the questions and
the Regina Police Service’s response to the questions.

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

**MS. FARIDA DEIF:** There’s all three.

**MS. MEREDITH PORTER:** There’s all three should be included.

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

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

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

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

**CHIEF COMMISSIONER MARIAN BULLER:** Okay.

The response from Regina Police Services will be Exhibit
28, please.

--- EXHIBIT No. 28:

Response # 1 to list of questions and answers entitled “Policing Policies and Practices” re: Investigation into Police Treatment of Indigenous Women and Girls in Saskatchewan, Human Rights Watch, November 2016 (28 pages)

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

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

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

**MS. MEREDITH PORTER:** I’m not sure if you want to ---
CHIEF COMMISSIONER MARIAN BULLER: We can name it. We can name it. It’s Policing Policies and Practices, and although not identified, it’s from the Prince Albert Police Services. That will be Exhibit 29, please.

--- EXHIBIT No. 29:

Response # 2 to Human Rights Watch list of questions and answers entitled “Policing Policies and Practices” (17 pages)
Witness: Farida Deif, Director, Human Rights Watch Submitted by Meredith Porter, Commission Counsel on behalf of Saskatchewan Association of Chiefs of Police (by consent of the parties)

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

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

--- EXHIBIT No. 30:

Saskatchewan Police Service brief re:
Witness: Farida Deif, Director, Human Rights Watch Submitted by Meredith Porter, Commission Counsel on behalf of Saskatchewan Association of Chiefs of Police (by consent of the parties)

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

And I’d like just to get a sense -- you’ve already spoken clearly about the findings of -- in Saskatchewan. Could you maybe articulate a little bit about any, say, differences? You’ve spoken to some of the similarities both in methodology and some of the findings. Can you articulate some of the differences between the two regions that were found by Human Rights Watch in doing their reporting?
MS. FARIDA DEIF: Sure. You know, I would say certainly there are more similarities than differences. If I start with the similarities, I would say that both the Indigenous women that we spoke to in Northern B.C. and in Saskatchewan about their police -- about their interactions with the police. Both really identified a very fractured relationship with the Police Services. They both spoke -- in both cases spoke about deep mistrust of police, deep fear of retaliation if they were to file a complaint against an officer for misconduct or abuse. And so in both of those cases that level of fear or retaliation was quite similar.

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

In both British Columbia and in Saskatchewan women were frequently left in holding cells with only their undergarments on. You know, in -- I guess in both cases there was a sense that when Indigenous women who were victims of violence were seeking help from police officers they were frequently met with sort of scepticism, victim-blaming questions and comments, and that the police would
arrest victims for abuse -- for actions that were taken in self defence.

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

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

What was striking I think in Northern B.C. was, because in Saskatchewan we were focussed on -- and mainly on urban centers versus in the north, the remoteness of many of the detachments that are there, the feeling of sort of isolation, of the real fear of filing a complaint because there are only, you know, two police officers in that detachment. The community is very, very identifiable. They're -- you know, if you suffer any kind of abuse at the hands of police officers, if you file a complaint in a remote part of Northern B.C., it'll be very clear who you are to the community. And you are, you know, in many ways a lot more vulnerable when you are in a remote setting with only, you know, two police officers, for the most part two male police officers. And so in that sense, I think that
there was an added level of, you know, potential, in a way, for abuse, because of the remoteness, because of the isolation, the less options for remedies that you might find in a city environment.

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

**MS. FARIDA DEIF:** I mean, it's -- you know, it's a difficult question. I think that, you know, all of the various -- there's been so many different attempts by the government to sort of address and tackle this one question, whether it's the Truth and Reconciliation Commissions, whether it's various efforts and initiatives by different agencies in the government, whether it's sort of certainly this national inquiry as well, to sort of how do you tackle structural discrimination? How do you tackle the colonial legacy? How do you tackle sort of structural discrimination and racism that exists today? I don't have one answer for that certainly, but what we were trying to point out is the state responsibility to tackle those issues.
And so under international human rights law the state has a responsibility to address discrimination in all of its forms, sex discrimination, you know, gender discrimination, discrimination based on ethnicity and other factors. And so we were really trying to highlight where the gaps are and the need to kind of firmly say that it's the state's responsibility to address these abuses. And that what we're speaking about aren't just kind of routine issues, but really abuse of practices and human rights violations.

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

There is very little accountability for police abuse. As much as the policies and practices are advanced and up to, you know, international standards,
that's not the case when we're speaking about accountability. For the most part, when there are cases of police abuse, it is still the case that the police investigate themselves or other police services investigate the conduct of their -- a neighbouring police service.

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

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

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

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

**MS FARIDA DEIF:** All right.

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

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

**MS MEREDITH PORTER:** Okay.

**MS FARIDA DEIF:** Yeah. I mean, and I guess the other thing that, you know, in terms of, you know, on accountability, one of the large -- the kind of larger recommendations that we have is really on the need for every single province in Canada to have an independent civilian, so non-police, mechanism to investigate incidences of police mistreatment and abuse. Without an
independent civilian investigation mechanism you'll have a
situation that we have today, which is, depending on the
province, depending on the particular location, the police
will investigate themselves for their own misconduct. And
so that we feel is really a kind of vital gap in the system
and one of the key recommendations we would have to address
the policing problem.

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

CHIEF COMMISSIONER MARION BULLER: Right.

MS MEREDITH PORTER: Yeah.

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

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

--- EXHIBIT NO. 31:

Human Rights Watch report “Those Who
Take Us Away: Abusive Policing and
Failures in Protection of Indigenous
Women and Girls in Northern British
Columbia, Canada,” 2013 (90 pages)
Witness: Farida Deif, Director, Human
Rights Watch
Submitted by Meredith Porter,
Commission Counsel

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

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

So, are the police services equipped to de-escalate violent situations properly? Is their training
trauma informed; meaning, do they have the training to kind
of really deal with individuals who are victims of trauma?
And, in this case, you know, we can speak about victims who
were possibly themselves part of the residential school
system, or their families, or just by their experience of
being an Indigenous person growing up and living in
communities across Canada. There is a level of trauma
there and is the police adequately equipped to interact and
to respond in a way that’s informed by trauma?

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

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

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

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

Also, that every police service should make sure that they have a sufficient number of female officers to conduct searches, supervise the interrogation of female detainees, and ensure the safety and protection of female detainees. And so, just those sort of simple things of ensuring that there’s enough female officers, it may not prevent all abuse, but it certainly goes in one direction to helping us move forward.
And then, you know, every police service needs a very clear policy on dual arrests so that victims of domestic violence are not arrested in the course of police officers responding to cases of violence, but that the police service in question really identifies and makes clear who the principal aggressor is and places them in custody, and not the victim.

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

CHIEF COMMISSIONER MARION BULLER: We’ll take a 10-minute break.

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

--- Upon recessing at 11:44 a.m.
--- Upon resuming at 12:07 p.m.

MS. FANNY WYLDE: So, we will start. We are ready to start. So, Chief Commissioner and Commissioners, I would like to introduce you to our next witness, Dr. Sylvia Moore. But, before I do, I would like to ask Mr. Registrar to swear in the witness, and she would like to provide oath with an eagle feather.
MR. BRYAN ZANDBERG: Good afternoon, Dr. Moore. Do you have a -- oh, you have a feather. Dr. Moore, do you solemnly affirm to tell the truth, the whole truth, and nothing but the truth?

DR. SYLVIA MOORE: Yes, I do.

MR. BRYAN ZANDBERG: Thank you.

SYLVIA MOORE, Affirmed

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

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

DR. SYLVIA MOORE: Absolutely.

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

DR. SYLVIA MOORE: I’m from kes-bo-wick (phonetic), which is known as southwest Nova Scotia. My family is Mi’kmaq. I am the mother of four children, and the grandmother of six. That’s why I do what I do. I have two undergraduate degrees, one in education. I have a Master’s of Art in counselling which qualifies me as a counselling therapist. I have a Master’s of Education in curriculum, a Master’s of Education in literacy, and I also have a PhD with an Indigenous education focus from Lakehead University.
I’ve been a classroom teacher for 23 years as well as a school administrator. For four of those years, I was the coordinator of Student Services which include special education and all the guidance counselling services for one of the school boards in Nova Scotia. I’ve also been a therapist in private practice for 20 years. And, currently, since 2013, I’ve worked for Memorial University based at the Labrador Institute in Goose Bay, Labrador. My work is in teacher education there, so the faculty lead as well as teaching in both the Inuit Bachelor of Education as well as the Labrador cohort in the M.Ed program. And, I’ve also, as well as teaching, I’ve also developed some Indigenous education courses at both the undergraduate as well as the graduate level.

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

**DR. SYLVIA MOORE:** I think I’ve probably mentioned everything that stands out.

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

**CHIEF COMMISSIONER MARION BULLER:** Certainly. The CV of Dr. Moore is Exhibit 32.
--- EXHIBIT No. 32:

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

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

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

CHIEF COMMISSIONER MARION BULLER:

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

MS. FANNY WYLDE: Thank you. So, Dr. Moore, maybe as an introduction, you can tell us more about the
work you have been doing and the work you are currently are doing?

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

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

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

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

DR. SYLVIA MOORE: Sure. So, curriculum, very basically, is the program of study in anything, and there’s three different kinds of curriculum. One is the planned curriculum, which would be the curriculum documents, it could be teacher’s guides, it could be any
texts or other books that are put in place for a particular
grade, subject area or course.

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

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

**Ms. Fanny Wylde:** Can you tell us if there’s
Aboriginal content or history in the current curriculum in
public schools?

**Dr. Sylvia Moore:** In Canada, each province
has the jurisdiction over education, so every province is
different that way. And, I certainly can’t speak to all of
them because I haven’t taught in all of the provinces in
Canada. I can tell you that I’ve taught in Nova Scotia,
and so they’re working to get Indigenous history into the
curriculum. There is a Mi’kmaq studies grade 10 course,
it’s a social studies course for senior high. I can tell
you that the Truth and Reconciliation Commission has called
for Indigenous history to be brought into the schools and into what it is we teach, so we have to believe that there is not very much of it.

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

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

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

**DR. SYLVIA MOORE:** Well, I am probably one of many, if not all, Indigenous parents who had experiences of children coming home from public school with something that was either omitted, or it wasn’t accurate or something that upset them very much. And, as a parent, I teach what’s missing, I re-teach what needs to be changed and what my own children knew while they were attending public schools, that things that they were being taught wasn’t always accurate.
So, I filled in those spaces, changed what they were teaching, and also looked out for them as they had their own experiences of racism, very overt racism in public schools and those micro-aggressions that we talk about in that hidden curriculum. So, it wasn’t as tangible, not something that you could necessarily report, but it was there and we knew it. And, non-Indigenous teachers or school administrators didn’t necessarily see it or understand it.

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

**DR. SYLVIA MOORE:** Right. So, that was one of my approaches as well, to get in touch with the teachers and to offer to go in and teach or do activities with the children, offer resources. And, how that was received always just depended on the individual. Some people appreciated that and want to know more, want to be teaching things that are accurate and do not have omissions in them, and others were perhaps a bit more hesitant to accept any kind of offer that way and felt that they were teaching what was laid out in the curriculum and didn’t need anything else loaded onto that.
MS. FANNY WYLDE: Can you describe -- well, do you find it’s important to have in the curriculum, as well as in the pedagogy, Indigenous teachings and Indigenous history, can you share with us your views regarding that?

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

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

And so, in my experience in teaching, I have had on occasion, for example, that I talked to a friend’s son, he was in grade 5, 10 years old, and I asked him about school, so he let me know that he was excited. The next day, he was doing a presentation on David Livingston, and I
asked him about that. And, he said, “Well, David Livingston actually found the Nile River.” And, I said, “Okay. But, there were probably other people living there; right? And, other people knew that the Nile River was there.” And, he said, “Yes, but David Livingston actually found it.” That’s that kind of situation where, what do you with a 10-year-old who just wants to get through the next day, doing his presentation, probably making a good grade or getting positive comments, and the fact that he -- there was either an omission, someone was paying attention, or he had inaccurate information that just continues to feed what’s being taught in schools.

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

**MS. FANNY WYLDE:** And so, knowing that
Indigenous history is not being taught in schools, what do you think about the link between education and racism?

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

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

MS. FANNY WYLDE: Can you maybe share a bit about your own experience as a student throughout your training?
DR. SYLVIA MOORE: I think my last degree in particular is -- just because it’s more recent and it’s in my memory, my voice would be the same as many, many Indigenous students who go to post-secondary and say that their reality, their interests, their knowledge isn’t necessarily accepted. I have had situations where papers that I presented as assignments for various courses had many comments and question marks on it whether what I was saying was accurate.

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

And, it also happened as I was going through the required courses for my degree that I just felt that I had to hide what I knew or what I wanted to say, and put out what I knew would be accepted just to get through. And, it wasn’t until I had the opportunity to have an Indigenous supervisor for my PhD dissertation, the research that I needed to do at the end of my degree, that I felt
the knowledge was validated, my interests were nurtured.

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

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

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

And, one of the questions asked is, so do we
have Indigenous instructors and faculty members in our university? And, if so, are there enough to satisfy the needs of some of the courses and students who may benefit from or ask for Indigenous supervisors in these dissertation work? And, there isn’t enough that I know of. It’s difficult. Things are getting better, but we’re not there.

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

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

And, the Nunatsiavut government working with the education staff in the government have asked that we infuse Inuit culture. And, the interesting thing about that is none of the instructors or faculty members are, that teach the education courses, are Inuit. I’m not
Inuit. So, how do I work towards infusing that knowledge? And, I think it’s just one example of many of how we need to work together, Indigenous, non-Indigenous or specific Indigenous groups work together to try to bring, and to think about and research and talk about how do we bring Indigenous knowledge into the mainstream curriculum?

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

So, what we’re doing is we’re offering four university courses a semester, and programming their language course in as if it were another university course. And so, giving that space, collaborating on what the schedule for each semester needs to be. And, although none of the instructors speak or university instructors speak Inuktitut. What I found is that there’s various ways of validating and encouraging the students to perhaps bring Inuktitut into the education courses. So, for example, if we’re talking about teaching language arts to students, then the students in the IBED may be talking about putting up Inuktitut word walls. So, you put various words up in
In conjunction with whatever else you’re teaching.

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

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

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

So, when I have them develop lesson plans or
a particular project that they would do with the students, I always say to them, “Don’t forget about the land. You can put the land in your assignment in any way you choose.” It can be taking students on the land. It can be talking about the land and learning about it. It can be having elders come in and talk about their experiences. It can just be learning inside of the classroom more about the land, but don’t forget it. And so, that’s the land, and in this particular case, it’s Labrador, and Nunatsiavut in particular, and their land that we’re talking about.

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

But, what I did was I found all of the Inuit children’s literature that I could find, and when I couldn’t find enough of that, I found as much Indigenous children’s stories as I could find, and we could do the
same thing. You talk about, what is good literature? You talk about how you’re going to integrate it with the other things you’re doing in your classroom and how it supports that. And, we also talked about oral story telling and the importance of that, so not limiting ourselves to print, but to also talk about that aspect of the culture.

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

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

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

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

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

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

There would have been a lot more barriers if we had offered it on the main campus of the university. But, instead, we offered it in Labrador. It’s a smaller place. The Nunatsiavut government is right there. The students are there. It’s easier to talk about place, and land, and knowledge, and local resources, and elders when
you’re right there, rather than on the main campus which
would be a much larger, much more institutionalized set up
where we have one small building, one classroom, and all
that space and all those people. So, we had fewer
challenges than perhaps we would have otherwise.

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

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

So, we raised the salmon, this was about a
six-week project, and we asked the parents to come in,
invited the community in, and tried to establish it as a
community project. And, during that time, I was talking to
Mi’kmaq elder, Murdena Marshall, about how few parents
were, in fact, taking up our invitation to come into the
school. And she said, “Don’t forget, Sylvia. It wasn’t
that long ago that Mi’kmaq parents weren’t allowed to be in
schools.” That was something I had to think about.
So, the next year, I was ready to do my PhD studies. As I said, I had a supervisor who supported that, and I went to three of the community members that I did a lot of work with around Mi’kmaq knowledge and activities in the school. And, I said, “So, I’m doing this PhD, but it needs to be for you. This isn’t for me. I’ll get the piece of paper and whatever those credentials are, but it needs to be meaningful in terms of what can happen in the community and where you’d like to go.”

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

Rather than having the kind of lessons we might have in schools around sitting in classrooms in rows and giving students information such as, “This is how salmon eggs develop,” and that kind of factual information, what we noticed taking place in Wildcat First Nation was
that people were sharing their stories and sharing their values.

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

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

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

**Ms. Fanny Wylde:** Thank you. At this moment I would like to maybe draw your attention to some of the
materials that you brought, the text with the title
"Nourishing the Learning Spirit." Can you tell us what is
-- maybe highlight the points of this document?

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

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

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

"Two Eyed Seeing: [...] is to
normalize Indigenous knowledge in the
curriculum so that both Indigenous and
conventional perspectives and
knowledges will be available - not just
for Aboriginal people[...], who would be enriched by that effort, but for all peoples."

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

And at the very end of this article she quotes Parker Palmer, who's also an educator, not Indigenous, and he says we don't think our way into a new kind of living. We live our way into a new kind of thinking. And it's so important to say that we need to move this forward. We need to do this work and change how education is developing curriculum, including Indigenous voices. So, not just think about it, but actually do it. And in that doing, people's ideas and understandings will change, which is exactly what happens in education is our thinking and our understanding is shaped. So when there isn't Indigenous voice and knowledge and history, that's missed in terms of the shaping and the understanding and the growing of the students.
MS. FANNY WYLDE: Thank you. I ask that this document "Nourishing the Learning Spirit" be marked as the next exhibit.

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

--- EXHIBIT NO. 33:

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

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

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

MS. FANNY WYLDE: Yes.

DR. SYLVIA MOORE: So this is a project that I worked on with Amy and we were looking at women's stories, the stories that haven't been told or are not well known on the south coast of Labrador, which I hope Amy will have an opportunity to go into more detail about. But in terms of women's voices, we privilege those, that's what we were looking for or inviting women to share with us so that
their stories could be told and known, because it's not a well known history that's almost exclusively just written by men and predominantly non-Indigenous men. And so the women's stories are very important in terms of looking at that history and it's a great example of how we can move along and do that.

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

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

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

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

--- EXHIBIT NO. 34:

Research Project Summary (UAKN
Atlantic) “Re-storying NunatuKavut: Making connections through multi-generational digital,” Urban Aboriginal Knowledge Network (two pages)
Witness: Dr. Sylvia Moore, Assistant Professor, Faculty of Education and Labrador Institute, Memorial University Submitted by Fanny Wylde, Commission Counsel

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

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

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

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

We need to find ways to bring elders and knowledge keepers into public education. We need to have print resources that reflect Indigenous knowledge and are
developed by Indigenous peoples.

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

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

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

And, the teachers who are already working in our schools, I’ve heard from so many say, “I would like to do more of this,” -- or people who have paid attention to
the TRC, people who thoroughly read the Calls to Action and say, “I want to do more, but I don’t know what to do.” And so, we need to work with people who are ready to work and where are the -- where’s the professional development or the resources for people who are open and saying, “I will do this. I need someone to lead me”?

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

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

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

CHIEF COMMISSIONER MARION BULLER: We’ll resume at 1:30.

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

MS. MEREDITH PORTER: Thank you. I just wanted to remind the parties with standing of Rule 38 in
our Procedural Guide, prevents parties from approaching the
witnesses in discussing any elements of their evidence
while the examination-in-chief is proceeding. Thank you.

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

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

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

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

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

MS. AMY HUDSON: Yes, I do.

AMY HUDSON, Affirmed:

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

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

MS. FANNY WYLDE: Thank you. So, Amy --
well, before I do tender Ms. Hudson as an expert, I have a
few questions for you. Is it okay if I call you Amy?
MS. FANNY WYLDE: Yes? Okay. So, Amy, can you tell us an introduction, where you’re from and what is your background as of training and the work you’ve been doing?

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

And, I guess I engage in -- I’m also a researcher, so I engage in research in my communities, but I’m also involved in research that seeks to develop research governance processes so that any research conducted within our territory, within our communities would be done so following our cultural protocols. And, in addition to that, we’re developing and I’m leading the development of a culturally relevant community engagement plan that can be used as we partner and collaborate with various institutions, and whether they be academia,
government departments or what have you.

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

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

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

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

--- EXHIBIT NO. 35:

CV of Amy Hudson (eight pages)
Witness: Amy Hudson, Manager of Research, Education and Culture Department, NunatuKavut Community Council
Submitted by Fanny Wylde, Commission Counsel

MS. FANNY WYLDE: Thank you. So, I would
now, before I do ask the Commissioners to qualify Mrs. Hudson as an expert, I would like to address to the standing parties if they have any objections or if they want us, on the record, to take note that they don’t do -- they don’t take any positions to do so right now. Thank you.

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

CHIEF COMMISSIONER MARION BULLER:
Certainly. We are satisfied on the evidence tendered that Ms. Hudson is an expert in the domain of sociology, racism and the impact on the communities of NunatuKavut, and that she is a knowledge keeper based on her personal, professional and academic experience. Thank you.

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

Thank you. Maybe you can start by your presentation?

MS. AMY HUDSON: Mm-hmm. Firstly, I certainly wanted to acknowledge the Indigenous territory on
In Ch-Wylde (Wylde) HUDSON

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

Nakurmiik.

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

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

So, a part of this discussion today, and as it relates to my, sort of, cultural protocol, it’s important that I situate myself in relation to this
discussion and who I am and where I come from, and to, kind
of, expand upon that, because when asked about one’s
expertise, I can’t exactly separate my personal experience,
my upbringing, and what I’ve learned from my community and
people and family from the work that I do professionally
and academically. They really cannot be separated from one
another.

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

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

So, while certainly my MO, my rationale for
doing the work that I do in research and education is
certainly premised on this ideal of social justice where,
you know, we’re responsible for countering -- working to
counter many of the colonial injustices that have been and
continue to be right against us. And, I was reminded this
morning by Paul that it’s our voices that are needed here
today, and that it’s our stories and that it’s my
responsibility to do that. So, I thank him for that,
although I don’t think he’s in the room at the moment.

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

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

(LAUGHTER)

And, I’m also -- I’m a mom of my daughter,
and it’s her and I, and the dog team there is my uncle’s
dog team in Goose Bay. And, she’s almost 13 now. And so,
she obviously shares my Inuit roots, but she’s also an
Anishinaabekwe from Couchiching First Nation, so it was
nice to -- it’s nice to hear from other people who share in
her culture over the last day and a bit.

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

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

Oh, next slide. And so, then my story is a
part of a collectivity. It’s a story that I share with,
you know, hundreds and hundreds of other people who share
my history, my culture, my identity, my upbringing. People
who are my cousins, my aunts, my uncles. People from
neighbouring communities who we share similarities and, you
know, common aspects of life together. And, again, I
should note, I also work for the Indigenous governing
organization that represents us. So, you know, I’m a
mother, I’m a granddaughter, and I’m also a community
member and I belong to that community in the larger community of people.

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

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

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

The next slide, please. And, the NunatuKavut Community Council or the NCC is, as I mentioned a representative, governing organization of Inuit from and belonging to our communities. And, there’s an elder and a
knowledge holder in that picture, and our President.  

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

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

I should note that before Canadian and provincial jurisdiction, our people were primarily self-governing, and the bit of the history there about that is that prior to Newfoundland joining Confederation with Canada, which wasn’t until 1949, Labrador was largely unrepresented by any level of government. And, certainly, it wasn’t until the seventies that Labrador was represented in a way in which people from Labrador were actually a part of representative provincial or federal governments. So,
it wasn’t -- recent history. It was only in the 1960’s when Labrador became to be a bit more formally represented by various forms of government we started moving into settlements, into communities, full time.

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

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

So, it’s especially important that the story of Inuit women is shared, and it’s especially important to share that story to discuss and to bring to the fore ways that we can overcome racism and counter the continued colonial injustices that impact our lives. It’s important to note -- this is Minnie Turnbull, by the way. She was a healer, a medicine woman. She is the grandmother of colleagues of mine. She is the great grandmother of colleagues of mine, and she lived in a community that had
been resettled, which is about a 10 to 15-minute motorboat ride from my community. So, she was an important woman and an important memory to keep alive and that continues to guide us today.

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

It was a patriarchal story that erased the role of women, Inuit women, in our communities. And, yesterday we heard, I think it was Albert, talk about the intentional erasure and minimization of Indigenous women from the history, and that was an act of assimilation, a tactic of assimilation. It made me think further about what has been done in the way stories have been retold about us without our consent and retaught to our people and
to our children over generations about who we are, or more specifically, who they like to tell us we are not. And, by “they”, I mean Canada, the state, federal governments. I mean teachers, I mean churches, and what have you.

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

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

Actually, the last forced relocation of our people from our communities was last fall. One of our communities was forcibly relocated. The government tried to tell us they weren’t forcibly relocated because they had to have a vote about whether to stay or leave, but we say they were forcibly relocated because what’s been happening in our communities, because the government in our province promised that they would not do that to Indigenous people
anymore, that they wouldn’t forcibly remove people from their homes because they recognize the connection between Indigenous people and the land and their ancestors, and that tie, and how that’s integral for their health and wellbeing, and for not perpetuating those same colonial injustices.

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

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

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

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

And I should note I was also very happy this morning to hear the word, “Eskimo” be used because my --
one of my grandparents, that’s the only word he knows. And he is a raw meat eater. And he wouldn’t know another way to describe himself but through the term, “Eskimo”. And I guess I feel really lucky and privileged that I’ve grown up around that type of terminology and around people who understand that. And he certainly made concerted efforts to point out that he comes from and we come from Eskimo. So that’s a really important part of my identity, that I should have brought up earlier.

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

But what do we go when there are children and women and people in our communities who don’t have that? What do we do when systemic bias discrimination and racism are so pervasive that Indigenous peoples -- not just Indigenous peoples, communities and institutions; not just discrimination and bias and dominant colonial ideologies from institutions like academia and government departments being perpetuated against our people, but what do we do
when we see it happening between Indigenous communities themselves? When we see it happening between different Indigenous nations or people that are cousins to each other? What do we do? What impact does that have?

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

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

Next slide, please.

So in addition to the various forms -- or a part of the various forms of violence that has impacted not just our people and communities but certainly many Indigenous communities the world over, there are specific
daily impacts that our people and communities live with as part of everyday life in their community. And, again, these impacts disproportionately impact upon women.

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

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

And I just want to point -- share with you a bit of a story around the picture on the right; that’s
actually my home community.

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

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

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

This is not new for our community -- for my community or for communities in my homeland. And certainly community members were very vocal about that and scared and voiced how, why do you -- the sign says, “Do I matter?” I can’t pick it all out here. “All lives need health care”;
a theme that has permeated the lives and the minds of
people living in this community.

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

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

So our governing organization and our
communities got together -- and our community got together
and protested and I flew home with our president that day
and the CEO of Labrador-Grenfell Regional Health
Authorities, that I’m speaking of, to attend this protest. And, when we got there, what was remarkable was that there was all women stood up with signs in a circle outside the clinic chanting, and saying things, and holding all of these signs, primarily all women. And, men were there supporting them, but they were behind. They were sitting on ATVs or sitting in the back of the truck, and they were just behind the women. And, the women were very vocal and very invested in ensuring that this decision would change.

And, we had APTN, the Aboriginal Peoples Television Network, there with us as well that day. We had APTN there. And, anyway, we had a positive end to all of this, and we didn’t lose the health care facility. That was a great moment.

Now, flash forward a few hours later, we land in Goose Bay. I’m there with APTN hauling the char and salmon out of my box that I was just gifted from my home. And, a security person at the airport in Happy Valley-Goose Bay walks up to us and asks APTN what they were doing here. And, APTN described that we were just in Black Tickle, and we were there for this reason, and there was this Aboriginal rights protest. And, she proceeded to inform me and everyone else in -- who could hear that there was no Aboriginal people there, wondered why they thought -- wondered why APTN thought there was.
And, the APTN videographer was like, really -- kind of didn’t know what to do with that. And, he’s like, “Well, I can assure you there are.” And, it’s like, “Yes, there are. Like, I’m one of them. Like, I know.” “No, no, there’s not.” And, she argued with me, and she continued to argue with me on the basis that she once knew a teacher that used to teach there, and she could guarantee me that there were no Indigenous people in that community. It did not matter that I was from there, that my ancestral ties were there. It didn’t matter what I knew or didn’t know, she was -- that was -- she wasn’t having it any other way.

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

No, they probably would have walked away questioning, is this who I am? How come she don’t believe
In-Ch (Wylde)

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

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

And, we have to consider why, and we have to link this back to ideas of racism, internalized racism. Racism, colonization. How do we determine who deserves what? What services? Isn’t water another Canadian right? Access to clean, health-safe drinking water? Don’t we see emergency boil orders, emergency services commencing for
any community that’s going hours without access to drinking water? I see that all the time. I see it all the time. I see helicopters being flown in with bottles of water. I see boats being shipped in with bottles and bottles of water.

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

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

So, when we talk about people living and existing with all of these consequences, living with these injustices, living with these traumas and these
intergenerational traumas, these people don’t even -- also

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

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

But, then, you know, we see these great
things happening where Indigenous communities are able to,
sort of, advance wellness and well-being in their community
through initiatives and relationships however restricted
they might be with various levels of government whether
through -- whether that's through, you know, a modern land claim agreement, or a specific treaty, or some other means that resources are flowing through. That doesn’t happen for the most part in our communities. So, not only do we suffer the impact and consequences of these types of trauma and these colonial injustices, we also live with them every day with very limited and restricted means to heal and to raise our children.

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

Next slide. I want to note, talking with all these negative things really exhausts me, and so my research really comes from a strength-based perspective, so I'm really glad to get to this slide. Because at the end of the day, our communities, our women and children are resilient, and they demonstrate this every single day in resisting and resurging against all of these colonial
injustices that has been and continues to be perpetuated against them through deciding I'm not leaving my community, I'm not abandoning my culture, I will continue to learn, transmit cultural knowledge and relearn and reclaim my culture and my heritage.

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

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

And we -- through some of our initiatives and through some of the governance and sustainability work that I've been doing, we've really been -- which -- of which, again, I know that women in communities are leading, we've also been working with children to help, you know, embrace them and kind of get them expressing their sense of pride. So we have these why we love our community days. So whether why we love St. Louis, why we love Norman Bay, why we love Black Tickle, why we -- et cetera. And we -- and then we had a sports element of that. And the kids unanimously drew pictures of animals and nature. And this little girl drew a picture, her favourite thing that she
loves about her community is bake apple picking. It was all about the land and family. It was that connection. That was the theme. And if that's not research worthy and if that's not direction for the future in building governance and building what our communities need to continue to look like, I don't know what is.

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

Next slide, please. But, again, at the end of the day, I work with institutions and I sometimes struggle, even though I only speak English, sometimes I feel like I speak a couple of different languages because I struggle with articulating in a way that's culturally and environmentally relevant. And I find myself going back, back and forth and trying to find some balance, of which I have not, but remembering that we also work with institutions and that we do have relationships with
We work with institutions. And we do recognise that our work with institutions is an important part of advancing our people and our communities. But in order to do that, institutions and us, we have to get to know each other, and we can't have a relationship, an effective or productive, honest, integral relationship unless both parties are genuinely willing to do that and to embrace that and to acknowledge the colonial ideologies that are so pervasive and continue to pervade, guide, control and power over our communities.

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

And Indigenous feminism is an important concept in placing and positioning some of that work because it allows us at institutions, in different types of scenarios, environments and conversations, I think it's useful for people to kind of understand what we mean when
we say colonization has displaced and changed, at least perceptually, the role of women in Indigenous communities. What that means, from our perspective in our communities, is that we have our own way of seeing and doing and that we feel most comfortable in that way of seeing and doing. And I often hear this frustration from women when they're, like, I don't understand why the government does it that way, why this MP or MHA is doing it this way. Why can't they come and talk to us? This is not important to us. This is not where we're at.

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

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

So Indigenous feminism, not being the only
concept to try and tackle that, but an example of the way in which we can work together and we can engage each other in ways that make meaning for all of us.

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

And I think what we're all learning is that our communities and our people will -- and I think, you know, this -- other people can resonate with this will be most healthy and well when we do have that autonomy to make decisions for ourselves supported by, not in the absence of, not trying to invert, you know, the power dynamic that currently exists, not trying to invert that, but to acknowledge how to exist now and to work together.
So when I -- what I expect of some institutions is sort of, you know -- and I've had in my short professional tenure, I guess, relative to many others, I've had a lot of experience in institutional racism and being the brunt of that, so much so now that I'm starting to be thankful that I'm the one receiving it, because it's had such a dramatic and traumatic impact upon me in my life. I really just don't want other people experiencing it. And, of course, they all have before me.

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

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

And I think it really, we can’t get to how we’re going to make this world work until institutions and
outsiders understand that they really have to get to where we are. They have to be as invested in understanding concepts like two-eyed seeing, or different ways of knowing the world, or learning a new language, or embracing new people and new culture. They have to get there to be able to effectively engage us. From my perspective, we’ve done a lot of work to get to a place where we can effectively engage, and speak another language, and participate meaningfully. We need other people to be able to do that as well, otherwise we can’t -- literally, can’t move any initiatives forward because we don’t -- we don’t understand each other.

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

You know, yesterday again, I learned so much from the presentations yesterday and this discussion of pronouns and you know, people having the right and the autonomy to determine how they are referred to and spoken to. And it just really made me reflect on the woman at the
airport and so many other examples of that situation, where
people somehow think they have the license to tell other
Indigenous People who they are or who they’re not. That’s
an act of violence.

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

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

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

CHIEF COMMISSIONER MARIAN BULLER: Yes.

Inuit Women and Racism in Labrador will be number 36,
please.

--- EXHIBIT No. 36:

Powerpoint presentation of Amy Hudson
“Inuit Women and Racism in Labrador:
The women and girls of NunatuKavut and
NunatuKavut Community Council’s rights
and recognition journey,” June 12, 2018
(23 slides)
Witness: Amy Hudson, Manager of
Research, Education and Culture
Department, NunatuKavut Community
Council
Submitted by Fanny Wylde, Commission Counsel

MS. FANNY WYLDE: Thank you. So Amy, you’ve brought some materials with you in order to share them with the Commissioner. I’m wondering if you could highlight some of the -- or resume the documents called “The Culture Carriers”?

MS. AMY HUDSON: Okay.

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

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

And we decided that, you know what? We’d go and talk to women and hear stories from them, and learn from them, and re-write our own story and our own narrative. And privileged that instead of stories that had been written without our consent and filled with inaccuracies and racist -- and colonial ideologies. So that’s what we did, and I don’t know if you have a question about the report. So -- yeah.
So primarily, I mean, what -- and there’s nothing concluding, I should say ended. It’s not an end, but what I think is important, the important message to take from this is that -- and what we learned from the women is that they overwhelmingly identify who they are and where they come from in relation to their land, in relation to their community, in relation to the water, in relation to rocks, and islands, and other areas that they have grown up seasonally. And identity became a marker -- connection to the land and water, and that close connection to ancestors was a theme, and sort of a marker of cultural identity for the women that we spoke with.

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

**CHIEF COMMISSIONER MARIAN BULLER:** Yes. The “Culture Carriers” is Exhibit 37.

--- EXHIBIT No. 37:

“The Culture Carriers: Reflections on Southern Inuit Women’s Stories”

prepared by Amy Hudson (Researchers: Amy Hudson, Drs. Sylvia Moore & Andrea Proctor), March 31, 2015 (11 pages)

Witness: Amy Hudson, Manager of Research, Education and Culture
Department, NunatuKavut Community Council
Submitted by Fanny Wylde, Commission Counsel

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

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

So what’s happening in is that not unlike other Indigenous Peoples and communities across Canada, you know, when people move into larger urban settings, and move away from their homes and communities, there sometimes is disconnect and this gap in cultural knowledge transmission and that feeling of connection and belonging. So certainly, we recognize that and we recognize too that a lot of our work as a governance organization is certainly focused on and directed by a remote coastal community.
So you know, we see it also as important to ensure that we include urban in with youth, and kids, and families, in the work that we do and create spaces to validate, you know, who they are and their existence, and their connections. And to serve as -- so that they -- we can ensure that also they’re being taught and learning about culture from people that they are connected to ancestrally. Whether that be through community ties, an Auntie, a Grandmother, a Great Grandmother, what have you. So that’s kind of the rationale of that work.

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

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

But the point is that the education system has to change. Curriculum content has to change. The way we -- the expectations we have on, you know, which
knowledge is important, and privilege has to change, and
that it’s simply not acceptable. And in fact, it’s a
violent act to have children in schools in our province
omitted -- their history and culture omitted from
curriculum, or erased, or marginalized, or oppressed. It’s
an absolute atrocity.

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

I had a teacher -- I found out once, in our
community, sometimes we had teachers marry into our
community, and they stayed there for a long time. At about
28 years old, I found out from a research colleague of
mine, an outsider from my community who went in and said,
“How come you don’t do anything like culturally relevant in
our schools and validate kids’ existence?” And, she was
told -- the teacher told her that because if we tell them
that they’re Indigenous or reinforce that they’re Inuit, they will never leave the community and become anything. So, that’s an example of the violence that is pervasive.

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

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

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

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

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

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

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

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

--- Upon recessing at 2:45 p.m.
MS. MEREDITH PORTER: Welcome back. Hello?

Could I just ask everybody to take their seats and we’ll get going with the cross-examination? Thank you. We had pulled numbers and organized the order of cross-examination for the parties with standing. And, I understand that on consent, two parties have agreed to swap their times because one of the parties does have to depart early. And, it’s my understanding that the Assembly of First Nations who were scheduled to cross-examine the witnesses in third order have swapped with the Assembly of Manitoba Chiefs who were scheduled to start with cross-examination.

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

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

MR. STUART WUTTKE: Good morning, my name is Stuart Wuttke. I’m with the counsel of the Assembly of First Nations. I have a few questions to ask, primarily, it would be with yourself, Dr. Lavallee. But, before I start, I would like to acknowledge that we’re on the
Mississauga New Credit’s First Nation territory.

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

**DR. BARRY LAVALLEE:** Yes.

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

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

**MR. STUART WUTTKE:** Okay. So, as far as I understand, I’ll put this question to you if you can answer it, hopefully you can, essentially from what I understand from the science is that if a woman is living in a very abusive situation, she is subject to various stressors herself to deal with the abusive situation she’s in. It’s
a highly stressful relationship, for instance, there’s family violence, they basically live in fear which releases a number of hormones throughout her body. And, some of that translates and interferes with fetal development where certain switches can sometimes not turn on, they turn on late or they don’t turn off at the right time which can have physiological impacts to a fetus; is that correct?

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

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

DR. BARRY LAVALLEE: I don’t know.

MR. STUART WUTTKE: Okay. All right. I’ll basically move on to questions for the whole panel at this
point. You have all provided some good evidence with respect to institutional racism and how it translates to poor outcomes and services for First Nation individuals. Basically, the first question I have for the whole panel is, would you agree that colonization was about the use of social and political cohesion and power to dictate how Indigenous peoples ought to live or should live or operate within the broader society?

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

**DR. SYLVIA MOORE:** I think when we look at what’s come out about residential schools and some of those comments, and I can’t reference the quotes where things like, “Getting rid of the Indian in the child.” So, is that about how the child should live as he or she becomes
an adult, or is that about completely extinguishing the
culture and identity?

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

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

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

MS. FARIDA DEIF: I have nothing to add.

Thank you for the question.

MR. STUART WUTTKE: Okay. And my last
question, since we’re running out of time, basically,
v violence and terror in the international sense, in the
Canadian sense, violence and terror, whether it’s state-
sponsored or otherwise, usually directed at Indigenous
people is really to justify control over and dominion -- or
domination of Indigenous peoples by a colonial power.
Would you agree that institutional violence against First Nation women is an aspect or an extension of colonization? That’s a question to the whole panel.

(SHORT PAUSE)

**MS. FARIDA DEIF:** Your questions are difficult to answer because it’s about motive and what the motives are for the different abuse of policies,

So, you know, what we do in terms of the research that we do is sort of document the abuses. We don’t really get into what the motives are because I think that that’s difficult to really kind of say one way or the other, and there might be multiple motives at multiple periods of time. So, yeah, I can’t really speak to that intelligently in terms of the motives for the abuses that we’ve talked about.

**DR. BARRY LAVALLEE:** The health disparities are racially profiled and so when you put a racial lens and you look at what happens to Indigenous peoples, it begs a question of why is that you see disproportionate deaths of Indigenous people in Canada compared to settlers in Canada. Those fundamental questions are actually important to address.

Now, I’m not a lawyer, I’m not an expert in understanding the colonial mind that exists in Ottawa or in the history of this country, but what I observe is
disproportionate death and suffering of Indigenous peoples on their lands. And I can only read from the literature that I study to try and educate physicians that there is a purpose. And that’s just my opinion.

**MS. SYLVIA MOORE:** Can you repeat the question?

**MR. STUART WUTTKE:** It was basically violence and terror, state-sponsored or otherwise, are directed to justify control and domination of Indigenous people by Canadians. Would you agree that systemic and institutional violence against First Nations women is an extension of colonization?

**MS. SYLVIA MOORE:** Right. So since my field is education, mostly K to 12, I think that that question is outside of what it is that I deal with.

**MS. AMY HUDSON:** I think -- I think I don’t have the answer to the question. I’m trying to think in the context of, I think, my experiences and what I’ve learned from other women. And I think in speaking to that and giving voice to that as much as possible -- it’s difficult. I don’t necessarily -- I don’t want to answer the question and minimize the gravity and the context and the scope. But certainly I -- on a personal level I certainly feel, as I discussed today, that violence whether it be through education, whether it be through a physical
violence, a cultural violence of any kind certainly feels as though it’s an extension of colonization and intentions to colonize, oppress, and assimilate a people, and eliminate and ultimately to remove people’s connections and relationships to their land which has larger and -- as you probably know has larger implication and meanings behind that.

I don’t know if that answers the question.

**MR. STUART WUTTKE:** Thank you. Those are all my questions.

**MS. MEREDITH PORTER:** Thank you. The next party I’d like to invite up is the Treaty Alliance of Ontario, and that party will have six and a half minutes for their questions. So I’d ask that six and a half minutes be put on the clock.

--- **CROSS-EXAMINATION BY MS. KRYSTYN ORDYNIEC:**  

**MS. KRYSTYN ORDYNIEC:** Good afternoon, it’s Krystyn Ordyniec for Treaty Alliance Northern Ontario. And just for some background, the Treaty Alliance is made up of Nishnawbe Aski Nation and Grand Council Treaty 3 northern communities in Ontario and eastern Manitoba.

I would just like to begin by acknowledging the traditional territories of the Mississaugas of the New Credit.

I’d like to ask questions to everybody but I
don’t think I’m going to have a lot of time, so I wanted to
start to thank you very much for your very powerful
testimony and stories today.

My first question is for Dr. Lavallee. We
heard in a previous panel on government service delivery
about non-insured health benefits. In Exhibit 22, page 3
of the report First Peoples Second-Class Treatment, there’s
a quote that says:

“The delivery of NIHB poses challenges
to equitable access to health services
in comparison to non-Indigenous people,
particularly in northern and remote
communities.” (As read)

Could you expand on the failures,
specifically with respect to Indigenous women and girls
living in those communities?

DR. BARRY LAVALLEE: I’m sorry; I’m trying
to make an association between non-insured health benefits
and then services specifically, gender-specific as well as
child-specific.

Could you re-clarify that?

MS. KRYSTYN ORDYNIEC: Sure. And maybe you
can just speak on it in a general way if it’s not with
respect to women and girls, but perhaps service delivery in
general.
DR. BARRY LAVALLEE: So service delivery through non-insured ---

MS. KRYSTYN ORDYNIEC: That’s right.

DR. BARRY LAVALLEE: --- health benefits?

MS. KRYSTYN ORDYNIEC: Yes.

DR. BARRY LAVALLEE: Okay. So that would apply not only in communities but also in urban areas if you have -- are enumerated in Ottawa.

So the services, like, for example, with dental services. One of my students who’s actually studying pediatric dentistry, part of her thesis will be to understand why is it that First Nations children, that the system preferentially prefers extraction of teeth versus actually looking at greater restorative processes, rather than the old-fashioned extraction of dental caries, right, as an example.

But the other thing is that in practice for physicians who serve First Nations patients is that there’s a changing -- there’s a changing resources for medications, they change. And when you actually try and get medications, certain medications for First Nations people, it’s a very difficult process to try and advocate to have this one specific medication done. So it’s actually quite, quite difficult in many ways.

Basic services around medications, basic
eyeglasses, basic cleaning of teeth, et cetera, are fine but when you’re actually looking at equitable access compared to the, say, average settler in Canada who -- let me make an assumption, and it’s not completely true -- might have access to private health services, there is a difference in outcomes.

As well as, for example, I might throw in looking at prevention services for people living with Type 2 diabetes who are First Nations in terms of foot care and those types of services. It’s a moving target that’s actually, in practice, hard to follow.

MS. KRYSTYN ORDYNIEC: Thank you. And so would you agree that this form of service delivery would be a form of systemic racism?

DR. BARRY LAVALLEE: Yes, I would agree.

MS. KRYSTYN ORDYNIEC: Thank you.

And next I’d ask; do you agree that trauma counselling for sexual assault victims would be an essential part of healing and a service that should be available?

DR. BARRY LAVALLEE: Yes, I do agree.

MS. KRYSTYN ORDYNIEC: Thank you.

So one of the issues that remote communities face are that victims themselves are being asked to provide services and counselling services to fellow community
members and counselling services to fellow community members. And, I wonder if you could speak on the effect of that in respect of re-traumatizing.

DR. BARRY LAVALEE: So, if you clarify that for me for a moment. So, the counsellor...

MS. KRYSTYN ORDYNIEC: So, in certain communities where the resources are limited, it’s often individuals that have themselves experienced violence, and I wondered the effects of that on both the service provider, as well as the individual seeking the counselling services.

DR. BARRY LAVALEE: That’s a very good question because it’s an important question, and I’ll give you an example. We work with nurses who provide diabetic care in community, and one of the things that we do from a program I work with called the Nandewae Wigimake (phonetic) in Manitoba is actually work with the nurses who are First Nations or Métis to overcome some of the trauma that they actually experience in having to deliver care to communities.

If you don’t attend to supporting health care providers, Indigenous ones, for them to overcome their own trauma and to be re-traumatized by providing care in communities, then the delivery of care to the person who needs that care is diminished. So, you have to attend not
only to the patient, but you have to attend to the
Indigenous provider, for them to be able to deal with their
own trauma in a very effective way. That’s why that’s a
very important question.

**MS. KRYSYTN ORDYNIEC:** Thank you very much
for that. And, my last question, Ms. Deif spoke briefly on
the overrepresentation of Indigenous women in detention,
and actually my question will be directed to Dr. Lavallee,
what is, in your work, the intersection between the lack of
health care services and that overrepresentation, if any?

**DR. BARRY LAVALLEE:** Repeat that for me,
please, because I...

**MS. KRYSYTN ORDYNIEC:** So, Ms. Deif spoke
about the overrepresentation of Indigenous women in
detention, and I wondered if in any of your work there is a
link between the lack of health care services available to
Indigenous women.

**DR. BARRY LAVALLEE:** Again, I don’t work
specifically in that particular population except when they
are actually released from prison. And so, I don’t, not in
terms of my research, do I have any information. So, I can
only really theorize and I’m not too sure if that’s what
you want, because it would be generalized.

**MS. KRYSYTN ORDYNIEC:** I’d like to hear the
general answer.
DR. BARRY LAVALLEE: Okay.

MS. KRYSTYN ORDYNIEC: Thank you.

DR. BARRY LAVALLEE: Yes. So, when you’re looking at services in general for First Nations women, you have to throw on a lens of looking at how racialized poverty looks in communities, including communities in the urban areas. And, you also have to look at how classism impacts Indigenous women, and you have to go on and look at how racism impacts Indigenous women. Not only for their opportunities that they may or may not have in their day to day lives or their intergenerational lives, but you have to be able to understand, kind of, their access to resources, health resources and opportunities are also diminished because of the ongoing racism that they would experience trying to gain access to health services.

Now, what does that mean? One author, and I spoke with my colleague about this, her name is Komach (phonetic), looked at racialized policing. And so, there’s two phenomena according to this text that occurs, number one is racialized poverty, so that Indigenous people experience poverty at greater rates than non-Indigenous people. So, it’s targeted poverty, okay? And, now by doing so, the chances that you’re actually going to end up in jail increase because of poverty.

But, when you add the second phase to what
Komach talks about is that there is racialized criminality, so people are assigned the role of being criminal only because you’re Indigenous. So, when you mix those two together, it’s no wonder that you end up with high rates of occupation in prisons.

MS. KRYSYN ORDYNIEC: Thank you very much, and thank you for all of your time.

MS. MEREDITH PORTER: Thank you. The next party I would like to invite up is from the Assembly of Manitoba Chiefs, and the representative from the Assembly of Manitoba Chiefs will have 12.5 minutes for their questioning. So, I’ll ask that that time be put on the clock.

MS. JOËLLE PASTORA SALA: Thanks.

MS. MEREDITH PORTER: Thank you.

--- CROSS-EXAMINATION BY MS. JOËLLE PASTORA SALA:

MS. JOËLLE PASTORA SALA: Good afternoon. My name is Joelle Pastora Sala, I am counsel to the Assembly of Manitoba Chiefs. Thank you all for your presentations today. I’d like to thank my colleagues from NWAC and LEAF for sharing their time with me. Because of my limit of time, most of my questions will be for Dr. Lavallee, except my first two questions for Ms. Deif -- I’m sorry, is that how you pronounce your name?

Would you agree, yes or no, with the
statement that Indigenous women and girls, 2SLGBTQ+ and
gender diverse people experience violence and racism while
incarcerated or in police custody?

**MS. FARIDA DEIF:** Yes, I would agree.

**MS. JOËLLE PASTORA SALA:** Would you agree, yes or no, with the statement that the voices of
incarcerated Indigenous women and girls, 2SLGBTQ+ and
gender diverse people are vital to any inquiry aimed at
addressing systemic violence against Indigenous women and
girls?

**MS. FARIDA DEIF:** Yes.

**MS. JOËLLE PASTORA SALA:** Thank you. Dr. Lavallee.

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** You stated that
the experience of racism includes perpetuation of common
stereotypes about Indigenous people, agreed?

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** Would it be fair
that the experience of First Nations with racism in health
care in Manitoba include damaging assumptions about
individuals and their families?

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** Racism in the
workplace of First Nations health professionals, would it
also include?

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** Minimizing

Indigenous experiences of racism?

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** You reference the
experience of Brian Sinclair as one explicit example of the
impacts of racism in health care being death due to racism;
correct?

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** And, you spoke of
one of the impacts of racism in health care as not seeking
care to avoid experiencing racism, agreed?

**DR. BARRY LAVALLEE:** Yes.

**MS. JOËLLE PASTORA SALA:** What are other
specific examples of the impacts of First Nations people
experiencing racism in the health care system?

**DR. BARRY LAVALLEE:** So, racism -- and this
is, again, not a black and white phenomena as everybody
here knows, but the public will assume that I am -- that
this whole thing is about sweeping the whole health care
system. There are First Nations people who go to an
emergency, they have chest pain that’s ischemic in origin
and within 12 hours their chest pain is attended to
correctly.
MS. JOËLLE PASTORA SALA: Mm-hmm.

DR. BARRY LAVALLEE: So, I’m not denying -- that phenomena does occur, where people do experience care. But, the patients can read providers body language quite easily. So, even if a person, for example, says, I’ve never said anything racist against an Indigenous person, a lot of patients, Indigenous people too, are well aware of the body language that you use when you’re actually engaged with somebody, even if you’re in a dialogue about their disease. So, the levels of the impact of racism occur in many ways.

Number one is dismissal, you don’t believe what I’m saying. You give me this antibiotic, meanwhile I need that antibiotic. In fact, you might not provide me with counselling, you might not provide me with a prescription that would allow you to get Tylenol extra strength as part of your -- what you can get as First Nations person. There’s different levels. All the way to actually not receiving particular investigative procedures.

Now, we don’t have the data there. There’s data that comes from the Maori people in New Zealand, but we don’t have the ability just as yet to take data that’s First Nations specific, carry it through the health care system and compare it to non-Indigenous people to see relative access to specific things that occur. All we have
at this point in time are narratives from people that tell us what’s going on in the community. So, those are the, kind of, one to one.

The structural issue really is about if -- like I said earlier, if you are born into an environment where federal systems control everything about you, in terms of your education, your health, inability to get jobs, all those kinds of things, it has an impact. That’s how structural supported racism can affect health.

**MS. JOËLLE PASTORA SALA:** Would one of the impacts be missing scheduled appointments for care or treatment?

**DR. BARRY LAVALLEE:** Can you expand to that?

**MS. JOËLLE PASTORA SALA:** Would one of the potential impacts of First Nations experiencing racism in health care be them not attending an appointment?

**DR. BARRY LAVALLEE:** Yes. Absolutely.

**MS. JOËLLE PASTORA SALA:** Based on your research and the work of the working group, is there evidence to suggest that First Nations feel the impacts of racism differently in Manitoba depending on factors such as age?

**DR. BARRY LAVALLEE:** That’s a loaded question because one’s consciousness about how you’re treated as a First Nations person varies, because when I
spoke about normalized oppression of Indigenous peoples in context, we, as Indigenous people, see things as normal but they’re not normal. So, the exposure on how it actually impacts a person depends on one’s ability to see if what happened was wrong or not wrong. So, it’s a bit of a hard question to answer.

**MS. JOËLLE PASTORA SALA:** Let me try this. Would it differ depending on geographical location, the types of racism or the impacts of racism?

**DR. BARRY LAVALLEE:** In some cases, yes.

**MS. JOËLLE PASTORA SALA:** How?

**DR. BARRY LAVALLEE:** If you have a smaller hospital, a smaller-based hospital, for example, where there’s evidence of high rates of violence, the opportunity for a First Nations person to gain access to alternate health services is much minimized. If you’re in a larger place like Winnipeg or perhaps Toronto -- I don’t know about Toronto -- there might be opportunities where you have less impact of racism, depending on the services you try to gain, as compared to, say, example, Thompson Manitoba, or The Pas, or Flin Flon.

**MS. JOËLLE PASTORA SALA:** Or, a remote community?

**DR. BARRY LAVALLEE:** Yes, absolutely.

**MS. JOËLLE PASTORA SALA:** And, speaking
about the responsibilities of medical professionals, you stated something along the lines of we are ill prepared to support community people; is that correct?

DR. BARRY LAVALLEE: Yes.

MS. JOËLLE PASTORA SALA: I’d like to focus on how the healthcare system supports First Nations who must travel to obtain healthcare services. What are the main challenges of First Nations who must travel from their communities to urban centres to access healthcare services in Manitoba?

DR. BARRY LAVALLEE: Well, the first challenge for people trying to gain access to services outside the community is the nursing station and the local resources that you have in a community, and depending on where you come from, like in Manitoba specifically, you might not have access to a physician. The policy, the working policy - I don’t know if it’s a written policy - for the federal government is that a First Nations person must go to, for example, a nursing station, and then there must be a specific reason why you would actually have to go see a physician. So, your options are limited, in some cases, at the word get-go.

MS. JOËLLE PASTORA SALA: The report you submitted, which is one of the exhibits, Out of Sight, by the working group, outlines a number of recommendations
aimed at tackling racism in healthcare; agreed?

DR. BARRY LAVALLEE: Yes.

MS. JOËLLE PASTORA SALA: The first recommendation is that the federal government implement a national overarching explicit anti-racist policy at all levels of healthcare systems in Canada; correct?

DR. BARRY LAVALLEE: Yes.

MS. JOËLLE PASTORA SALA: To your knowledge, has the Government of Canada created or implemented such a policy?

DR. BARRY LAVALLEE: Not that I’m aware of at present.

MS. JOËLLE PASTORA SALA: The second recommendation is for the Province of Manitoba and other jurisdictions to adopt explicit anti-racism policies and implementation plans, and report on the progress in annual reports; correct?

DR. BARRY LAVALLEE: Yes.

MS. JOËLLE PASTORA SALA: To your knowledge, has the Government of Manitoba created or implemented this recommendation?

DR. BARRY LAVALLEE: Not that I’m aware of at present.

MS. JOËLLE PASTORA SALA: I’d like to take you to the report *Indigenous Health Values and Principles*. 
It’s your Schedule B.

DR. BARRY LAVALLEE: Yes.

MS. JOËLLE PASTORA SALA: Can you go to that report? I’d like to take you to a specific quote. Actually, I’ll just read it to you. You may not need to see it.

DR. BARRY LAVALLEE: Okay.

MS. JOËLLE PASTORA SALA: At the bottom of page 6, it says one of the challenges is to move from ideology to concrete actions. Do you see that?

DR. BARRY LAVALLEE: I don’t have my glasses on.

(LAUGHTER)

MS. JOËLLE PASTORA SALA: Do you recall -- bottom of page 6. You can also agree with me, subject to check, that it’s in there.

DR. BARRY LAVALLEE: Okay.

MS. JOËLLE PASTORA SALA: What are the top three challenges in moving from ideology to concretely tackling racism in the healthcare system?

DR. BARRY LAVALLEE: Settler resistance was number one.

MS. JOËLLE PASTORA SALA: Do you have two more?

DR. BARRY LAVALLEE: Well, the ongoing
practice of racism in institutions, including educational institutions. Three would be, actually, the sharing of power to actually make decisions in institutions to effect those changes, and move from ideology to action.

**MS. JOËLLE PASTORA SALA:** What does that mean in practice?

**DR. BARRY LAVALLEE:** It means that while on paper it’s nice to say things, in the action of the institutions, it’s much harder to hold them accountable if you actually don’t have an ability to hold them accountable to make those changes.

**MS. JOËLLE PASTORA SALA:** And, what are some of the ways that we can hold institutions accountable?

**DR. BARRY LAVALLEE:** I don’t know. All I know is that many places across Canada, even though we have Indigenous physicians, were not physicians to move resources and allocate resources appropriately.

**MS. JOËLLE PASTORA SALA:** Is one of the ways the complaint mechanism that you suggested?

**DR. BARRY LAVALLEE:** In the beginning, yes. But, perhaps I’m less confident that actually making a policy will result in actual changes that are supported by an institution.

**MS. JOËLLE PASTORA SALA:** In the Indigenous Health Values and Principles Report, there is the reference
to the Indigenous Health Advisory Committee.

DR. BARRY LAVALLEE: Yes.

MS. JOËLLE PASTORA SALA: Could you provide additional information on how the findings and recommendations of this committee are implemented in practice in schools and by practitioners?

DR. BARRY LAVALLEE: Sure. As an example -- for an example, recently, it will be a requirement of all healthcare -- well, medical schools and post-grad and undergrad schools to increase or to have Indigenous health as part of training programs for psychiatrists, pathologists, surgeons, et cetera. And that, in fact, in order to exit as a qualified surgeon, or pathologist, or dermatologist, there must be questions particularly that you would have to answer correctly in order to move to practice.

So, really, what we’re saying is that from the top down that we’re going to require, by the time you get into med school, you better start thinking about Indigenous health and context. So, it kind of throws the responsibility down to undergrad as well as post-grad to ensure providers leaving those programs will address Indigenous health, or at least have some basic skills to do that.

MS. JOËLLE PASTORA SALA: Can you answer the
same question for the Health Advisory Committee?

DR. BARRY LAVALLEE: About its content or process?

MS. JOËLLE PASTORA SALA: About the implementation of the recommendations by schools and practitioners.

DR. BARRY LAVALLEE: I’m not too sure what your question is. Sorry.

MS. MEREDITH PORTER: Your time is up anyway.

MS. JOËLLE PASTORA SALA: Am I allowed?

Okay. Thank you.

MS. MEREDITH PORTER: Thank you. The next party I’d like to invite up is a representative from the MMIWG Coalition in Manitoba, and the representative will have 6.5 minutes, so if that time could be put on the clock?

--- CROSS-EXAMINATION BY MS. CATHERINE DUNN:

MS. CATHERINE DUNN: Good afternoon, Commissioners. For the record, my name is Catherine Dunn. I am appearing on behalf of the Manitoba Coalition, and before I begin this afternoon, on behalf of my client, I would like to acknowledge the traditional lands in which we are standing today, and as well, to acknowledge the work and ceremony and prayers of the two elders that started the
day off today.

    My first question is for Dr. Lavallee. Dr. Lavallee, I would like to focus your evidence this afternoon on the Brian Sinclair case, and I take it Brian Sinclair represents death by racism, at least in Winnipeg?

    DR. BARRY LAVALLEE: Yes.

    MS. CATHERINE DUNN: Specifically, with respect to Exhibit 18, which you have entitled, Out of Sight, is the story of Brian Sinclair; is that correct?

    DR. BARRY LAVALLEE: Yes.

    MS. CATHERINE DUNN: And, Brian Sinclair attended the Health Sciences Centre in Winnipeg, which is one of the biggest health science centres in Winnipeg; is that right? It’s the predominant hospital?

    DR. BARRY LAVALLEE: It is the largest.

    MS. CATHERINE DUNN: Mr. Sinclair attended to the Emergency Room in a wheelchair; is that correct?

    DR. BARRY LAVALLEE: Yes.

    MS. CATHERINE DUNN: Therefore, his public appearance would be bigger as a result of being in a wheelchair than just walking in; is that fair to say?

    DR. BARRY LAVALLEE: You mean his physical appearance?

    MS. CATHERINE DUNN: His physical look.

    DR. BARRY LAVALLEE: Yes.
MS. CATHERINE DUNN: It would be hard to miss a man in a wheelchair, one would think ---

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: --- entering an Emergency Room; is that fair?

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: And, yet, in the Brian Sinclair case, 150 people were processed after Mr. Sinclair attended that Emergency Room.

DR. BARRY LAVALLEE: Yes. That’s what we understand.

MS. CATHERINE DUNN: And, as a result of Mr. Sinclair attending that Emergency Room, not a single member of that health facility looked after him?

DR. BARRY LAVALLEE: They attended to him when they found him dead.

MS. CATHERINE DUNN: Yes. But, while he was alive, no one attended to him?

DR. BARRY LAVALLEE: That’s what we understand.

MS. CATHERINE DUNN: And, in that health facility, the only people who attended to Mr. Sinclair were two members of the public who sought out a security guard, and asked him to help Mr. Sinclair because, they as laymen, saw him in medical distress?
DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: And, that is a very concrete example of how racism affects Indigenous people in the medical world?

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: Mr. Sinclair died of toxic shock; is that fair to say?

DR. BARRY LAVALLEE: He died of septic shock.

MS. CATHERINE DUNN: And, I take it, it took him approximately 36 hours to die?

DR. BARRY LAVALLEE: He -- probably less than that.

MS. CATHERINE DUNN: Okay.

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: And, members of the public saw that he was in medical distress; correct?

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: Why do you think that the medical people did not see the distress that members of the public did?

DR. BARRY LAVALLEE: I believe that the community of people in there, medical or not, only saw Mr. Sinclair with a lens of stereotype. That’s all they could see in us.
MS. CATHERINE DUNN: And, as a result of that stereotype, his rights were not only denied, but he was denied his life?

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: Now, Dr. Lavallee, as a result of Mr. Sinclair’s death, there was a criminal justice process in connection with his death; is that correct?

DR. BARRY LAVALLEE: That’s what I understand.

MS. CATHERINE DUNN: And, in terms of Exhibit 18, that criminal justice system also failed Mr. Sinclair; is that correct?

DR. BARRY LAVALLEE: That’s what I understand.

MS. CATHERINE DUNN: And, what happened in Mr. Sinclair’s case was extreme negligence to have a man come into emergency and sit there for less than 36 hours and die because he was neglected. That is negligence; is that correct?

DR. BARRY LAVALLEE: I think it goes beyond negligence.

MS. CATHERINE DUNN: It is abhorrent?

DR. BARRY LAVALLEE: Yes.

MS. CATHERINE DUNN: And, yet,
notwithstanding that 26 law professors across the nation
defined what happened to Mr. Sinclair as criminal
negligence, not only medical negligence, but criminal
negligence and a failure to provide the necessities of life
that his medical treatment, there was no police charges
laid in the case of Mr. Sinclair ---

**DR. BARRY LAVALLEE:** That’s correct.

**MS. CATHERINE DUNN:** --- with respect to the
people who looked after him; is that right?

**DR. BARRY LAVALLEE:** That’s right.

**MS. CATHERINE DUNN:** And, in fact, it took
two years to convince the Winnipeg Police to investigate
whether there was a possibility in the criminal charge;
correct?

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

**MS. CATHERINE DUNN:** That request came not
from the medical community, not from the police services,
but from his family?

**DR. BARRY LAVALLEE:** Yes.

**MS. CATHERINE DUNN:** And, it’s also true to
say that not a single medical person, be it doctor, nurse,
aid, whatever, was disciplined, reprimanded or otherwise
dealt with in a punitive way for the death of Mr. Sinclair?

**DR. BARRY LAVALLEE:** I believe some nurses
received a letter from their College, but I don’t think
anything punitive particularly had occurred.

**MS. CATHERINE DUNN:** And, with respect to the inquest that was held with respect to Mr. Sinclair, that, too, failed him because an inquest is directed to the cause of death, not the systemic reasons for it?

**DR. BARRY LAVALLEE:** In this case, they eliminated an examination of the social determinants of health.

**MS. CATHERINE DUNN:** And so, basically what happened for Mr. Sinclair is that there was an inquest that resulted in nothing for him or for people like him?

**DR. BARRY LAVALLEE:** That’s correct.

**MS. CATHERINE DUNN:** Just one last question, what role do you think community-based organizations have in the disbursement of medical services?

**DR. BARRY LAVALLEE:** Could you be specific, please?

**MS. MEREDITH PORTER:** Actually, I’m sorry, but their time is up.

**MS. CATHERINE DUNN:** Sorry. Thank you for your help, Doctor.

**MS. MEREDITH PORTER:** Thank you. I’m going to invite up the next representative, and I apologize for my pronunciation of the name, but it’s Iskwewuk Ewichiwitochik. I’m sure that’s not even accurate, but the
party will have six-and-a-half minutes to ask the questions
of the witnesses.

DR. BARRY LAVallee: Thank you.

--- CROSS-EXAMINATION BY MS. DARLENE SICOTTE:

MS. DARLENE SICOTTE: Meywasin. Thank you
to Elder Jacobs on this morning’s thanksgiving address and
to the elders, NFAC and the Commissioners, and thanks for
the morning greetings. Miigwetch to all the panelists.

I am Nehiyaw Cree from Beardy’s & Okemasis
First Nation near the Town of Duck Lake, Saskatchewan. I
am the co-chair of Iskwewuk Ewichiwochik, Women Walking
Together, an ad hoc 12-year concerned citizen group with no
office, no funding. We’re not even non-profit. We raise
awareness, support and create remembrance of the families
of the murdered and missing. I am also a family of late
Shelley Gale Napope who was killed by serial killer, John
Crawford.

I have two panelists to address. I have a
question to Dr. Barry Lavallee and comments to Farida Deif.
I will first make my comments to Farida. As Iskwewuk
Ewichiwochik being one of the 16 bodies that assisted in
the research and the search for participants for the
research, I want for the record that Iskwewuk
Ewichiwochik would gladly do this again regarding
policing, and to confirm every effort was made to keep the
women safe in the process.

To Dr. Barry Lavallee, after reading Out of Sight and Mind and having some remembrance of the Brian Sinclair case and in addressing racism towards Indigenous people and missing and murdered Indigenous women and girls, it’s going to be kind of a long-winded question. I hope I can convey what I’m trying to say. Would you agree that an Indigenous health ombudsman is needed to address TRC Action No. 19 which states:

“We call upon the federal government in consultation with Indigenous peoples to establish measurable goals to identify and close the gaps in health outcomes between Indigenous and non-Indigenous communities, and to publish annual progress reports and to assess long-term trends.” (As read)

Would a national policy with an Indigenous health care auditor, would this possibly with review and reporting with Indigenous peoples and to government on the progress and failures including health care treatment and health care quality indicators of the services of the government and provinces on providing health care services and treatment to Indigenous peoples, yes or no, would a national health ombudsmen help?

DR. BARRY LAVALLEE: I think it’s a step,
and that’s not a cop-out response. Again, like providing positions that are termed “Indigenous” in those institutions still don’t have a lot of power, because to have an ombudsman or have a system that we can actually go to, to articulate what happens, still requires that that office have the power to enact a policy or to enact a process.

So, I think in part it would have to be a lot deeper, a lot more resources, and it would have to be believed by the systems in order to ensure that Indigenous peoples are protected, and their right to gain access to services and resources, et cetera. So, I’m a little bit halfway there only at this point.

**MS. DARLENE SICOTTE:** Would an Indigenous health care ombudsman supplement an auditor?

**DR. BARRY LAVALLEE:** I don’t know.

**MS. DARLENE SICOTTE:** Say the government wanted to do this, would you consider being one of those ombudsman or auditors?

**DR. BARRY LAVALLEE:** They never would offer me the position.

**MS. DARLENE SICOTTE:** You never know.

(LAUGHTER)

**DR. BARRY LAVALLEE:** And, you know, I don’t mean to make fun of them. I’m not making fun of your
response by any stretch. I’m saying that we would need really grassroots people to guide us on how to do that rather than entertain a political process to ensure that we have equitable access to services and that we can hold people accountable. I just haven't seen that with a lot of our assigned positions at this point in time.

**MS. DARLENE SICOTTE:** Okay. I'm not sure if this is a good line of questioning, but during the extension announcement from Minister Bennett, she talked about $21.3 million for health services for families of missing and murdered. Would a ombudsman and auditor go well in that role?

**DR. BARRY LAVALEE:** You know what? I hadn't given that any thought, so I really can't give you a decent response to that. It would just be off the fly.

**MS. DARLENE SICOTTE:** Okay. Thank you very much.

**DR. BARRY LAVALEE:** Sorry. Okay.

**MS. DARLENE SICOTTE:** I don't have any more questions.

**MS. MEREDITH PORTER:** Thank you. The next party I'd like to invite up to cross-examine the witnesses is from the Association of Native CFS Agencies of Ontario. The representative will have six and a half minutes for questioning.
--- CROSS-EXAMINATION BY MS. KATHERINE HENSEL:

MS. KATHERINE HENSEL: (Speaking in Native language) to the Commissioners and to the witnesses. My name is Katherine Hensel. I am counsel for the Association of Native Child and Family Services Agencies of Ontario.

I should begin by acknowledging our presence and giving thanks for our presence here on the territory of the Mississaugas of the New Credit and other Indigenous peoples.

Because of my limited time I'm going to direct my questions solely at Dr. Lavallee.

And I should begin by noting, for the Commission's benefit and Dr. Lavallee's benefit, that the organization I represent is 13 child welfare agencies, native child welfare agencies in the province of Ontario.

And it is the perception and the position of the Association that involvement in child welfare, for a mother who's lost her children to child welfare or for girls and women who have been in care, directly or inter-generationally, even when it is warranted, that these interventions are a major and critical factor in the lives of many Indigenous girls and women that places them at risk, causes them harm, and, in many case, directly contributes to the events and circumstances leading to their deaths. So it's on that basis that I'm going to be
asking the questions that I'm going to ask you.

In your experience, Dr. Lavallee, would you agree that Indigenous women accessing medical care for their children are frequently, as you put it, assigned the role of -- you put it in relation to criminality, but they're the -- assigned the role, in these cases, of unfit or unsafe parents?

**DR. BARRY LAVALLEE:** I would say that is true.

**MS. KATHERINE HENSEL:** And that stereotypes for your colleagues in your profession, and students that you teach, that stereotypes come into play concerning their fitness to parent and safety -- the safety of their parenting?

**DR. BARRY LAVALLEE:** Yes. And, in fact, just when we looked at the stereotyping data from the San'yas Cultural Safety Training Program there are three areas of medicine where there is a highest rates of violence against Indigenous people. Number one was the emergency rooms. Number two was obstetrics. And number three was cancer care.

So you imagine with the data from obstetrics that when a woman goes in to deliver a baby you're going to come out with a baby. There's at those moments where the stereotyping comes to harm and where the targeting of women
can occur by physicians and nurses and other people in a
system that's supposed to care for them and deliver a
healthy baby.

**MS KATHERINE HENSEL:** So -- and would you --
can you tell us a bit more about the assumptions in your
experience and what you've observed? The assumptions that
come into play in invoking these stereotypes about whether
it's a pregnant Indigenous woman delivering or seeking
medical care for her child?

**DR BARRY LAVALLÉE:** The assumptions -- like,
and it's also including paediatric emergencies, rooms where
women might take their babies for a whole variety of
things, and including fevers. You know, so the assumptions
are is that -- that are prevalent are that Indigenous women
don't know how to use Tylenol for a fever. So if a child
comes in with a fever perhaps you think that the mother's
negligent.

And, in fact, in one case we had that was
presented to me was a case in Manitoba where a First
Nations woman, who was actually in the university, she was
really being targeted by paediatrics because her son had
cancer and the assumption was that she was negligent in the
care of her son who, in fact, could get bruising. But this
First Nation's woman caught it and came to us and we
attended paediatrics to expose how that stereotyping to
harm was occurring for that woman and try and protect her and maintaining her child, because, in fact, the paediatrics hospital offered her to put her child in voluntarily into Child and Family Services so that the child could be cared for appropriately.

**MS. KATHERINE HENSEL:** Right.

**DR. BARRY LAVALLEE:** And that's an actual case.

**MS. KATHERINE HENSEL:** I would note, it's one among many comparable cases.

**DR. BARRY LAVALLEE:** M'hm.

**MS. KATHERINE HENSEL:** Would you agree that it's a reasonable concern for Indigenous mothers and families that when presenting at an urgent care facility and an ER that their presence there seeking medical care for their child may trigger a referral to Child Welfare authorities and the cascade of harm and trauma that may flow from such a referral?

**DR. BARRY LAVALLEE:** I believe that's a reasonable fear.

**MS. KATHERINE HENSEL:** And do you believe it's one that's widely perceived by your patients and members of your community?

**DR. BARRY LAVALLEE:** Yes.

**MS. KATHERINE HENSEL:** Okay. So in other
words, a woman seeking medical -- an Indigenous woman seeking medical care for a child has to -- in assessing the risks of doing so, or failing to do so, one of those risks, they're balancing the risk of not seeking medical at all or in a timely way, or risking unwarranted or -- and harmful intervention by Child Welfare authorities?

**DR. BARRY LAVALLEE:** That is completely possible.

**MS. KATHERINE HENSEL:** You'll agree that that's not only discriminatory, but it poses a real barrier to accessing medical care for Indigenous children?

**DR. BARRY LAVALLEE:** That's how racism looks.

**MS. KATHERINE HENSEL:** Yes. And that extends to, for example, accessing prenatal care for Indigenous mothers?

**DR. BARRY LAVALLEE:** Yes.

**MS. KATHERINE HENSEL:** And even extends to the decision of whether or not to attend at a hospital to give birth?

**DR. BARRY LAVALLEE:** Yes, or late attendance.

**MS. KATHERINE HENSEL:** Yes. And that gives rise to further risk and actual harm for not only the mothers and the children.
DR. BARRY LAVALLEE: Yes.

CHIEF COMMISSIONER MARION BULLER: Thank you.

MS. KATHERINE HENSEL: Thank you.

MS. MEREDITH PORTER: Thank you so much.

The next representative I'd like to invite up to question the witnesses comes from the Inuit Tapiriit Kanatami, ITK. And that representative will have six and a half minutes for their questions.

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

MS. ELIZABETH ZARPA: Good afternoon. My name is Elizabeth Zarpa. I'm legal counsel with Inuit Tapiriit Kanatami and represent 60,000 Inuit across Canada from the four land claim regions known as Inuvialuit, Nunavut, Nunavik and Nunatsiavut.

I want to thank everybody here today for giving your testimony, and also the Commissioners and the Elders in the room. Thank you.

I'm going to also thank the traditional territory of the Hodinishoni, the Anishinaabe and the Mississaugas of New Credit.

So my questions will hopefully -- Dr. Sylvia Moore, you're a professor at Memorial University. And in your testimony today you highlighted the link between education and racism within Indigenous communities. And
examples of that you highlighted include Indigenous people are invisible within the curriculum and the pedagogies of public and post-secondary institutions and that education is more Euro-centric and western in its approach; correct? Can you please say yes for the record?

DR. SYLVIA MOORE: Yes, yes.

MS. ELIZABETH ZARPA: And that within the Nunatsiavut bachelor of education -- Inuit education, there currently are no Inuit instructors teaching within your four-year program?

DR. SYLVIA MOORE: In that cohort, that's right.

MS. ELIZABETH ZARPA: Could you please speak up for the mic?

DR. SYLVIA MOORE: Sorry. Yes, within that cohort, that's right.

MS. ELIZABETH ZARPA: Great. Thank you. Just for the record.

Are there Inuit professors at ---

DR. SYLVIA MOORE: I can't answer that. I work in Labrador, so I'm really not down on the main campus very often. I don't ---

MS. ELIZABETH ZARPA: So is it fair to say there aren't?

DR. SYLVIA MOORE: I don't know.
MS. ELIZABETH ZARPA: Okay. Aside from that, would it be fair to recommend that a -- to bridge the gap within education and the perpetuation of racism within those institutions that a recommendation be made that provincial territory and local Inuit land claim governments increase the level of Inuit instructors and professors within colleges and universities in Canada.

DR. SYLVIA MOORE: Absolutely.

MS. ELIZABETH ZARPA: And, a recommendation be made that a university or college infused with Inuit pedagogies, traditional knowledge, language be established in all of the Inuit regions of Inuvialuit, Nunavut, Nunavik and Nunatsiavut by 2030.

DR. SYLVIA MOORE: I think that that’s outside of my expertise and it’s not something that I have an answer to.

MS. ELIZABETH ZARPA: Would you agree that a university in Nunatsiavut is something that would benefit the community in which you teach in?

DR. SYLVIA MOORE: A university in Nunatsiavut?

MS. ELIZABETH ZARPA: Yes.

DR. SYLVIA MOORE: If the Nunatsiavut Government wanted that, that makes sense to me. I don’t know whether or not they want that.
MS. ELIZABETH ZARPA: Okay. Thank you. My next questions are geared towards Dr. Lavallee. A recommendation was to increase the number of First Nation medical students within the profession and to also pay attention to Inuit who travel from up north to attend medical schools. Can you briefly please elaborate on why you don’t see many Inuit medical students within your institution or the profession overall?

DR. BARRY LAVALLEE: I don’t know. My observation from the university and in the south of Manitoba is that I don’t think we make the right effort to actually engage with the northern communities to look at bridging or to look at ways to get learners from up north to come to our medical schools, and that’s the way I see it. I’m a medical educator, I’m a senior medical educator Indigenous at the University of Manitoba and that for me, professionally, is a failure.

MS. ELIZABETH ZARPA: Would it be fair to make a recommendation that medical institutions, such as the one that you teach at and others across Canada, bridge the gap of lack of Inuit medical students within their programs by piloting programs throughout Inuit Nunangat?

DR. BARRY LAVALLEE: I would completely agree. And, in fact, with our technology, we can have year -- med 1 in communities anywhere in the north with the
technology we have.

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

And, my next questions go to Amy Hudson. Hi, Amy. You mentioned earlier that the experience of inadequate health services, poor community infrastructure, lack of relevant education and community supports are something that’s, sort of -- are racism within institutions for southern Inuit in Labrador; correct?

**MS. AMY HUDSON:** Correct.

**MS. ELIZABETH ZARPA:** Okay. And, would you say that the experience of institutional racism is a direct reflection of the lack of adequate representation of Inuit from Newfoundland or Labrador within the provincial legislature?

**MS. AMY HUDSON:** I would agree.

**MS. ELIZABETH ZARPA:** Is there -- would you make a recommendation that there be more Inuit people from Newfoundland or Labrador within the provincial legislature?

**MS. AMY HUDSON:** That question is so much more than that from my particular context and knowledge base and expertise, but generally speaking, yes, I would agree.

**MS. ELIZABETH ZARPA:** All right. And so, in the experience of the institutional racism that you highlighted, the lack of services, roads, health care,
programming, culturally relevant programming, who do you see as the decision makers in that process to alleviate that reality?

**MS. AMY HUDSON:** Mm-hmm. Mm-hmm. So, I did speak about the autonomy of communities and the necessity of community members, and Inuit themselves to make decisions that determine their lives and their direction, and to inform necessary and integral services to their health and wellbeing. However, we do live in a society whereby there are people within influential positions of power and who actually are directly involved in making those decisions, and it’s certainly incumbent upon the people like you identify whether they be within provincial or federal government departments or representatives of those governments to act and to ensure that such services are provided and accessible.

**MS. ELIZABETH ZARPA:** And, would you agree that Inuit from different regions throughout Labrador be present within those decision-making powers to alleviate living realities that you highlighted that are perpetuated due to institutional racism?

**MS. AMY HUDSON:** Mm-hmm. My understanding is that’s the only possible way forward.

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

Those are my questions.
MS. AMY HUDSON: Thank you.

MS. MEREDITH PORTER: Thank you. The next representative I’d like to invite up to pose questions to the witnesses is from the Battered Women’s Support Services, and the representative will have 6.5 minutes.

--- CROSS-EXAMINATION BY MS. ANGELA MARIE MACDOUGALL:

MS. ANGELA MARIE MACDOUGALL: Good afternoon. My name is Angela Marie MacDougall and I am with Battered Women’s Support Services. We are an organization that is based in Vancouver, the Musqueam, Tsleil-Waututh and Squamish Nations. We work to end violence against women and provide direct services regionally and work broadly for systemic change.

I want to -- I’m extreme grateful for the Haudenosaunee, the Mississaugas of New Credit and the Anishinaabe people for the opportunity to be here and to have this conversation today, and thank you for the witnesses for your remarks. Very grateful for the information that was shared today.

I have a number of questions and I hopefully will get through them all. I’d like to start with Dr. Lavallee first, if I may. You remarked earlier today about -- that Indigenous people can’t enter the health care system unless it’s within a stereotype.

DR. BARRY LAVALLEE: Yes.
MS. ANGELA MARIE MACDOUGALL: Would you agree that Indigenous women and girls cannot enter the health care system without being subject to a racist and sexist stereotype?

DR. BARRY LAVALLEE: Stereotype in general, yes. And, again, let’s make sure. So, if a First Nations woman looks like a white woman and her name doesn’t reflect local communities where I come from, she might not have entered into stereotype.

MS. ANGELA MARIE MACDOUGALL: Mm-hmm.

DR. BARRY LAVALLEE: But, once there’s an identity that occurs, then stereotype -- the phenomena of stereotyping seems to be endemic.

MS. ANGELA MARIE MACDOUGALL: So, the identity based on a name, based on self-identification also ---

DR. BARRY LAVALLEE: Or colour.

MS. ANGELA MARIE MACDOUGALL: --- the amount of melatonin perhaps in her skin?

DR. BARRY LAVALLEE: Mm-hmm.

MS. ANGELA MARIE MACDOUGALL: Would you agree that colonial hegemonic Indigenous femininity simultaneously signals subordinate racial and gender position and defines Indigenous women and girls as racialized others, and within that, are subject to a
particular form of surveillance within the health care system?

**DR. BARRY LAVALLEE:** Yes, I would.

**MS. ANGELA MARIE MACDOUGALL:** Would you be willing to comment on that a little bit? In what way would you see that?

**DR. BARRY LAVALLEE:** So, I’m not an expert in the areas of overlapping oppressions particularly, but to be brown -- it appears, to be brown skinned, and to be Indigenous and to be female places you at risk at probably the lowest on the social scales that we have with other women, white women, you know, settler women, et cetera. And, it’s the racialization of our Indigenous women despite their colourway -- including their colour, as well as their gender, does place them at risk, there’s no doubt about that, when they enter the health care system.

**MS. ANGELA MARIE MACDOUGALL:** Right. Thank you.

**DR. BARRY LAVALLEE:** Yes.

**MS. ANGELA MARIE MACDOUGALL:** Thank you. And then would you agree then, that within that settler Canada then perceives Indigenous women and girls as threats to be managed in some way?

**DR. BARRY LAVALLEE:** Policed and managed.

**MS. ANGELA MARIE MACDOUGALL:** Thank you.
I’d like to ask Amy Hudson a couple of questions, if I may, please. Thank you for your remarks today.

Would you agree that Indigenous girls are materially denied access to privileges and protections of modern girlhood?

**MS. AMY HUDSON:** I’m sorry, I missed a word in that, so if you can repeat the question?

**MS. ANGELA MARIE MACDOUGALL:** Would you agree that Indigenous girls are materially denied access to privileges and protections of girlhood?

**MS. AMY HUDSON:** I think that’s a very large question. And, I think that in circumstances in which -- and again, speaking from -- I lack expertise when it comes to urban areas and urban environments, but speaking from knowledge and awareness in more remote isolated regions, certainly geography alone is but one factor that can lend to that.

**MS. ANGELA MARIE MACDOUGALL:** Mm-hmm. Thank you. And, within that, would you say that Indigenous girls are typically held in some form of custody, in terms of child welfare, state custody, foster care, boarding school arrangements or youth detention centres in terms of the denial of girlhood?

**MS. AMY HUDSON:** Due to personal recent trauma, I actually can’t answer that question. I
apologize.

MS. ANGELA MARIE MACDOUGALL: Thank you.

Thank you.

MS. AMY HUDSON: No, it’s fine.

MS. ANGELA MARIE MACDOUGALL: Okay.

I’ll ask questions of Farida Dief. You spoke earlier about the absence of a dual arrest policy within policing. I’m wondering if you’re aware of the Violence Against Women in Relationship Act within British Columbia, as well as the RCMP domestic violence policy nationally?

MS. FARIDA DEIF: I am aware of those, yes.

MS. ANGELA MARIE MACDOUGALL: Are you aware that they have provisions that are deemed primary aggressor or dominant aggressor?

MS. FARIDA DEIF: Yes. The RCMP does. In Saskatchewan, we were focused more on the municipal police services, and when we asked those municipal police services whether they had a policy on dual arrests, none of them could identify such a policy.

MS. ANGELA MARIE MACDOUGALL: Okay. So, thank you for clarifying that it was specifically municipal police in Regina.

MS. FARIDA DEIF: Regina, Prince Albert and Saskatoon.
MS. ANGELA MARIE MACDOUGALL: Okay, thank you. Thank you. I have one more question. In thinking about -- this is for Dr. Lavallee. For thinking about the numbers of Indigenous girls and women that are in the care of the state who then enter into the healthcare system, to what extent do you think that they are able to achieve their healthcare needs?

DR. BARRY LAVALLEE: While in custody?

MS. ANGELA MARIE MACDOUGALL: Well, in care of the state, I’m also referring to foster care.

DR. BARRY LAVALLEE: In my opinion, it would be a challenge.

MS. ANGELA MARIE MACDOUGALL: Would you ---

MS. MEREDITH PORTER: Thank you. Thank you very much.

MS. ANGELA MARIE MACDOUGALL: Oh no, I had two more seconds, did I not? I tried.

(LAUGHTER)

MS. MEREDITH PORTER: Thank you. The next representative I’d like to invite up for questioning the witnesses is from Awo Taan Healing Lodge Society, and the representative will have 6.5 minutes.

--- CROSS-EXAMINATION BY MR. DARRIN BLAIN:

MR. DARRIN BLAIN: Good morning to the panellists and to the two Commissioners that are here. My
name is Darrin Blain, and I am a lawyer working in Calgary. I’m also a member of the Peguis First Nation in Manitoba. I would assume, Dr. Lavallee, you would know where that is ---

**DR. BARRY LAVALLEE:** Yes, I do.

**MR. DARRIN BLAIN:** --- Peguis First Nation?

Great. Good afternoon to all of you and good afternoon to Ms. Jacobs who led us this morning. I thought one of the most beautiful things I’ve heard all day is when she said women come here to make the world great. I just thought of my mother and my sister when she said that, and I just thought that was a really beautiful way to start the day.

Dr. Lavallee, is it fair to say that you are an advocate of bringing medical education to the north, to the Northern Territories of our country, and that the Commission ought to refer to this in their report?

**DR. BARRY LAVALLEE:** I think that’s a wise decision.

**MR. DARRIN BLAIN:** And, I noticed that the College of Law at the University of Saskatchewan is doing that with their law students, and last fall, they just started law school in Nunavut, and that was quite the deal, as it should be. You’re suggesting that something like that take place in the north, are you not?

**DR. BARRY LAVALLEE:** Yes, I would suggest
that.

MR. DARRIN BLAIN: Right. Let’s make that a recommendation to the Commission.

Sir, can you tell me what the name of your national governing body is?

DR. BARRY LAVALLEE: As...?

MR. DARRIN BLAIN: Is it the College of Physicians and Surgeons?

DR. BARRY LAVALLEE: No. I mean, it depends. For my licence or for my ---

MR. DARRIN BLAIN: Yes. Yes.

DR. BARRY LAVALLEE: My licence is provincial.

MR. DARRIN BLAIN: Okay.

DR. BARRY LAVALLEE: The College of Physicians and Surgeons of Manitoba.

MR. DARRIN BLAIN: Okay. Who governs doctors, medical doctors, nationally in this country?

MR. DARRIN BLAIN: Doctors’ professional behaviour is governed by the colleges. So, the college exits to protect you from us; okay? That’s essentially how that goes.

(LAUGHTER)

DR. BARRY LAVALLEE: Now, if you’re looking at standards of care, then you’re looking at whatever you
belong to. So, for example, I belong to family doctors. And so, I have both a provincial and a national organization that directs my specialty in that regard.

**MR. DARRIN BLAIN:** Who would be the national body to advocate on behalf of doctors vis-à-vis the government bodies that are interested in the medical care of Indigenous people? For example, for us, it’s the law society of our province, and the Federation of Law Societies in this country. Who would be your national advocate?

**DR. BARRY LAVALLEE:** So, it would be the College of Physicians -- it would be the College of Family Doctors of Canada, if you imagine that, and then the College of Specialists and Surgeons of Canada.

**MR. DARRIN BLAIN:** Okay.

**DR. BARRY LAVALLEE:** So, those would be two advocacy levels the public can go to.

**MR. DARRIN BLAIN:** Okay. As I understand it, you’re asking that the advocacy folks in your profession that you’ve mentioned make recommendations or start thinking about having more Indigenous executives in the health regions across Canada because one of the things you’ve talked about, Doctor, is that there’s not enough Indigenous executives in the health regions across our great country; is that right?
DR. BARRY LAVALLEE: That’s correct.

MR. DARRIN BLAIN: Ms. Deif, good afternoon.

MS. FARIDA DEIF: Good afternoon.

MR. DARRIN BLAIN: Is it your suggestion today that because of the racism that has resulted in a great level of distrust among Indigenous women -- great level of distrust in the police forces, that women are essentially saying, “Screw it, I’m not going to press charges, I’m not going to speak to the police. I can’t trust them because of what they’ve done to me or my loved ones.” So, they are essentially saying forget it or “screw it”, to use my client’s words, and as a result of that, as a result of not getting the protection they need, and having the prosecutions proceed that they need, these women may be some of the women that we’re talking about in this Inquiry that get murdered, go missing, or leave by suicide; is that fair?

MS. FARIDA DEIF: I think it’s fair to say that many of the women that we spoke to avoid any contact with the police and avoid that interaction in a similar way that they may avoid going to receive health services, and the fear that that might trigger a certain response in the police sector as well. They would avoid that. Some of the women said, “We try to be invisible. We try and be as invisible as we possibly can,” which means that if they
were a victim of a crime, they would not seek police assistance. If they were a witness to a crime, they wouldn’t seek the police’s intervention out of fear that the Indigenous woman in question might actually be also subject to physical or sexual abuse.

So, there is an avoidance of interaction with the police that certainly could result for victims of violence in the situation that we have today, which is the crisis of missing and murdered women. There is a number of -- there are a number of silent cries for help that go unheard, and when you accumulate those silent cries for help, at the end stage, you have the crisis that we have today.

MR. DARRIN BLAIN: Right. And, I think we’re all aware of what happens when we get to that point.

Ms. Hudson, good afternoon. Thank you for being here. You were hard on yourself in indicating that your articulation wasn’t great today. I think any institution, be it government or at community-level ought to be happy to have you, quite frankly.

I do have a bilateral question for you, and my question is whether or not you’ve attended the funerals of women that go murdered as a result of not accessing health services, be they physical health services or mental health services in the community that you live in because
they’re just not available?

MS. AMY HUDSON: I guess in a literal sense of actually attending funerals, if I’m interpreting your question accurately, then, certainly, my observation is that inaccessible and inadequate health services has led to the exacerbation of existing health conditions, and in some circumstances, some death, yes.

MR. DARRIN BLAIN: Good afternoon. Thank you.

MS. MEREDITH PORTER: Thank you so much for your questions, and I understand that the panel is in need of a break, so I’ll leave it to your discretion about how much time you should take, Chief Commissioner.

CHIEF COMMISSIONER MARION BULLER: They’re not the only ones who want a break. We’ll take a 10-minute break, please.

MS. MEREDITH PORTER: Thank you very much. We will return to the room, then, at 4:30. Thank you.

--- Upon recessing at 4:23 p.m.
--- Upon resuming at 4:38 p.m.

MS. MEREDITH PORTER: All right. Okay. So, we’ll get started again. And, the next representative I would like to invite up for questioning the witnesses is from Aboriginal Legal Services. And, the representative from Aboriginal Legal Services will have 10-and-a-half
minutes for questioning.

--- CROSS-EXAMINATION BY MR. JONATHAN RUDIN:

MR. JONATHAN RUDIN: Good morning. Good afternoon, sorry. Everyone was saying good morning. Good afternoon. My name is Jonathan Rudin. I am counsel for Aboriginal Legal Services. That’s our English name. Our Ojibwe name is Gaa kinagwii waabamaa debwewin, which translates as all those who seek the truth, and I want to thank the panelists for helping all of us in that quest today. I also want to thank the Commissioners for being here, and the elders for opening. And, I also want to thank the Ministry of The Attorney General who’s given me a few more minutes, so I might even speak slowly.

My first question is for Drs. Lavallee and Moore, and Ms. Deif. And, I’d like to build on the last question you were asked. And, I wonder if -- you tell me if it’s fair to say that the reason that racism in institutions, such as schools and police and education, are so important in the context of murdered and missing Indigenous women and girls is because those are the institutions that we normally expect people to go to when they are in need, and those are the institutions that often are the early warning symbols and organizations that see early warnings. And, the problem with racism is that it keeps those individuals away from the places that are, in
fact, supposed to keep them safe; would that be fair?

MS. FARIDA DEIF: Yes, that would be fair.

MR. JONATHAN RUDIN: Dr. Lavallee?

DR. BARRY LAVALLEE: Yes, they’re complicit.

MR. JONATHAN RUDIN: Dr. Moore?

DR. SYLVIA MOORE: Well, I don’t think I would describe education as a place people would turn to, to find safety, although we certainly wouldn’t say that it’s not to be a safe place. The concern with education is that it shapes the way we think, and it nurtures, or at least does not extinguish racism.

MR. JONATHAN RUDIN: Okay. I follow that up with you, Dr. Moore, because the -- one is often told in school that when you have problems, you are to -- you can go to your teacher, and this is the place that you go maybe when things are not working well at home. And, teachers have a responsibility to pick up on a -- on an earlier question, teachers have the responsibility to talk to child welfare agencies so that younger girls who are at risk, leaving aside whether they’re Indigenous, younger girls who are at risk, there is some sort of expectation that the school will be able to pick some of that up; is that fair?

DR. SYLVIA MOORE: Definitely. Yes.

MR. JONATHAN RUDIN: But, racism in the school, and as you said, whether it be through the way
things are taught, that prevents that from occurring; is that fair? That can prevent that from occurring?

DR. SYLVIA MOORE: It can. It can contribute to it.

MR. JONATHAN RUDIN: Thank you. So, my next question is for Dr. Lavallee and Ms. Deif. Both of you, when you spoke about how to address the problem of racism in institutions, and you were talking in the medical institutions and in policing, both used the same word, which I thought was interesting. You both spoke about accountability. You didn’t talk about cross-cultural training, you didn’t talk about any of those things, you talked about accountability. So, I wonder if you could each, perhaps briefly, talk about what accountability means in the context of, on the one hand, medical institutions, and the other hand, policing.

DR. BARRY LAVALLEE: I didn’t talk about cultural safety training because Indigenous culture is not the issue. The issue around accountability is that white patriarchy needs to be dismantled in institutions, and white patriarchy is the epitome of what happens when they’re not held to account.

And so, really, it’s the Settler participant and actor in that large theatre that’s about Settler Canada that needs to hold himself or herself accountable in the
context of what’s going on with Indigenous people as well as in medical education. That’s our intention when people exit the medical school that they have an ability to see themselves as actually providing good care and good care plus for Indigenous peoples that they’ll engage with.

**MS. FARIDA DEIF:** Now, on the policing side, you know, there is quite a bit of training that happens, cross-cultural training, et cetera, that -- certainly that can be strengthened that -- you know, in many different ways depending on what police force we’re talking about. But, really what we’ve seen is that Canada, as a whole, and certainly in the provinces where we’ve done work, has made very limited progress on -- to ensure that the police are accountable for their policing failures relating to Indigenous women and girls.

And so, there is very little accountability for policing failures, for police misconduct and abuse, for failing to support victims of violence adequately. And, the systems that are in place, I mean, there are certainly complaints mechanisms that are in place both for the RCMP and for the Municipal Police Services where, in theory, a member of the public who has suffered misconduct or abuse could file a complaint -- or negligence by the police could file a complaint through those two different mechanisms.

But, they really essentially -- I mean, (1)
there’s retaliation issues and fear of retaliation that prevent Indigenous women from using those mechanisms; but (2) those mechanisms really act as a, sort of, advisory role. They can’t, you know, in a way compel the police chiefs to really do anything, so they act as a, sort of, advisory council. They make recommendations, but there’s no way that they can compel the police chiefs to change a policy or practice, et cetera, and so they don’t really have that level of authority, which is a problem.

And then the other thing is that there isn’t really -- every province doesn’t have an independent civilian investigation mechanism that could investigate police abuse and misconduct. And, even in certain jurisdictions where they do have that, sometimes certain crimes are omitted. And so, for example, in British Columbia, there is a civilian investigation mechanism to look at police misconduct and abuse, but that actually exempts rape and other forms of sexual violence from their investigations. And so, even that, you know, falls short of standards.

**MR. JONATHAN RUDIN:** Thank you. The next thing I’d like to get at, I’ll start with you, Dr. Lavallee, we talk about the need for institutions to be accountable, but there’s also a need, isn’t there, for there to be Indigenous-specific institutions created to
provide service for Indigenous people. Would you say that’s important?

**DR. BARRY LAVALLEE:** Yes.

**MR. JONATHAN RUDIN:** And, have you had examples? Are there examples in -- that you know in Manitoba of Indigenous-specific health organizations providing services for Indigenous people?

**DR. BARRY LAVALLEE:** There are specific examples in Winnipeg. Aboriginal Health and Wellness Centre is one such sector that’s been around I think for about 15, 16 years, but it’s under the -- it’s a sub of -- within the Winnipeg Regional Health Authority. It does have some governance structure that attempts to mimic the urban Indigenous community as allocated money for resources from a number of areas.

**MR. JONATHAN RUDIN:** Would you think that it would make sense as for funding to be created and for Indigenous-specific organizations to be available to provide health care as an alternative to using large multi-service organizations like the Winnipeg hospitals?

**DR. BARRY LAVALLEE:** I think the two would complement each other, because we can’t remove the responsibility of publicly funded institutions who may not provide good care for Indigenous peoples to be off -- to offset their responsibility to provide care for citizens in
Manitoba just because we create a centre that’s for Indigenous people. That’s a very slippery slope to walk on.

MR. JONATHAN RUDIN: But, is there -- would you -- is there a role for both then?

DR. BARRY LAVALLEE: Yes, there is.

MR. JONATHAN RUDIN: Okay. And, Dr. Moore, is that also true in education?

DR. SYLVIA MOORE: Sure. But, that’s what we see happening when there are land claim settlements or other kind of legal agreements where Indigenous communities have the right to take over their own education system, and they do so. Whether or not that happens off reserve or outside of those land claim areas, I think I would echo what Dr. Lavallee just said in terms of it being a slippery slope, but also that both need to happen. So, we certainly wouldn’t want to deny that public schools, K-12, need to change their curriculum, how we approach it and so on. And, there are certainly many, many Indigenous students in public schools. So, are we suggesting that there be another school built in a town or a community for just Indigenous children and one for not? So, I don’t think that I can speak to that, but certainly within their own communities, absolutely.

MR. JONATHAN RUDIN: Thank you. And, rather
than try and squeeze a question and answer in 17 seconds, I will give those 13 seconds to the next speaker.

**MS. MEREDITH PORTER:** Thank you. The next representative I would like to invite up to cross-examine the witnesses comes from the Ontario Native Women’s Association. And, the representative from the Ontario Native Women’s Association will have six-and-a-half minutes for questioning.

--- CROSS-EXAMINATION BY MR. ROBERT EDWARDS:

**MR. ROBERT EDWARDS:** Thank you. Madam Chief Commissioner and Commissioners, my name is Bob Edwards. I have the honour of being one of the legal counsel for the courageous women of the Ontario Native Women’s Association. I first wish to echo the acknowledgment and respect given by previous speakers and counsel for the traditional lands and the people we visit today, the elders, the drums and the drummers, and the sacred items that are present.

I propose to ask my clients’ questions to two of our excellent presenters today being Ms. Deif and, if time permits, a brief question for Dr. Lavallee, and possibly a wrap-up zinger for all four panelists with a 20-second answer. Ms. Deif, you spoke of -- I’m going to -- it’ll be a bit of a prolix introduction, but I’m confident the question will be very direct, and I hope you can help us out.
You spoke of a very fractured relationship with police services both in Saskatchewan and Northern British Columbia where Indigenous women were apprehensive about interacting with police, understandably suspects, but also after being victimized themselves by serious crime. My imperfect notes show that this included situations of victim-blaming questions or blaming for actions taken even in self-defence. But, you did speak of possible tools for improvement such as trauma-informed training, non-judgmental and non-racist questions, better personal search practices to lessen the trauma of the situation, if that’s possible.

I do want to ask you on behalf of my client about another possible tool in the toolkit of investigation of serious violent crime against Indigenous women and girls. My client is well along in discussions with the Thunder Bay Police Services about finalizing a pilot project. It’s implementing an enhanced version of what is sometimes referred to as the Philadelphia Model of investigative practices. I’m confident you’re familiar with that.

But, this would involve certain designated advocates for Indigenous women becoming reviewers in real time of investigations involving sexual assault or other crimes of violence against Indigenous women and girls,
missing and murdered investigations, and possibly even also human trafficking. The purpose of the reviewers would be that they’re as advocates in real time to ensure that no stone is left unturned in the investigation, all leads are followed up, thorough questions are asked in an appropriate and trauma informed manner, and an appropriate level of communication is made with the family.

Question, finally, from your expertise in this field, does this seem like a promising area of discussion? And, if so, do you have any suggestions, encouragement or cautions for parties who may be considering such an agreement?

**MS. FARIDA DEIF:** Yes, I would agree that that is a promising area. The Philadelphia Model has been recognized quite widely as a best practice in the area providing victims of sexual assault with an advocate, with someone who can voice their concerns, that someone can ensure that there are the right types of protections and confidentiality and other forms of protection they might need when they are being questioned by police officers. And so, I would very much be an advocate for that.

**MR. ROBERT EDWARDS:** My understanding, often, is the Philadelphia Model is sort of after the fact, that there’s a review of practices months later. Are you familiar with situations where there has been, sort of, a
live, real time involvement or engagement of the advocates?

**MS. FARIDA DEIF:** You know, certainly in models in other countries where there is a, sort of, one-stop centre type of model for victims of violence, it wouldn’t be, sort of, sexual violence, specifically, but all victims of violence. There would be a similar type of model where, in a one-stop centre, where that individual could receive a variety of services, whether that’s, sort of, shelter services, health care services, the legal services, the provision of someone who would, sort of, follow them throughout their case. And so in that sense it's sort of a similar type of model where you would have a peer kind of guidance person that would sort of support you throughout your ordeal, legal, you know, and otherwise, to ensure that your -- you know, your rights are respected throughout that process. But it does seem like a model -- I'm not aware of that kind of model being used in Canada.

**MR. ROBERT EDWARDS:** Yet.

**MS. FARIDA DEIF:** Yet. Exactly.

**MR. ROBERT EDWARDS:** Thank you.

Dr. Lavallee, thank you so much for your enlightening evidence today. It was ---

**DR. BARRY LAVALLEE:** Yeah.

**MR. ROBERT EDWARDS:** And thank all the panellists. It was really very helpful and a remarkable
I want to put a question to you, Doctor, that might reflect on the tragedy of Mr. Sinclair's death by racism in the emergency room. Is there any experience that you're aware of where advocates are in -- placed in busy emergency rooms, major hospitals, to start with at least, that are there sort of looking out for exactly the sort of circumstance that occurred in Mr. Sinclair's situation. Is there -- you think after 34 hours somebody might have intervened. And is there any practice that you're aware of of creating positions for people to do just that?

DR. BARRY LAVALLEE: Indigenous specific?

MR. ROBERT EDWARDS: Yes.

DR. BARRY LAVALLEE: Not that I'm aware of.

MR. ROBERT EDWARDS: Non-Indigenous?

DR. BARRY LAVALLEE: I'm not a part of the Winnipeg Regional Health Authority, so I'm not -- and I don't visit emergency rooms unless I need to.

MR. ROBERT EDWARDS: Yeah, all right.

DR. BARRY LAVALLEE: But I understood or that post Brian Sinclair case that a social worker was assigned, trying to help people navigate at the point of entry and that, in fact, you were taped, you were -- a band was put on you at the point of entry and you were monitored
to which direction you would go. I don't know the outcomes of that, but I know that ---

MR. ROBERT EDWARDS: Thank you.

DR. BARRY LAVALLEE: --- I don't think that that ---

MR ROBERT EDWARDS: I was just going to ask you if you knew the outcomes, but if -- we -- perhaps we could follow up on that.

I have 32 seconds left for the zinger question from my client. We're interested, members of the panel, in hearing your one recommendation that you would offer to create safety for Indigenous women and girls.

MS. FARIDA DEIF: One recommendation I suppose for me would be back to accountability and ensuring that there is a really kind of adequate accountability mechanism for police abuse.

MR. ROBERT EDWARDS: Thank you.

DR. SYLVIA MOORE: Making changes to what we teach and how we teach it.

MR. ROBERT EDWARDS: Thank you.

MS. AMY HUDSON: Just listening to us. It's not being accountable. It's we're doing our work. We're waiting for other people to catch up.

MR. ROBERT EDWARDS: Thank you.

Doctor?
DR. BARRY LAVALLEE: Letting women be free to have their babies without being accosted in our institutions.

MR. ROBERT EDWARDS: Well, very helpful suggestions all, and thank you so much.

CHIEF COMMISSIONER MARION BULLER: Thank you.

MR. ROBERT EDWARDS: Thank you, Madam Commissioner.

MS. MEREDITH PORTER: Thank you.

The next representative I'd like to invite up to the podium to question the witnesses is from the Aboriginal Women's Action Network and the representative will have six and a half minutes for questioning.

--- CROSS-EXAMINATION BY MS. FAY BLANEY:

MS. FAY BLANEY: Thank you. Where's -- there you are.

Farida, I wanted to ask if you used the cultural safety model when you were conducting your research in Northern British Columbia?

MS. FARIDA DEIF: Yeah, so it was a colleague of mine who did the research in Northern B.C. And generally our policy at Human Rights Watch is, first of all, of course, to have any interviews done completely voluntarily with the consent of the individual that's being
interviewed. There's no payment for any type of -- for, you know ---

**MS. FAY BLANEY:** M'hm.

**MS. FARIDA DEIF:** --- receiving the testimony.

**MS. FAY BLANEY:** Because my time is limited ---

**MS. FARIDA DEIF:** Okay.

**MS. FAY BLANEY:** --- I really want to focus on cultural safety. So I wanted to ask a follow-up question.

**MS. FARIDA DEIF:** Okay.

**MS. FAY BLANEY:** So did they go in with an understanding of Indigenous beliefs and the power relations dynamic between the researcher and the subjects?

**MS. FARIDA DEIF:** Yes, very much so. I mean, we -- in both the cases in Saskatchewan and in Northern B.C. the work was done very much in partnership with Indigenous social service providers and Indigenous women's rights organizations who accompanied the researchers on -- in the visits to the community, who accompanied the researchers, and in some cases also attended the interviews with the researcher.

**MS. FAY BLANEY:** So did it include an understanding of the historical legacy of patriarchy within
the Indian Act?

MS. FARIDA DEIF: Yes, it did. And if you look at both of the research that we've done, both the reports, they have a very lengthy background section that goes into great detail about that.

MS. FAY BLANEY: Okay. I did look at them and it includes residential school. So that's just a preface to the next question that I want to ask you.

So I looked at recommendation number two in the B.C. report that's directed towards Canada and then recommendation number one that's directed towards the RCMP. And the first one deals with a national action plan to address violence. And the RCMP report deals with data collection. That's not the main point though.

The main point for me pertains to the fact that your recommendation suggests that it should be done in cooperation with Indigenous communities. And what I'm wondering is, when you say Indigenous communities, did you take into consideration the fact that Indigenous women are extremely marginalized under patriarchy?

MS. FARIDA DEIF: Yes, we did. I mean, when we reference Indigenous communities we are also very much talking about including the voices of every member of that community.

MS. FAY BLANEY: Yeah, well, we're invisible
in that I have to tell you. Where does it say Indigenous women in that? You cannot assume that we're there somewhere ---

MS. FARIDA DEIF: M'hm.

MS. FAY BLANEY: --- that we have to search for it. I'm very alarmed at that, the exclusion of Indigenous women. I see it as an exclusion that we aren't ---

MS. MEREDITH PORTER: I'm going to ---

MS. FAY BLANEY: --- mentioned there.

MS. MEREDITH PORTER: Can I stop the clock for a moment, please? There's a couple of details I did want to clarify.

First of all, the representative, if you could just give your name for the record because I think you neglected to do that at the beginning?

MS. FAY BLANEY: All right. My name is Fay Blaney.

MS. MEREDITH PORTER: Thank you. And if I could ask that we -- we have a rule of procedure for these -- for the hearings that we have respectful questioning that could be put to the witnesses. So I'd ask that you frame your questions in that manner to the witnesses and allow any of the witnesses that you're posing questions to the time to answer your question adequately.
MS. FAY BLANEY: M'hm. Okay. Well, if you perceive my questions not to be respectful it's because of the passion that I feel. I am an Indigenous woman. She's writing about me. She's doing research about me. And I feel passionate about that.

MS. MEREDITH PORTER: I can appreciate that.

Thank you.

MS. FAY BLANEY: Thank you. Thank you.

MS. FARIDA DEIF: And just to clarify, there was no intention to exclude Indigenous women's voices. I mean, all of the reporting is on the experiences of Indigenous women and girls. All of the organizations that we work with are, you know, are basically representative of the community of Indigenous women in that community. And so in every situation, whether it was in Northern B.C. or in Saskatchewan, there were the voices of Indigenous women who guided the entire research process, who ---

MS. FAY BLANEY: Yes.

MS. FARIDA DEIF: --- participated it --- participate in it in every way, who reviewed the documents and the materials, who were there to collect the testimonies with us and ---

MS. FAY BLANEY: And my clock ---

MS. FARIDA DEIF: --- and to frame the recommendations.
MS. FAY BLANEY: My clock is ticking away.

I heard that answer two hearings ago that we have Indigenous women working with us too. The fact is that you need Indigenous women's groups. I don't know if I'm crossing the line again but ---

MS. FARIDA DEIF: I just ---

MS. FAY BLANEY: --- Indigenous women groups. I guess I can ask you the question. Do you have an organization of Indigenous women with an Indigenous women's liberation focus in your organizing and amongst those women that you speak about?

MS. FARIDA DEIF: Well, in Saskatchewan, the 16 different organizations, the different people that were part of our working group were all representative of different organizations, including Women Walking Together, including the Elizabeth Fry Society that dealt with corrections. We really tried to get a spectrum of individuals that could be -- talk to us and help guide us through every aspect of the Indigenous woman's experience and could help support and guide the research, that could help support and review the recommendations as well to make ---

MS. FAY BLANEY: Okay.

MS. FARIDA DEIF: --- sure that they were sensitive.
MS. FAY BLANEY: All right. One minute and 40 seconds remaining.

The recommendation to B.C. number three says provide adequate shelter and social services for, this word again, "victims of violence". Indigenous women are much more than that. But anyway, going past that you say that you provide culturally sensitive services or that should be provided. I'm asking you if the omission of Indigenous women in those categories of Indigenous communities was inadvertent, why would you then omit Indigenous or gender-specific services there, the importance of gender-specific services?

MS. FARIDA DEIF: I mean, the entire report is about Indigenous victims of violence. And so perhaps in some places the shorthand "victims of violence" was used because it was clear that the entire research project was on Indigenous victims of violence; there were no other victims that we were speaking about. And so in that sense it was just a shorthand way.

MS. FAY BLANEY: Okay. So the recommendation should not be in shorthand, though. I'm asking you why you did not include gender-specific. You include cultural sensitivity, and that's evident and obvious throughout the report, but you do underscore it in the recommendations. Should not gender sensitivity be
underscored in that recommendation as well?

   MS. FARIDA DEIF: Yes. And I think it was
implicitly mentioned.

   MS. FAY BLANEY: Okay.

   MS. FARIDA DEIF: But perhaps, you know, if
you would prefer it to be explicitly, I understand that.

   MS. FAY BLANEY: Yeah, okay. Thank you very
much.

   MS. MEREDITH PORTER: Thank you.

   MS. FAY BLANEY: My time is up and I want to
thank you for that research. I appreciate it. I’m just
flustered that women are not -- are somewhat erased.

   MS. MEREDITH PORTER: The next
representative I’d like to invite up is from the Regina
Treaty Status Indian Services, and the representative will
have six and a half minutes for questioning.

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

   MS. ERICA BEAUDIN: Thank you very much.

   Good afternoon. Once again, thank you to
the Elders, the drummers, singer for their prayers and
songs yesterday, as well as the citizen of Treaty 4.

   I again acknowledge the traditional
homelands of the Mississaugas and Anishinaabe and
Haudenosaunee -- I always get that wrong, my apologies; no
disrespect -- and bring well wishes from our Treaty area.
My name is Erica Beaudin and I’m the Executive Director of the Regina Treaty Status Indian Services.

**MS. ERICA BEAUDIN:** Dr. Lavallee, miigwetch and (undiscernible) for your presentation this morning. While your testimony gave me hope for the future by hearing what you are committed to in teaching future medical doctors, it also fills me with sadness for the medical treatment many of my loved ones and people I know and work with did not receive, many of whom are no longer with us.

My first question is accountability of institutions and the people who work in them. You already answered a question very close to my question from my colleague, Darlene; however, do you believe there should be provincial health ombudsman offices; further, that prioritize the experiences of Indigenous people in healthcare to ensure Indigenous people are able to report any concerns of under or mistreatment?

**DR. BARRY LAVALLEE:** Yes, I do; and that they be empowered to follow through.

**MS. ERICA BEAUDIN:** Okay. I’m mostly also thinking about our most vulnerable who are likely to not report. Do you believe this service should be delivered by Indigenous organizations, or should Indigenous people
deliver this in larger, mainstream organizations?

DR. BARRY LAVALLEE: That all depends on the power assigned to people who are given money to create an organization that’s run by our own community. In case that’s, again, a slippery slope in terms of if we have Indigenously-led organizations to support our community people, how far will it go, depending on the relationship you have with the main -- you know, the Western system. That’s a caution.

MS. ERICA BEAUDIN: Okay. Do you believe there may be alternative measures for Indigenous people? And, secondly, how do we ensure there’s enforceability, and should the College of Physicians and Surgeons have a key role in this?

DR. BARRY LAVALLEE: The second question, yes. I got lost in your first part; sorry.

MS. ERICA BEAUDIN: Okay. Do you believe there may be an alternative measure for Indigenous people in a reporting mechanism?

DR. BARRY LAVALLEE: No. I think in the overall end, there have to -- we have to have a system to complain to the main bodies of the health systems, including institutions, colleges, all of those kinds of things we have to have because the change has to occur within their culture, not our culture.
MS. ERICA BEAUDIN: Right.

DR. BARRY LAVALLEE: So there has to be something strengthened within there.

MS. ERICA BEAUDIN: Okay. Dr. Lavallee, in the Tribal Council I work for we have the All Nations Healing Hospital in Fort Qu’Appelle which allows for both traditional and western concepts of healing and wellbeing. I feel very fortunate to be able to access the services for both myself personally and professionally.

Due to the nature of science being, in many cases, very black and white when it comes to diagnoses, do you believe there is space in the teaching of medical doctors, indigenous knowledge in medicines, especially in regards to women’s health as just as valid as the science that is being taught?

DR. BARRY LAVALLEE: As a Western science, yes.

MS. ERICA BEAUDIN: Okay. Do you foresee the realization of health services in all hospital settings like we do in the All Nations Healing Hospital which honours both ways?

DR. BARRY LAVALLEE: That’s a hope.

MS. ERICA BEAUDIN: Okay. Dr. Lavallee, as a follow-up question, how do you see the legitimization by the mainstream medical community of Indigenous traditional
medicine occurring in medical settings? Secondly, how can the people who are imparting this knowledge, both teachers and practitioners, be properly compensated in the way that medical doctors are?

**DR. BARRY LAVALLEE:** The compensation should occur with equity. So, for example, we have traditional people who study for 40 years, a lot longer than one PhD does to get their PhD. And at the university, for example, we’re driving that our Elders who work with us have a level as a senior academic, at least at the base, for example.

But in practice, my understanding about the people who practice our arts and our medicines are on-call 24/7 and they should be remunerated appropriately for providing those kinds of services. So not $50; I’m talking, like, 200, $300,000 a year.

**MS. ERICA BEAUDIN:** Yes. Oftentimes we have the cap of $150 regardless of the time that our practitioners, our traditional practitioners provide services.

Thank you for your time today.

Ms. Deif, than you for your presentation this morning. My organization, us being the only Indigenous owned and operated service delivery agency in Regina, was also one that you visited with -- once.

So in your research, have you studied if
there's a direct correlation between police and social services in upholding the balance of power within Indigenous women and having control over them?

**MS. FARIDA DEIF:** No, that’s not something that we researched.

**MS. ERICA BEAUDIN:** Do you believe that would be a worthwhile cross-sectoral study, especially if it is done in partnership with Indigenous child care researchers?

**MS. FARIDA DEIF:** Yes, I do.

**MS. ERICA BEAUDIN:** Would this benefit future policies and procedures for women in these systems?

**MS. FARIDA DEIF:** Yes.

**MS. ERICA BEAUDIN:** Do you believe that a non-systemic — that non-systemic advocates for Indigenous female victims, or even people who are charged in those systems, are necessary?

**MS. FARIDA DEIF:** Non-systemic advocates?

**MS. ERICA BEAUDIN:** Yes.

**MS. FARIDA DEIF:** Can you clarify that?

**MS. ERICA BEAUDIN:** That aren’t system-based; for example, most of our victim services are police-based or system-based. They’re housed right in those systems.

**MS. FARIDA DEIF:** Can you repeat your
question then?

**MS. ERICA BEAUDIN:** Okay. Do you believe that non-systemic advocates for Indigenous female victims, or even if they're charged in those systems, are necessary? Would you like me to reframe?

**MS. FARIDA DEIF:** No, I understand your question now. It’s not really one that I can answer, to be honest. I mean, I think we -- because our focus is on international law and international human rights law, we put a very strong emphasis on the state’s responsibility. And so the state, through its various actors, whether that’s the police whether that’s healthcare providers as the sort of system that’s in place, we place a certain degree of responsibility on them to ensure that adequate services are provided, to a community to ensure that the community is protected from violence, et cetera.

That’s not to diminish the role of sort of non-system actors but it’s not one that we really looked into because we do very much focus on the existing systems in place and the gaps and the weaknesses in those systems that need to be improved.

**MS. ERICA BEAUDIN:** Okay.

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

**MS. ERICA BEAUDIN:** Thank you for all the panel members for your time. You’re valued -- you give
value and we appreciate your dedication to the safety and security of Indigenous women and girls.

**MS. FARIDA DEIF:** Thank you.

**MS. MEREDITH PORTER:** The next representative I’d like to invite up to question the witnesses is from the Saskatchewan Association of Chiefs of Police, and the representative from the Saskatchewan Association of Chiefs of Police will have 10 and a half minutes for questioning witnesses.

**MS. KATRINA SWAN:** Sorry; if I can just have a minute?

(SHORT PAUSE)

--- CROSS-EXAMINATION BY MS. KATRINA SWAN:

**MS. KATRINA SWAN:** Good afternoon, Elders, Chief Commissioner, Commissioners, members of the National Family Advisory Circle. And I will acknowledge that we are standing on traditional lands. I thank you today to the experts for your testimony.

**MS. KATRINA SWAN:** My name is Katrina Swan and I’m legal counsel for the Saskatchewan Association of Chiefs of Police. It is an organization that is made up of the chiefs of police of the municipal police services in Saskatchewan.

RCMP are a part of this SACP but I’m not here representing the RCMP today. My questions will be
limited to the municipal police agencies, as I’m sure it’s not a surprise, my questions are directed to Ms. Deif. And, I’d like to state just for the record to start that it’s not my intention to dispute the lived experiences of any of the people interviewed in your submission on the police abuse of Indigenous women in Saskatchewan. I understand and acknowledge that many Indigenous people in Canada have had negative experiences with police dating back many generations, and I understand that there is mistrust between some members of the community and the police. But, against that backdrop, I do have some questions.

You indicated in your submissions that you did meet with the Chiefs of Police of the municipal police services in Regina and Saskatoon.

**MS. FARIDA DEIF:** In Prince Albert, we had a phone call with them because, unfortunately, there was a storm that day and we weren’t able to meet with them in person.

**MS. KATRINA SWAN:** Yes. Welcome to Saskatchewan. Approximately how much time would you have spent speaking with the chiefs?

**MS. FARIDA DEIF:** I would say in both those cases it wasn’t just the chiefs. As I mentioned earlier, it was -- you know, in the Saskatoon Police Service, it was
Chief Weyhill, and I would say at least 15 to 20 of his
colleagues. In the Regina situation, it was about five or
six colleagues. I would say we spoke to them for probably
two hours, perhaps more.

**MS. KATRINA SWAN:** That’s the information I
had as well. Thank you. And, arising out of those
meetings, or perhaps it was in advance of the meetings, you
had sent quite a detailed list of questions, approximately
48 questions, and those were entered with consent of
Commission counsel this morning, and I thank you for that,
as Exhibits 28, 29 and 30. You reviewed those submissions
in drafting your report?

**MS. FARIDA DEIF:** Yes, we did.

**MS. KATRINA SWAN:** And, the submissions
today didn’t necessarily include it, but there were
policies and other documents that were provided as part of
the response?

**MS. FARIDA DEIF:** Sorry, can you repeat your
question? I’m not quite clear.

**MS. KATRINA SWAN:** We did provide policies
for you as well to review?

**MS. FARIDA DEIF:** Right. Right.

**MS. KATRINA SWAN:** But, those -- the
responses in the policies weren’t included in the
submission other than by reference related to dual charging
and acknowledgements that you had received the letters.

**MS. FARIDA DEIF:** Right. Well, because our -- you know, as I mentioned earlier, our focus was not on gaps and weaknesses in policy. Our focus was on gaps and weaknesses in practice, and as I’ve said before, from a policy perspective from the protocols in place, there are many of them, short of a few weaknesses that I’ve identified earlier, they are quite good and inline with best practices that you would see in any other developed country that would have similar types of policing practises and policies.

But, our issue in terms of the experiences of the subset of women that we spoke to in Saskatchewan was on deviations from the policy, was on weaknesses in terms of providing discretion for certain types of behaviour, was on the lack of enforcement of policy. So, that’s why we didn’t go into much detail and analysis about policy in our submission because that wasn’t the focus.

**MS. KATRINA SWAN:** I certainly appreciate the acknowledgement and the recognition that the policies certainly are in place, that, you know, we are attempting, at least, to address those issues. In terms of follow up that happened after the release of the report, did you meet with any of the police services?

**MS. FARIDA DEIF:** Not as a follow up. We
met with Public Safety Canada in Ottawa.

**MS. KATRINA SWAN:** Right.

**MS. FARIDA DEIF:** We, you know, because of, sort of, limited capacity issues, we’re not able to sort of go back to each province multiple times. You know, I mentioned both in the meetings that we had with all of the Chiefs of Police that I would welcome any information from them as to any progress that was made, any developments, any new policies or practises.

Certainly, I think that the burden at this stage, having done the research and the reporting, is really on the police services to then identify progress that they’ve made. I can’t be in Saskatoon and Regina everyday monitoring what the police services do, and any types of new initiatives that they have with the community, but I would very much like to hear about them, because that’s something that we would like to acknowledge in some way.

**MS. KATRINA SWAN:** Great. And, I believe you said this morning that the response that you felt had come from the police services was a defensive one in terms of you released your report and, simultaneously, it was actually all of the municipal police services did a news release to release the exhibits that were hear this morning, because the police are proud of the policies and
the work that they are trying to do in the communities.

So, in terms of that, then, I guess -- well, you’re speaking today about accountability and how you feel that accountability is one of the most important things that needs to come out of the research that you’ve done, and I’ll ask if you recall receiving initial letters. When you brought some of the concerns to the chiefs, there were letters that were drafted and sent to you asking for information about the allegations that were being made so that the chiefs could have those investigated and then try to hold the members accountable. Do you recall receiving those?

MS. FARIDA DEIF: I do recall, but it’s not our policy to provide any information about the victims that we speak to, the survivors of violence and their experience with police, any information that would identify them to the police services in question. In fact, we interview them with the knowledge that we would keep their information confidential. So, while the police services wanted information about the specifics of each case in order to follow up, that’s certainly not something ethically that we could do.

MS. KATRINA SWAN: But, you understand that it’s difficult to hold them accountable if they don’t have the information presented?
MS. FARIDA DEIF: It’s not -- the research that we do is not in order to hold specific police officers accountable for specific acts of misconduct or abuse. It’s to shed light on a pattern and weaknesses in an entire system that could then initiate and trigger a response from the police services.

MS. KATRINA SWAN: And, you understand where I’m coming, though, to say that it’s difficult to address that if they don’t have the information? I’ll move on. Thank you.

Obviously, I’m not going to dispute that more can be done, but I will say -- or would you acknowledge that based on the information that was provided to you that the chiefs in all of the municipal police services are working hard to build relationships in the Indigenous communities? And, I’ll specifically refer to the questions 13 and 15 in the submissions from the police services; referring you to pages 12 to 15 of the Saskatoon Police Services submission; 7 to 11 of the Regina Police Services submission; and 6 to 7 of Prince Albert. And, they have detailed information in there about initiatives that are being undertaken with communities.

MS. FARIDA DEIF: There are certainly a number of initiatives in the community that are taking place.
MS. KATRINA SWAN: Thank you. In terms of another one of the areas that you highlighted was about police oversight and speaking around civilian oversight. Did you speak to the Public Complaints Commission of Saskatchewan?

MS. FARIDA DEIF: Yes. We spoke to both the Public Complaints Commission and then the Civilian Review and Complaints Commission in Ottawa, because there isn’t a Saskatchewan branch.

MS. KATRINA SWAN: That’s RCMP. Right. So, do you know a lot about the Public Complaints Commission, that it is completely independent of police?

MS. FARIDA DEIF: We know that it is independent of the police, but we also know that it’s only an advisory -- it only has an advisory function. It cannot compel any of the Chiefs of Police to do, really, anything at all.

MS. KATRINA SWAN: But, if the police service -- so in Section 48 of the Saskatchewan Police Act, which I’m not expecting you to have intimate knowledge of, Section 48, if a police chief wanted to provide a remedial order in way of discipline, that the Public Complaints Commission has to consent to that before it can be offered, and if they don’t consent, the police service has to charge a member with a discipline offence?
MS. FARIDA DEIF: I mean, I couldn’t really speak to it at that level of detail, but that does sound accurate.

MS. KATRINA SWAN: And so, that would be a way that they do have oversight and some ability to control what the chiefs are doing?

MS. FARIDA DEIF: If the police chief triggers it; right? It’s the police chief that’s triggering it, and the problem is that what we’re looking for is for the complaints mechanisms to have the authority over the police chiefs in order to trigger action.

MS. KATRINA SWAN: Thank you.

MS. FARIDA DEIF: Not the other way around.

MS. KATRINA SWAN: Thank you. You’ve provided six examples of excessive force, and I know that the woman you spoke to expressed the concern about making a complaint and fear of retaliation. You’ve said you didn’t report those concerns to the police service. You classify the stories of excessive force but you didn’t get any information from the police about those particular circumstances?

MS. FARIDA DEIF: No, because as I said, we don’t mention specific cases to the police services.

MS. KATRINA SWAN: Yes, thank you.

MS. FARIDA DEIF: That would be a breach of
trust.

**MS. KATRINA SWAN:** I understand. I believe that you had acknowledged, though, that sometimes force is necessary? Police are authorized and legally justified to use force on occasion?

**MS. FARIDA DEIF:** Yes.

**MS. KATRINA SWAN:** So, it’s possible in these circumstances that perhaps force was justified? Just because there’s an injury doesn’t necessarily mean force is excessive?

**MS. FARIDA DEIF:** No. But, in these cases, given the information that we knew, it seemed that the force that was being used was disproportionate to the threat against the officer.

**MS. KATRINA SWAN:** Based on the information that you had.

**MS. FARIDA DEIF:** Right.

**MS. KATRINA SWAN:** Thank you. I think I’ve covered those. I don’t have very much time left, but you did talk about the domestic and sexual assault investigations. I will indicate that in the policies in Regina and Saskatoon, there is the aggressor -- I’m sorry, the words, I don’t have them here.

**MS. FARIDA DEIF:** Primary?

**MS. KATRINA SWAN:** Primary aggressor, that
that is in the policy, and it’s my hope that in a couple of weeks when we’re dealing with policing in Regina that we will have some information about policies on domestic violence and sexual assaults. Those are my questions.

Thank you very much.

**MS. MEREDITH PORTER:** Thank you. The next representative I would like to invite up is from the Independent First Nations, and the representative will have 6.5 minutes for questioning.

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

**MS. SARAH BEAMISH:** All right. Good afternoon. My name is Sarah Beamish. I’m counsel for Independent First Nations which is a group of 12 Haudenosaunee, Anishinaabe and Oji-Cree Nations in Ontario, and all of these nations have lost women to violence. On behalf of the IFN, I acknowledge and thank our hosts on this territory, the elders in the room with us, the Commissioners and our witnesses today.

So, my questions are for Ms. Deif and Dr. Lavallee. Ms. Deif, I’ll ask you a couple questions first. In your materials, it talked about rape and sexual assault by police not being within the mandate of one of the civilian oversight bodies. And so, just simply, I would like to ask, would you make a recommendation that complaints regarding rape and sexual assault by police be
included in the mandates of all civilian oversight bodies of police forces across Canada?

**MS. FARIDA DEIF:** Yes.

**MS. SARAH BEAMISH:** Okay. I’d also like to ask you about strip searches. So, in the materials that you put forward from the Saskatchewan Association of Chiefs of Police, it talked about their procedures around strip searches. And, it said in one of them that the general approach is that men are to be searched by men, women are to be searched by women, and then if someone identifies as trans, they can make a request about who they would like to be searched by. But, this does require people to identify themselves as trans in what is already likely a distressing situation, and it also might not be appropriate for people of other genders or people who are intersex.

So, would you agree that a better approach would be to simply ask all detainees what gender of officer they would prefer to have conduct the strip search and to respect that request to the extent possible?

**MS. FARIDA DEIF:** Yes, I would agree with that approach.

**MS. SARAH BEAMISH:** Okay. And, the document also talked about the same protocols regarding strip searches being followed for both adults and minors. The document didn’t mention this, but I want to ask you if you
know whether the parents or guardians of minors are
generally contacted before strip searches are done on
youth.

**MS. FARIDA DEIF:** I don’t know if that’s the
case.

**MS. SARAH BEAMISH:** Don’t know.

**MS. FARIDA DEIF:** The focus of our work in
Saskatchewan was on adult women, so I’m not sure for girls.

**MS. SARAH BEAMISH:** Okay. Would you
recommend that parents or other caregivers should be
notified and given time to attend where that’s possible and
appropriate before a minor is strip searched?

**MS. FARIDA DEIF:** I would think that there
would be almost -- there would be -- there should be very,
very limited, if any, circumstances in which a minor should
be strip searched to begin with.

**MS. SARAH BEAMISH:** Yes.

**MS. FARIDA DEIF:** And so, it’s -- I mean,
certainly if in the incredibly exceptional case that that
was necessary, yes, the parent should be there.

**MS. SARAH BEAMISH:** Okay. Thank you. I’d
also like to ask, the human rights reports on Northern BC,
it looked at some of the violence that was related to what
we call The Highway of Tears. And, you may know that there
has since been a shuttle bus put in place on that highway.
But, one consequence of that has been that the Greyhound, the private for-profit bus routes in Northern BC have now been cut back directly because of that shuttle bus. And, some people in that area now have been saying that when that service gets cut, they are now going to have to resort to hitchhiking. Do you -- does Human Rights Watch or do you have any recommendations based on your research in that region about how these -- when these gaps emerge or worsen, what should be done to address them?

**MS. FARIDA DEIF:** Certainly, there should be adequate and accessible and available transportation in all of that -- in all of The Highway of Tears, that the concerns that we have certainly in terms of hitchhiking in that area, the fact that there isn’t, sort of, accessible -- both financially accessible and in terms of time of day, et cetera, the fact that those systems aren’t in place is a huge challenge. Certainly.

**MS. SARAH BEAMISH:** Okay. With the rest of the time, I’m going to ask some questions to Dr. Lavallee. So, in your document, Indigenous Health Values and Principles, “health” is defined holistically and within a cultural context. Now, here in Ontario, when I believe in some other provinces as well, it’s the practice that, during visits to primary care clinics, patients are told that they can only seek help with one problem per visit.
Would you say that this practice would generally make it more difficult to understand and treat health concerns in a holistic way?

**DR. BARRY LAVALLEE:** Yes.

**MS. SARAH BEAMISH:** Would you recommend that primary health care delivery processes be reviewed with the goal of making them better suited to holistic conceptions of health?

**DR. BARRY LAVALLEE:** Yes.

**MS. SARAH BEAMISH:** Okay. So, now, I want to come back to the idea of death by racism that we’ve been talking about. Dr. Lavallee, are you familiar with the story of Barbara Kentner, the woman in Thunder Bay -- the Indigenous woman in Thunder Bay who was killed after being hit by a trailer hitch that was thrown at her from a moving car?

**DR. BARRY LAVALLEE:** I recall the case.

**MS. SARAH BEAMISH:** Okay. So, one disturbing part of that story that was reported fairly widely in the news was that her life may have been saved through a liver transplant, but that she was deemed ineligible for this transplant because she had not abstained from alcohol use for six months. Would you agree that alcohol and drug use by Indigenous people is often related to the trauma, discrimination, poverty and other
kinds of oppressive conditions that they too often live with?

DR. BARRY LAVALLEE: Yes.

MS. SARAH BEAMISH: Would you then agree that policies that would deny Indigenous people the life saving care they need because of alcoholic or drug use are racist in their impacts?

DR. BARRY LAVALLEE: Yes.

MS. SARAH BEAMISH: Are there any recommendations you would make to address this?

DR. BARRY LAVALLEE: Stop the practice.

MS. SARAH BEAMISH: Okay. So, I have a minute left, and I would like to ask you one more question about something in the document that you put forward called, First People, Second Class Treatment. It made the point that there’s a connection between Indian Act determinations of who is an Indian and health outcomes for Indigenous people. And, one example that it pointed to was that the Non-Insured Health Benefits Program does not include Métis or non-status people. Can you -- do you want to say anything more about the connection between The Indian Act and health outcomes for Indigenous peoples, and are there any recommendations you would make related to this?

DR. BARRY LAVALLEE: I’m going to say
something even more politically incorrect, so I’m going to apologize ahead of time.

**Ms. Sarah Beamish:** Go for it. Yes.

**Dr. Barry Lavallee:** If you -- this sounds terrible. If you have a status card in Canada, the likelihood that you have -- that you can become ill is greater than if you don’t. Now, that’s not to diminish First Nations’ identity in any way, shape or form, but it actually speaks as a proxy to what happens in a contextual way if you identify, and Ottawa sees you as a First Nations person.

Now, indeed, you know, dark skinned Métis in Northern Manitoba can experience poor health outcomes, like First Nations people in Northern Manitoba, so that racism actually doesn’t attend to whether they have a card or not, but it speaks to the array of how racism looks, both structurally right down to the individual impact of racism. So, if you -- that’s kind of how -- and it’s a funny thing that works that way.

**Ms. Sarah Beamish:** Okay. All right. Well, thank you all for your answers today.

**Ms. Meredith Porter:** Thank you. The next representative I would like to invite up to the podium is from West Coast LEAF. And, the representative from West Coast LEAF will have six-and-a-half minutes for questioning
the witnesses.

--- CROSS-EXAMINATION BY MS. RAJI MAGNAT:

MS. RAJI MAGNAT: Good afternoon. My name is Raji Magnat. I’m counsel for West Coast LEAF. I’d like to echo the thanks offered by others to the elders, grandmothers, Commissioners and witnesses today, and to convey my gratitude for the welcome that I have received to these lands by their custodians.

I would like to just ask a few questions to Ms. Deif. Many of my questions, as always, seems to happen at these hearings, get scooped by others, so these are a few, kind of, clean up questions, maybe. My take away from your evidence today is that Indigenous women in Canada are both, sort of, ironically over-policing and under protected; is that fair?

MS. FARIDA DEIF: That’s a fair assessment.

MS. RAJI MAGNAT: So, I would like to start with the over-policing aspect of that. You spoke about the presumption of criminality that applies to Indigenous women, and how Indigenous women are often arrested or detained when they are the ones that are seeking justice. And, you spoke earlier with Mr. Blain about Indigenous women avoiding the police or wanting to render themselves invisible so that they don’t come into that contact, which has been very harmful for them. Would another reason for
Indigenous women to want to avoid the police be a potential for police contact to result in removal of their children?

MS. FARIDA DEIF: Yes.

MS. RAJI MAGNAT: Was that something that came up in the work that Human Rights Watch did? I have read both reports, but I don’t recollect...

MS. FARIDA DEIF: That was not an issue that came up in terms of a barrier to seeking police protection or support from the interviewees that we interviewed.

MS. RAJI MAGNAT: But, it is your understanding, as someone who works in this area, that that would indeed be another reason why many Indigenous women may want to avoid contact with the police to avoid having children removed?

MS. FARIDA DEIF: Yes, certainly.

MS. RAJI MAGNAT: Okay. Thank you.

MS. FARIDA DEIF: Yes.

MS. RAJI MAGNAT: And, now, I’d just like to turn to the police responsibility to address structural or systemic discrimination, which also came up in your evidence earlier. BC Solicitor General recently asked for groups to provide submissions around developing policies for unbiased policing.

MS. FARIDA DEIF: M'hm.

MS. RAJI MANGAT: Do you have
recommendations based on your work in Canada, and maybe more directly your work outside Canada, on how police services in Canada could begin to dismantle the misogyny and racism and sexism that takes place in those day-to-day exercises of discretion that you've spoken about today?

**MS. FARIDA DEIF:** Yeah, I mean, I think the root causes are often sort of structural in systemic bias. And so I think that, you know, there isn't -- you know, there isn't a lot of focus in the trainings that are done of various police services on bias.

**MS. RAJI MANGAT:** M'hm.

**MS. FARIDA DEIF:** You know, there is -- there can be a lot of different elements of sort of, you know, cultural understanding, et cetera, but there isn't really a sense that police officers who are the new cadets that are being recruited or sort of more periodically as part of a training of existing police officers, that there is a sense that people are -- that officers are being asked to question their inherent bias about different communities in Canada. That I think is a big gap.

**MS. RAJI MANGAT:** Thank you. Do you think that using terms like discipline offences or police misconduct is a proper characterization of the kinds of experiences that Human Rights Watch uncovered in terms of what Indigenous women in B.C. and Saskatchewan are facing
and with their contact with the police? Is it -- does it seem proper to call that -- to call some of those things discipline offences or misconduct? I think you said something earlier that I maybe would like to pursue a bit around that this is criminal activity and why are we not regarding it as such.

**MS. FARIDA DEIF:** No, I mean, I never use the term discipline ---

**MS. RAJI MANGAT:** I see.

**MS. FARIDA DEIF:** --- conduct, but I think we really -- there was a spectrum of abuses that we were looking at; right? I mean, from excessive use of force where, you know, the handcuffing caused sort of bloody wrists, to sexual assault. That is a wide spectrum of abuses. In the human rights world, in the international human rights world we would call that sort of a variety of human rights violations and abuses. Not to diminish the severity of the abuses, but just to kind of be able to highlight the spectrum of that, and so not all of the abuses that we documented were criminal in nature.

**MS. RAJI MANGAT:** I see.

**MS. FARIDA DEIF:** There was -- and some of it was, you know, more misconduct than it was criminal. And so I think it was just more to kind of highlight the entire spectrum of the abuses that we documented that are
of varying severity.

**MS. RAJI MANGAT:** Okay. Thank you.

We've talked a lot about accountability and sometimes transparency becomes part of accountability frameworks. I would like to invite you, in the time I have, to speak a bit about how you think transparency, or what sorts of recommendations could be made around transparency where there is this civilian oversight body, and let's say it does have the right mandate, where does transparency fit into that accountability framework, in your view?

**MS. FARIDA DEIF:** I mean, I think transparency is critical because I -- you know, even if there are effective initiatives that are being taken place by the various public complaints mechanisms, if the public, the general public isn't aware of that, isn't aware, for example, that these complaints mechanisms exist, isn't aware of the effect of their work, the impact of their work, how it's changing, policies and practices, how it's changing, police -- I mean, if that's not part of the public awareness and dialogue, then it becomes a bit of a meaningless exercise in a way, because part of the issue is that you want to build a bridge between law enforcement and the Indigenous community. And in order to do that, there needs to be transparency.
If a police officer is criminally charged for the abuses that they have inflicted on Indigenous women, that should be made public. That -- anything from disciplinary action to other types of, you know, criminal action or criminal penalty, those things should be public and transparent in order to -- I mean, it is only in the best interest of the police service to make that clearly apparent so that in a way it does start to build a level of trust in law enforcement because there is a sense that those individuals who are, you know, mistreating or abusing Indigenous women are going to be held account by a system in place.

**MS. RAJI MANGAT:** Thanks. That's my time.

Thank you, everyone, for your evidence today.

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

The next representative I'm going to invite up to the podium is from Manitoba Keewatinowi Okimakana, MKO. And the representative from MKO will have six and a half minutes for questioning.

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

**MS. JESSICA BARLOW:** Good afternoon. I'd like to begin by acknowledging the Elders, singers, drummers, and the families and survivors that are either here with us today or at home in our communities. I'd also
like to recognize the sacred items in the room.

I'd like to thank the witnesses for sharing
with us today. I'd also like to thank the Commissioners.

I'd like to express gratitude to the
Anishinaabe, Mississaugas of New Credit and Hodinoshoni
peoples for welcoming us to their territory to conduct this
work in a good way.

My name is Jessica Barlow. I am legal
counsel on behalf of MKO. And with the greatest of respect
for all of the panel members all of my questions today will
be for Dr. Lavallee.

A lot of my questions have been aptly asked
and answered already, and so I just have a few follow-up
questions for you, Doctor.

And my first question pertains to your
testimony you spoke about differential access. And I'm
just wondering if you're able to elaborate on that term,
differential access, and specifically, differential access
in racism and health and health services as it pertains
specifically to First Nations communities in northern and
remote communities in Manitoba, if you're able to comment
on that.

DR. BARRY LAVALLEE: Sure. So differential
access it's a fancy term to try and hide racism and how it
looks actually. So one of the things -- I'll give you an
example; okay? So, one of the things that we try and do is promote prevention.

**MS. JESSICA BARLOW:** M'hm.

**DR. BARRY LAVALLEE:** Right? So, prevention so that people don't lose their legs, for example, or they don't need to go to dialysis, but the onslaught of colonization on the body of Indigenous peoples in many areas, including areas around Thompson, are that the nursing station is inundated with a lot of sick people who have multiple needs, and there's limited resources in terms of practitioners to provide care for people. That in itself -- so when the need is not met and the need is not being met, that's how racism looks, okay, is one kind of example.

And it morphs out into a whole slew of things, for example; right? So if somebody has a chest pain and if a nurse decides that it's not ischemic in origin, or it doesn't warrant a medivac to Thompson, or to Winnipeg, and if there's a mistake, that is a problem, so that the level of diagnostics that are available in the community and the providers who are available in the community can't do it, that's how racism looks, for example; okay? And it's just -- I could just go on and on about that.

**MS. JESSICA BARLOW:** M'hm.
DR. BARRY LAVALLEE: Okay?

MS. JESSICA BARLOW: Perfect. Thank you.

And earlier today you spoke about the health
of the Indigenous body, and more specifically you spoke
about the health of the woman and how the effects -- this
also affects the health of the family and that to heal the
environment and the structure is to heal the person. Do
you recall saying that?

DR. BARRY LAVALLEE: Yes.

MS. JESSICA BARLOW: And I'm wondering if
you can elaborate on this comment and unpack it a bit for
us, if you will, and if you can also provide any
recommendations as to how this may be implemented in
practice?

DR. BARRY LAVALLEE: The second part
requires more than a few minutes.

MS. JESSICA BARLOW: Okay.

DR. BARRY LAVALLEE: Not that I have the
answers, but even just to unpack it. So, for example, we
know by numbers that if we increase the breastfeeding rates
for First Nations it actually has a protective factor, a
influence downstream so that people can have less diabetes,
as an example; right? But how is it that our women's
groups and our MKO and KTC actually influence communities
in such a way that we make breastfeeding again very, very
normal in a culturally appropriate way for women and gender
appropriate way is a question. How much resources does the
federal government and the provincial government provide
for those organizations to promote that one small part
about the health of the future for First Nations people?

Now, you know, in reality, it appears, at
least from my limited view, that the protection of women
from violence, for example, and the promotion of healthy
relationships where people enter a relationship cognizant
of their responsibility for relationship -- and that's not
a deficit analysis, so please it’s not saying -- placing
the blame on Indigenous People. But it’s saying, what do
we -- what can we do structurally to ensure that
relationships start out in a good way. So that -- it
sounds crazy, but that the conception itself is at its best
most healthy, is actually a large, large determinant of
health. In theory, for downstream for the communities,
like 20, 30 years downstream. It’s just -- I could just go
on about that.

MS. JESSICA BARLOW: Thank you. Now, we
just heard you make a recommendation that Indigenous women
should not be accosted by our institutions during birthing.
Do you recall that?

DR. BARRY LAVallee: Yes.

MS. JESSICA BARLOW: I’m wondering if you
would also extend that recommendation to include that
Indigenous women should not be accosted in our institutions
generally?

DR. BARRY LAVALLEE: Yes.

MS. JESSICA BARLOW: Thank you. And I only
have a minute left, and so with that time I would like to
offer you the opportunity to speak on any further
recommendations that you would have for the Commission on
racism, as it relates to Indigenous health and health
services, as well as medical or public education.

DR. BARRY LAVALLEE: And I just might take
one option to say that, having a job and having access to
economic viability by women actually is about the health of
that particular family. So while we focus on trying to
change these -- the institutions and make them safe for
people to gain access to health, there are other major
influences on health that are not being addressed
currently. That we need to actually branch out. It’s
jobs, it’s housing, you know, it’s all of those kinds of
things that are vitally important.

MS. JESSICA BARLOW: Wonderful. Thank you
so much. Thank you all.

MS. MEREDITH PORTER: The next
representative I would like to invite up to the podium is
from Pauktuutit, and the representative from Pauktuutit
will have eight and a half minutes for questioning.

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

**MS. BETH SYMES**: Thank you. My name is Beth Symes. I represent Pauktuutit. The Inuit women of Labrador, Saturviit, the Ottawa Inuit Children’s centre, and the Manitoba Inuit Association. My questions are all about Inuit. I’ll begin with you, Dr. Moore.

You’ve described for us today an affirmative action program to educate Inuit teachers. I think that’s a fair description of your program.

**DR. SYLVIA MOORE**: I would say it was started at the request of Nunatsiavut government, yes.

**MS. BETH SYMES**: But it is by Inuit persons, is that right?

**DR. SYLVIA MOORE**: Yes.

**MS. BETH SYMES**: And it is for Inuit children?

**DR. SYLVIA MOORE**: Definitely.

**MS. BETH SYMES**: And would you agree with me that it was created as a partnership, I guess, to address the shortage of Inuit teachers?

**DR. SYLVIA MOORE**: My understanding from conversation with the education staff at Nunatsiavut, is that they signed their land claim agreement 10 years ago, and that they have the right to take over their own schools
in their land claim area and they have not yet done that. They have told me they will when they’re ready and that having this class of teachers graduate is part of that plan.

**MS. BETH SYMES:** And to your knowledge, Dr. Moore, is it the only such teachers’ program in Canada for Inuit?

**DR. SYLVIA MOORE:** As far as I know.

**MS. BETH SYMES:** How many Inuit students are in the cohort?

**DR. SYLVIA MOORE:** It started with 15. We’re now at 11 with one on a leave of absence.

**MS. BETH SYMES:** You said -- you described it as a one off, that is it’s not going to continue forever; is that correct?

**DR. SYLVIA MOORE:** Right. This is not ongoing intake into this program.

**MS. BETH SYMES:** Why is it ending? Why is it a one off?

**DR. SYLVIA MOORE:** Because Nunatsiavut asked for one cohort of students to be trained. This is not unusual. Just before that they also had a cohort of social workers, then before that they had a cohort of nurses.

**MS. BETH SYMES:** But would you agree with me that the need for teachers in Nunatsiavut and other areas
in Inuit Nunangat is acute?

DR. SYLVIA MOORE: Yes. Definitely.

MS. BETH SYMES: Dr. Lavallee, in your training -- I gather you trained partly at the Winnipeg Health Sciences; is that correct?

DR. BARRY LAVALLEE: Where I train people?

MS. BETH SYMES: No. Where you yourself trained.

DR. BARRY LAVALLEE: Oh, I -- yes. I trained at the Health Science Centre.

MS. BETH SYMES: And do you also do training there as well?

DR. BARRY LAVALLEE: No.

MS. BETH SYMES: Okay. When you were at the Winnipeg Health Sciences, I presume that you would have met a number of Inuit persons coming south to the Health Sciences for treatment?

DR. BARRY LAVALLEE: Yes.

MS. BETH SYMES: And we have evidence in this case that last year there were some 15,000 medical visits to Winnipeg from Nunavut, western Nunavut.

DR. BARRY LAVALLEE: I’m not aware of the numbers.

MS. BETH SYMES: Are you aware that the numbers are high?
MS. BETH SYMES: Okay.

DR. BARRY LAVALLEE: Sorry.

MS. BETH SYMES: Now, I want to explore with you racism in the health care system, as compared to just very bad health care. And I want to explore with you a number of possibilities that the Commission has heard evidence of as we went across the north. So the first we heard in Rankin Inlet from a lawyer, Susan Enuaraq, who she said had a white spouse, and that when she went to seek health care she got far better treatment, far better attention if her spouse was with her. Does that surprise you?

DR. BARRY LAVALLEE: No.

MS. BETH SYMES: Secondly, that the health care provider directed their attention to her spouse, even though it was Susan who was seeking health care. Does that surprise you?

DR. BARRY LAVALLEE: And Susan is not white?

MS. BETH SYMES: In -- Susan is Inuk. Does that surprise you that the health care provider would focus the attention on the white spouse, rather than the actual patient?

DR. BARRY LAVALLEE: Today, I’m a bit surprised.
MS. BETH SYMES: Would you agree with me that that is -- that example is blatant or facial discrimination?

DR. BARRY LAVALLÉE: It’s exclusion.

MS. BETH SYMES: And it’s exclusion based on race?

DR. BARRY LAVALLÉE: It appears so.

MS. BETH SYMES: And when you educate your students, do you teach them that they are to in fact focus on the patient, not on the mother, or the sister, or the spouse?

DR. BARRY LAVALLÉE: Yes. That’s a standard practice.

MS. BETH SYMES: Now, I want to take some other more -- slightly more difficult questions. In Happy Valley-Goose Bay, Silpa and Gordon Obed told us that their young son who was I think in his 30s, living in Nain, died. And on autopsy, he had TB which had never been diagnosed. Does that surprise you?

DR. BARRY SYMES: No.

MS. BETH SYMES: Now, that could be poor medicine, or would you say racism?

DR. BARRY SYMES: The fact that First Nations People and other peoples in the north die at similar rates from TB is a function of racism.
MS. BETH SYMES: Let me take a second example. This we heard when we were in Rankin -- when -- sorry, we were in Montreal, and it comes from Iqaluit. Sarah Birmingham told us the story of her three-year-old son. They were living in Iqaluit. She took him to hospital for a year and he would be -- or they would be released with Tempestra. He actually had leukaemia and died.

Dr. Lavallee, is that just bad medicine, or is that racism?

DR. BARRY LAVALLEE: I can’t tell. It certainly is bad medicine. Whether it’s racism I can’t tell with what information that you gave me.

MS. BETH SYMES: What extra information would you need?

DR. BARRY LAVALLEE: Well, what happened the other times, what information was given to the parents? And how was it delivered?

MS. BETH SYMES: The mother was discharged with Tempestra after having been at the hospital on numerous occasions over the case -- over the space of 12 months.

DR. BARRY LAVALLEE: So if the mother’s concern about her child was dismissed ---

MS. BETH SYMES: Yes.

DR. BARRY LAVALLEE: --- that is racism.

MS. BETH SYMES: Now, you’ve told Mr. Blaine
that as a physician you are governed by the College of
Physicians and Surgeons of Manitoba.

DR. BARRY LAVALLEE: Yes.

MS. BETH SYMES: Your College, every
College, puts out standards of practice for medical care?

DR. BARRY LAVALLEE: Yes.

MS. BETH SYMES: Is one of those standards
the requirement to provide competent, culturally
appropriate care to the patient who is seeking care?

DR. BARRY LAVALLEE: In many ways, yes.

MS. BETH SYMES: And, you’ve indicated in
your materials that the college fails to hold doctors
accountable for -- when they don’t meet that standard.

DR. BARRY LAVALLEE: Racial. You have to
put a racial lens on it.

MS. BETH SYMES: Let’s put a racial lens on
it then. And, when the care, and I’ve given you three
different examples, and you’ve said that they would be
racist or results of racism, why can’t the governing body
for doctors hold physicians and surgeons accountable for
the lack of care that they provide to Inuit, First Nations
and Métis people?

DR. BARRY LAVALLEE: Because the receiving
college, as far as I’m concerned, has no word about being
First Nations and care, being First Nations, racism and
care. So, we encourage people to write a report about their experience and to articulate what happens, but we’re not confident about what happens at the other end. That’s another hill we have to climb.

**MS. BETH SYMES:** Thank you.

**MS. MEREDITH PORTER:** Thank you. The next party I’d like to invite up to ask questions is from the NunatuKavut Community Council, and that representative will have 6.5 minutes for questioning of the witnesses.

--- **CROSS-EXAMINATION BY MR. ROY STEWART:**

**MR. ROY STEWART:** Good afternoon, everybody. My name is Roy Stewart, and I’m fortunate enough to be one of the council for the NunatuKavut Community Council. And, I’d just like to again thank you, Commissioners, elders and all the families contributing to this Inquiry.

I have a few quick questions. The first two are for you, Amy; Amy or Ms. Hudson, which do you prefer?

**MS. AMY HUDSON:** Mr. Stewart, I think Amy would be fine.

**MR. ROY STEWART:** All right. I just want to go back to the presentation you gave this morning. You spoke about the lack of adequate or mostly flawed studying and reporting by government and academics on the southern Inuit of Labrador. And, from what I gather from your presentation is that this places your peoples and their
communities in a sort of, I guess, vacuum of statistics, leaving the people of NunatuKavut, you know, especially the women having to validate their internal needs against external observers. And, I was just curious, is this part of the cultural violence that you were getting at in your presentation?

MS. AMY HUDSON: Absolutely.

MR. ROY STEWART: And, you also were explaining that until rather recently, given the position of Labrador and Newfoundland being late joining Confederation that the Inuit of NunatuKavut freely used their land and its resources until rather recently, and that a vital role in contribution was that of the Inuit women in your communities. And, you also stated the importance of your people through the governing body of NunatuKavut Community Council is that of reclaiming what was theirs and repositioning themselves in their rightful place in the territory.

So, linked to that, I was just wondering if you could explain if this reclaiming and repositioning is linked to, I guess, the importance of a land claim agreement that you sort of -- given the time you glossed over?

MS. AMY HUDSON: Certainly, I think in getting back to -- just pointing to the discussion around
Confederation and about when land claims actually became a bit of a discussion or a reality in Labrador, and in fact, in this country wasn’t until, I think, perhaps the ‘70s and, certainly, it primarily was a state-centred solution. You know, modern land claims and agreements is a state-centred solution to basically deal with, you know, the Natives, to deal with Natives in uncertainty around Indigenous assertions to rights and title.

So, the irony in that is it also -- the period in which you’re talking about in which, you know, prior to the sixties and seventies that Inuit in my communities were fairly self-governing, but not unimpacted by other forms of colonization is interesting and timely, given the fact that that’s only during the period at which other Indigenous nations across Canada -- you know, where land claims became a pursuit at the hands of government and the irony in which we had to begin mobilizing to sort of find ways in our relationships with the state to take back that which had been stolen.

So, that’s a really important point in understanding the history of land claims and our relationship to land claims in this country. However, as we always do and as we always have, we adapt and evolve, and we learn to work with what we have around us, and that includes our relationships with other human beings.
So, having said that, land claims, and I think for us became, as it did, as I understand it with other Indigenous nations, became an opportunity -- yes, an opportunity, however foundationally flawed and colonized that opportunity is, it did become an opportunity, a mechanism, a tool through which we can begin to reclaim and govern ourselves. And, of course, that’s not to say, though, that land claimant organizations, and even when we become one, there’s this focus on this recognition and being recognized, and from a community perspective, I understand that; from a theoretical, philosophical perspective, I reject that. I do not nor will I ever need Canada’s recognition of me as an Inuit coming from Inuit, privileging my Inuit ancestry to validate that.

(APPLAUSE)

However, for the benefit of my communities and because we can see the pattern of accessible resources and infrastructure and the facilities that -- you know, Dr. Lavallee has spoken and I have learned so much today and can relate to so much of the impacts with regards to health services and the impacts, it is a road that we have to go down. Ideally, though, it’s one that will change from a situation where the state is dealing with us to put away those uncertainties, because let’s not forget, we’re not the only Indigenous nation in this country with outstanding
land claims. Ideally, it will become a situation in which self-government agreements between the state will be between Canada and another autonomous nation.

**MR. ROY STEWART:** Thank you, Ms. Hudson. Dr. Lavallee, I just have one quick question based on what Amy just said. She raised the issue of services in the communities. And, this morning, you discussed the -- I think you phrased it, and correct me if I’m wrong, the entitlement of settlers to question who we are as Indigenous people is institutionalized. Does that sound about right?

**DR. BARRY LAVALLEE:** It’s a bit fractured.

**MR. ROY STEWART:** Okay. Forgive me. On that note, are you aware that the NunatuKavut Inuit in southern Labrador are not eligible for First Nation and Inuit health grant services?

**DR. BARRY LAVALLEE:** I wasn’t aware of that.

**MR. ROY STEWART:** Okay. Well, now you are.

(LAUGHTER)

**MR. ROY STEWART:** Is that a part of the structural deficiencies you spoke of this morning?

**DR. BARRY LAVALLEE:** It’s a problem that has nothing to do with me being a doctor. It’s a problem when white systems define who we are and our identity. And, by doing so, they usurp our sovereignty, as one of my
colleagues says. And, in doing so, they reacquire our
lands continuously. Yes. There’s a reason why I’m sure
that occurs, and they have no right to do that.

MR. ROY STEWART: Thank you.

DR. BARRY LAVALLEE: It depends on what the
community wants.

MR. ROY STEWART: I see I’m already over
time, so I want to thank all panel members.

MS. MEREDITH PORTER: Thank you. Chief
Commissioner and Commissioner Eyolfson, that concludes our
questioning from the parties with standing. At this time, I’d like to seek your direction on the next step, if you
would like to proceed with your questions to the witnesses, or we could also proceed. I have one question on re-exam
for one of the witnesses, and I’m going to just canvass my
colleague here.

What would you like to do in terms of the
next steps?

CHIEF COMMISSIONER MARION BULLER: Will you
go ahead with re-examination, please? And, between the two
of us, we don’t have a great number of questions. So, I’ll
ask all of the panel members to please bear with us.

--- RE-EXAMINATION BY MS. MEREDITH PORTER:

MS. MEREDITH PORTER: Okay, thank you. My
only follow up question is for Dr. Lavallee, and it’s based
on something that Ms. Deif had made comments when she was responding to some questioning this morning. She was asked if police services that she was aware of that had been part of the two reports that she spoke to had received trauma informed or trauma training or training around trauma. So, my question -- I’d like to pose the exact same question to Dr. Lavallee in the context of physicians and the training that they receive. Are physicians, to your knowledge, trained in the area of trauma? And, if not, why not? And, if yes, could you please elaborate on, sort of, the approach to the training, the scope of the training?

**DR. BARRY LAVALLEE:** Yes. So, for our course, we include actually trauma-informed training. Very little. It’s like one hour to an hour-and-a-half out of thousands of hours for a medical student. And, we don’t have specific resources to actually do the trauma-informed care.

Now, for post-grad -- so medical school is undergrad, then post-grad. So, post-grad training is only at its infancy and trying to -- attempting to get thousands of learners to address Indigenous health, so -- and that’s two, three years down the road. But, one of the things, I spoke with one of my colleagues here, is that with the trauma-informed care, there are some assumptions when you train somebody to approach somebody in a trauma-informed
way, because in a trauma-informed way means that make no
assumptions and make a lot of assumptions about the
patient. But, be careful about the distance that you
approach a patient with, be careful of your choice of
words, be careful of how you ask questions, because you
might uncover and not be aware that somebody’s actually
been violated in different ways; right? So, there’s
different -- it’s much more than that.

But, one of the things that we see, I want
to be really -- one of the many ugly things that we see
with Settler learners and Settler society is that there is
disbelief about the experiences of Indigenous peoples in
the context of violence and the context of their illness,
and that disbelief really can ask the question, why do you
need trauma-informed care when you’re the one who caused
everything yourself; you know?

So, there’s mechanisms that are really ugly
that we’re trying to deal with and contend with to support
learners to be better providers so that people aren’t
traumatized, re-traumatized in a clinical situation. And
so, we’re just on the cusp of trying to examine that and
trying to figure out through literature as well as practice
how to do that.

MS. MEREDITH PORTER: Thank you. That was
my only question on re-exam. So, at this point, I would
like to turn it over to the Commissioners and invite any
questions or comments that they would like to share or put
to the witnesses.

--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON:

COMMISSIONER BRIAN EYOLFSON: Thank you.

Thank you very much, everybody. I just have a few follow-
up questions. I’d like to start with Dr. Lavallee. Earlier on, you were giving some evidence about developing
an Indigenous health course at the University of Manitoba,
and you talked about taking a different approach or moving
to a different approach that looks at the position that
Settlers are in and occupying our land. I’m wondering if
you could just comment a little bit more on that approach,
and any successes you have seen with that approach or what
your views are of any successes.

DR. BARRY LAVALLEE: So, you have to look at
the background to that. So, Linda Diffey, who’s my
colleague, developed a course where the Indigenous person
becomes a textbook, and so adopting Western practices about
knowledge. So, we have as part of our course where we
invite several dozen people from our community, so dark
skinned, light skinned, gay, not gay, professional, not
professional, ex-gang, you know, whatever it is, you know,
that are kind of the stereotypes and non-stereotypes.

And, what we found is that we get four
medical students to read the book to essentially ask
questions of the book that don’t interrogate the person.
But, one of the phenomena that occurred, and we didn’t
realize this, was that the Settler students are having an
emotional reaction. For some, this is the first time
they’ve ever talked with an Indigenous person out of this
sphere of stereotyping to realize that they’re just as
human as they are, and it’s one of the most powerful
interventions we have.

And so, that has nothing to do with -- about
the book that we hire to teach the four students, but it
has everything to do with the positionality of the Settler
coming to the medical school, or nursing school, or police,
or wherever it is that we’re trying to get them to change
how they see us. And so, it morphed over time that we
realized. And, we drew upon social sciences, literature
from education, actually, when we were looking at
racialized environments in America, and we do a lot on that
source of literature to help us put meat on the skeleton of
the curriculum.

COMMISSIONER BRIAN EYOLFSON: Thank you.
And, related to that, you were also talking about
resistance from people in positions of power and you talked
about using the word “racism”. I’m not sure if you were
talking about the same course or educating in a different
context in your professional sphere, but I’m wondering if you could comment on that as well ---

**DR. BARRY LAVALLEE:** Sure. Yes.

**COMMISSIONER BRIAN EYOLFSON:** --- and any challenges or successes.

**DR. BARRY LAVALLEE:** Sure. So, anything in this institution where we prioritize Indigenous health and it comes along with asking for resources, for example, and people will criticize me when I get back home about this, is that everything is multiple steps to do, and sometimes they don’t occur when the need is great. And so, one of the participants here asked about when the need is so great and you actually don’t meet the need, that’s how racism looks.

But, the barriers that occur and the resistance that occurs in the institution is that your answers are never -- your questions are never answered. There’s diversions that occur. You don’t get responses for six months, and suddenly it’s not a priority anymore. But, what we do with on-gong-mis-win (phonetic) and our leadership at the University is we move forward wanting more Indigenous people in the academy, and we want leadership for our women leads, and we want them in positions of higher power including deanship across this country. And, in all those positions so that we can gain
access to the resources, the millions and millions of
dollars that these institutions hold, we want to be able to
gain access to that to make changes.

COMMISSIONER BRIAN EYOLFSON: Okay. Thank
you very much, Dr. Lavallee. I think I have one question
for Ms. Deif. So, you were asked a fair number of
questions about accountability mechanisms for police, and
you talked about civilian oversight and complaints
mechanisms. But, one thing you also mentioned a few times
was that real fear of retaliation for Indigenous women in
filing complaints. So, I’m wondering if you have any
thoughts or recommendations on how you can maintain or
ensure accountability when there is that such a fear of
retaliation with complaints processes that are complainant
driven.

MS. FARIDA DEIF: Yes. I mean, I feel like
it is a conundrum, right, because in a way you have a
situation where you can strengthen the public complaints
mechanisms, make them much more independent, make them
purely civilian, make them have more authority over the
police chiefs, make them not only an advisory role. But,
at the same time, you have the same types of concerns that
people have, and Indigenous women in particular have, in
using those mechanisms. And so, is there a point in
strengthening them, in a way.
But, I know that in, you know, some places they do have -- you know, in Saskatchewan, for example, there is a way for Indigenous women to go through the FSIN, which is the Federation of Saskatchewan Indigenous Nations, and actually file police complaints through the FSIN that would then be redacted in whatever way is needed and sent to the public complaints mechanisms. So, that is a useful way to actually allow women to have, sort of, more trust in the system, because they’re going not to a, sort of, you know, agency of the state, but they’re going through the FSIN, which is a body that they trust implicitly already.

So, those types of mechanism, I think, are needed more, sort of, widespread across provinces to ensure that. And, in addition, to have complaints mechanisms that are more robust, because there are Indigenous people that are using those complaints mechanisms, but it’s just unclear as to what type of impact -- you know, they file reports regularly, the complaints mechanisms, but it doesn’t, unfortunately, seem like they have much more authority than that.

**COMMISSIONER BRIAN EYOLFSON:** Okay. Thank you very much. I don’t have any further questions. I just want to thank all the panelists very much for taking the time to be with us today and share your expertise, so thank you.
--- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER:

CHIEF COMMISSIONER MARION BULLER: Thank you. I have fewer questions now than I did at the beginning of cross-examination. First of all, Dr. Moore, is the expectation of the graduates of the program, the Inuit Bachelor of Education Program, that they’re able to teach all grades K-12?

DR. SYLVIA MOORE: No, it’s specifically K-6.

CHIEF COMMISSIONER MARION BULLER: K-6. Okay. And, was fluency in Inuktitut a requirement for entry?

DR. SYLVIA MOORE: No. Actually, none of them were speakers. They are taking the language training that Nunatsiaqut is offering them.

CHIEF COMMISSIONER MARION BULLER: Thank you. Ms. Hudson, you used the term “internalized racism”. How do you define that term?

MS. AMY HUDSON: It depends on the circumstances of the day, but perhaps today, I think internalized racism is a circumstance, you know, in which people internalize colonial ideology and a perpetuation of colonial mentalities through the various forms that we discussed within ourselves and within themselves in ways that create a sense of inferiority and lesser than, which
lends to, you know -- lends to a person in their ability to be confident, and to exist in a world, and to engage in a world, and to be able to willingly come to something like this and be re-victimized, because we’re also people, too, that endure this on a daily basis, but recognizing the importance of that.

That’s why I kept mentioning my relative privilege, one, because of my -- I’m familiar with that type of research relative to privilege related to the colour of one’s skin being an Indigenous person. And, also, because I have the academic training to be able to engage and articulate these types of discussions.

But, certainly, internalized racism, but the expression of that then varies and certainly takes on different meaning. And, from my experience, becomes more harmful even when it’s between Indigenous people themselves and these types of internal colonial mentalities, and become perpetuated against each other, which is a whole other realm of danger and colonial persistence, which is perpetuated within our educational institutions.

CHIEF COMMISSIONER MARION BULLER: Thank you. Ms. Deif, in your report, summary of findings, in your recommendations, especially to the provincial Government of Saskatchewan, you stated, “ensure that chief commissioners of civilian oversight bodies are mandated
with the power to require Chiefs of Police to comply with
the recommendations of civilian oversight bodies.”

You didn’t go so far as to recommend
legislation to that effect. Is there any reason why you
didn’t go that far?

**MS. FARIDA DEIF:** No. I mean, I think that
there would be -- I think that would actually be a more
optimal recommendation. I think that there is only benefit
in strengthening the civilian oversight bodies that exist.
So, in any way that that’s done, we would certainly be
supportive of that.

**CHIEF COMMISSIONER MARION BULLER:** Okay,
thank you. Dr. Lavallee, in your testimony earlier today,
you stated, and I’m paraphrasing, Indigenous women are not
vulnerable; they are under attack. And, you went on to
describe what you meant from a medical perspective what
vulnerable means to you.

**DR. BARRY LAVALLEE:** Yes.

**CHIEF COMMISSIONER MARION BULLER:** Can you
explain that again, please?

**DR. BARRY LAVALLEE:** So, if I irradiate your
body, all of your immune cells will cease to exist. So,
common infections could kill you because you don’t have
that ability. So, truly under the term “vulnerable”, you
are vulnerable to. But, the problem in social sciences
when you look at the racialized literature is that it says that vulnerable groups like Indigenous people, it fails to account for why Indigenous people experience disparities. It only goes so far.

So, in reality, one might argue that the term Indigenous people as vulnerable to the state they find themselves in is really around supporting white patriarchy. That’s all it’s about. So, there are some texts that we use to claim that excessive death rates of First Nations people, that’s my -- my expertise is First Nations, not Métis or any other group. First Nations -- to claim that disproportionate deaths due to poverty of a racialized group like First Nations people is nothing short of murder. It’s socially-accepted murder; okay? And, in that same text, what you have to think about, and it’s -- this particular author talks about it, is that those groups that you traditionally say are vulnerable are actually targeted by social structures and systems. And so, I never say “vulnerable”. It’s targeting, and it’s targeting genderized, targeting homophobia. You know, the targeting occurs at multiple levels, including racial levels.

CHIEF COMMISSIONER MARION BULLER: Thank you. Assuming for the moment that our national healthcare system is under resourced, does that mean that there’s a greater impact on Indigenous women and girls from that
under resourcing?

DR. BARRY LAVALLEE: Could you tell me the first part of that statement?

CHIEF COMMISSIONER MARION BULLER: Assuming for the moment that our national healthcare program is under resourced or ---

DR. BARRY LAVALLEE: Yes.

CHIEF COMMISSIONER MARION BULLER: No, let me rephrase that. I don’t mean the federal healthcare programs. I mean nationally Canada.

DR. BARRY LAVALLEE: Generally, yes.

CHIEF COMMISSIONER MARION BULLER: Yes.

Healthcare is under resourced. Does that under resourcing have greater impact on Indigenous ---

DR. BARRY LAVALLEE: It will have differential impact on people who are targeted, including people who live in poverty, people who are old, ageism, people who are non-traditional -- who are not heterosexual, but also racially.

So, one of the things is that one of the senior people in Manitoba sent my boss a letter, and I won’t tell you which level of government it comes from, making claims that the cuts by the Premier in our province, nothing bad is happening. And, the only question I asked my senior person is, did he racialize his data? Do we know
it actually is happening to First Nations people because those cuts occurred in Manitoba? No.

So, the real big frustration is actually not having the proper data to monitor and to hold the systems accountable to any changes. But, the most logical and theoretical thing to think about is if you’re poor and they cut physiotherapy, for example, you have to have private insurance or be very, very wealthy to do physio so you know that people who are at the end of the spectrum, who actually are poor, and we occupy spaces with poverty much more than other people, then it has a targeting effect. So, yes, I would argue with anybody that Indigenous people are differentially affected.

CHIEF COMMISSIONER MARION BULLER: By offloading health services to Indigenous organizations, are we creating a situation where mainstream institutions, healthcare institutions, are not being held accountable?

DR. BARRY LAVALLEE: I think, again, that’s the slippery slope of accountability because any institution that receives public funds counts Indigenous bodies in those public funds. So, there is an issue about inequities; right? So, social inequities, economic, you know, social explosion, racism. When you enter a healthcare system to ask for -- you have a cough, and suppose you are Métis and a poor Métis and you go to a
doctor and the doctor fails to ask you, “Can you afford the medication I’m going to give you?” They have not attended to the inequity that you present with; right?

You know, it works in many ways. So, if somebody who is First Nations, say, for example, comes and they’re depressed, and if you fail to address their context and say, “How is everything at home?” You know, any number of things like, “Where were you living?” You know, all that kind of stuff, you actually fail to address the inequity that’s constructed for First Nations people, because you assume they’re just depressed and you give them medication for that.

So, it seems simple but it’s actually more complex. So, the idea that -- like, we just got a lot of -- we got millions of dollars to address foot care that was done by our First Nations nurses over a number of years in Manitoba, and our reps from MKO and KTC will know about this work. But, it’s a lot of money, relatively, and I’m not going to give you details because that’s not my business, but it fails to account for the genesis of the lost foot. It doesn’t occur over a week or two weeks. It occurs intergenerationally, so when you actually just patch something on.

And so, we’re taking it on because we’re experts in diabetes, but when you do that, you’ve actually
failed to address the genesis of why diabetes can be quite complex for First Nations people. And, $50 million or $100 million won’t do it. We need much more that, and intergenerationally, to take care of those issues.

CHIEF COMMISSIONER MARION BULLER: Right.

Okay. Thank you. Those are my questions, and I’d like to do three things. First thing is to pass along a message from Commissioner Robinson who says to all the panelists, “Thank you very much for your expertise, for your evidence, for your patience, and for your generosity of your time and your spirit.”

I want to thank you also for coming and sharing with us today. It’s been nothing short of a great day. I think we’ve all learned a lot and will continue as we think about what you’ve said today.

We have tradition, of course. For all of the people who come and share with us, we have gifts because by sharing, you have given us a gift. We were told by matriarchs on Haida Gwaii that we should give witnesses eagle feathers, and we don’t argue with matriarchs.

So, we have eagle feathers for you to hold you up during those times when you need to be lifted up and held up. Hopefully, that doesn’t happen too often. But, also, the eagle feathers are there to lift you up to places you thought you could never fly to, because that’s what
you’ve done with all of us today.

So, on behalf of all of us at the National Inquiry, I hope you’ll accept these gifts from us for your tremendous contribution to our work. What you’ve done has made a big difference to the work of the National Inquiry, and I think to just about everybody in the room here and the people who have been watching. So, our sincere thanks, our gratitude for sharing today. Thank you.

(PRESENTATION OF GIFTS)

MS. SHERI DOXTATOR: Yong-go (phonetic) chi-miigwetch a-new-shik (phonetic). Thank you very much and thank you very much. To all the panelists today, thank you very much for your presentations. Very informative, indeed. And, thank you to Commissioner and Chief Commissioner today for going through that as well, and our chairs as well for walking us through this afternoon.

We know it’s been a long day, and I do have a quick announcement, and then we’re going to do a closing as well. So, just this morning I indicated there was some drumming at the Native Women’s Resource Centre. That is not actually happening tonight. It’s tomorrow night. So, just a correction, it’s not tonight, it’s tomorrow night. So, you haven’t missed it.

We are starting tomorrow morning at 8:00 right back here again for opening ceremony, and we look
forward to two panels tomorrow for Media, Journalism and Film, Racism against Indigenous Children and Youth as well for Panel 4. So, we thank our panelists again for looking at racism and institutions in various sectors, and that would be in health, justice, specifically police services and education.

So, we would like to call upon Reta Blind to give our closing prayer today. So, I’m not sure, Reta, do you want to come up? Okay.

MS. RETA BLIND: (Speaking in Indigenous language).

MS. SHERI DOXTATOR: Thank you very much. Now, I would like to go to the extinguishing of the qulliq today, and I thank Naulaq Ledrew for overseeing that. And, I’ll turn it over to you, Naulaq.

MS. NAULAQ LEDREW: Thank you. Firstly, I would like to share something. Tomorrow night there will be a special event going on at AGO, Art Gallery of Toronto [sic] from the time of 6:00 p.m. to 9:00 p.m. For those who knew Hin-oy-pee-vuk-ah-suh-vuk (phonetic) from Kate Dorset (phonetic), late Kinoy Ah-suh-vuk (phonetic) and late Tim Pit-su-luk (phonetic), they are going to be remembered. And, if you -- you all are welcome. And, if you would like to come and try out some seal meat, please do so. I can lend you my ulu.
(LAUGHTER)

MS. NAULAQ LEDREW: And, secondly, I have a younger sister. She’s three years younger than me, so I started school first. And, after kindergarten school, I would rush home and go teach her what I learned that morning.

And today I'm very proud of her because she received her master's degree.

(APPLAUSE)

MS. NAULAQ LEDREW: I have a -- I'm very proud of her because of the way she got the master's degree.

(LAUGHTER)

MS. NAULAQ LEDREW: Well, I'll do a closing prayer, the Lord's prayer.

(PRAYER IN INUKTITUT)

MS. NAULAQ LEDREW: I wish you guys a very good evening. See you tomorrow morning.

MS. MEREDITH PORTER: Thank you. Thank you very much for that. That's great.

So we do have some drumming that we want to share with you and a song, so we're going to turn it over to the lovely ladies again to bless us with some drumming and singing.

Okay. Just before -- excuse me. Hello. We
should adjourn before they do this. Do you want to adjourn? On the record? Can we -- we should ---

CHIEF COMMISSIONER MARION BULLER: We'll adjourn now.

MS MEREDITH PORTER: We'll adjourn now.

Okay. We'll adjourn now just prior to hearing from the drummers. Thank you.

MS CHRISTA BIG CANOE: And just one quick housekeeping announcement for the parties in attendance. If you can please draw numbers for both panels tomorrow between 7:30 and 8:00 a.m.? There will be legal staff there for you.

--- Upon adjourning at 6:36 p.m.
LEGAL DICTA-TYPIST’S CERTIFICATE

I, Nadia Rainville, Court Transcriber, hereby certify that I have transcribed the foregoing and it is a true and accurate transcript of the digital audio provided in this matter.

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Nadia Rainville  
June 12, 2018