

National Inquiry into
Missing and Murdered
Indigenous Women and Girls



Enquête nationale
sur les femmes et les filles
autochtones disparues et assassinées

National Inquiry into Missing & Murdered Indigenous Women & Girls

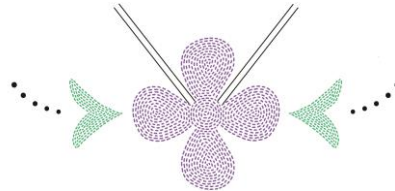
Truth-Gathering Process Parts II & III

Institutional Hearing / Expert & Knowledge-Keeper Panel

“Colonial Violence”

Frobisher Hotel, Koojesse Room

Iqaluit, Nunavut



PUBLIC

Mixed Part II & III Volume III

Wednesday September 12, 2018

Panel II: Indigenous Peoples’ Resilience

Witness: Dr. Janet Smylie

Panel III: Decolonizing Practices

Witnesses: Jeffrey McNeil-Seymour, Jasmine Redfern & TJ Lightfoot

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II
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**III
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Vancouver Sex Workers Rights
Collective

Carly Teillet (Legal Counsel)

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Second Chair: Thomas Barnett, Commission Counsel

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Witness: Jasmine Redfern

Chair: Shelby Thomas, Commission Counsel

Second chair: Christa Big Canoe, Commission Counsel

Witness: TJ Lightfoot

Chair: Shelby Thomas, Commission Counsel

Second chair: Christa Big Canoe, Commission Counsel

Witness: Jeffrey McNeil-Seymour

Chair: Christa Big Canoe

Second chair: Shelby Thomas

Heard by Chief Commissioner Marion Buller & Commissioners
Michèle Audette (via Skype), Brian Eyolfson & Qajaq Robinson

Grandmothers, Elders & Knowledge-keepers

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NFAC), Louise Haulli, Kathy Louis, Lauren "Blu" Waters, Leslie
Spillet, Bernie Williams

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

2 Iqaluit, Nunavut

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

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

16 Meeka est née à la Baie de Cumberland, qui
17 est sur la côte est de Baffin au Nunavut. Aujourd'hui,
18 elle vit à Pangnirtung. Auparavant on connaissait
19 Pangnirtung comme Panetang (phonétique). Elle est
20 l'instructeur en tête au centre Perokvik (phonétique) du
21 programme de langue inuit et elle est aussi la directrice
22 pour l'initiative Ilanaitukurvik (phonétique), qui veut
23 dire très, très clair, loin à l'horizon, on peut voir
24 très, très clair, loin à l'horizon. Donc, c'est un
25 programme qui fait agrandir du monde pour devenir du monde

1 bien éclairé dans leur vie, en suivant aussi de rites de
2 passage inuit.

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

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

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

25 We are here with a beautiful visitor. She

1 is going to be here. We always talk in English as well as
2 French and Inuktitut to begin our day. So, I am
3 reintroducing in the different languages what I just said
4 in the other language.

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

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

14 **(LIGHTING OF THE QULLIQ)**

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

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

25 Thank you. Good morning. I'm very pleased

1 we came in last night, and we weren't able to arrive
2 earlier because Pangnirtung's weather was foggy, and the
3 plane kept going back. It wasn't able to land.

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

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

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

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

22 Help us this day. Give us the knowledge
23 that we need and let us feel welcome amongst each other in
24 this gathering. As we see one another, we are very happy,
25 deeply. We are very excited. There is a lot of deep

1 meaning to our work here we will be seeing as it unfolds.

2 In Jesus' name, Amen.

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

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

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

17 I am filled with gratefulness, and it was -
18 - as usual, Pangnirtung was experiencing fog, and it was
19 causing delays in our travel. And, at some point, we
20 wanted to cancel, and that's what I thought. Maybe we
21 wouldn't make it. I really wanted to attend in the past,
22 whenever there was going to be a meeting such as this one,
23 and I have always wanted to push myself to attend. So, I
24 am very pleased. It is exciting to have a meeting such as
25 this.

1 First of all, I would like to talk about --
2 as I said earlier, there's so many things that I would
3 want to bring up, but as Inuit, our history is very clear.
4 We know our history. We know our ancestors. We could say
5 it's an ancient -- we are an ancient people. Our
6 ancestors also were very different. They had a different
7 culture, way of life. Our great grandparents lived a very
8 different time. Their life was very different than ours.
9 They experienced extreme ways of life in a different way
10 and they survived.

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

23 We have experienced hardship. We have
24 experienced challenges. But, it was forced changes that
25 were put onto our individual and collective lives by the

1 authorities. We were being colonized by another race.

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

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

17 This is something for each of us that were
18 in that place that has been very heavy. Everything
19 changed from that point on. We have regrets, many
20 regrets. We regret and think back, if it had been the
21 other way, perhaps we would not be where we are in this
22 situation that we find ourselves in our settlement, in our
23 community. And, the communities themselves each had
24 leaders where we lived, and we had wise elders that were
25 our leaders.

1 And, as we were collected, the leadership
2 changed. We felt like nothing. We felt like small
3 children. We felt like abandoned children. And, we felt
4 like that without leadership. We felt like we couldn't
5 achieve anything. We felt like we had nothing that we
6 could do. It was a very heavy feeling. We didn't know
7 what our future would be like. We didn't know if we would
8 have a better future or we would have a worse future.

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

17 And, at the point called, nu-vo-tee-yak
18 (phonetic), that's where we used to live. So,
19 displacement is what I could tell about how that feeling
20 is, that we felt displaced. So, when somebody else takes
21 over the land as well, that's the feeling of displacement.
22 If you experienced that, your original land, and then
23 someone else comes in, it's that -- that's how we felt and
24 that's a feeling we still harbour to this day, a feeling
25 of displacement.

1 As well as other people who feel displaced
2 are feeling lost, because we feel like we're not equal to
3 the authorities that took this step. As well, the things
4 that allow a situation where even death occurs. I recall
5 a time, I don't know how long it was, maybe -- many
6 children passed away. I think maybe -- I remember even
7 five -- there were five deaths. Six, I think it was. Six
8 children that time when we were growing up.

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

20 We have to reclaim our culture because
21 Inuit land is very unique, very different from anywhere
22 else in the world. Our way of life is different. It's
23 one of a kind. Our clothing is different. Many women are
24 experiencing hard times because of grief. They are filled
25 with grief and trauma, particularly grieving for their

1 children, grandchildren, even grieving for people that are
2 alive. We have to be conscientious that there is still
3 grief.

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

23 You can guide me if I need to be stopped
24 because I don't have a clock or watch here. I think I was
25 supposed to talk 10 minutes.

1 Yes, that's why there are meetings to try
2 to find solutions. People who meet try to work together
3 to find a way to work, maybe this way or that way. That's
4 how we try to work together, is to find a way, and that's
5 what we're doing here. We are looking for solutions. We
6 want to have a life where there is going to be bright
7 sunshine. It is very hard to live in the dark.

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

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

18 **MS. CHRISTA BIG CANOE:** Good morning. Good
19 morning, Chief Commissioner and Commissioners. Just, sort
20 of, a note for the record or anyone who is just joining,
21 watching the live webcast today, we have had the privilege
22 of having Dr. Janet Smylie qualified as an expert and a
23 knowledge keeper, and she had done and completed the
24 examination-in-chief and we have begun cross-examinations,
25 and that is where we will continue this morning. And, I

1 would like to invite up the Regina Treaty Status. Ms.
2 Erica Beaudin will be representing Regina Treaty Status,
3 and Ms. Beaudin has 15.5 minutes for her cross-
4 examination.

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

6 **MS. ERICA BEAUDIN:** Oh, no. I am getting
7 to that age where my kids tell me I don't know technology.
8 Good morning. Nakurmiik to the elder for the lighting of
9 the qulliq and the prayers for a good week. As well, as a
10 citizen of Treaty 4 of which these are our Treaty 4
11 celebrations this week, I acknowledge the traditional
12 homelands of the Inuit people and bring well wishes from
13 our treaty area. My name is Erica Beaudin and I hold the
14 position of Executive Director of the Regina Treaty Status
15 Indian Services Inc.

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

22 As a child, I grew up in my Métis
23 grandmother's arms. And, by her side, I can still recall
24 the Michif language, cooking, singing, stories, and of
25 course the fiddle playing. Indeed my Métis family was

1 rich in all ways, except for money. Thank you for sharing
2 your grandmothers yesterday, it gives me the opportunity
3 to honour my grandmothers as well. This, just very
4 quickly, is a picture of my children and myself, they have
5 been brought up to honour all cultures of who they are.

6 Taniki, Dr. Smylie, for your presentation.
7 I was speaking with a colleague, and I think you heard
8 some of the others, about the difficulty of putting
9 together the cross. I stated that I felt like just coming
10 up to the podium and saying, tapwe, which of course you
11 know is Nehiyaw for Cree -- or Cree, and has too much
12 meaning for an English translation, but would be close to
13 "I understand" or "I agree". Saying that, I do have a few
14 questions I hope you can elaborate on.

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

19 **DR. JANET SMYLIE:** Thank you. Nanaskomatin
20 (phonetic). I don't think that I know enough about what
21 blood memory means in our language is, in Cree, and I
22 think that we need to speak more about this blood memory.
23 But, for myself anyways, when I think about blood memory,
24 I think about the knowledge of my ancestors, and I think
25 about their experiences, and their knowledge, and their

1 practices and their relationships with all living things.
2 And, I think for me, the concept anyways, in my developing
3 understanding of it is about how, then, in this lifetime
4 what can happen is I can have a memory of something and
5 it's coming to my blood, it's coming from my ancestors.
6 So, that's why it's called blood memory.

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

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

25 So, once we start talking and telling

1 stories, if there are stories about our own experiences,
2 like with our grandparents in living memory, then it can
3 trigger something in ourselves; right? Even if we lost.
4 And then I share that with you, and then you remember
5 something about your grandmother; right?

6 **MS. ERICA BEAUDIN:** Yes.

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

18 And, when people then tell stories about
19 land and relationship to land, we heard some hard stories
20 this morning from the elder who I am really honoured to
21 listen to. But, those stories, when we get dislocated
22 from land, that's a problem. It interrupts that blood
23 memory; right? Like, my understanding of myself as a
24 Métis woman, that's, like, having a child taken away.
25 Like, it may be even bigger for a whole community. It

1 interrupts that blood memory. So, what the storytelling
2 does is it helps us reweed. It's always been a way to
3 draw on that blood memory.

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

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

18 And, in my medical training, we would just
19 breakdown the foods only to their physical parts. But,
20 eating together is a ceremony. It is an everyday
21 ceremony; right? And, we have sacred covenants with the
22 animals and the plants. They are part of our family, too,
23 and we have an agreement with them about our ability to
24 use them to nourish ourselves. So, when we eat
25 traditional foods, it nourishes not only our physical

1 body, which is actually attuned to those traditional foods
2 because our people have been eating those traditional
3 foods for millennia – so there is that physical
4 relationship anyways that medicine is slowly uncovering –
5 but what is also important is it links us to that blood
6 memory, right, like, to that sacred covenant, to the way
7 that our ancestors have lived in relationship with those
8 plants and with those animals and the agreements that we
9 have.

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

19 Birth is a beautiful thing. I think it's
20 what attracted me to birth when I was a doctor, is because
21 it is so clearly a powerful, like, culturally-informed
22 event that can trigger blood memory. So, eating
23 traditional foods when we're pregnant, feeding traditional
24 foods to infants consolidates this very rich time. The
25 infants come from the spirit world; right? So, it is

1 important for them to understand and establish that sacred
2 covenant that they have that we've made with the plants
3 and the animals. That would be my early understanding of
4 it.

5 **MS. ERICA BEAUDIN:** Thank you. For
6 Indigenous children who are adopted or fostered out to
7 non-Indigenous parents, how can those parents be supported
8 to tap into blood memory strengths as a foundation of
9 strengths in relation to identity in their children, and
10 is this possible?

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

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

1 those social networks I saw in Ottawa.

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

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

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

24 So, these non-Indigenous foster and
25 adoptive parents would bring their children to Wabano,

1 right, like, for their primary care as a way of trying to
2 recognize it would be important for them to have links in
3 the community.

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

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

22 As Indigenous people, we are the fastest
23 growing population in Canada. What can we do as mothers,
24 grandmothers, aunts, nations and Indigenous organizations
25 to support our women to gain control over their bodies

1 once again so that more births are deliberate and mindful
2 to create life that is healthy and celebrated, rather than
3 governed by the effects of the colonial violence that is
4 now generations and perhaps centuries long?

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

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

20 And, within families, there's protocols to
21 ensure that these gifts are respected, particularly when
22 people are children. And, that's hard, because as you
23 know, part of the colonial violence has been abuse and
24 sexual abuse. And, in particular, like, a degrading. So,
25 the dehumanizing of Indigenous people, First Nations,

1 Inuit, Métis people. That dehumanizing process, that can
2 happen unfortunately as part of the way the human mind
3 works involved in a negating and a devaluing of the
4 sexuality of First Nations, Inuit and Métis women. And, a
5 negating and disrespect for the autonomy, and the natural
6 laws and protocols around being able to make choices
7 around our bodies.

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

21 So, I think Indigenous midwives can support
22 environments and conversations in places around, like,
23 recovering, like in all of our different ways, the other
24 things that I talked about, like, the things that we can
25 do together in different ways. So -- like I talked about

1 a ceremonial lodge, a first grandmother's lodge, but even
2 -- just we can have community networks, right, and talk
3 together. We have elders in our communities with
4 knowledge who understand these things. We had built-in
5 ways, right, to support and promote, like, respect for
6 reproduction and sexuality and the sexuality of women.

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

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

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

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

18 I just want to take the time and express my
19 thanks to Ms. Beaudin and Ms. McGregor, or any of the
20 counsel that feel like it is difficult to ask questions of
21 some of our witnesses. But, what I do want to clarify, a
22 couple points, if I may, as a Commission and as a public
23 inquiry, we act in the public interest. Although this is
24 set up with cross-examination and at times can feel,
25 procedurally, adversarial, this is a non-adversarial

1 process.

2 Particular, when we call witnesses, like
3 Dr. Smylie, and we qualify them with expertise, there is
4 no proprietary interest. What that essentially means is
5 any party and the Commissioners, the sole purpose of
6 calling an expert, like Dr. Smylie, is to provide the
7 Commission knowledge and understanding.

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

19 So, when we actually "cross-examine",
20 pulling up the new evidence, like you just did, Ms.
21 Beaudin, asking further questions of clarifications, it is
22 helpful. It helps the Commissioners and it is exactly the
23 purpose and type of cross-examination. So, I just want to
24 clarify particularly those two points, that you do
25 actually have positive obligations as parties with

1 standing to act in the public interest in this particular
2 process. And, although there are a lot of procedural
3 components, this is a non-adversarial process.

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

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

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

23 **MS. MELISSA CERNIGOY:** Okay. Thank you
24 very much and thank you for the presentation yesterday,
25 Dr. Smylie, and for sharing your knowledge with us again

1 today. I am Melissa Cernigoy, a representative for the
2 Congress of Aboriginal Peoples. As you may be familiar,
3 the Congress' works represent the interest of Métis status
4 and non-status First Nations and Southern Inuit peoples
5 living in urban and rural settings across Canada.

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

13 **DR. JANET SMYLIE:** I can try. So, big
14 question. I will start with the urban health. So, as I
15 discussed yesterday, one challenge with understanding the
16 health of Indigenous people living in urban areas, First
17 Nations, Inuit and Métis people living in cities, even
18 probably a city like Iqaluit, is -- first of all, just to
19 say, there was three aunties. We could just go and ask
20 them and they would probably tell us, like, with quite a
21 bit of accuracy what the issues were. But, in terms of
22 the disciplines I am trained in, in public and population
23 health, we actually think it is helpful to understand
24 things by observations and by counting, and I actually
25 think those three aunties would say, maybe you better do a

1 better count, and maybe there is this neighbourhood or
2 these families I haven't heard from for a while, so you
3 better go check on them.

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

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

22 The problem in cities now is a lot of
23 cities are overcrowded and housing can be very expensive,
24 and -- like as in First Nations, Inuit and Métis people,
25 we didn't come from cities; right? My mother moved -- my

1 grandmother moved to a city, so I have been -- I am third
2 generation urbanized, so I understand them.

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

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

22 So, we kind of get a second rate counting
23 from these government systems even though we are a public
24 service. And, actually, there is quite a lot of pressure
25 on people that work for the federal government to not

1 admit that there are problems, because then it makes them
2 look bad. So, they are actually working heroically, but
3 the systems have actually been set up to be relying on the
4 *Indian Act*.

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

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

25 So, with respect to the urban counts, we

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

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

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

23 So, in addition to studying the disease,
24 what we also probably need to know, like, is, well, how is
25 our Wahkohtowin doing; right? Like, who in this community

1 still knows stories in language; right? Like, who can
2 help us recover some of those wise leadership practices
3 like our elder spoke about this morning? And, there are
4 no questions in the health surveys about that.

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

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

21 So, I wear a sash today. It's a bit
22 controversial. My aunties and some of my lodge members
23 who are historians will say women didn't wear sashes and
24 we certainly didn't wear purple sashes. But, anyways,
25 it's a modern time, so we'll see how that goes over that

1 transition.

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

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

18 **DR. JANET SMYLIE:** We are working on it,
19 and there are different results for each of the sites.
20 So, there is Our Health Counts Inuit Ottawa, right, which
21 is just getting published. And then there is Our Health
22 Counts First Nations Hamilton, which has been published
23 and the report is publicly available. Our Health Counts
24 Toronto, you can find the fact sheets. And then Our
25 Health Counts London, which we are releasing this Friday,

1 in two days. So, yes, I would say -- we are now working
2 on Our Health Counts Kenora and Thunder Bay. So, we are
3 looking to try to get some more information.

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

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

24 But, what we are finding in our studies is
25 it is actually saying that there is a significant number

1 of First Nations, Inuit and Métis people who are actually
2 resident in the city and moving around the cities as well.
3 And, we suspect that is because it is hard to find
4 affordable and stable housing in the city.

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

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

23 **MS. MELISSA CERNIGOY:** Okay. Thank you.
24 Just one more question then. You spoke yesterday to
25 disruptors, and that one of the most disruptive has been

1 underestimating Indigenous ways of living and experience,
2 and replacing it with other models. You said that this
3 can be seen in federal health policy. Can you give some
4 examples of what you are referring to for federal health
5 policy?

6 **DR. JANET SMYLIE:** That is a hard one
7 because it assumes that I know what Indigenous ways of
8 knowing and doing are for diverse peoples. But, for
9 example, the federal health policies that historically
10 required First Nations, Inuit and Métis women living in
11 remote and rural areas to leave their communities to give
12 birth; right? So, that is based on an outside of
13 Indigenous community concept and within Indigenous
14 community concept, but I think everybody is concerned
15 around birth. It is a big event; right? So, at least
16 where I come from in Métis communities, we always had
17 somebody in our extended family group that was able to
18 deliver a baby, but if we could, we would try to get
19 somebody more skilled to come and live with us for that
20 time when the baby was coming, or travel closer to where
21 there was even a more skilled Métis midwife available
22 depending on what time of year it was, because, of course,
23 in the winter season, we would sometimes break into
24 smaller family groups and then come together in larger
25 groups in the summer. So, this conceptualization as a

1 birth -- as, like, a time of risk; right? Like, a
2 dangerous time, a medical event where there could be
3 complications, and this idea that we have to try to do
4 whatever we can to prevent those complications.

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

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

25 But, at that time, when those evacuations

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

7 **MS. MELISSA CERNIGOY:** Thank you.

8 **MS. CHRISTA BIG CANOE:** Thank you, Ms.
9 Cernigoy. Next, we would like to call up Independent
10 First Nations. Ms. Sarah Beamish is counsel for the
11 Independent First Nations, so we would re-invite her back
12 up and she will have 19.5 minutes for this cross.

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

14 **MS. SARAH BEAMISH:** All right. All right.
15 Good morning, Dr. Smylie. So, I am now here on behalf of
16 Independent First Nations, this is a group of 12
17 Haudenosaunee, Anishinaabe and Oji Cree Nations in
18 Ontario, and each of these nations has lost women and
19 girls to violence.

20 So, I have quite a few things I would like
21 to ask you about. Let's see where we get. The first set
22 of questions is about something you discussed in Exhibit
23 15, which was the Second Class Treatment Report, it talked
24 about racism and racial battle fatigue.

25 So, it defined racial battle fatigue as the

1 depletion of mental and physical resources due to the
2 constant engagement of stress response systems to cope
3 with ongoing discrimination. Would you say that this
4 coping relates not just to the day-to-day experiences of
5 discrimination by the individual, but also to the legacy
6 and burden of intergenerational trauma?

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

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

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

20 I think that we're still trying to show it
21 in a way that, outside of Indigenous community, would be
22 understood with respect to multi-generational trauma, but
23 I think there is some emerging evidence also linking, for
24 example residential school attendance with adverse health
25 impacts. So, someone's parents or grandparents going to

1 residential school. But, again, we are working on that in
2 our unit, and yes, that's a developing body of evidence.

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

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

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

1 people.

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

8 **MS. SARAH BEAMISH:** Okay.

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

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

25 **DR. JANET SMYLIE:** Yes. And, see, it's

1 what we need to be doing in this process of
2 reconciliation, right, and it's the work that needs to
3 happen from, like, people living in this territory that we
4 call Canada now, who came from other places; right? Who
5 sometimes we call settlers and sometimes we call allies.

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

15 It's also impossible to keep up to date
16 with all of the different kinds of medical knowledge and
17 clinical practice guidelines. So, just like in the
18 hospitals, we know the teams that have the least amount of
19 medical error are the teams where it's actually okay to
20 admit, right, that you're making errors versus hide them
21 because you're ashamed; right? So, I think it does take
22 honesty and courage to admit, especially in, like, non-
23 Indigenous medical systems that you don't know everything,
24 right, and that actually racism exists. It exists in me,
25 it exists -- every human being is capable of it. And, for

1 whatever reason in Canada and in other hospital systems,
2 we like to pretend it doesn't exist.

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

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

20 **MS. SARAH BEAMISH:** I have some questions
21 about that, actually. So, your materials did talk about
22 the need for more Indigenous healthcare practitioners as a
23 way of making the system safer for patients, but I'm
24 wondering what you can say about the safety of medical
25 schools and the profession for Indigenous students and

1 practitioners? And, if you can think of things that can
2 be done to make that path safer and more sustainable for
3 them?

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

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

20 But, still, in my Department of Family
21 Practice at University of Toronto -- actually, it took an
22 ally from Australia, our New Chair, Dr. Michael Kidd, to
23 realize that I was the only self-identified Indigenous
24 member in a faculty of over 2,500 people. I'm pleased to
25 say that Dr. Suzanne Shoush is in the process of joining

1 our faculty. It's good when there's so few people,
2 because when you have one more, it doubles; right? So,
3 you get a 200 percent increase.

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

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

21 **MS. SARAH BEAMISH:** Okay. I'd like to move
22 back, actually, to something that Grandmother Meeka said
23 this morning, and also tie it to a statistic in the
24 Second-Class Treatment Report. So, that report had said
25 that there was a study in Hamilton showing 34 percent of

1 First Nations adults there have PTSD.

2 **DR. JANET SMYLIE:** Yes.

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

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

17 **DR. JANET SMYLIE:** Yes. So, it's a huge
18 issue, and I think what I would call it actually is
19 complex trauma. The thing is because most of us, the PTSD
20 tools that we have, have been primarily developed for,
21 like, soldiers, like, in military who went to, like, a war
22 or a couple of wars. But, we've been in the wars now for
23 a couple hundred years; right? So, that impact of the
24 disruption of our blood memory, right, that multi-
25 generational trauma, as well as trauma in our family of

1 origins makes the trauma complex.

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

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

1 of Indigenous communities called narrative exposure
2 therapy.

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

20 So, what bothers me the most is that
21 there's a total gap in access to treatment for trauma;
22 right? Like, either through our own community ways of
23 dealing with trauma or through, like, what is this huge
24 growth in what's available to non-Indigenous people,
25 because we know, like, about the impacts both in terms of

1 our own knowledge systems, and we know about the impacts
2 outside.

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

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

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

1 brain.

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

18 So, I would, again, I haven't dug down into
19 -- I am focusing on trauma and addressing it but,
20 actually, that same narrative exposure therapy, they've
21 used it. They see that there's violent centres because,
22 actually, one way to respond when we're in the old part of
23 the brain to this feeling of hyperstimulation which
24 doesn't feel very good, it's very distressing for us, is
25 to be violent; right? And, actually, through being

1 violent, it actually gives us a little bit of relief;
2 right? But, then you continue to build that.

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

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

23 But, clearly, in the lodge teachings, it is
24 important, like, for me to be able to self-define that and
25 for me to be accountable collectively about that. Like,

1 that's what we're about as human civilizations. It's hard
2 for me to imagine any other ethnic group in this country,
3 that if you think of another ethnic group, it would be
4 hard to imagine that, you know, it would be acceptable for
5 the state to be legislating their identity, and for
6 people, like, just randomly in society, to be expecting
7 for them to share, like, external, non-community proofs of
8 their identity.

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

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

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

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

21 **MS. JESSI CASEBEER:** Good morning. I
22 suddenly have much more time than I started with, so
23 that's good to hear. And, thank you for your testimony
24 this morning and yesterday. And, thank you, to Meeka, the
25 elder, for speaking as well. I think there were some

1 powerful truths in there that also apply to a lot of
2 communities in the Northwest Territories.

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

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

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

20 **DR. JANET SYMLIE:** Yes.

21 **MS. JESSI CASEBEER:** So, I won't try -- I
22 will try and focus on the strength-based approaches and
23 solutions, as you've courageously done throughout your
24 presentation. And, I think that's why we're all here
25 today.

1 To put it in a bit of context, the
2 Northwest Territories has 21,000 people. Or, my
3 apologies, 40,000 people, spread out through 33
4 communities across a pretty vast swath of territories.
5 So, the reality is that there are not -- there are huge
6 gaps in services. You have to go, sometimes, as far as
7 Edmonton to get services.

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

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

24 So, I would say in this area of mental
25 health and addictions, like what I think is happening is

1 there's the impacts of all the multigenerational traumas;
2 right? Like, challenges in our lives of origin. And
3 then, of course, I've done a little bit of work -- I don't
4 think, as Métis people anyways, we were unique in that we
5 just sometimes, in our communities, we get health issues;
6 right? So, we had some mental health issues as Métis
7 people, too. Some individuals. There are individual and
8 family predispositions sometimes to mental health issues.

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

22 So, I know of at least one Indigenous
23 midwife who actually wants to expand scope of practice,
24 and is doing already and getting trained in counselling
25 and trauma therapy; right? So, they with the right

1 supports could engage so.

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

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

20 But then, sometimes, like, the communities
21 will know best because sometimes, at least in my lodge, if
22 there is something going wrong, sometimes we'll ask for a
23 healer, or somebody from outside that; right? Like,
24 there's a prohibition and there's protocols around
25 treating your own family members; right? So, maybe ... in

1 Indigenous communities, like we would have had ways of
2 sorting that, right, so we could work together, right, so
3 that it's not always up to one or two people 24/7 in a
4 community to have to deal with everything.

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

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

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

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

25 **MS. JESSI CASEBEER:** Thank you. I was

1 wondering, do you think -- I know you've worked in some
2 northern communities; can you think of a more hands-up
3 approach in a more northern context?

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

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

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

25 **DR. JANET SMYLIE:** Well, I guess one thing

1 is every space, every conversation has rules of
2 engagement. I guess an analogy would be it's for people
3 that are -- like, it's like sports, right? So basketball
4 and baseball have different rules.

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

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

20 So I think that the more that people can
21 just accept, at a very foundational level, that there's
22 these different rules of engagement and understand that if
23 we're going to make progress, right -- to me that's what
24 the TRC report is about, that's what RCAP said, right? We
25 have to have a renewed relationship.

1 Still it's not equal, right? We heard,
2 like, from our Elder of how, like, people still feel like
3 second-class citizens; that's because the basic rules of
4 engagement haven't been respected. And we're trying,
5 like, in a context like this, but I think like the more
6 that's like the cultural safety training can really people
7 -- help people build their knowledge base and start
8 getting those skills.

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

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

19 You brought up the cultural training again,
20 and I had just a couple questions about that because it
21 sounds like a valuable tool for understanding ways of
22 engaging with people. But who has ownership over the
23 training and how do you see that? I'm not sure how -- Dr.
24 Ward had developed it, I think you said, in that
25 particular slide that you were sharing. But how does --

1 who owns cultural safety throughout if this training is
2 being administered in government settings or in hospital
3 settings across different territories?

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

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

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

23 But I guess what I care about is the
24 quality of the training, right? Because what I worry
25 about it's just -- it's like running the Census, right?

1 We've talked about undercount so I think at one point
2 Assembly of First Nations said "We'll opt out of the
3 Census." But it's complicated to create a Census, right?
4 So we have to weigh the pros and cons.

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

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

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

24 And in the end, our audience is non-
25 Indigenous people so what's worked before within, like,

1 Indigenous communities, might not work, and probably
2 doesn't always work, for non-Indigenous people.

3 **MS. JESSI CASEBEER:** Thank you. I'd like
4 to jump back to the gaps in services that exist in
5 northern communities.

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

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

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

23 **DR. JANET SMYLIE:** The other piece I'll say
24 is if we look at it, and again this is just in progress.
25 We've been analyzing information within rural areas about

1 the need to travel for birth. So, this is unpublished
2 data, but we've actually got evidence that because of
3 colonial systems, the health services were actually set up
4 near the settler towns, and not near the First Nations,
5 Métis, and Inuit communities.

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

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

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

24 **MS. CHRISTA BIG CANOE:** Thank you, Ms.
25 Casebeer. Chief Commissioner and Commissioners, I think

1 now may be -- I'll take your direction, but I think now
2 may be an opportune time for a morning break. We have
3 four remaining parties with standing, with an estimated 58
4 minutes of questions. So, if we could take a 15-minute
5 break, that would be helpful.

6 **CHIEF COMMISSIONER MARION BULLER:**

7 Certainly.

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

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

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

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

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

22 **MS. ELIZABETH ZARPA:** Good morning, my name
23 is Elizabeth Zarpa, and I'm legal counsel representing
24 ITK, a national organization that represents Inuit in
25 Canada.

1 I want to thank the kind Inuit of this
2 place for welcoming us, and I'm honoured to be in one of
3 Canada's Inuit four land claim regions this week for this
4 important work on colonial violence.

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

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

16 **DR. JANET SMYLIE:** Yes.

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

22 **DR. JANET SMYLIE:** Yes. And, I think it's
23 important because, at least how I understand them as a
24 Métis person, like, I'm strong because my family is
25 strong; right? Because my kin lines are strong. So, if I

1 have to travel away from my family, and the kin
2 relationships with the land, too, and my land base, to a
3 place that is not familiar to me, and be surrounded by
4 people that I don't know; right? Like, it could be a
5 beautiful place, those could be really nice people, but I
6 don't know them; right? I am not related to them; right?

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

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

19 **DR. JANET SMYLIE:** My experience in, like,
20 being invited into, like, birth and Inuit communities in
21 Ottawa. So, I did have the occasional experience where an
22 Inuk woman would arrive from the north and come to me as a
23 family doctor, for whatever reason. Because I'm a family
24 doctor, I delivered babies usually for people, like, who
25 weren't having complications. So, the process where women

1 have to travel, usually to Ottawa anyways, or Montreal,
2 from northern Inuit communities in the Inuit Nunaat, would
3 be for going to see the specialists.

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

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

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

21 I think that -- like, there was always --
22 like, the program actually was interesting because it was
23 Canada Prenatal Nutrition Program. So, it required
24 everybody to meet in a group. But, in my very elementary
25 understanding, community members told me, actually, a lot

1 of times the counselling and the information transfer
2 happens one-on-one so, like, it was an imposed external
3 model.

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

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

21 **MS. ELIZABETH ZARPA:** Thank you for that.
22 Would you agree that Inuit women and Inuit travelling
23 south to access health care negatively affects their
24 security?

25 **DR. JANET SMYLIE:** Yes.

1 **MS. ELIZABETH ZARPA:** And, would you agree
2 that Inuit women and Inuit travelling south to access
3 health care negatively affects their life?

4 **DR. JANET SMYLIE:** Yes.

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

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

15 We need to return the cry of birth to our
16 communities to be strong, and that's almost a right. So,
17 compared to other people in this country that's called
18 Canada, who take it for granted, that they can be in a
19 place they know. Even if it's a hospital; right? I know
20 hospitals. I've lived in cities. At least I know it a
21 little bit; right? And, when I had my twins, I was in a
22 hospital, but I was surrounded by friends and family in
23 the city of Toronto. And, I think a lot of people in
24 Canada take that for granted. So, it's a disadvantage for
25 Inuit, that they don't have access to this.

1 **MS. ELIZABETH ZARPA:** And, would you agree
2 with the statement that living in Canada's North, with a
3 lack of access to universal health care is a grossly
4 unequal situation?

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

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

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

24 So, health inequities that are potentially
25 reversible are immoral and unjust, right, and we need to

1 do something. We can't accept that as the status quo,
2 right, that Inuit are having second rate access to health
3 care.

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

8 **DR. JANET SMYLIE:** Yes.

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

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

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

25 I think one challenge is -- I did -- there

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

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

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

25 Could you please elaborate a little bit on

1 -- you highlighted Puvirnitug and the midwifery program,
2 and I would like to know a little bit more about what you
3 see as, sort of, successes in that approach.

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

17 But, with Puvirnitug -- what's interesting
18 in Northern Quebec is one side of Nunavik has the
19 midwifery program for a while anyways, and then the other
20 side had the doctor's program, and they have been able to
21 follow the outcomes over time. And, the outcomes are no
22 different between those two sides of the program; right?
23 So, it shows that it's not true; right? That you can
24 actually have Indigenous and Inuit midwives, in this case,
25 working together with local primary care providers and

1 non-Indigenous midwives, and the outcomes for the moms and
2 the babies are just as good on the other side where, like,
3 the women and their families don't have access to local
4 midwives.

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

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

24 But, then, you get on top of that, like,
25 the huge costs that happen, that we have been talking

1 about this morning with the travel for birth, we don't
2 have those costs. Instead, we get to have beautiful birth
3 in the community; right?

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

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

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

1 working within Ottawa Inuit communities?

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

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

23 But, there is, like, a critical process,
24 because the hospitals really are hard to access. The
25 services are in English or French; right? And then, like,

1 people get judged because a lot of us that live in cities
2 and work in hospitals, we forget what it is like to not
3 know, what it is like to be in a city or to navigate a
4 hospital. And, even in Ottawa now, I think there are a
5 number of resident Inuit population, but still we get
6 nervous when we go into hospitals, because we can get
7 singled out.

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

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

24 I can remember one time -- so that is the
25 other problem, is we underestimate the local knowledge;

1 right? So, because I am still outsider to the community,
2 right, communities letting me in a little bit, trusting
3 me, but I still -- it is still -- I am not Inuk, so I
4 don't understand everything; right? But, I know that.

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

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

22 So, even for myself as someone that did
23 invest a bit of time, and community was generous maybe to
24 teach me a thing or two. I underestimated that; right?
25 And, that is that underestimation; right? That, then,

1 people assume someone is not a good mom, right, or not a
2 good grandma, right, where even though there are all those
3 challenges, there was, like, amazing skills that I had
4 undervalued in that time. So, those are the kinds of
5 challenges that -- and assumptions that can happen in a
6 hospital; right?

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

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

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

25 **MS. CARLY TEILLET:** Thank you.

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

2 **MS. CARLY TEILLET:** Tashi (phonetic),
3 bonjour and good morning. I would like to start by
4 thanking the community for welcoming us this entire week
5 to their Inuit territory, and to acknowledge the survivors
6 and the families and the elders that are here with us
7 today, as well as the sacred objects that travel with us
8 as we do our work.

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

17 Dr. Smylie, meegwetch for your testimony
18 yesterday. Your work as a doctor and as someone who
19 incorporates Indigenous knowledge and systems into the
20 field of medicine is an act of healing that institution of
21 decolonizing medicine, so thank you for that.

22 I am going to be talking about some of the
23 specific barriers to accessing health care with a goal of
24 highlighting some concrete areas where health care systems
25 could take steps to build trust and improve the

1 relationship with Indigenous women and LGBTQ2S
2 individuals, and in turn improve their health. And, I
3 want to start with just the very simple process of walking
4 through that front door, the intake process.

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

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

21 **DR. JANET SMYLIE:** Yes.

22 **MS. CARLY TEILLET:** So, continuing with the
23 intake process, I want to move to being asked to provide
24 your legal name and address. So, when my clients, when
25 Indigenous women, LGBTQ2S individuals in the downtown

1 Eastside of Vancouver who sell and trade sex experience
2 violence, there is a tension between needing medical help
3 for that and the need to keep their identity and certain
4 facts about what happened to them secret. Both of those
5 things are needed for these women to stay safe and to stay
6 alive. Some of my clients are alive, they tell me,
7 because they no longer use their legal names, because it
8 is important to not be found.

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

19 **DR. JANET SMYLIE:** Yes. And, I think -- so
20 the big -- one of the things that is linked to your name
21 and address is needing a health card. So, those health
22 cards I talked about and my colleague that was upset about
23 the Nunavut health cards, because that is usually needed
24 for the health care providers, or at least physicians, to
25 get paid.

1 But, there are services that I am aware of
2 where people can come without health cards. And, in fact,
3 right now, my clinical practice in Toronto is under the
4 umbrella of something called the Inner City Health
5 Associates, and we are provincially funded. And, we work
6 to provide health services for people who are homeless.

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

19 And, in fact, as far as I know in this
20 system -- so if there is an OHIP number that is good to
21 use, right, because it helps us justify the work we are
22 doing, but as far as I know in this system, you could also
23 enter somebody with an alias if you needed to. And then
24 that alias would be consistent through the medical record.
25 And, you could actually get other records, like, from

1 other places even if they had used their legal name and
2 redact the name. So, I would have to double check and
3 confirm, but I am pretty sure I have seen one or two
4 aliases in there.

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

25 And so, would you agree that this kind of

1 expanded understanding of fear of interactions with the
2 medical profession is a huge -- a significant barrier to
3 accessing these services?

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

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

21 And, it is almost like when I talked about
22 -- and then also similar for people who are experiencing
23 gender diversity. And, there is actually, like, a huge
24 shortage, because when those things can be mitigated, if
25 you can identify safe providers, right, but there is

1 actually a huge shortage both with respect to -- I guess
2 we are doing a little better in terms of safe providers
3 for women who are involved in sex work, like, hopefully,
4 because there has been some European standards and
5 standards in places other than Canada, and who don't judge
6 the work and actually have enough information so that,
7 like, inappropriate questions or responses don't happen.

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

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

21 And, in particular, I would like to turn to
22 your recommendations entered as Exhibit 20, and in
23 particular Recommendation 14, and I will just read that
24 out, "The development and uptake of Indigenous cultural
25 safety organizational assessment tools and processes

1 across organizations including, but not limited to health
2 and social service providers providing care to First
3 Nation, Inuit, and Métis peoples.”

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

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

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

20 But, that was the first time that I had
21 heard about a hospital-based organizational assessment
22 tool. And, we used it, and we were kind of in a hurry,
23 because we are currently recruiting into a randomized
24 trial of cultural safety training at the hospital. And,
25 we wanted, as one would do when one's designing these

1 things, to provide evidence outside of non-Indigenous
2 communities to know what our baseline is.

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

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

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

24 So, for example, some individuals don't
25 have access to healing with elders until they are in a

1 First Nations sentencing court, and they could meet Elder
2 Cathy, and benefit and heal from some of her teachings, or
3 have access to an integrated mental health and substance
4 use team or learn about the positive relationships or
5 parenting practices.

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

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

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

22 **MS. CARLY TEILLET:** And so, my last
23 question I want to turn to the removal of Indigenous
24 children from mothers. So, my colleagues yesterday asked
25 a whole series of questions about the health impact of

1 disrupting the relationship between mothers and infants,
2 and what that impact is going to have on the children.
3 And so, I'd like to take a moment to talk about the
4 mothers.

5 **DR. JANET SMYLIE:** Yes, please.

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

17 That really short timeline – before that
18 child is placed in permanent care or placed up for
19 adoption and is lost to that mother – doesn't seem to fit
20 with what we know about the healing journey that we have
21 to take as Indigenous people to heal from our trauma.
22 Could you maybe talk a little bit about how medical
23 knowledge about that healing process could assist mothers
24 heal, or the social work field understand what has to take
25 place so that those relationships can continue?

1 **DR. JANET SMYLIE:** Yes. So, I'm really
2 glad that you're talking about the maternal impacts and
3 maternal healing, because it's unbelievable to me.
4 There's been one good study that's actually documenting
5 these impacts, and it's not even an Indigenous-specific
6 study.

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

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

23 But, again, it just speaks to the way
24 people's minds work. How could they not see? Like,
25 they're actually saying, "Well, we want to know, you know,

1 if the baby had to be hospitalized" right? You know, the
2 mom, like, had to have an operation. I'm like, no, the
3 mom -- like, there was this devastating psycho-trauma.

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

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

18 So, yes, the baby does need to be in a safe
19 and secure home environment; right? But, we also
20 understand that the role of wahkohtowin in extended family
21 is important, and it also, I believe, would have
22 overlooked, like, the whole significant Indigenous law and
23 precedent around custom adoption, which, again, is very
24 rich and diverse among First Nations, Inuit, and Metis
25 people.

1 So, I see an acute need to revisit these
2 assumptions and the legislation that actually would take
3 into account, like, new evidence that shows that actually
4 infants can do well and gain things from attachments to
5 multiple caregivers; right? And, the need for this secure
6 environment needs to be matched with the impacts of
7 ongoing disruption of wahkohtowin, or the things --
8 because that's some of the things that the infants will
9 need to be having.

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

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

1 they need?

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

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

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

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

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

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

22 **DR. JANET SMYLIE:** That's correct,
23 miscounting and discounting.

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

25 **DR. JANET SMYLIE:** Yes.

1 **MS. BETH SYMES:** And, in particular, then,
2 my client, The Ottawa Inuit Children's Centre, of which
3 you have done work with, Karen Baker Anderson, when shown
4 the numbers for Ottawa in the 2016 census said, "That's
5 just dead wrong. We are servicing way more Inuit in 2016
6 than these numbers say".

7 **DR. JANET SMYLIE:** That's correct, and
8 there has been a than these numbers say.

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

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

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

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

25 **DR. JANET SMYLIE:** That's correct. Four to

1 six times more, I believe.

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

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

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

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

23 So, the thing is, overall, internationally,
24 the Canadian Census is very well regarded, but yes, we
25 have very strong evidence now in multiple sites that these

1 undercounts are significant in urban areas in Southern
2 Ontario.

3 **MS. BETH SYMES:** Now, I have a very short
4 time left, but I want to challenge you with respect to the
5 medical model of defining risk for Inuit women giving
6 birth in their own communities.

7 **DR. JANET SMYLIE:** Mm-hmm.

8 **MS. BETH SYMES:** And, would you agree with
9 me that life doesn't always turn out and people don't
10 always give birth on the date that they are scheduled to
11 give?

12 **DR. JANET SMYLIE:** That's correct, yes.

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

19 **DR. JANET SMYLIE:** That's correct. So,
20 about a third of birth emergencies can't be predicted.
21 And, as I mentioned, at least historically in Métis
22 communities, we always try to have somebody skilled in
23 attending birth. But, if a baby is born prematurely,
24 depending on the stage of prematurity, that's where
25 medical interventions can be quite important. And, those

1 medical interventions, those tools have evolved quite a
2 lot.

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

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

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

1 what to do.

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

4 **DR. JANET SMYLIE:** That's correct.

5 **MS. BETH SYMES:** Thank you. Those are my
6 questions.

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

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

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

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

24 **MS. CHRISTA BIG CANOE:** Thank you, Ms.
25 Clifford. At this point, Chief Commissioner and

1 Commissioners, we can clear the clock, and I would like to
2 afford the opportunity for you to ask questions in your
3 order of preference.

4 **CHIEF COMMISSIONER MARION BULLER:**

5 (Technical difficulties).

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

11 **CHIEF COMMISSIONER MARION BULLER:** No, go
12 ahead. Please.

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

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

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

22 **MS. CHRISTA BIG CANOE:** Thank you. So,
23 Janet, a couple of things that I just have to discuss with
24 you in terms of redirect relate to what my colleagues have
25 been asking you in relation to blood memory and

1 epigenetics. And so, really, I just want some
2 clarification around a couple of things to ensure my
3
4 understanding is correct.

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

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

22 But, looking at the strength based approach
23 -- so we often hear about how, based on blood memory, we
24 remember the trauma of our ancestors. It's, like, right
25 within our DNA that we can recall that harm and that that

1 is what triggers some of the trauma we experience. But,
2 looking at a strength based approach and helping us
3 understand the science of epigenetics more, can you talk
4 about how we also have within our blood memory the ability
5 to repair?

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

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

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

1 synergy.

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

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

25 So then the next piece is that with

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

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

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

20 Okay. So then the scientists and the
21 molecular geneticists and geneticists got all excited
22 because they know we experience a lot of stress. So I've
23 actually been in meetings in First Nations communities
24 where the scientists were coming. "We want your DNA, we
25 want to see it because we think that we can show how this

1 damage is happening because you're getting lots of
2 damage."

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

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

24 So there is -- I don't know the teachings
25 for blood memory around what happens or how it gets

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

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

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

19 So I do believe that -- like the problem
20 with that epigenetic damage is it gets passed on to our
21 children, like the damage to the proteins around the DNA
22 get passed on when the DNA is replicated and then goes
23 into our reproductive cells. So what I'm very interested
24 in and what I don't know enough about and what I hope the
25 molecular genetics will help us understand is that the --

1 there can actually be processes of repair within this
2 lifetime.

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

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

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

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

24 **MS. CHRISTA BIG CANOE:** Thank you. That
25 does help explain some of the differences in some of the

1 science for us. One of the points you just made was that
2 often, I know I come into communities or research comes
3 into communities seeking to identify just the harm. So,
4 you know, obviously -- and you do a lot, so I'm not saying
5 that you're going to be able to change this with a
6 recommendation. But if focused research on the repair of
7 damage in epigenetics was prioritized over identifying the
8 harms, would that not be helpful?

9 **DR. JANET SMYLIE:** Yes.

10 **MS. CHRISTA BIG CANOE:** Okay.

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

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

19 **MS. CHRISTA BIG CANOE:**
20 Commissioner Audette, if you can just wait one minute for
21 the headset.

22 **COMMISSIONER MICHÈLE AUDETTE:** Yes, of
23 course.

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

25 **--- QUESTIONS BY THE COMMISSIONERS/QUESTIONS POSÉES PAR**

1 **LES COMMISSAIRES:**

2 **COMMISSAIRE MICHÈLE AUDETTE:** Merci
3 beaucoup, Maître Big Canoe.

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

6 Ça va pour la traduction?

7 **DRE. JANET SMYLIE:** Oui, ça va. Merci.
8 Mais j'écoute en anglais.

9 **COMMISSAIRE MICHÈLE AUDETTE:** Alors,
10 Docteure Smylie, encore une fois, toujours impressionnée
11 de recevoir votre savoir, votre expertise, mais aussi
12 l'amour que vous avez pour tous ces enjeux-là, ces
13 questions-là, et d'amener d'une façon positive, d'une
14 façon qui n'est pas stéréotypée mais une belle approche
15 sur l'importance de la loge, de la pratique des
16 sagefemmes, du rôle des familles ou de la famille et le
17 tikinagan (phonétique), l'amiotage de nos enfants.

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

23 Et je n'ai pas beaucoup de questions parce
24 que, encore une fois, vous nous surprenez pas vos
25 connaissances et c'est beaucoup d'assimilation pour le

1 Canada mais aussi comme mère et les questions que j'ai
2 sont d'ordres. Vous avez parlé de deux mondes celui de nos
3 protocoles, de nos ancestrales, de nos façons de faire, de
4 notre diversité culturelle comme je le dirais dans mes
5 mots. Et, aussi, celui tout comme vous je n'aime pas ça
6 dire non autochtones ou non indiens. Mais, de nos voisins
7 les Canadiens, comment vous proposer dans un contexte en
8 2018 d'arrimer dans nos recommandations le savoir
9 autochtone, la beauté et la richesse avec sa réalité
10 socio-économique et celui des Canadiens. Comment on peut
11 arrimer ça comme individu, mais aussi commission
12 d'enquête? Ça, c'est ma première question. La deuxième
13 question serait très simple, j'imagine, pour vous comme
14 docteur. J'aimerais ça savoir avec toutes les années de
15 recherche que vous avez. Est-ce qu'il y a des preuves de
16 résultats de recherche qui permettent de démontrer que
17 quand j'ai le contrôle de ma vie, le contrôle de ma santé
18 et aussi au niveau de ma famille et de ma communauté? Est-
19 ce qu'il y a un impact au niveau de la santé en général?
20 Si oui, quelles sont ces preuves?

21 **DR. JANET SMYLIE:** Merci pour les
22 questions. Je vais commencer en anglais, parce que c'est
23 mieux pour toutes.

24 Thank you very much. It's nice to see you,
25 Commissioner Audette, and I appreciate the questions.

1 With respect to the first question, as I
2 understood it, how can we continue in 2018 to work
3 together to bridge across world views? And, of course,
4 every First Nations, Inuit, Métis individual and
5 organization has thought about this.

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

19 So, like, as I mentioned yesterday,
20 historically and currently, the people who have always
21 been and the people who have come to what we now call
22 Canada haven't experienced, like, equal sharing of health
23 and social resources. And, as was brought forward by many
24 of the parties this morning, and we discussed, like, this
25 unequal distribution of health and social resources.

1 So, there is an unequal distribution of
2 health and social resources in this country we call
3 Canada, even though, like, at least with respect to access
4 to health, we have a principle that I think the large
5 majority of Canadians would adhere to, and most of our,
6 like, federal/provincial/territorial and municipal
7 governments would want to adhere to that we believe in
8 equal access to healthcare, and we think we're kind of
9 special in Canada because we have it. But, the fact is we
10 don't really have it.

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

23 And, the other piece is that in addition to
24 the unequal distribution of health and social resources in
25 this country, we have this ugly human tendency, then, that

1 many of our organizations have been founded on, which is
2 racism; right? And, this idea, and it can enter into our
3 minds that actually people who look different than us are
4 to be feared; right? Like, it's a really old part. It's
5 part of that old brain, that old brain that gets us into
6 fight or flight; right? Or corrects the threat of fight
7 or flight with violence and feels okay about it.

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

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

23 I wonder if I could just get a
24 clarification a bit on the second question? I think it
25 was about impacts on health. So, if I understood it, it

1 would be a little bit about, like, how the challenges that
2 you might face or that we might face as Indigenous women,
3 and of course they're diverse, but how it can impact on
4 your health? But, maybe I'll just make sure I got the
5 question right before I answer it?

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

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

18 So, yes, there is a body of research that
19 looks at autonomy, circle of influence and impacts on
20 health. I'm most familiar with it within the area of,
21 like, maternal health. So, we know, for example, that
22 there's something -- so, and again, it's tricky because
23 what happens is these concepts always get framed mostly
24 external to Indigenous communities. So, they make up
25 something called locus of control. There's also terms

1 called "social capital". Most of the times, like, we
2 almost need to, like, fix or refocus the conceptualization
3 a little bit if we want to make them more relevant and
4 conceptually sound from a specific, like, First Nations,
5 or Inuit, or Métis perspective.

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

19 And then this notion of social capital --
20 and again, they break it down a little bit in terms of,
21 like, most of the time, again these things unfortunately
22 are conceptualized on the individual level, because that
23 is a lot about how my domains of medicine and population
24 health think sometimes. You know, so that could be, is
25 there somebody I could borrow money from, like, if I

1 forgot my wallet; right? Or, it gets broken down into --
2 so, that is, kind of, material supports. There is also,
3 like, emotional supports. And, again, this social capital
4 is something that is getting translated, and showing to be
5 important for health.

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

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

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

1 you so much.

2 **DR. JANET SMYLIE:** Thank you.

3 **--- QUESTIONS BY COMMISSIONER QAJAQ ROBINSON:**

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

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

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

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

24 **COMMISSIONER QAJAQ ROBINSON:** Okay.

25 **DR. JANET SMYLIE:** Okay? So, health

1 indicators are just measures or milestones of health;
2 right? And, like, those aunties, like my Auntie Maria
3 will look at me and she will have some health indicators
4 of how I am doing; right? Like, maybe my appearance,
5 like, she can see my spirit; right? But, when I do the
6 study with Inuit in Ottawa, right, like we have to come up
7 with survey questions; right?

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

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

21 So then you would also think, though, at
22 least, like, in population health they said, okay, but we
23 are noticing, like, whether you have high blood pressure
24 or not is related to how much money you make; right? So,
25 that is why all those social determinants of health, and

1 we say there are Indigenous-specific social determinants
2 of health, like racism, whether or not, like, our
3 community has experienced dislocation; right? Like,
4 whether or not land claims have been resolved; right?
5 Those are Indigenous-specific determinants of health.

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

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

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

17 **COMMISSIONER QAJAQ ROBINSON:** Okay.

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

23 But, of course, in our communities we have
24 many other indicators that could be important; right?
25 Like, access to culture, access to language, and community

1 supports. So, that is the answer.

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

5 **DR. JANET SMYLIE:** Yes.

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

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

22 **DR. JANET SMYLIE:** Yes, it is a tough one.
23 Now, one thing that I would say is, I actually think this
24 focuses on indicators, like, and coming up with the
25 relevant indicators is a distraction technique; right?

1 So, for decades now, ever since I have been
2 in health, particularly the federal government says, oh,
3 they are coming up with new First Nations, Inuit, Métis
4 health indicators. Maybe they are coming up with anti-
5 violence indicators. But, keep in mind, these are only
6 markers or milestones. It is not doing anything; right?

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

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

22 So, I would be quite cautious. And, within
23 health, I see it as a distraction technique. It makes
24 community leaders feel good, because for sure the markers,
25 the measuring stick has been held outside our communities.

1 We haven't held the measuring stick. So, it is empowering
2 to hold the measuring stick; right? But, then we have to
3 use it and do stuff; okay?

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

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

19 So, I think that would be the first thing
20 if the Commission has been tasked with coming up with
21 indicators, right, I would just say, okay, that is good,
22 but I want a commitment that actually once you get these
23 indicators, right, like something is actually going to
24 happen; right? Because it is cheaper to just have a
25 conversation about the milestones, right, and it makes

1 everybody feel good and think that is something happening;
2 right? But, then nothing happens again.

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

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

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

1 people, the human beings; okay?

2 But, then, we might be like, okay, so --
3 like just like I said, okay, with -- these babies are
4 dying. First Nations, Inuit, Métis babies in this country
5 -- First Nation, Inuit babies are dying two to four times
6 more often than non-Indigenous babies; right? Like, we
7 have, like, a disproportionate number of loved ones who
8 have been lost.

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

21 So, I guess in order to have this action,
22 right, like, we have to kind of go back; right? So, maybe
23 the first thing is going to be, like, finding out, like,
24 information about, okay -- like, how -- what are the
25 conditions; right? And, you have heard about this, I am

1 sure, what conditions, what are the pathways; right? You
2 have been digging into that. What are the pathways to
3 which we are losing, right, our loved ones, like, to
4 violence; right?

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

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

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

1 to create, like, the stable homes and families and
2 communities that will actually provide safe places for us
3 to live in, thrive as First Nations, Inuit and Métis
4 people.

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

15 **DR. JANET SMYLIE:** I think that it requires
16 competency work. I think it is based on a lack of
17 knowledge about, like, what happens. Like -- so,
18 basically, my medical training, like, was based on the
19 assumption that people have white skin; right? Like, I
20 trained at Queen's; right? And, this idea that actually,
21 yes, some of us have always had not white skin. And then,
22 actually, when we intermarry, right, we can also, like,
23 see some skin changes; right? So, yes, I think that I am
24 not aware that -- so the way that I hear that taught is
25 more, like, one-on-one. Like, you see something and it is

1 like, oh, this can happen. But, I think it would be an
2 important thing to address.

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

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

18 **DR. JANET SMYLIE:** Yes. And, also, in
19 organizations too. So, I think less -- I think there is a
20 need to vacate space. And, what struck me when you were
21 speaking is, just even from myself, like even in
22 leadership positions; right? So, I try to role model. I
23 say I should do something every day, I don't know if I did
24 it today, to put myself out of my job, right, because it
25 reminds me, right, like that -- so, yes, I find within

1 universities, right, because I am trying to breakthrough a
2 couple glass ceilings every now and then.

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

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

13 **DR. JANET SMYLIE:** Hay hay (phonetic).

14 **MS. CHRISTA BIG CANOE:** Commissioners,
15 Janet has just indicated, she will give a little
16 flexibility. I know we asked for a hard deadline of
17 12:00, but she will give a little flexibility on -- no,
18 but we might have to have her taken to the airport
19 directly.

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

23 **--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON:**

24 **COMMISSIONER BRIAN EYOLFSON:** Dr. Smylie, I
25 just want to thank you so very much for coming here and

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

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

10 **DR. JANET SMYLIE:** Okay. Hopefully we'll
11 get a chance to visit.

12 **COMMISSIONER BRIAN EYOLFSON:** Yes.

13 **--- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER:**

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

18 **DR. JANET SMYLIE:** Yes.

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

22 **DR. JANET SMYLIE:** Yes.

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

25 **DR. JANET SMYLIE:** Yes.

1 **CHIEF COMMISSIONER MARION BULLER:** The
2 questions and the answers will be circulated to parties
3 with standing through Commission Counsel, and then will
4 form part of our record as well.

5 **DR. JANET SMYLIE:** Excellent.

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

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

22 Having -- we'll stop now until ---

23 **MS. CHRISTA BIG CANOE:** Sorry. May I?
24 Chief Commissioner, yes, if we could have a lunch break
25 until 1:00 p.m. I would just kindly ask that if there's

1 any parties who have not yet drawn for the next set of
2 cross-examinations, that they please do so now. There is
3 Commission Counsel at the front table. And, also, that
4 parties with standing return their numbers, so the closing
5 to return the order is at the end of lunch.

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

10 **CHIEF COMMISSIONER MARION BULLER:** 1:00,
11 please.

12 --- Upon recessing at 12:00

13 --- Upon resuming at 13:13

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

24 The third panel that we are calling this
25 week is on decolonized perspectives. And, we are

1 fortunate to have the first two witnesses with us today,
2 are T.J. Lightfoot. T.J. Lightfoot is actually Mi'kmaw
3 background, but lives here in Iqaluit. T.J. actually goes
4 by the pronouns they and them.

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

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

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

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

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

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

23 **MS. CHRISTA BIG CANOE:** And, Mr. Registrar,
24 because we will be hearing T.J. and Jasmine's testimony
25 concurrently together, I also ask that Jasmine be promised

1 in.

2 **MR. BRYAN ZANDBERG:** Good afternoon,
3 Jasmine. Do you promise to tell your truth in a good way
4 today?

5 **JASMINE REDFERN:** I do.

6 **--- JASMINE REDFERN, Affirmed:**

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

8 **MS. CHRISTA BIG CANOE:** Excellent.

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

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

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

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

25 So, my education is in racialized,

1 sexualized violence against Indigenous people. That is
2 what my main research area is, but I have an undergraduate
3 degree in psychology and religion and Native studies. My
4 master's degree is in environmental policy and how Bill C-
5 45 impacted Wabanaki ways of life and their right and
6 access to food sovereignty. So, most of my background and
7 work experience has been as a frontline worker, but
8 breathing in my research that I have done over the years
9 and seeing it on the frontline and as a real person. Yes,
10 that is it.

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

14 **T.J. LIGHTFOOT:** Sure. So, in Nunatsiavut,
15 I worked as a mental health worker. I also worked as a K-
16 12 Indigenous teacher, so teaching culture, Ilusavut
17 (phonetic) skills and providing, I guess, emotional
18 support to youth from K-12. I have also worked as a
19 Victim Service worker with the Government of Nunavut for
20 almost two years prior to my position now. Right now, I
21 sit as a sexual health coordinator, but I am not here in
22 that capacity today.

23 **MS. CHRISTA BIG CANOE:** Yes. And, I just
24 wanted to clarify that. So, your previous work with the
25 government or the current job you have, you are not

1 actually providing evidence before the Commission on that,
2 any specific individuals or people that you would help; is
3 that true?

4 **T.J. LIGHTFOOT:** Exactly. Yes.

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

10 **T.J. LIGHTFOOT:** Yes.

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

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

19 **MS. CHRISTA BIG CANOE:** Excellent. Thank
20 you.

21 **T.J. LIGHTFOOT:** Thank you.

22 **MS. CHRISTA BIG CANOE:** I also understand
23 that your background includes training in mental health
24 and addictions, as you have mentioned sexual health,
25 Victim Services and crisis intervention?

1 **T.J. LIGHTFOOT:** Mm-hmm.

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

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

7 **MS. CHRISTA BIG CANOE:** Thank you.
8 Jasmine, is it okay if I ask you some questions?

9 **JASMINE REDFERN:** Yes. Thank you.

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

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

19 I, as T.J. mentioned, have a longstanding
20 involvement with the Native Youth Sexual Health Network.
21 And, my involvement with that started when I was an HIV
22 and harm reduction educator in Vancouver, B.C. where I
23 worked with Indigenous youth on issues surrounding HIV and
24 sexual health, so including things like mental health and
25 addictions.

1 **MS. CHRISTA BIG CANOE:** That is helpful,
2 thank you. I also understand that you have designed and
3 delivered culturally-relevant sexual health and harm
4 prevention workshops for Aboriginal youth. I am not sure
5 if that was through the network or otherwise, but can you
6 tell us just a little bit about that?

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

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

19 **JASMINE REDFERN:** Yes. So, I was also a --
20 I did some volunteer work with the National Aboriginal
21 Council for HIV and AIDS, which is an advisory council to
22 the First Nations and Inuit Health Branch. I was also a
23 member of the National Indigenous Youth Council for Sexual
24 Health and HIV/AIDS, which is associated with the Canadian
25 Aboriginal AIDS Network.

1 I also worked with Taking Action for Youth,
2 which was similar to the work that I was doing with
3 culturally relevant HIV prevention education for
4 Indigenous youth just on a national scale.

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

11 **JASMINE REDFERN:** Yes.

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

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

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

21 **--- Exhibit 21:**

22 CV of Jasmine Elisapi Redfern
23 (3 pages)

24 **MS. CHRISTA BIG CANOE:** And T.J.'s -- T.J.
25 Lightfoot's resume that's under Schedule B, could that

1 please also be made an exhibit?

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

4 **--- Exhibit 22:**

5 CV of T.J. (Theresa) Lightfoot
6 (4 pages)

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

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

9 **SHELBY THOMAS:**

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

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

21 I think the way that's most easy to explain
22 that to people is when you bring up LGBTQ2S issues the
23 first place that a lot of people go is they think, oh, I
24 don't agree with a man sleeping with a man, I don't agree.
25 That's a perfect way to say that's our experience, is

1 immediately people go to a place of thinking of
2 sexualization instead of thinking about all of our other
3 lived experiences.

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

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

23 **SHELBY THOMAS:** Yeah.

24 **JASMINE REDFERN:** Mm-hmm. Yeah. I agree
25 with that. I find a lot of people talk about having to

1 compartmentalize their identities in order to access
2 certain services. So having to choose between accessing a
3 clinic that's intentionally for Indigenous clients or
4 accessing a clinic that's intentionally for LGBTQ2S
5 individuals. And in both spaces, feeling like you're not
6 entirely being seen or entirely being met or having all of
7 those needs recognized and validated.

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

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

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

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

22 **JASMINE REDFERN:** Sure. So as T. J.
23 mentioned, often when accessing services -- I'll use the
24 example of health services -- when you go to your service
25 provider, often having to come out to your provider in

1 order to kind of justify the types of services that you're
2 asking for. And sometimes with that, is also having to
3 educate the person that you're asking for a service from
4 on these are your life contexts, these are your
5 identities, these are the reasons why you might need
6 services that are different.

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

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

25 **MS. SHELBY THOMAS:** And in our prior

1 discussions, we talked about the violence and the
2 different gendered violence that exists towards LGBTQS --
3 or 2S people. Can you provide a little more context and
4 give your personal experience with respect to that?

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

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

18 And so I'll use the example of here in
19 Iqaluit we have a domestic violence shelter, and that
20 domestic violence shelter is a space for women who are
21 fleeing violence but doesn't necessarily have the policies
22 in place to deal with people who are fleeing a violent
23 situation in which a woman is the perpetrator of violence,
24 or to deal with relationships amongst clients who are
25 already staying there.

1 **MS. SHELBY THOMAS:** And Jasmine, could you
2 provide a little bit of your personal experience with
3 respect to the services that are available in urban
4 communities in comparison to what's available in rural
5 communities.

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

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

23 We are dealing with people in vulnerable
24 contexts already and we already know that frontline
25 service providers are often running on a deficit, and of

1 time and of resources, and that can make a crisis
2 situation where these unidentified at the time needs come
3 up, it can put somebody who is accessing these services at
4 higher risk of harm. And, it can put the service
5 providers in an uncomfortable situation of having to
6 decide between doing what's easiest, or doing what's in
7 the best interest of the majority of clients or dealing
8 with the individual needs of this one person.

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

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

17 **T.J. LIGHTFOOT:** So, I just want to
18 elaborate a little bit on what Jasmine was saying and
19 maybe give you a little bit of extra -- not that it's
20 necessarily going to change the rates of violence that we
21 experience, but that there is a potential for work to be
22 done on multiple levels, from service providers -- like,
23 whether that's changing forms that are used at intake at
24 the hospitals, that are used at intake for RCMP and social
25 services and other support staff. Even to what's being

1 put out from schools. Like, it starts on every level;
2 right? But, there's work to be done.

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

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

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

18 **T.J. LIGHTFOOT:** Yes. So, I think a part
19 of that comes from the need and desire to actually have
20 those -- like, Indigenous people on those boards, people
21 that are a part of developing those policies. There needs
22 to be more visibility from the LGBTQ2 youth, elders and
23 adults, because each one of us comes from a different
24 perspective. Like, we're fairly young, so our needs will
25 be much different than elder LGBTQ2 people, but also

1 recognizing that Inuit, Métis and First Nations people all
2 have different needs.

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

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

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

24 And, one thing that we had heard from a lot
25 of youth was that it did make providing those services a

1 bit difficult for them. A lot of them were high school
2 aged youth and talking about needing supports to be able
3 to access those fundings, supports with dealing with
4 reporting requirements and issues with ensuring that they
5 had adequate numbers to qualify for certain funding.

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

19 There will be one person who is just an
20 amazing go-getter, who is really driving that force, and
21 understanding that we only have four years of that, and we
22 need to be able to access more youth to be able to give
23 them those skills to be able to continue that on and make
24 sure that it's responsive to -- every youth is different,
25 every person is going to have different strengths and

1 different needs, and so being able to respond to that, so
2 that those can continue on.

3 **T.J. LIGHTFOOT:** Yes, I think to understand
4 the issues of LGTBQ2 self-harm and suicide risk, they are
5 so complex, you know, it breeds from everything from,
6 like, policies within schools, having access to
7 counselling, bullying, the need for adequate safe housing.

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

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

23 **JASMINE REDFERN:** Sure. So decolonizeSAAM
24 is -- was a hashtag started by the -- I believe, the Save
25 Wiyabi Project. And it's kind of part of a growing trend

1 that we're seeing is a lot of discussions amongst young
2 people taking place online and so decolonizeSAAM stood for
3 Decolonize Sexual Assault Awareness Month, and was an
4 opportunity for young people, especially young women, to
5 talk about their experiences of violence and their
6 experiences of trying to access services. And, also, for
7 individuals who work in providing those services and
8 frontline services to be able to talk about the gaps, the
9 barriers, and the needs that they experience in a very
10 open and honest way that we aren't necessarily always
11 having the forums to be able to do in a physical space.

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

19 Yeah, that's something that we'd utilized a
20 few times with the National Indigenous Young Women's
21 Council. Also, an opportunity for talking about things
22 like teen parents; about Native women and breastfeeding;
23 and parents who use substances, which I think are topics
24 we don't often get to talk about in very open or
25 transparent ways.

1 And I think that's part of the importance
2 of allowing youth to kind of dominate these conversations
3 and about allowing us to take conversations to forums that
4 youth are able to control is, I think, some of those
5 topics are ones that make a lot of people uncomfortable
6 and so our conversations that might try to downplay or
7 suppress or try to very tightly control what the messaging
8 is. But when we try to tightly control the messaging, we
9 don't always get the same diversity of experiences and
10 there might be voices that are more likely to be
11 marginalized.

12 **MS. SHELBY THOMAS:** Again, when we were
13 talking previously to sitting here today, we talked about
14 the lack of prioritization of LGBTQ2S problems and issues
15 in comparison to other whether it be health-related issues
16 or mental health-related issues. Can you provide a little
17 bit of context with respect to that?

18 **JASMINE REDFERN:** Yeah. So in our
19 conversation we had used the example of feminism and
20 talking about the marginalization of LGBTQ2S or Indigenous
21 perspectives within that realm and framing it as, "Oh,
22 once we've achieved this threshold of equality for women,
23 that's when we can start to look into issues that are
24 specific to Indigenous women. And that's when we can look
25 into issues that are specific to LGBTQ2S individuals."

1 And wanting -- but we're not fragmented people. We're not
2 little pieces that can be put away or put in a bag. We
3 are whole people and so the issues that we face as
4 Indigenous women or as Indigenous people, we also face as
5 Indigenous women. We're not able to kind of put part of
6 ourselves in our pocket and say, "Well, okay, this part of
7 me is achieving equal wages, but this part of me is still
8 behind." That's not how we work as human beings.

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

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

1 process and that we should be recognized.

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

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

13 So where feminism sought to push us out of
14 the narrative and not make us part of the whole
15 racialized, sexualized violence, when you look at resource
16 extraction and the violence that happens to Indigenous
17 people, it comes from the understanding that Indigenous
18 women -- and I mean "women" under the understanding that
19 it's self-identified women, it includes people that are
20 trans; like, it's encompassing. So women from an
21 Indigenous perspective that the violence that happens to
22 us is linked to what happens to the environment.

23 So that because we are the first
24 environment, what happens to the lands impacts us
25 directly. And that it happens in a number of ways,

1 whether that's physical or mental, emotional, and also
2 breeds into the workplace if people decide to engage in
3 these industries.

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

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

11 **MS. SHELBY THOMAS:** It's found at Schedule
12 C of the materials.

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

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

22 But the way that I've used and looked at it
23 from my own perspective, has been that Indigenous women
24 are often neglected, they're shut up and shut out of
25 consultation processes; they are impacted physically as

1 their reproductive health is impacted from the
2 environmental fallout from these projects; that the influx
3 of transient employees as a result of resource extraction
4 brings increased domestic violence, physical violence, and
5 sexual violence against Indigenous women. And that for
6 women who choose to participate -- and I say "choose"
7 under the understanding that often these choices are put
8 on our communities, that we don't often have a say, and
9 sometimes the reality is that it's the only economic
10 driver in our communities. So, for the women that loosely
11 choose to participate in these ways that they face racism
12 and sexual harassment and exploitation.

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

17 **T.J. LIGHTFOOT:** Sure. So, I figure you
18 guys probably have already heard about man camps. They
19 are -- so there are two types of man camps. There are man
20 camps that are set up by resource extractive industries.
21 So, the company pays to have, say, like, a number of
22 portable housing put onto a plot of land, or there are
23 informal man camps which are -- private individuals will
24 go ahead and set up a number of, like, mobile homes and
25 put it on their property knowing that the workers are

1 working within the resource extraction industry, so as
2 seen in Alberta, and B.C. and other areas.

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

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

20 So, there was -- so it talks about that in
21 the schedule -- the land, body defence one, resource, but
22 it also talks about the impacts under the Pauktuutit
23 report where they talk about the mining industry and how
24 it has led to increased rates of STIs, domestic violence
25 and physical assaults in Inuit communities. So, I put --

1 I wanted to make sure to introduce those two together so
2 that you understand that this is a systemic program. It
3 is not just happening to Inuit, it is not just happening
4 to First Nations people or to Métis people.

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

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

23 **MS. SHELBY THOMAS:** Before we continue,
24 Chief Commissioner and Commissioners, I would just like to
25 -- I would like to request the two documents be entered as

1 exhibits. One is found in Schedule C, and it is called
2 Violence on the Land, Violence on our Bodies.

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

6 **MS. SHELBY THOMAS:** It would be in Redfern
7 and Lightfoot's.

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

12 **--- Exhibit 23:**

13 Violence on the Land, Violence on our
14 Bodies: Building an Indigenous
15 Response to Environmental Violence"
16 (116 pages)

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

24 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
25 24 will be The Impact of Resources Extraction on Inuit

1 Women and Families in Qamani'tuaq, Nunavut Territory.
2 Report for the Canadian Women's Foundation, January 2016.
3 That is 24, please.

4 **--- Exhibit 24:**

5 The Impact of Resource Extraction on
6 Inuit Women and Families in
7 Qamani'tuaq, Nunavut Territory,"
8 report prepared for the Canadian
9 Women's Foundation by Pauktuutit Inuit
10 Women of Canada, 2016 (91 pages)

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

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

24 So, the -- what you are seeing is the
25 results of a questionnaire -- yes, thank you. They are

1 the results of a questionnaire that were put out for about
2 49 people that either currently live and work within -- or
3 not live within the mine, but they work at the mine or
4 have worked at the mine in the past, and some of the
5 issues that they felt were a result of mining activity in
6 their area, and so this is based out of Baker Lake, were
7 increased alcohol use in communities, language conflicts -
8 - and what I understand language conflicts to mean, and it
9 elaborates later in the document, is that the language --
10 like the signs, they sometimes -- so in Nunavut -- let me
11 pause.

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

20 The transient workers are often the people
21 that have the higher paid positions where we find that
22 Inuit women as identified in this questionnaire, I think
23 it was a questionnaire, that they often occupy the lower
24 wage position. So, they are the cleaners, they are the
25 cooking staff, they are the cleanup crew, but not the

1 people that have expertise which, again, leads to levels
2 of inequality in the communities, and in the mining
3 setting and in the camps.

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

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

19 So, the workers that come into this
20 community, they have access to a brand new airport. They
21 are sectioned off. They don't have to interact with the
22 Inuit that live in the communities. They have their own
23 special buses. So, they don't have to make an investment
24 in the communities or interact with our people unless they
25 want to. And, often when they do make that choice, it is

1 one of exploitation. It's one of exploitation.

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

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

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

20 So, the paper you see is called "Predators
21 without Reprisal - Abuse of..." -- it says "Native Women,"
22 but again, language has changed, and I should have known
23 at this time that we should have used things like
24 Indigenous because terms like Aboriginal and Native seek
25 to divorce us from our lands, and that is exactly what I

1 didn't want to do with this paper. So, title change
2 should say "Abuse of Indigenous Women."

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

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

24 And, when you make that impact on women,
25 because we're the first environment, you're impacting the

1 ability of people to pass on their culture, language and
2 traditions. You're impacting the survival of the people.
3 And so, when you do those things, when you impact those
4 things either directly or indirectly, whether it's popular
5 to say it or not, that is genocide, and that's the reality
6 that our people live with.

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

22 And, coming from the reality that a lot of
23 our women have been subject to abuse systemically, not
24 just sexually but also psychologically and in domestic
25 places, that all those things interplay, and that that's a

1 really big important part. That if you're messing with
2 consent, and if you're keeping people out of these things
3 and the onus is on us to prove that these things don't
4 exist instead of the flip side being on industry to prove
5 that they're not going to cause us harm, it sometimes can
6 make us feel crazy. So, that people like me, I had to go
7 out and get a master's degree because I was treated as if
8 I wasn't knowledgeable about my lands, that my opinion and
9 my ability to read the industry's own documents, that I
10 wasn't an expert or that I wasn't competent and capable
11 because I didn't have those letters behind my name. Now I
12 do, but has that changed anything about my ability to read
13 or write? No. Like, those things, those are the small
14 acts of insidious violence that happen to us.

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

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

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

25 **CHIEF COMMISSIONER MARION BULLER:** We'll

1 redact that, Mr. Registrar, on the copy that is marked.
2 So, the document, Predators Without Reprisal - Abuse of
3 Native Women by T.J. Lightfoot, December 28th, 2008, will
4 be Exhibit 25, please.

5 **--- Exhibit 25:**

6 Predators without Reprisal: Abuse of
7 Native Women," by T.J. Lightfoot &
8 Andrea Bear Nicholas dated December 8,
9 2008 (19 pages)

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

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

21 In the very least, yes, we see posters and
22 resource extractive industries with our Indigenous
23 languages on them, but that there needs to be a priority
24 to have Indigenous language rights enshrined so that
25 immersion is a reality for all Indigenous children in

1 their Indigenous language. And, I think that until
2 there's actual serious work in making that happen, that
3 we're going to continue to see problems.

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

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

24 **MS. SHELBY THOMAS:** And, there's another
25 document we have attached to the materials, and it was

1 called "Linguicide." Did you just want to discuss that a
2 little bit?

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

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

14 If you look to page -- I think around page
15 13, I think that's how mine is labelled, 13. You'll see
16 where they make the link between -- is it okay if I just
17 read this quote?

18 **MS. SHELBY THOMAS:** Yes.

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

25 So, basically, like, it's a conversation

1 talking about the importance of immersion education and
2 how if children spend the first five years of their
3 formative education and their Indigenous language, that
4 it's a direct predictor of academic success in high school
5 and university. And so, not that you will necessarily see
6 the academic success in the formative years, but over a
7 long time, it impacts every level of their well-being.

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

21 **MS. SHELBY THOMAS:** Thank you. Chief
22 Commissioner and Commissioners, I would like to request
23 that the article, *Linguicide: Submersion education and the*
24 *killing of languages in Canada* by Andrea Bear Nicholas,
25 March 1st, 2011, be tendered as an exhibit.

1 **CHIEF COMMISSIONER MARION BULLER:** Yes, the
2 document, *Linguicide: Submersion education and the killing*
3 *of languages in Canada* by Andrea Bear Nicholas, March 1st,
4 2011 in briarpatchmagazine.com will be Exhibit 26.

5 **--- Exhibit 26:**

6 PDF copy of "Linguicide: Submersion
7 education and the killing of languages
8 in Canada," by Andrea Bear Nicholas,
9 published in Briarpatch Magazine March
10 1, 2011 / printed September 12, 2018
11 (11 pages)

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

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

24 The image that you are seeing was made for
25 her in response to the environmental harms that we are

1 going through. Youth are trying to find ways to make
2 sense of the physical harms that we are feeling every day,
3 and this artwork is a part of trying to make sense of
4 that, but also a part of speaking to colonial powers,
5 because youth are often pushed out of those environments.
6 We are often -- their voices are not heard or they're
7 silenced in community decision making. Sometimes they
8 will have, like, special little roundtables and they will
9 bring the youth to the side, and they will give us donuts
10 and coffee, and say that they consulted with us, but we
11 are not invited to the big people table, which his not how
12 we operated. We know that through education models that
13 Montessori style of learning is the best way to learn, and
14 the reality of colonization is that they have broken the
15 chains and links between our generations.

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

23 So, this image that you see. I don't have
24 the artist's name. But, again, talking to resource
25 extraction and its direct impact on Indigenous women's

1 bodies. Artwork has a way to -- Dr. Smylie, she talked
2 about storytelling and its importance, but art is so
3 important and so vital for understanding our histories.
4 And, I find this stuff is better than me just rambling on
5 for 45 minutes.

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

23 So, my family friend took on -- how many
24 RCMP officers are standing around her? Can you see that?
25 There's at least 20 RCMP officers against one Native woman

1 with a feather. But, when our women are raped, when
2 Indigenous people are calling for help, when LGBTQ2 people
3 are asking for police support, we can't fucking get them
4 to show up. That's violence. Whose interest does that
5 protect? No one's but SWN and other companies like them.
6 That's why I wanted you to see that, because that's
7 peaceful.

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

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

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

24 **T.J. LIGHTFOOT:** Yes. So, my wife, who is
25 amazing, she laundered all of my t-shirts, my activist t-

1 shirts, to make sure that I had access to ones that are
2 important. But, my t-shirt says, Defend the Sacred, and
3 it's actually a reference to Standing Rock and the
4 occupations that happen there. And, the funds that
5 supported this t-shirt actually went towards Indigenous
6 people within the camps, the people that were tear gassed.

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

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

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

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

1 throughout.

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

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

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

20 **JASMINE REDFERN:** Yes.

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

24 (LAUGHTER/RIRES)

25 **MS. CHRISTA BIG CANOE:** But it's

1 interesting because, you know, a lot of what you've
2 expressed today demonstrates sort of a passionate activism
3 for the rights of Indigenous women. And what I'm really
4 curious about is like when you think of your future, and
5 your children, and your daughters, what are some of the
6 hopes that you have they won't have to experience that
7 you've experienced?

8 **JASMINE REDFERN:** That's a good one.

9 **T. J. LIGHTFOOT:** Yeah.

10 **JASMINE REDFERN:** That's a thesis.

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

16 **T. J. LIGHTFOOT:** I think one major thing
17 is that I want her -- like our families, I want our
18 families to be a part of the norm, you know. I want her
19 to grow up and it be okay to play mom and mom. I want her
20 to see herself in books and love that. I want her -- just
21 her existence that the plethora of what it means to be an
22 Indigenous woman that it's accepted and celebrated and
23 it's part of the norm. I do want her to still be an
24 activist, and she will be whether -- well, she already is.
25 You know -- but I also -- I can't speak for

1 Jasmine, but I feel like Jasmine and myself have worked
2 very hard at building a safe community for each other and
3 -- like as far as a network goes, but even within our
4 community.

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

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

17 (LAUGHTER/RIRES)

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

19 (LAUGHTER/RIRES)

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

24 **MS. CHRISTA BIG CANOE:** Thank you, and I
25 know that is a tough place when we make it really personal

1 and we talk about children. But I also am going to be
2 very presumptuous here and assume it's safe to assume that
3 a lot of your passion comes because you are parents and
4 because you do have daughters. Is that fair?

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

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

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

1 they are and to establishing community.

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

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

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

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

22 **JASMINE REDFERN:** Yeah. I think I'm really
23 lucky that at such a young age I found the Native Youth
24 Sexual Health Network and so many amazing people who
25 instantly saw me, and got me, and were able to help expose

1 me to so many alternatives in how spaces that I live in
2 and spaces that I have to interact with could be.

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

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

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

23 **JASMINE REDFERN:** Yes.

24 **MS. CHRISTA BIG CANOE:** Excellent. From our
25 friends; yes?

1 **JASMINE REDFERN:** Yes.

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

7 **CHIEF COMMISSIONER MARION BULLER:** Sure.
8 Fifteen.

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

10 --- Upon recessing at 14:31

11 --- Upon resuming at 14:52

12 **CHIEF COMMISSIONER MARION BULLER:** Just
13 before we recommence with evidence, I just want to correct
14 the identification of Exhibit No. 24. It should read --
15 the title remains the same, The Impact of Resources
16 Extraction, et cetera. But, the proper identification is
17 the Report for the Canadian Women's Foundation, January
18 2016 for Pauktuutit Inuit Women of Canada.

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

22 Chief Commissioner and Commissioners, the
23 next witness Commission counsel will be introducing will
24 be Jeffrey McNeil-Seymour. Jeffrey McNeil-Seymour, I am
25 going to actually walk him through a qualification. It is

1 my intention to qualify him as both an expert and a
2 knowledge keeper. And, I will -- prior to getting your
3 final instruction on that, I will check with parties with
4 standing if there are any objections.

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

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

8 **JEFFREY MCNEIL-SEYMOUR:** Yes.

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

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

25 I have been teaching for the past three

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

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

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

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

20 **JEFFREY MCNEIL-SEYMOUR:** Correct.

21 **MS. CHRISTA BIG CANOE:** I understand that
22 you received your Masters of Social Work at the University
23 of Toronto and that you had specialization in social
24 justice and diversity. Can you just explain to us a
25 little bit about what the specialization was?

1 **JEFFREY MCNEIL-SEYMOUR:** The specialization
2 is looking at incorporating our core values of anti-
3 oppressive practice. However, at that time of my graduate
4 studies, there really wasn't a big focus on decolonizing
5 strategies or methods in the program itself. But, it is
6 an opportunity to explore different strategies and
7 interventions to effectively raise social consciousness of
8 persons in this place called Canada, and the clients that
9 we are working for and how to advocate them, and so forth
10 and so on.

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

20 **JEFFREY MCNEIL-SEYMOUR:** So, from my
21 practice perspective and my approach in the work that I
22 do, I am very much thinking about social and spiritual
23 consciousness raising as it is informed from Indigenous
24 ways of knowing from the diversity across this place
25 called Canada.

1 So, social consciousness is the active
2 interruption -- social consciousness raising is the active
3 interruption of the ability of others to imagine
4 Indigenous bodies. It is the act of interruption of
5 institutionalized racism. This social consciousness
6 raising piece is actively putting people in relationship
7 with the land, territories and waters of which they now
8 find -- or call home.

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

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

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

23 **JEFFREY MCNEIL-SEYMOUR:** Last summer, in my
24 classroom, I used Madeleine Dion Stout's circle works.
25 The -- it's a tool that helps the person -- like it helps

1 my students to really do a self-reflexive process. And,
2 it is called the self and relation model, and it is a Cree
3 teaching.

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

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

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

1 ship.

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

8 And so, it was pretty awesome, because
9 (indiscernible), our word for no, is (indiscernible), and
10 I understand that in (indiscernible), that means grandma.
11 So, when I was getting everyone to go (indiscernible) to
12 Kinder Morgan, (indiscernible) to man camps, I was
13 actually getting everyone to say, "Grandma to man camps!"
14 **(laughter)**

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

24 So, when I had my opportunity, I grew up in
25 the eastern doorway of Secwepemcul'ecw, and our territory

1 is an expansive part of the interior of so-called British
2 Columbia. And, Golden is -- there's a place where there's
3 this waterpipe that comes out of the earth and is from the
4 time of settlement of that place. And, all around it
5 grows red columbine.

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

15 **(laughing)**

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

24 But, it was a really beautiful classroom in
25 that they had -- it was Métis week. And so, I just

1 happened to bump into the Aboriginal student support
2 worker, and she asked me if I'd come speak. And so,
3 Golden lies in the overlap of territorial boundary between
4 the Ktunaxa Nation and my Secwepemcul'ecw Nation.

5 And so, I had the opportunity to chat with
6 these children and they were amazing. But, what I
7 noticed, that there was no active promotion of
8 stewardship. And so, thinking about reconciliation, I
9 think a lot about, well, how do we encourage the newcomer
10 or the settler body to actively take an active role in
11 looking after the land and the water?

12 And so, there was no, like, environmental
13 leader on their leadership board. So, I thought, hey,
14 let's figure out where these kids line up to. And so,
15 what wound up naturally happening is while I was getting
16 them to do a guided meditation to think about that place
17 in the valley that I grew up in, that we all have grown up
18 in, naturally, there was a forest group, a mountain group
19 and a water group that formed.

20 And so, I had them write down all of their
21 feelings and how they felt about these places. And so,
22 for the mountain group, one little girl said to me, "I
23 don't feel alone when I'm in the forest." When I talked
24 to the mountain group, all the kids at the same time, and
25 I was, like, "So, how do you guys feel about the

1 mountains?" And, they were, like, "We feel hard core."

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

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

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

22 So, again, looking at all of your various
23 speaking engagements, I just want to focus briefly on some
24 of the art installation projects you do. We're going to
25 be speaking about them in much greater detail, but if you

1 can just tell us a little bit about your artistry?

2 **JEFFREY MCNEIL-SEYMOUR:** So, last year, I
3 had an opportunity with Centre Never Apart in Montreal.
4 Two of my friends from 20 years back had -- my one friend
5 runs a tech firm called Lightspeed. His name is Dax
6 Dasilva. And, our friend, Michael Venus from the House of
7 Venus, which did a lot of the after hours and LGBTQ party
8 scene in Vancouver -- we've all grown up a little bit, so
9 we were doing some mature work together, and we -- they
10 invited me to co-curate a two-spirit installation.

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

21 And then we also had -- Kent Monkman also
22 contributed to our show as well. I contributed a piece
23 that has been around. I've shown it only at U of T, but I
24 created a red dress to interrupt artist Jaime Black's
25 REDress project in that not all bodies wear red dresses,

1 and to speak to the invisibilization of two-spirit
2 presence and, you know, gatekeeping and all of those
3 things that we've heard from other persons in the Inquiry
4 so far.

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

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

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

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

1 were seeing.

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

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

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

1 about two-spirit critical analysis.

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

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

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

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

24 So I highlight that because the cross-
25 dancing piece is a pow-wow dance special. And so men and

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

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

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

19 And the other reason why I bring up this
20 article too is just that it's important to note that the
21 recommendations that came from my participants was to have
22 more visibiity at pow-wows, to have a Pride Parade in
23 Kamloops. And so we just ahd the second Pride Parade in
24 Kamloops, which is amazing. I actually did the
25 territorial welcome the day after my brother passed away.

1 And -- but it was really an amazing moment
2 because it was -- I -- you know, some of our family
3 members had a hard time with my brother coming out, or
4 coming in for that matter, as Alex Wilson would say, and
5 so all of a sudden people that were having a hard time, we
6 were walking in the parade together. And it was really a
7 healing moment. It was really beautiful.

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

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

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

23 At this point, Chief Commissioner and
24 Commissioners, based on the knowledge skills, practical
25 experience, training, and education, as described by

1 Mr. Jeffrey McNeil-Seymour, and as evidenced in his
2 curriculum vitae, I'm -- I would -- I am tendering him as
3 a qualified expert witness in the field and area of social
4 work, and specifically, specializing in social justice and
5 diversity, decolonizing social work practice through
6 education, and as an artist using multimedia in various
7 formats to express social justice with Indigenous and
8 two-spirited critical experiences.

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

14 **JEFFREY McNEIL-SEYMOUR:** By Secwepemc
15 Matriarchs ---

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

20 **JEFFREY McNEIL-SEYMOUR:** Stkemlupsemc te
21 Secwepemc Nation.

22 **MS. CHRISTA BIG CANOE:** And I want to look
23 out to my friends and see if there is anyone with parties
24 with standing that would object to the qualification,
25 either as an expert or as a knowledge keeper?

1 Seeing no such objection, I am requesting
2 that Jeffrey be qualified both as an expertise and as a
3 knowledge keeper.

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

7 **MS. CHRISTA BIG CANOE:** Yes.

8 **--- Exhibit 27:**

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

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

21 **MS. CHRISTA BIG CANOE:** Thank you,
22 Chief Justice -- Chief Commissioner. Sorry.
23 (LAUGHTER/RIRES)

24 **CHIEF COMMISSIONER MARION BULLER:** I thank
25 you for the promotion.

1 **MS. CHRISTA BIG CANOE:** I do apologize.
2 It's been a long day.

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

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

10 (LAUGHTER/RIRES)

11 **--- JEFFREY McNEIL-SEYMOUR, AFFIRMED:**

12 **MS. CHRISTA BIG CANOE:** So Jeffrey, given
13 that we've already covered a lot of your background in
14 qualifying you, I would just like to begin focusing on
15 some of the other issues and topics that we've discussed.
16 But I do understand that you have prepared a presentation
17 ---

18 **JEFFREY McNEIL-SEYMOUR:** M'hm.

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

25 Can you see that?

1 **JEFFREY McNEIL-SEYMOUR:** I can. Okay.

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

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

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

22 So, this presentation is titled, here we
23 go, Decolonized classrooms is places we come to learn and
24 cry. Evidence of forensic weapon territory and the power
25 of vulnerable, authentic and brave spaces of unlearning.

1 And, in the Cree language, the word for classroom
2 described loosely, a place to come to learn and to cry,
3 and I loved when that word was shared with me. So, I'm
4 just borrowing that idea and that concept, because it
5 really captured the experience of the last couple of
6 semesters of the successes of my classroom.

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

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

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

24 So, who are you, where are you from and why
25 are you here? And, you know, it was really also in

1 transit to here, just really thinking about this and
2 thinking about now arriving in Mississauga, the New Credit
3 Territory, and to Toronto and teaching. Why am I there?
4 Why am I doing this work? So, just to put that at the
5 beginning of the presentation. So, you just want to keep
6 hitting till everything is off that slide. Sorry. Yes,
7 keep going. There we go. There. Bye.

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

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

24 So, for Temehok (phonetic), which is the
25 land, look after her and she will look after you. Water

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

8 My work is also informed by holding up the
9 -- keep hitting it till the whole thing is up there. The
10 memorial to Sir Wilfred Laurier of 1910. So, these are
11 Nlaka'pamux, Secwépemc and Syilx chiefs that brought to
12 the attention of Sir Wilfred Laurier the experiences --
13 and so, just to give everyone a brief understanding of
14 sequakum gulu. My territory prior to contact had over
15 100,000 people living in it. In Kamloops, there was a
16 permanent residency of a thousand of my ancestors that
17 lived there. By the time the second wave of disease went
18 through, only 250 of my ancestors were left alive.

19 And so, these men here, were alive during
20 that, watching all of their geswelten (phonetic), their
21 relatives die around them. And, what I do in my classroom
22 is I have my students read this alongside Tuck and Yang's
23 Decolonization is not a metaphor, which that piece of work
24 is actively confrontational, it's meant to unsettle and
25 make people really think. But, pairing it with this

1 document, with the issues that these chiefs are bringing
2 forward, what's really haunting, is that all of the
3 determinants of health that exist today, where we see the
4 overrepresentation of Indigenous bodies and anything from
5 state custody to -- like in the child welfare system or to
6 overrepresentation in jails, and so forth and so on. All
7 of the social issues then are -- now are exactly the same
8 as they were back then. So, from 1910 to now, we are
9 still dealing with the same issues in my territory.

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

22 So, bringing this land based pedagogy, this
23 knowledge to the students to come to understand the space
24 and places that they didn't really think or dig any deeper
25 to come to understand the histories of where they are

1 practising social work, this is really a transformational
2 moment. And, I get it right at the beginning of my
3 course. Next slide, please.

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

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

20 And, it really got me thinking about my own
21 status as an intergenerational survivor. You know, we
22 moved through last year, the Colten Boushie, and Tina
23 Fontaine and Cindy Gladue, and it's like we're in a
24 constant state of trauma as Indigenous persons in Canada.
25 It seems like -- sometimes it's, like, every day or if not

1 every week that there is someone who has gone missing, or
2 has been murdered or one of -- you know, it's any of those
3 things. So, how is it that we are still so resilient and
4 we are still doing such amazing work?

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

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

22 But, my pedagogy is, if we can go into the
23 next slide, I think about this quote from Bell Hooks, and
24 that she feels that she is compelled to model -- or to
25 actively critique spaces, that she has that

1 responsibility. And so, having taught decolonizing social
2 work practice with, you know, jurisdiction in my own
3 territory with the protocol of proximity as Stk'emlupsemc,
4 I, and any other Secwepemc person working at Thompson
5 Rivers University, have a responsibility to embrace u-ha-
6 me-min (phonetic). And, u-ha-me-min in Secwepemc means to
7 protect the Earth and to protect the people. We have that
8 responsibility. And, I believe that that also then, too,
9 through the Sir Wilfred Laurier Memorial, calls the
10 settler body to also, too, take that active role in
11 stewardship to protect what we love; you know? About the
12 places that we live.

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

23 So, through an assignment that I have, or
24 had, which was the synthesis project, I put them directly
25 in service to grassroots or non-profits. And so, those

1 grassroots or non-profits would develop a list of tasks
2 that they needed help with. Or, this last semester, three
3 semesters, I created an opportunity for students to take
4 an active part in reconciliation.

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

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

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

25 If we could go to the next slide, please?

1 But, the question that I also arrive at then too is, how
2 do we reconcile ongoing and covert violences embedded in
3 sites of practice at institutions that maintain, reproduce
4 and mirror as microcosms of macrostate tactics of divide
5 and rule. So, thinking about the larger -- the ongoing --
6 colonialism hasn't ended. It has just shifted.

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

16 **MS. CHRISTA BIG CANOE:** So, I was just --
17 Jeffrey, if I could just ask you to help us a little,
18 because you are so brilliant and that rolled off your
19 tongue so fantastically. But, I think we need a little
20 bit of assistance, particularly when you were talking
21 about the macrostate or when you were talking about
22 colonial -- the different concepts. So, if you could just
23 help us unpack this a little, I think it would be of
24 assistance remembering that we also -- this is a live
25 webcast and there are a number of individuals that may be

1 watching. There is a lot of terminology in here. It
2 would be helpful if we can unpack it a little.

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

14 I think about the words "indigenization",
15 "decolonization" and "reconciliation", and that as far as
16 I know, there is no translation for those in any
17 Indigenous language in Canada. I know that that is true
18 for Secwepemc. We actively don't have to indigenize
19 Secwepemcul'ecw or to engage decolonization in the ways
20 that it is being framed.

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

1 people in Canada.

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

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

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

24 **MS. CHRISTA BIG CANOE:** I am going to take
25 you one more step back just on one thing, because to

1 contextualize for anyone who is listening and particularly
2 with your experience in social work, I think it is
3 important to also situate, when we talk about students of
4 social work, we are talking about future people that are
5 likely working in areas such as child welfare and child
6 apprehension that are working in social services that are
7 often providing services to, often, some members of our
8 community that are experiencing the most poverty and harm.

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

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

21 **JEFFREY MCNEIL-SEYMOUR:** Definitely. The
22 experiential learning opportunities of guest speakers
23 coming in to speak their truths, or the experiential
24 learning of going offsite, or, for instance, this past
25 summer semester, bringing my students up to my aunt's in

1 Cold Creek, and bringing them to a sweat lodge, and to go
2 medicine picking. And, I never thought I would see
3 students, or anyone for that matter, get that excited over
4 picking sage. When I said, "We're going to go medicine
5 picking," my students were like, "Yes." I was like,
6 "Okay. Awesome." **JEFFREY McNEIL-SEYMOUR:** Yeah. So the
7 -- yeah.

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

15 **JEFFREY McNEIL-SEYMOUR:** Yes.

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

17 **JEFFREY McNEIL-SEYMOUR:** Thank you.

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

22 As I've just kind of added to our Canadian
23 Association of Social Workers Code of Ethics, and so just
24 -- I wanted to document my responsibilities to students.
25 As you know, I'm also taking my pedagogy as being informed

1 by our own social -- by our own professional codes.

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

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

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

22 Just some of the other work, thinking about
23 the violence on the land and the violence on our bodies.
24 You know, just the -- in our territory, there were anti-
25 salmon spawning nets placed in our fish-bearing streams,

1 and as you can see here, the National Energy Board only
2 charged Kinder Morgan \$920 versus, you know, this Elder, a
3 woman who stepped in and joined the resistance and she got
4 charged \$5,000 in fines. So I'm also actively asking my
5 students to think critically about these moments.

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

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

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

21 I wanted to also -- sorry. I'm just
22 thinking through right now, just -- you know, like there
23 are -- sorry. I have the recommendations I'm going to do
24 towards the end, but I just want to -- sorry -- come back
25 to the core values that enhance learning.

1 So if you could just go to the next slide
2 there. Next slide, next slide. There we go, and just
3 keep hitting it until the whole image is up.

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

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

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

22 I'm thinking about some of the moments of
23 these, the projects of reconciliation that my students
24 have done, or bringing šxwʔam'ət, which is a play about
25 reconciliation, to Kamloops. And the act of learning that

1 has happened in my classroom and the impacts that it's had
2 on my students thinking about their future sites of
3 practice, as well as their own personal growth in the
4 classroom. And so that's where the compassionate -- the
5 compassionately aggressive and the social and spiritual
6 consciousness raising comes up.

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

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

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

19 In my last semester, I also had over three-
20 quarters of my students that identified themselves as
21 having an Irish ancestry. And so I showed a film called
22 The Song of the Sea, and it's a cartoon. And it's a
23 juxtaposition between the industrial age and the mass
24 exodus of the supernatural entities from their Irish
25 folklore.

1 And at the end of the film, I asked, "How
2 come you guys don't know your stories?" And they were
3 like, I don't know. And so it provided another avenue for
4 them to kind of think through and unpack why they don't
5 know, and space and place.

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

12 Could we go to the next slide, please?

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

19 And so this amazing reflection that my
20 student did in thinking about Thompson Rivers University
21 doing that spatial analysis started to created this really
22 rich fabric of Kamloops that even I didn't know. They
23 were doing such amazing background teachings and learnings
24 about places that they never had really thought much
25 about.

1 So I'm just going to read this really
2 quickly here:
3 Standing in the campus commons looking up at Sk'elep...

4 (As read)

5 Sk'elep is a coyote who is a central
6 figure. He's like Jesus to us:
7 ...the scene now resonated with colonialism. Dr. Lisa
8 Cooke's message ran through my mind. "Colonialism is a
9 domination of one group by another larger power. It is
10 structural in its nature, it changes the ways of knowing.
11 It is not a thing of the past, not a historical event."

12

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

23 And this is a shining example of just that
24 deep reflection of space and place but it's interesting to
25 hear, you know, six months after they've lived a classroom

1 how that has informed their practice, their pedagogy, and
2 their engagement with their communities.

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

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

22 One of my students in one of the semesters
23 found that when she would engage her settler counterparts,
24 they were, like, "Oh, I'm busy." "I don't have time to
25 stop and talk." So, she got to thinking about if not now,

1 when? When is the time to have difficult conversations?
2 When is the time to enter into that brave space? And,
3 next slide, please.

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

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

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

22 **JEFFREY MCNEIL-SEYMOUR:** Vernissage.

23 **MS. CHRISTA BIG CANOE:** Vernissage. The
24 Two-Spirit Man/Two-Spirit Woman Call Home the Salmon
25 w/Help.

1 **JEFFREY MCNEIL-SEYMOUR:** So, during our
2 wild salmon caravan, Don Morrison organizes this amazing
3 event that follows the migration of the salmon to the
4 ocean, and this past year, they followed the migration
5 home. And so, while all of the wild salmon caravanners
6 were in Kamloops, I had facilitated the event, which was
7 amazing. I actually got some wild salmon runway going on,
8 so that was super fun.

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

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

22 And then she said to me because that's how
23 the salmon find their way home, is because of those bones.
24 And, she said that I would know what that ceremony would
25 look like, and that was just kind of the bare bones of it,

1 but I had to do that.

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

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

22 And so, while we were down at the river
23 because, of course, I was thinking to myself a lot of our
24 ceremonies involve some sacrifice. Like, in the sweat
25 lodge, we endure heat. In Sun Dance, we offer flesh. In

1 Native American church, we stay up until the following
2 night. So, naturally, I was, like, I'm going to get in
3 the river in February, on the 28th when it's the coldest,
4 and cut my hair.

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

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

22 Unfortunately, I don't have both of them,
23 but I do have -- the other one, I just wanted to draw
24 attention to. What I didn't see is that one of my dear
25 friends and colleagues from TRU, Dr. Lisa Bearskin, who is

1 just beating breast cancer, she just had her first round
2 of chemo. And so, that became another part of my offering
3 to the river and to the salmon, which she collapsed at one
4 point, and I didn't know that that had happened, but all
5 of my family members showed up and were singing and
6 drumming for us while we were down at the river and doing
7 this important work.

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

17 So, that was the first time that I heard
18 anyone suggest to me that we had specific training or
19 specific responsibilities in our communities, and
20 particularly in Secwepemcul'ecw. So, we carried
21 particular knowledge bases, and I think that that's
22 something important to document and to hold on tightly to,
23 and to also bring that -- to bring that back to counter so
24 many of our people either dying too early or taking their
25 lives.

1 Yeah, if the video is ready, let's take a
2 little look-see.

3 **(VIDEO PRESENTATION)**

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

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

17 But, you heard Secwepemc, that is one of
18 our language speakers, Elder Mona Jewells (phonetic),
19 talking about the wild salmon caravan and the importance
20 of relationships and looking after the salmon and the
21 water. And, the fire crackling, that was audio captured
22 from the sweat lodge the morning before, and Dana had
23 asked me, how does the Secwepemc honour song go? And, I
24 wasn't quite taking myself entirely seriously as you heard
25 a little giggle at the end there. I sound way better when

1 I'm using my full voice. So, yes, thank you for sharing
2 this.

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

9 **JEFFREY MCNEIL-SEYMOUR:** Yes.

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

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

25 Cognisant of the time, I know you have some

1 recommendations and I was wondering if you could share
2 those with the Commissioner, and then maybe we can close
3 with this.

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

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

20 And so, I have been also called to name
21 just a few things here. So, I have prepared the following
22 statement, holding those that have called me to do this
23 work, that's uncomfortable for everyone. My teachings are
24 that I treat everyone with respect, whether they are my
25 friend or enemy, or somewhere in between. So, I say this

1 with as much heart and follow the teachings of my
2 classroom, so I am just bringing forward a compassionate
3 interruption.

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

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

19 But, my students were preparing to go to
20 the dean and to the chair. One of my student allies came
21 and told me about an hour before class. And so, I
22 interrupted that moment by doing a self-directed
23 evaluation with my students so that I could hear what the
24 challenges were. Anyways, from that experience, when it
25 proceeded to be happening again, I missed a step. And so,

1 I went to preventative measures of naming the moment, and
2 the student experienced harm. And, I never imagined that
3 I would ever harm one of my students.

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

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

18 And so, that example there, I think, what I
19 have to say in this moment is that even if, you know, the
20 Inquiry is -- or has been perceived as falling apart or
21 has had great potential to be viewed as deeply flawed, the
22 families of those that are missing and that have died
23 violently, that includes persons who have committed
24 suicide, absolutely deserve our very best, right to the
25 bitter end, that we keep serving the people and showing up

1 even when it is the most difficult to show up, that we
2 keep serving the people even if this Inquiry might be
3 failing and we keep trying and we keep learning from our
4 processes, and those processes imposed on us.

5 But, most importantly, we will win by
6 saving what we love not fighting what we hate, or fighting
7 each other. So, we can't forget the love in this process.
8 Do not forget that we are all just walking each other
9 home, to not forget that all of creation is interconnected
10 and that we are one big Indigenous family with our settler
11 accomplices and allies. So, I will speak to -- I will
12 just leave that there as that is.

13 My recommendations are that thinking about,
14 you know, some of the challenges that we know of that I
15 don't need to bring up in this space, but accountability
16 and modelling vulnerability, and that authenticity in the
17 findings that come from all of the hearings, I personally
18 just recommend a preface, if you will, of even just naming
19 those. I feel like people want to be heard, being able to
20 model accountability in that way, to, you know,
21 acknowledge where the gaps were, the challenges, the road
22 bumps, that sort of thing is important. And, I think that
23 that would be an important piece for when that document is
24 complete.

25 That I hope that this Inquiry can make some

1 sort of recommendation where persons like my sister,
2 Kanahus Manuel, who is doing that active land and water
3 defence in our territory who receives death threats on her
4 body daily that people, you know, such as -- I will also
5 reveal -- I also was called to action to hold Thompson
6 Rivers University accountable for accepting Kinder Morgan
7 money. And, I told them to divest, and that arrived, my
8 dean and an elder that is not from my territory, on my
9 doorstep at 8:30 at night trying to mark me as unwell.

10 So, when we are -- when persons are doing
11 that hard frontline work, how do we protect their
12 wellbeing or when there are instances of violence that we
13 don't let people fall to the wayside? And, I really hope
14 that we can have recommendations that think about the
15 persons that are doing that kind of work, that they have
16 somewhere to turn to, to say, "I have been hurt," or "I am
17 at risk". It is really important that we look after the
18 people that are fighting for these things.

19 But, also, too, that all of the resource
20 extraction that is happening all across Canada, it
21 directly impacts our bodies. It impacts our future
22 generations. And so, I hope that there can be some
23 preventative measures that are put in place.

24 And, I hope that further discussion might
25 happen in terms of those recommendations to discuss what

1 programming or curricula could look like to enhance
2 consciousness raising for settler bodies to not think of
3 our Indigenous bodies as deserving of or just prone to
4 violence. And so, that is what I have to say to close.
5 Kukwstsetsmc.

6 **MS. CHRISTA BIG CANOE:** Thank you, Jeffrey.
7 Before we technically close, I do have a few housekeeping
8 things. In your materials that you provided to us, there
9 was -- it is -- we only put in the chapter that you are a
10 co-author on. But, the book was titled, Where Am I Going
11 to Go? Intersectional Approaches to Ending LGBTQ2S Youth
12 Homelessness in Canada and the U.S. It was edited by Alex
13 Abramovich and Jama Shelton. I understand that you co-
14 authored Chapter Two that actually speaks to -- and you
15 have mentioned it briefly in your testimony some of the
16 statistics and issues that two-spirited youth are
17 experiencing in British Columbia, specifically.

18 Before I enter this as an exhibit, I just
19 want to check with you, should any of the parties with
20 standing or Commissioners want to ask you any questions in
21 relation to this article, you are comfortable answering
22 them?

23 **JEFFREY MCNEIL-SEYMOUR:** Yes.

24 **MS. CHRISTA BIG CANOE:** Okay. On that
25 basis, Chief Commissioner and Commissioners, I kindly

1 tender this to be an exhibit.

2 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
3 28 will be Where Am I Going to Go? Intersectional
4 Approaches to Ending LGBTQ2S Youth Homelessness in Canada
5 and the U.S.

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

7 **CHIEF COMMISSIONER MARION BULLER:** It is by
8 Canadian Observatory on Homelessness? Is that...

9 **MS. CHRISTA BIG CANOE:** Yes.

10 **CHIEF COMMISSIONER MARION BULLER:** Okay.
11 Thank you. Exhibit 28.

12 **--- Exhibit 28:**

13 "Where am I going to go?
14 Intersectional approaches to ending
15 LGBTQ2S Youth Homelessness in Canada
16 and the U.S.," edited by Alex
17 Abramovich and Jama Shelton, Canadian
18 Observatory on Homelessness, 2017
19 (55 pages)

20 **MS. CHRISTA BIG CANOE:** Thank you. In the
21 material, in the schedule of summary under C, and you have
22 spoken about this when I was qualifying you in your
23 expertise is a chapter, Chapter Five, and it is the
24 article you were discussing, Cross Dancing is Culturally
25 Restorative Practice. And, I think you have described

1 that one fairly well and we know that you have authored
2 it. You are comfortable answering any questions in
3 relation to this article?

4 **JEFFREY MCNEIL-SEYMOUR:** Correct.

5 **MS. CHRISTA BIG CANOE:** May I also tender
6 this as an exhibit? And, it was, sorry, at Schedule C.

7 **CHIEF COMMISSIONER MARION BULLER:** Yes, the
8 article, Cross Dancing as Culturally Restorative Practice
9 by Mr. McNeil-Seymour is Exhibit 29.

10 **--- Exhibit 29:**

11 "Chapter 5 - Cross-Dancing as
12 Culturally Restorative Practice," by
13 Jeffrey McNeil-Seymour in
14 Gender and sexual diversity: social
15 work practice, policy, research and
16 pedagogy, N.J. Mule, J.O. O'Neill,
17 J.O. & T.A. Swan (Eds.), 2015
18 (pp. 87-95)

19 **MS. CHRISTA BIG CANOE:** In -- there is one
20 more. Actually, there are two more, I apologize. In
21 Peter Laing, A.G., Chapter Eight. So, it was larger work,
22 but we have, again, only provided Chapter Eight in the
23 materials under Schedule D was Indigenizing the Gay
24 Agenda, Notes on Cultural Relativism and Homonationalism
25 from the Colonial Margins.

1 **JEFFREY MCNEIL-SEYMOUR:** Mm-hmm.

2 **MS. CHRISTA BIG CANOE:** I understand that
3 you authored this?

4 **JEFFREY MCNEIL-SEYMOUR:** Correct.

5 **MS. CHRISTA BIG CANOE:** And, that you are
6 more than happy to answer any questions in relation to
7 this particular article?

8 **JEFFREY MCNEIL-SEYMOUR:** Correct.

9 **MS. CHRISTA BIG CANOE:** On that basis, I
10 ask that it also be marked as an exhibit.

11 **CHIEF COMMISSIONER MARION BULLER:** Yes.

12 Exhibit 30 will be Chapter Eight of the journal
13 Counterpoints, Volume 437, entitled Indigenizing the Gay
14 Agenda, Notes on Cultural Relativism and Homonationalism
15 from the Colonial Margins authored by Mr. McNeil-Seymour.

16 **--- Exhibit 30:**

17 "Chapter Eight: Indigenizing the Gay
18 Agenda: Notes on Cultural Relativism
19 and Homonationalism from the Colonial
20 Margins" by Jeffrey McNeil-Seymour in
21 Counterpoints, Vol. 437, 2014
22 (pp. 139-154)

23 **MS. CHRISTA BIG CANOE:** And, in Schedule E
24 this -- you didn't actually -- you weren't part of the
25 Beyond "At Risk" research project, were you?

1 Speak to Service Providers" (one page)

2 **MS. CHRISTA BIG CANOE:** Thank you. I would
3 ask the A/V to pull up the very last slide on the slide
4 presentation, please. I know that might take you a
5 moment. I apologize.

6 **CHIEF COMMISSIONER MARION BULLER:** Yes, the
7 PowerPoint?

8 **MS. CHRISTA BIG CANOE:** Yes. And, I was --
9 we can do that actually, thank you, while they are pulling
10 it up. I was going to ask that the PowerPoint in its
11 entirety actually be made the next exhibit. I know Mr.
12 McNeil-Seymour skipped over a couple -- okay. The parties
13 will be receiving a copy electronically, and if necessary,
14 we will provide paper copies before we go into cross-
15 examination.

16 **CHIEF COMMISSIONER MARION BULLER:** Mr.
17 McNeil-Seymour's PowerPoint will be Exhibit 32.

18 **--- Exhibit 32:**

19 Power Point presentation: "Decolonized
20 Classrooms as places we come to learn
21 and cry: Evidence from Secwepemc
22 Territory and the Power of Vulnerable,
23 Authentic and Brave Spaces of
24 (un)Learning" (27 slides)

25 **MS. CHRISTA BIG CANOE:** And, actually, we

1 are just handing up one hardcopy for the Registrar. And,
2 here is the last slide. And so, Jeffrey, did you want to
3 speak briefly to this slide?

4 **JEFFREY MCNEIL-SEYMOUR:** Well, I feel that
5 all good things end with Star Wars, so may the force be
6 with you all. This is from Jean Fyre Graveline's
7 Transforming Eurocentric Consciousness.

8 So, it's important to recognize the
9 interconnectedness, it is to know oneself as a vast circle
10 in which all expressions of life, the birds, animals,
11 trees, insects, rocks are our brothers and sisters. We
12 are all equally beloved and vital to our Mother Earth. We
13 are like one big family with all our relations. Nothing
14 we do, we do by ourselves. Together, we form a circle.
15 So, I think that it's important to recognize that we need
16 to make sure everyone is sitting in that circle.
17 Kukwstsetsmc.

18 **MS. CHRISTA BIG CANOE:** Thank you. This is
19 going to conclude the examination-in-chief. I note the
20 time is 4:20. We normally would be taking a break that
21 would allow the parties and Commission Counsel to verify
22 the time, and that usually takes between 20 and 30 minutes
23 to do. But, I also note that tomorrow, if we can start
24 testimony at -- if we can start testimony at 8:30 in the
25 time frame before we have closing ceremony, parties will

1 be afforded as -- sorry? That we would be able to -- we
2 believe that we would be able to fit the cross-examination
3 in that duration, as well as allowing for Commissioners
4 questions in about the same amount of time that has been
5 afforded for the previous panels. So, with your
6 direction, I ask that maybe we adjourn for today, but that
7 the parties with standing have an opportunity to meet once
8 the room is clear, so that we can do the verification
9 process.

10 Before I do that, I am going to ask though,
11 if there are any objections from the parties with
12 standing, because the notice they have received on this
13 proposal is just now. So, do any of the parties wish to
14 make an objection? Seeing no objection, I propose that
15 maybe that's the best course of action, is to adjourn,
16 allow parties to meet and to commence the cross-
17 examination at 8:30, knowing that there is likely opening
18 ceremony at 8:00.

19 **CHIEF COMMISSIONER MARION BULLER:** Okay.
20 Well, it is unanimous up here anyway. We will finish for
21 today. We are adjourned. We will reconvene tomorrow
22 morning at 8:00 for the opening ceremony and 8:30 for the
23 commencement of evidence.

24 **MS. CHRISTA BIG CANOE:** And, before
25 everyone does get up, is there closing prayer today? So,

1 before the counsel meets, there will be a closing prayer.
2 And, thank you very much, Chief Commissioner and
3 Commissioners.

4 **MS. LISA KOPERQUALUK:** Nakurmiik. The
5 hearing for today is adjourned. We will resume -- we will
6 open the doors at 8:00 tomorrow morning and the hearing
7 will resume at 8:30. We will have our closing of the day
8 and restart tomorrow, as has been said. And, now, we are
9 going to complete the day -- we are going to end the day
10 today and tomorrow will be resuming at 8:30, as has been
11 the case every day this week. Nakurmiik. (Speaking in
12 Inuktitut).

13 **ELDER MEEKA ARNAKAK:** (Speaking in
14 Inuktitut).

15 --- Upon adjourning at 16:26

16 LEGAL DICTA-TYPIST'S CERTIFICATE

17

18 I, Sean Prouse, Court Transcriber, hereby certify that I
19 have transcribed the foregoing and it is a true and
20 accurate transcript of the digital audio provided in this
21 matter.

22

23

24

25



Sean Prouse

1 Sean Prouse
2 Sep 12, 2018
3