

National Inquiry into
Missing and Murdered
Indigenous Women and Girls



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

National Inquiry into Missing & Murdered Indigenous Women & Girls

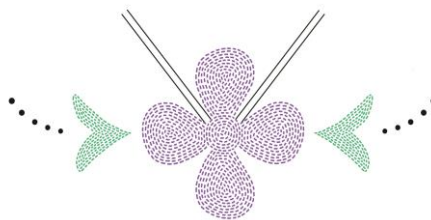
Truth-Gathering Process - Parts II & III

Institutional & Expert/Knowledge-Keeper Hearings:

“Child & Family Welfare”

Fort Garry Hotel, Grand Ballroom

Winnipeg, Manitoba



PUBLIC

Mixed Part II & III Volume XII

Wednesday October 3, 2018

Panel II: Dr. Cindy Blackstock

(Continuation of June 13, 2018 Toronto hearing)

Panel III: Susan Aglukark

INTERNATIONAL REPORTING INC.

41-5450 Canotek Road, Ottawa, Ontario, K1J 9G2

E-mail: info@irri.net – Phone: 613-748-6043 – Fax: 613-748-8246

II

APPEARANCES

Animakee Wa Zhing #37 First Nation / Obashkaandagaang First Nation / Eagle Lake First Nation/Grassy Narrows First Nation / Ojibway Nation of Saugeen as a single collective party	Whitney Van Belleghem (Legal Counsel), Paloma Corrin (Legal Counsel)
Assembly of First Nations	Stuart Wuttke (Legal Counsel)
Assembly of Manitoba Chiefs	Joëlle Pastora Sala (Legal Counsel)
Association of Native Child & Family Service Agencies Ontario (ANCFSAO)	Katherine Hensel (Legal Counsel), Theresa Stevens (Representative)
Awo Taan Healing Lodge Society	Darrin Blain (Legal Counsel)
Battered Women's Support Services	Angela MacDougall, Viola Thomas, Brandy Kane, Summer Rain Bentham (Representatives)
Canadian Association of Chiefs of Police (CACCP)	Ashley Smith (Legal Counsel)
Congress of Aboriginal Peoples	Alisa Lombard (Legal Counsel)
Directeur des poursuites criminelles et pénales (Québec)	Anny Bernier (Legal Counsel)
Downtown Eastside Women Centre	Carol Martin, Reta Blind (Representatives)
Eastern Door Indigenous Women's Association	Natalie D. Clifford (Legal Counsel)
Government of Alberta	Kate Bridgett (Legal Counsel)

**III
APPEARANCES**

Government of British Columbia	Sara Pye (Legal Counsel) Jean Walters (Legal Counsel)
Government of Canada	Lucy Bell (Legal Counsel) Anne McConville (Legal Counsel)
Government of Manitoba	Wendy Post (Legal Counsel) Kendra Jarvinen (Legal Counsel)
Government of New Brunswick	Heather Hobart (Legal Counsel)
Government of Newfoundland and Labrador	Dr. Judith Lovas (Representative), Denise Spencer (Legal Counsel)
Government of the Northwest Territories	Brad Porter (Legal Counsel)
Government of Saskatchewan	Barbara Mysko (Legal Counsel)
Independent First Nations	Diane Maracle-Nadjiwon (Representative), Josephine de Whytell (Legal Counsel)
Institute for the Advancement of Aboriginal Women	Rachelle Venne (Representative)
Inuit Tapiriit Kanatami (ITK)	Elizabeth Zarpa (Legal Counsel)
Liard Aboriginal Women's Society	Carly Teillet (Legal Counsel)
Manitoba Keewatinowi Okimakanak (MKO)	Jessica Barlow (Legal Counsel)
Manitoba Moon Voices	Tanis Wheeler & Alaya McIvor (Observers)

**IV
APPEARANCES**

Mishkeegogamang First Nation	Paloma Corrin (Legal Counsel) Whitney Van Belleghem (Legal Counsel)
MMIWG Coalition Manitoba	Catherine Dunn (Legal Counsel)
Native Women's Association of Canada	Virginia Lomax (Legal Counsel)
Native Women's Association of Northwest Territories	Caroline Wawzonek (Legal Counsel)
New Brunswick Aboriginal Peoples Council	Amanda LeBlanc (Representative)
NunatuKavut Community Council	Roy Stewart (Legal Counsel)
Ontario Federation of Indigenous Friendship Centres	Niki Hashie (Representative)
Pauktuutit Inuit Women of Canada, Saturviit Inuit Women's Association, AnânuKatiget Tumingit Regional Inuit Women's Association, Ottawa Inuit Children's Centre and Manitoba Inuit Association	Beth Symes (Legal Counsel)
Regina Treaty Status Indian Services	Erica Beaudin (Representative)
Saskatchewan Association of Chiefs of Police	Katrina Swan (Legal Counsel)
Saskatchewan Aboriginal Women's Circle	Kellie R. Wuttunee (Legal Counsel)

V
APPEARANCES

Treaty Alliance Northern
Ontario - Nishnawbe Aski
Nation/Grand Council Treaty
#3

Krystyn Ordyniec (Legal
Counsel), Anna Betty
Achneepineskum (NAN
Representative), Elysia
Petronne-Reitberger
(Legal Counsel)

Vancouver Sex Workers' Rights
Collective

Carly Teillet (Legal Counsel)

Winnipeg Police Service

Kimberly D. Carswell
(Legal Counsel)

VI
TABLE OF CONTENTS

Truth-Gathering Process

Mixed Parts II & III Volume XII

**Institutional & Expert / Knowledge-Keeper Hearings:
"Family & Child Welfare"**

Panel II: Dr. Cindy Blackstock (continuation of Dr. Blackstock's testimony from Toronto Part III hearing held June 13, 2018)

Witness: Dr. Cindy Blackstock, First Nations Child and Family Caring Society of Canada

Chair: Christa Big Canoe, Commission Counsel

Second Chair: Shelby Thomas, Commission Counsel

Panel III: Susan Aglukark, Arctic Rose Foundation

Chair: Jennifer Cox

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

Grandmothers, Elders, Family Members & Knowledge-keepers:
Lorraine Clements (National Family Advisory Circle - NFAC),
Lesla Semmler (NFAC), Louise Haulli, Pénélope Guay, Leslie Spillet, Laureen "Blu" Waters, Bernie Williams, Dave McPherson (Firekeeper), Benjamin Morrisseau (Firekeeper), Annie Bowkett, Thelma Morrisseau & Stan Lapierre, Jenny Lay, Isabella Daniels, Velma Orvis, Mary Crate & Agnes Spence & Dawnis Kennedy

Clerks: Maryiam Khoury & Gladys Wraight

Registrar: Bryan Zandberg

VII
TABLE OF CONTENTS

	PAGE
Opening Remarks	1
<u>Panel II: Dr. Cindy Blackstock</u>	
In-Chief Examination by MS. CHRISTA BIG CANOE	6
CROSS-EXAMINATIONS OF PANEL II BY PARTIES WITH STANDING	
Cross-Examination by MS. CATHERINE DUNN	40
Cross-Examination by MR. STUART WUTTKE	46
Cross-Examination by MS. BETH SYMES	52
Cross-Examination by MS. AMANDA LEBLANC	58
Cross-Examination by MS. KRYSYTN ORDYNIEC	64
Cross-Examination by MS. SUMMER RAIN BENTHAM	70
Cross-Examination by MR. ROY STEWART	76
Cross-Examination by MS. CAROLINE WAWZONEK	82
Cross-Examination by MS. KATHERINE HENSEL	88
Cross-Examination by MS. JESSICA BARLOW	93
Cross-Examination by MS. JOËLLE PASTORA SALA	99
Cross-Examination by MS. JOSEPHINE DE WHYTELL	106
Cross-Examination by MS. CARLY TEILLET	111
Cross-Examination by MS. SUZAN FRASER	117
Cross-Examination by MS. CARLY TEILLET	123
Cross-Examination by MS. VIRGINIA LOMAX	127
Cross-Examination by MS. WHITNEY VAN BELLEGHEM	133
Cross-Examination by MS. ALISA LOMBARD	145
Cross-Examination by MS. ELIZABETH ZARPA	151
Cross-Examination by MS. ERICA BEAUDIN	158
RE-EXAMINATION OF PANEL II by MS. CRISTA BIG CANOE	163
QUESTIONS BY THE COMMISSIONERS	
Questions by COMMISSIONER BRIAN EYOLFSON	170
Questions by CHIEF COMMISSIONER MARION BULLER	179
<u>Panel III: Susan Aglukark, Arctic Rose Foundation</u>	
In-Chief Examination by MS. JENNIFER COX	190
CROSS-EXAMINATIONS OF PANEL III BY PARTIES WITH STANDING	
Cross-Examination by MS. ELIZABETH ZARPA	243
Cross-Examination by MS. CAROLINE WAWZONEK	250
Cross-Examination by MR. ROY STEWART	255
Cross-Examination by MS. BETH SYMES	262
QUESTIONS BY THE COMMISSIONERS	
Questions by COMMISSIONER QAJAQ ROBINSON	268
Questions by COMMISSIONER BRIAN EYOLFSON	277
Questions by COMMISSIONER MICHÈLE AUDETTE	277

VIII
LIST OF EXHIBITS

NO.	DESCRIPTION	PAGE
<u>Panel II: Dr. Cindy Blackstock (continuation of Dr. Blackstock's testimony from Toronto Part III hearing held June 13, 2018)</u>		
<u>Witness: Dr. Cindy Blackstock, First Nations Child and Family Caring Society of Canada</u>		
24	"Just Societies: Health Equity and Dignified Lives: Executive Summary of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas," Pan American Health Organization 2018, ISBN: 978-92-75-12021-7 (76 pages)	25
25	"Safe with Intervention: The Report of the Expert Panel on the Deaths of Children and Youth in Residential Placements," September 2018 (84 pages)	27
26	Advisory report "I Want to Grow Up in My Community: A Review of the Child and Family Services Act," by Cindy Blackstock for the Northwest Territories Committee on Social Programs, April 27, 2010 (28 pages)	27
27	Recommendations by Dr. Cindy Blackstock (one page)	28
28	Spirit Bear Plan (one page)	164

**IX
LIST OF EXHIBITS**

NO.	DESCRIPTION	PAGE
<u>Panel III: Susan Aglukark, Arctic Rose Foundation</u>		
29	CV of Susan Aglukark, O.C. (one page)	192
30	Biography & backgrounder of Susan Aglukark (two pages)	192
31	The Arctic Rose Foundation document (three pages) and Powerpoint presentation (nine slides)	242
32	Photograph displayed during the public testimony of Susan Aglukark	243
33	"Inuit Cultural Transitioning: Re-setting a Transition Path," by Susan Aglukark (four pages)	243

1

Winnipeg, Manitoba

2

--- The hearing starts on Wednesday, October 3, 2018

3

at 8:11

4

MS. SHAUNA FONTAINE: Okay. So, I would

5

like to thank everybody for joining us again here today on

6

day 3 of our expert, institutional and knowledge keeper

7

hearings on the family and child welfare. We are going to

8

be hearing from Dr. Cindy Blackstock this morning, but to

9

begin with, we would like to open up the day in a good way

10

and I would like to invite Mary Crate to offer us a prayer

11

and also Sarah DeLaronde to come on up and offer us an

12

honour song.

13

MS. MARY CRATE: (Speaking in Indigenous

14

language) -- our Indigenous leaders that will be entering

15

the house again today, we think of them also. (Speaking

16

in Indigenous language). We think of the workers that are

17

here, that have been placed in this -- to do this work, to

18

figure out how we can lift the pain that we all go through

19

the loss of our loved ones. I ask for strength for them,

20

I ask for clarity in their minds, bodies and spirits, and

21

I ask for good things to happen and that we can walk away

22

with lightened heart from this place when we leave.

23

(Speaking in Indigenous language).

24

(MUSICAL PRESENTATION)

25

MS. SHAUNA FONTAINE: Meegwetch. Thank

1 you. We would now like to ask Annie Bowkett to light the
2 qulliq for us.

3 **ELDER ANNIE BOWKETT:** Qajaq is going to
4 interpret for me. Thank you. (Speaking Inuktitut)

5 **COMMISSIONER QAJAQ ROBINSON:** Let us pray.

6 **ELDER ANNIE BOWKETT:** (Speaking Inuktitut).
7 I just -- before I -- (Speaking Inuktitut).

8 **COMMISSIONER QAJAQ ROBINSON:** Before I
9 light the qulliq, I would like to say a few words.

10 **ELDER ANNIE BOWKETT:** (Speaking Inuktitut).

11 **COMMISSIONER QAJAQ ROBINSON:** I received a
12 gift, something I wasn't expecting at all from Pauktuutit,
13 the National Inuit Women's Organization.

14 **MS. ANNIE BOWKETT:** (Speaking Inuktitut).

15 **COMMISSIONER QAJAQ ROBINSON:** This shawl is
16 adorned with the images of the ulu, the woman's tool.

17 **MS. ANNIE BOWKETT:** (Speaking Inuktitut).

18 **COMMISSIONER QAJAQ ROBINSON:** It is so
19 wonderful and uplifting when you receive wonderful gifts
20 that were unexpected, and I am very grateful. I express
21 my gratitude.

22 **MS. ANNIE BOWKETT:** (Speaking Inuktitut).

23 **COMMISSIONER QAJAQ ROBINSON:** The qulliq
24 was placed further up the last couple of days. We have
25 moved it back, because the fan was right above and it was

1 creating too much of a storm.

2 **MS. ANNIE BOWKETT:** (Speaking Inuktitut). I
3 never knew jokes in my -- (Speaking Inuktitut)

4 **COMMISSIONER QAJAQ ROBINSON:** I am not one
5 to be a joker or to tell jokes, to be funny, but I want to
6 share that yesterday, while having coffee in the break
7 area, it was shared with me that at the front of the room,
8 in this state, I look like a queen.

9 **MS. ANNIE BOWKETT:** (Speaking Inuktitut).

10 **COMMISSIONER QAJAQ ROBINSON:** In my future,
11 I wish to sit like a queen.

12 (LAUGHTER)

13 **MS. ANNIE BOWKETT:** (Speaking Indigenous
14 language).

15 **COMMISSIONER QAJAQ ROBINSON:** I just
16 express my gratitude for that, and I am going to light the
17 qulliq now.

18 **MS. ANNIE BOWKETT:** Thank you.

19 **COMMISSIONER QAJAQ ROBINSON:** We can start.

20 **MS. SHAUNA FONTAINE:** Meegwetch, thank you.

21 I just -- before we get started with hearing testimony
22 from Dr. Cindy Blackstock, I just wanted to remind
23 everybody that if you feel triggered by any means, or you
24 need to speak with somebody, or just spend some time on
25 your own, we do have a space upstairs. We have the

1 Elder's Room where you can access some traditional
2 medicines and be able to speak to somebody.

3 You can also find all of our health and
4 cultural supports, kind of, throughout the space here and
5 upstairs. They are wearing purple lanyards. So, if you
6 do need somebody to speak to, you can certainly go and do
7 that. Do you want to take a couple of minutes, Chief
8 Commissioner, to get settled? We will take five minutes
9 to get settled before we hear from Dr. Cindy Blackstock.
10 Meegwetch.

11 --- Upon recessing at 8:26

12 --- Upon resuming at 8:33

13 **MS. CHRISTA BIG CANOE:** We are going to get
14 started. Good morning, Chief Commissioner, commissioners.
15 (Speaking Indigenous language), the members of Treaty 1
16 and the Métis.

17 So, I have just introduced myself and my
18 spirit name, Wind Changing Woman. I am Christa Big Canoe.
19 I am Anishinaabe from Georgina Island. I am of the Otter
20 Clan. The elders and grandmothers that have been part of
21 this week have been very kind and gentle to remind us to
22 introduce ourselves and to -- in a good way, so I just
23 wanted to take the time to thank the Creator, the
24 grandmothers, the grandfathers, the members of Treaty 1,
25 the territory we are on, as well as the Métis Nation.

1 And, today, with great pleasure, I get to recall Dr. Cindy
2 Blackstock.

3 So, there are just a couple quick notes
4 upfront, if I might, Chief Commissioner and Commissioners.
5 I just want to remind, for the record, before we go back
6 into testimony with Dr. Blackstock, that on June 11th in
7 Toronto, Ontario, Dr. Blackstock had provided examination
8 in-chief. And, she was qualified at the time as an expert
9 specifically in the areas of social work with knowledge in
10 Indigenous theory, child engagement and the identification
11 and remediation of structural inequities affecting First
12 Nations children, youth and families.

13 She comes back to us today, because she
14 didn't have the opportunity to be cross-examined, nor were
15 the Commissioners -- had the chance to ask questions.
16 Today, when we proceed, I will be spending just a little
17 more time with her in examination in-chief to get in one
18 new report and to go in a little more detail through the
19 recommendations that Dr. Blackstock had made. We were
20 finding ourselves in a time crunch and we were really
21 quickly zipping through the recommendations. So, now is a
22 good opportunity to afford Dr. Blackstock a chance to
23 explain in more detail what her recommendations to you
24 are.

25 Before we begin, because we are in a

1 different jurisdiction now, I will ask that Dr. Blackstock
2 reaffirm on an eagle feather, since we are now in
3 Manitoba.

4 **MR. BRYAN ZANDBERG:** Good morning, Dr.
5 Blackstock. Do you solemnly affirm to tell the truth, the
6 whole truth and nothing but the truth?

7 **DR. CINDY BLACKSTOCK:** I do.

8 **DR. CINDY BLACKSTOCK, AFFIRMED**

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

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

11 **MS. CHRISTA BIG CANOE:** So, Dr. Blackstock,
12 may I call you Cindy?

13 **DR. CINDY BLACKSTOCK:** Yes, you may.

14 **MS. CHRISTA BIG CANOE:** Thank you, Cindy.
15 So, Cindy, kind of one of the points we left off on before
16 we sort of rushed into some of your recommendations was
17 the failure of incremental equality and change. And, you
18 had talked to us about the Spirit Bear Plan ---

19 **DR. CINDY BLACKSTOCK:** Right.

20 **MS. CHRISTA BIG CANOE:** --- and talked
21 about a number of things. But, before we hop into your
22 recommendations again, I understand that you would like to
23 discuss with us a new report, a report that just came out
24 last week. It is called Just Societies, Health Equity and
25 Dignified Lives. I understand that you have provided us,

1 and we have provided to the parties with standing, the
2 executive summary of the report of the Commission of the
3 Pan-American Health Organization on Equity and Health
4 Inequities in the Americas.

5 **DR. CINDY BLACKSTOCK:** Yes.

6 **MS. CHRISTA BIG CANOE:** I understand you
7 were actually one of the Commissioners on Just Societies?

8 **DR. CINDY BLACKSTOCK:** Yes, I was a
9 Commissioner and remain a Commissioner, actually, until
10 the final report is published.

11 **MS. CHRISTA BIG CANOE:** Right. And so, the
12 executive summary itself is about 80 pages, and it lays
13 out the framework in some of the reasons why the
14 Commission was looking at equity and health inequalities
15 in the Americas. And, when we say "the Americas", we are
16 not just talking about North America. This included South
17 America, Central America; am I ---

18 **DR. CINDY BLACKSTOCK:** And the Caribbean.

19 **MS. CHRISTA BIG CANOE:** And the Caribbean.
20 Right on page 6, they kind of explain in a really concise
21 manner what this is really all about. And, one of the
22 important things the Equity Commission's starting point
23 was that "health is an end in itself". Can you just
24 explain that a little bit for us?

25 **DR. CINDY BLACKSTOCK:** Right. There is a

1 tendency sometimes to think as health as a currency to
2 achieving some other end. For example, a healthy society
3 achieves good economic outcomes. And, what the Commission
4 is arguing here is that it should be a stated goal in and
5 of itself.

6 To have health is not just currency on its
7 way to economic development. To have health is worthy of
8 being an end in itself and should, therefore, deserve the
9 adequate, and full, and comprehensive efforts of any
10 states and sub-jurisdictions of governments towards
11 achieving that end. It should get the same kind of
12 emphasis as we see as economic development and other
13 things amongst (indiscernible), that is still not the
14 case, but that is certainly something we would like to
15 see.

16 **MS. CHRISTA BIG CANOE:** I know that --
17 again, it is a large document, and we are only going to
18 focus a little time on it, but I note that a good starting
19 point for some of the conversations are ways to make
20 connections between this report and what we are talking
21 about in the Inquiry is contained at page 10. Can you
22 tell us a little bit about the Eduardo Galeano quotation?

23 **DR. CINDY BLACKSTOCK:** Right. He is a
24 Uruguayan journalist. And, part of my role on the
25 Commission was to focus on the situation of Indigenous

1 peoples throughout the Americas. And, in fact, I wrote
2 some of the Indigenous material that will be more
3 fulsomely presented in the final report.

4 And, as I did that research, I came upon
5 his quote, which I think really captures, to me, the
6 essence of the danger of colonialism as differentiated
7 between -- to other forms of discrimination. And, this is
8 what he writes. He says, "Blatant colonialism mutilates
9 you without pretense. It forbids you to talk, it forbids
10 you to act, it forbids you to exist. Invisible
11 colonialism, however, convinces you that serfdom is your
12 destiny and impotence is your nature. It convinces you
13 that it is not possible to speak, it is not possible to
14 act and it is not possible to exist."

15 And, I found that quote so important,
16 because too often we talk about the mechanics of
17 colonialism. And, we too often negate the psychology of
18 colonialism... ..which builds prisons around our own
19 lives and our own existence, and gets in the way of people
20 being able to live the lives they wish to have. And,
21 because we do not give that adequate attention, we do not
22 often give attention to the structural situations that
23 reinforce that invisible colonialism within society, and
24 particular in my case because the group I work with most
25 often is children and young people.

1 I think that we see those messages, covert
2 messages that reinforce this invisible colonialism
3 throughout Canadian society. And, indeed what we found in
4 PAHO is that it was across the Americas as well, these
5 messages that Indigenous peoples by and large still are
6 the savages and that western society still is by and large
7 the civilized, predominate the, kind of, social
8 presentation in society.

9 **MS. CHRISTA BIG CANOE:** And so, when we are
10 talking about the history and legacy, the ongoing
11 colonialism and structural racism, what were some of the
12 things that -- and you said PAHO, that is P-A-H-O?

13 **DR. CINDY BLACKSTOCK:** Yes. That is ---

14 **MS. CHRISTA BIG CANOE:** The acronym for?

15 **DR. CINDY BLACKSTOCK:** It is the Pan
16 American Health Organization.

17 **MS. CHRISTA BIG CANOE:** So, why was that
18 important to address -- PAHO to address in this particular
19 executive summary?

20 **DR. CINDY BLACKSTOCK:** Because one of the
21 focuses throughout the Americas, almost without exception
22 -- in fact I cannot identify one exception -- Indigenous
23 peoples in various countries experience health inequities
24 and health disadvantages to far greater levels than other
25 members of society.

1 So, we had to pay attention to what are the
2 unique forces that would create such a disadvantage, and
3 colonialism is one of the key themes that was identified
4 to us by persons who would present to the Commission or
5 persons who would send submissions into the Commission.
6 And, indeed, some of the information we got from Canada
7 just reinforces that message amongst First Nations, Métis
8 and Inuit peoples.

9 **MS. CHRISTA BIG CANOE:** And, if I could
10 just draw your attention to page 12, there is a
11 conversation about healthy quality and the dignified life.
12 Can you tell me a little bit about the dignified life?

13 **DR. CINDY BLACKSTOCK:** Yes. A dignified
14 life really -- that term really gave -- got a lot of
15 traction during the civil rights movement; right? We talk
16 about human rights, but what does it mean to really live
17 with dignity?

18 And so, we talked about that a little bit
19 in paragraph 2 on page 12, and it says, a dignified life
20 incorporated the principle of self-determination. Of
21 course, that is one of the bedrocks of UNDRIP, the United
22 Nations Declaration on the Rights of Indigenous Peoples,
23 which the Commission does in fact suggest that states
24 fully adopt and incorporate into domestic law. And, the
25 ability to envision and seek to realize one's life

1 project, which includes the right to make options -- the
2 options people feel are best for their own free will in
3 order to achieve their ideals.

4 And, this is something that I think I spoke
5 to quite significantly in my last testimony around the
6 importance of self-determination and the relationship to
7 the care of one's children. And, to not only define for
8 yourself what that dream is of living with a dignified
9 life as an Indigenous person, but indeed to have the
10 ability, the tools and resources to raise your family and
11 your children in ways that lead -- for them to live in a
12 dignified life. One that honours, in my view, the dream
13 that your respective ancestors would have had for your
14 kids.

15 **MS. CHRISTA BIG CANOE:** And, did PAHO look
16 at, sort of, anything to do with connections between self-
17 determination, lands and being able to live that dignified
18 life?

19 **DR. CINDY BLACKSTOCK:** Yes, we talked a lot
20 about that. In fact, in the determinants of health, one
21 of the weaknesses, as I see it, is that it actually does
22 not include land and it does not include spirituality in
23 the western constructs of determinants of health. That is
24 a significant limitation, as is the limited scope and time
25 at which most people apply the determinants of health.

1 It was inescapable to us, given the
2 testimony and submissions made by Indigenous peoples, that
3 the land was more than a commodity. It has appeared in
4 different health equity reports as a peril to health in
5 the form of climate change and those types of things in
6 the past, but no one has really looked at the land itself
7 as a determinant of health. And, a land itself is having
8 a spiritual and cultural service, an identified service
9 and an essential part of living a dignified life for
10 Indigenous peoples, and we do that in this particular
11 report.

12 **MS. CHRISTA BIG CANOE:** Now, I understand
13 there are a number of recommendations, but particularly
14 recommendation 2, which is contained on page 26. 2(c)
15 talks about policies that protect and support the
16 relationship of Indigenous people to the land and make
17 progress in attainment of land tenure for marginalized
18 communities. So, the report includes specific
19 recommendations.

20 **DR. CINDY BLACKSTOCK:** Yes, specific
21 recommendations on caring for the land. And, to say that
22 -- it is not enough to say that you should eat good foods
23 and drink clean water. If the land is such a vital part
24 of the living of a dignified life and the conceptions of
25 health for Indigenous people, then it was important for us

1 that we included recommendations that have been made in
2 Indigenous community about care for the land itself.

3 So, for example, we have in recommendation
4 2(b) on page 26, protect biodiversity for soil health and
5 healthy ecosystems. Now, that may seem surprising to
6 appear in a health report, but when one thinks of it
7 holistically and in a way that Indigenous peoples
8 conceptualize health, it is not surprising at all. In
9 fact, it is surprising that these types of recommendations
10 do not appear more frequently in reports regarding
11 Indigenous peoples. And, that is just one example. There
12 are a whole series of them, we talk about different
13 environmental care pieces that need to be protected,
14 traditional medicines for example, and water supply, et
15 cetera.

16 **MS. CHRISTA BIG CANOE:** And, I note in
17 2(c), the last point and recommendation, is establishing a
18 mechanism and legislation for formalizing occupation and
19 tenure of inhabitants living in informal settlements. Can
20 you tell us just a little bit about that?

21 **DR. CINDY BLACKSTOCK:** Right. So, this is
22 the dislocation of Indigenous peoples from their
23 traditional territories is something endemic to most
24 colonial countries and the Americas, and there was a need
25 to recognize that not all Indigenous peoples are living on

1 the -- anything that was proximal to their Indigenous
2 territories, and yet they still should have access and
3 indeed be able to live on their Indigenous territories.
4 And, states should be encouraged to proactively develop,
5 in consultation with Indigenous peoples, mechanisms to
6 ensure that those Indigenous persons, who were displaced
7 by a colonization, have access and indeed have the
8 affirmation of their right to live on their Indigenous
9 lands.

10 And, to also, as a secondary piece, for
11 those persons who are not wanting to live on their
12 traditional lands, that they have the right to be able to
13 access those traditional lands for the purposes of
14 visiting family, or for cultural and spiritual events,
15 whatever that might be.

16 **MS. CHRISTA BIG CANOE:** And, I note that
17 recommendation 3, as on page 30, talks about recognizing
18 and reversing the health equity impacts of ongoing
19 colonialism and structural racism. I believe we do have a
20 visual we can put up, of the chart. And so, this is
21 contained in the report, but this clearly ties to PAHO
22 recognizing the impacts of colonialism, but the step
23 further is making recommendations to reverse the health
24 equity impacts. Can you tell us a little bit about these
25 recommendations?

1 **DR. CINDY BLACKSTOCK:** Right. So, one of
2 the important pieces that we wanted to ensure that we
3 emphasized in this report, or at least certainly for my
4 participation I wanted to emphasize, it is not enough that
5 you adopt the UN Declaration on the Rights of Indigenous
6 Peoples and provide no mechanisms to make that real in the
7 lives of Indigenous peoples. So, we were clear that you
8 need to go beyond these types of statements, or adoptions
9 or principles, if you like. And, that states and indeed
10 all of us at various levels have an obligation to ensure
11 that the resources and the space and mechanisms are there
12 to be able to realize it.

13 So, for example, one of the things -- I
14 will just turn to 3(b), in the last bullet, we asked all
15 states to codify the UN Declaration on the Rights of
16 Indigenous Peoples into domestic legislation policies and
17 practices, ensuring peoples have the resources and
18 opportunities necessary to exercise the full enjoyment of
19 rights.

20 Those things go together, they are not one
21 or the other. And, as I testified earlier, one of the key
22 components that I work on is the issue of substantive
23 equality for First Nations children -- I would extend that
24 that is probably -- that is something that should be
25 applied to Métis and Inuit children as well. But, without

1 substantive equality structured in ways that respond to
2 that dignified life, that freedom of ability to create for
3 yourself that vision of a life, and a vision of how you
4 would like to raise your children, then you won't achieve
5 it. It becomes nothing but words on paper.

6 And we go on there and also talked about --
7 under 3(a) about addressing systemic racism. Of course,
8 my involvement in the Canadian Human Rights Tribunal has,
9 as recently as February, the Tribunal has issued a non-
10 compliance order against Canada saying that structural
11 racism continues in Canadian government policies. It is
12 not unique to Canada however. We saw inequalities amongst
13 Native Americans, Alaskan Natives, and Native Hawaiians in
14 the United States, as well as in many peoples in central
15 and South America and in the Caribbean.

16 So we felt it was important the governments
17 should endorse the UNDRIP position of affirming that
18 Indigenous Peoples are equal to all other peoples. That
19 gets rid of the savage, civilized dichotomy. However,
20 while we need to recognize the right of all peoples to be
21 different. And this is not just dealing with the
22 diversity of Indigenous Peoples amongst the nation states
23 who compose the Americas, but it's also an important
24 reminder, and I think a caution, of the overuse of the
25 work Indigenous in Canada. And indeed, the over use of

1 the terms Inuit, First Nations, and Métis. Because within
2 each one of those populations there are very distinct
3 groups, and cultures, and languages that need to be
4 respected.

5 **MS. CHRISTA BIG CANOE:** Thank you. You
6 anticipated my next question and made the tie back to the
7 recommendations you were speaking to.

8 I want to just turn to one more
9 recommendation. I know the report contains more than
10 that, but I think it's really relevant for the
11 Commissioner's purpose and for that mandate of this
12 inquiry.

13 **DR. CINDY BLACKSTOCK:** Before you do that,
14 can I just emphasize one more?

15 **MS. CHRISTA BIG CANOE:** Sure.

16 **DR. CINDY BLACKSTOCK:** And this was -- and
17 this is 3 (b), the first bullet. You don't need to bring
18 it back up again on the thing if you -- I can read it out.
19 It says:

20 "Recognize spatial, cultural, social, and
21 intergenerational inequalities as human rights issues for
22 all ethnic groups." (As read)

23 What we were getting at there is it's not
24 just trauma that's multigenerational. In fact, I think I
25 said last time, I don't use the word healing, because I

1 don't think our cultures are really recovering from
2 sickness. I think we're building on the multigenerational
3 strength that was handed down to us.

4 But it's also true that the inequalities,
5 the state sponsored inequalities and discrimination is
6 multigenerational. And it's also across time and space.
7 So it's not in one discrete area, for example, even the
8 rights of women. The discrimination meted out by various
9 colonial governments, including the Canadian government,
10 has been wide reaching and across a time and has
11 manifested itself in a whole array of areas at the
12 individual level.

13 So not just limited to what would one would
14 conceptualize as your physical health, but indeed in ways
15 that touch on your spiritual health, your psychological
16 health -- as I'm sure you heard from Amy Bombay yesterday
17 -- and in other dimensions of your sense of being and your
18 ability to live a dignified life. So I think this
19 conceptualization of special, culture, and social and
20 intergenerational inequalities has to be looked at when we
21 -- when we talk about the multigenerational impacts.

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

23 And so, one of the other recommendations,
24 and I actually think it has a direct tie to what you were
25 just talking about, recommendation eight, which is located

1 at page 50. Specifically, 8 (a), "eliminated gender-based
2 violence, especially that affecting women and girls." And
3 so that is, I think obviously, clearly within our mandate.
4 And I would like you to share with us the -- what the
5 Commission's recommendations are in relation to that.

6 **DR. CINDY BLACKSTOCK:** We found that -- and
7 I think it's very timely, right, given what's in the news
8 broadly within society, particularly in the discussions
9 around the U.S. Supreme Court recently, that this issue of
10 gender discrimination is not just distinct to Indigenous
11 women and girls.

12 But certainly, is amplified in many cases
13 for Indigenous women and girls because it has a colonial
14 overlay on top of it, and it also is affected by these
15 multigenerational inequalities that have often been more
16 pronounced in their disadvantage for Indigenous women and
17 girls. And colonialisms kind of, imposition of a kind of
18 a patriarchal kind of society, that was often at odds with
19 some of the traditions of the Indigenous Peoples
20 throughout the Americas, and indeed in Canada.

21 So we felt we needed to kind of recognize
22 that in many countries, and indeed in Canada, and you'll
23 see a picture of the Sisters in Spirit Movement on the
24 adjoining page, that we needed to emphasise that states
25 and indeed in society, we needed to develop educational

1 programs in school.

2 And when we talk -- we mean school, I would
3 actually extend that to early childhood education. It
4 needs to begin at the very earliest stages of life where
5 children are taught about how to respect people across a
6 gender continuum. So not just that dichotomous male
7 female continuum, but across the gender continuum. And
8 that to prevent any forms of gender-based violence, and to
9 understand how that manifests at the individual level and
10 at the collective level. Because I think too often we
11 think about gender-based violence as being at a one-person
12 level.

13 But really, even if you weren't directly
14 experiencing that discrimination, your behaviour is often
15 governed by that. So let me give you an example that just
16 came up on CNN this morning, which tells you how I spend
17 my mornings. But you know, they were talking about going
18 into a parking lot as a woman, right? You don't
19 necessarily -- when I go into a dark parking lot as a
20 woman, I'm not afraid of other women attacking me, right?
21 But even though I've never been attacked by a man in a
22 parking lot, that's something that I know from experience
23 that you have to kind of just calibrate your behaviour
24 with, right?

25 So even when we see the murdered and

1 missing Indigenous women thing, it affects you as an
2 Indigenous woman who has not even been directly affected
3 by that. That you know that you have to mitigate your
4 behaviour and govern your behaviour, in a certain place.
5 And I would argue that that's gender-based violence, it's
6 an extension of gender-based violence.

7 We need to empower women through education
8 and financial independence, right? We can not -- the
9 financial dependence on someone really dissipates your
10 ability to make a decision for yourself about your own
11 safety and well-being. And so, that needs to be supported
12 and really circles back for me to the vital importance of
13 Canada fully implementing Shannon's Dream. It is
14 atrocious to me that we still have a two-tiered education
15 system where First Nations kids are getting substandard
16 schooling, substandard buildings, and very often not
17 access to culturally based and linguistically based
18 education.

19 So without that, it's hard to imagine how
20 First Nations girls on reserve are going to be able to
21 have the type of education that they need to be able to be
22 -- achieve their dreams and to become financially
23 independent. So all of this stuff is related.

24 Then the other kind of sub-recommendation
25 is for women who have experienced the violence, provide

1 protection and support for them and their children to
2 reduce exposure to violence and reduce femicide. So that
3 is an important piece too. Again, as a recognition of
4 violence beyond the person who's directly affected.

5 And to recognize that children in
6 particular, who witness domestic violence, or are in
7 situational or family context. And we need to remember
8 that in Indigenous societies the family we're talking
9 about is often an extended family, so not a nuclear
10 family. That they have to be part of the approach, a
11 wholistic approach of being able to prevent that and
12 respond to it.

13 And the final one is:
14 "Provide information, education, and appropriate punitive
15 arrangements for men who commit violence against women."
16 (As read)

17 And when I'm talking about punitive, I
18 don't think here we're implying that everybody should be
19 thrown into jail. But certainly, there is a need to hold
20 people responsible for their conduct.

21 Because responsibility implies that you
22 have actually learned, first of all, that you appreciate
23 that what you did was not okay. That you have learned
24 what you've done, not from a self-defined concept of what
25 the harm was, but that you have been open to hearing the

1 harm as experienced by those who are affected by it. And
2 that you have put in place either through your own self-
3 agency, or through guidance from Elders or service
4 providers, mechanisms to ensure that you do not do it
5 again. And it's only after that that I think an apology
6 is warranted.

7 And this is where I think too many states
8 miss those first few steps. They go to apology without
9 having done the learning and that's why the Spirit Bear
10 plan is so important. I think we need to implement that,
11 because without that, I don't think states -- I think
12 states will continue to replicate the same types of
13 behaviours we've seen in the past on inequalities for
14 kids.

15 **MS. CHRISTA BIG CANOE:** Thank you, Cindy,
16 for explaining the report to us. Chief Commissioner and
17 Commissioners, during the last hearing on July 11th we put
18 in 21 Exhibits, but I would ask that this be tendered as
19 an exhibit to this hearing. The Just Societies Health
20 Equality and Dignified Lives, executive summary.

21 **CHIEF COMMISSIONER MARION BULLER:** Yes,
22 Exhibit 24 will be Just Societies, Health Equity and
23 Dignified Lives by the Pan-American Health Organization
24 2018.

25 **--- Exhibit 24:**

1 "Just Societies: Health Equity and
2 Dignified Lives: Executive Summary of
3 the Commission of the Pan American
4 Health Organization on Equity and
5 Health Inequalities in the Americas,"
6 Pan American Health Organization 2018,
7 ISBN: 978-92-75-12021-7 (76 pages)
8 Witness: Dr. Cindy Blackstock
9 Counsel: Christa Big Canoe, Commission
10 Counsel

11 **MS. CHRISTA BIG CANOE:** I would also, if I
12 may, please, just in terms of a housekeeping matter, there
13 were -- there are two other reports today that Dr.
14 Blackstock will be speaking to. And, just for ease of
15 reference, it is on consent of Commission counsel and the
16 witness that we put in two other reports that Dr.
17 Blackstock will answer questions in cross-examination for.
18 The first is Safe with Intervention: The Report of the
19 Expert Panel on the Deaths of Children and Youth in
20 Residential Placements, September 2018.

21 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
22 25 is Safe with Intervention: The Report of the Expert
23 Panel on the Deaths of Children and Youth in Residential
24 Placements, September 2018.

25 --- Exhibit 25:

1 "Safe with Intervention: The Report of
2 the Expert Panel on the Deaths of
3 Children and Youth in Residential
4 Placements," September 2018 (84 pages)
5 Witness: Dr. Cindy Blackstock
6 Counsel: Christa Big Canoe, Commission
7 Counsel

8 **MS. CHRISTA BIG CANOE:** And, there is one
9 more report that a party with standing has requested, and
10 Commission counsel is consenting to put in that Dr.
11 Blackstock is comfortable answering questions on. The
12 report is entitled, "I Want to Grow Up in My Community: A
13 Review of the Child and Family Services Act", and it was
14 for the NWT Standing Committee on Social Programs. It is
15 actually authored by Dr. Blackstock.

16 **CHIEF COMMISSIONER MARION BULLER:**
17 Certainly. Exhibit 26 is I Want to Grow Up in My
18 Community: A Review of the Child and Family Services Act,
19 NWT Standing Committee on Social Programs 2010.

20 **--- Exhibit 26:**

21 Advisory report "I Want to Grow Up in
22 My Community: A Review of the Child
23 and Family Services Act," by Cindy
24 Blackstock for the Northwest
25 Territories Committee on Social

1 Programs, April 27, 2010 (28 pages)
2 Witness: Dr. Cindy Blackstock
3 Counsel: Caroline Wawzonek, Native
4 Women's Association of Northwest
5 Territories

6 **MS. CHRISTA BIG CANOE:** And, at this point,
7 we won't be addressing those reports. I would like to
8 return to Dr. Blackstock's recommendations. Now, just for
9 reference of the parties with standing, included in Dr.
10 Blackstock's summary were those listed recommendations. I
11 have provided them to the Commissioners and to Dr.
12 Blackstock as a single sheet. This is not on our list of
13 exhibits from the June 11th testimony, and I would like to
14 request they be made an exhibit. It is titled,
15 "Recommendations by Dr. Cindy Blackstock".

16 **CHIEF COMMISSIONER MARION BULLER:** Yes.

17 **MS. CHRISTA BIG CANOE:** And, they are the
18 same.

19 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
20 27, Recommendations by Dr. Cindy Blackstock.

21 **--- Exhibit 27:**

22 Recommendations by Dr. Cindy
23 Blackstock (one page)
24 Witness: Dr. Cindy Blackstock
25 Counsel: Christa Big Canoe, Commission

1 Counsel

2 **MS. CHRISTA BIG CANOE:** And, this, Cindy,
3 is where I would actually like to turn our attention to,
4 and I have a copy here for you. These are recommendations
5 that you actually made and drafted; is that correct?

6 **DR. CINDY BLACKSTOCK:** Yes.

7 **MS. CHRISTA BIG CANOE:** Yes. And, I just
8 would like to invite you the opportunity, because we
9 didn't have as much time previously, to go over some of
10 these or to highlight what you believe is important in the
11 number -- you have provided eight recommendations
12 specifically to our -- to the Commissioners of the
13 National Inquiry, and I want to give you the opportunity
14 to, sort of, maybe add some more details to them for us.

15 **DR. CINDY BLACKSTOCK:** Sure. I will begin
16 with the first one where I really think it is a false
17 metric to really try to make your goal reducing the number
18 of children in care. And, I spoke to this last time. It
19 is not because it is not a worthy goal that we don't want
20 to focus on that. It is because it can be done in so many
21 artificial ways that don't approve the health of
22 Indigenous families or the children. That is what worries
23 me about it.

24 I have seen governments reduce the number
25 of children in care in a whole variety of way things by

1 limiting the number -- range of the definitions of
2 maltreatment, by reducing the age of children that are in
3 the population of those who are captured. That is not
4 what we are after. I think that really what we should be
5 measuring or focusing our efforts on is ensuring healthy
6 families.

7 The other piece around that is I think the
8 whole idea that we, as -- certainly, for me, the reason I
9 have spent my life advocating for First Nations
10 communities to be able to take over care for their
11 children is because we want to do a better job. It is not
12 enough to just take it over and return all of these kids
13 back with -- into unhealthy situations. We have a higher
14 responsibility to these children. And so, I think it is
15 very, very important that we put all measures in place to
16 ensure the health of these families, and that will, by
17 nature or in a positive way, reduce the numbers of
18 children in care.

19 Community-based plans. So, when we talk
20 about colonialism, I think one of the biggest damages of
21 colonialism was taking away the ability of some First
22 Nations, Métis and Inuit communities to dream for
23 themselves. What is that collective vision of what a
24 healthy child is in that distinct culture? Because
25 without knowing that at a communal level, then you can't

1 really build towards that and it doesn't create the
2 opportunity for an alternative that is different than what
3 we are doing right now.

4 And so, that is why we really encourage a
5 Touchstones of Hope process or other processes that allow
6 communities to do that collective reclaiming of what a
7 healthy child is and develop holistic visions of healthy
8 children. Not just child welfare visions, but things that
9 would touch on child and maternal health, that touch on
10 addictions, that touch on juvenile justice, that touch on
11 culture and language and education. A very holistic
12 vision.

13 The other inequalities? Like, that has got
14 to stop; you know? I think that it is one of the great
15 tragedies of our country that after 152 years, racial
16 discrimination continues to be used by various levels of
17 government as a fiscal restraint measure. It is appalling
18 to me.

19 And, I think the evidence is overwhelming
20 about the hardships of inequalities, and it is also
21 overwhelming that the governments can afford to end them
22 and that they have the solutions to end them. They have
23 just chosen not to. They have just chosen to put other
24 priorities ahead of the children. And, I think unless we
25 fix this, nothing else will really make a difference.

1 Because even if you have a good community vision of
2 children and families, without the resources to be able to
3 do it, it is never going to become materialized; right?

4 A substantive equality lens. And, this is
5 something that the Canadian Human Rights Tribunal has
6 reinforced and that Justice Frankfurter from the U.S.
7 Supreme Court once said. He said, "You know, the greatest
8 inequality is the equal treatment of unequals." We cannot
9 fall into the trap of having treated Indigenous children
10 in this country so unfairly, so unjustly, so unequally for
11 152 years, and then all of a sudden proclaim that it will
12 be remedied if we treat them just the same as every other
13 kid, because they are dealing with those multigenerational
14 inequalities and traumas that have been handed down to
15 them. So, we have to look at it from a substantive
16 equality point of view.

17 And, that includes looking at it from the
18 best interest of the child, but not best interest of the
19 child as a -- from a Western perspective, but the best
20 interest of the child as would be defined by a First
21 Nations, Métis or Inuit perspective. And, in that regard,
22 the United Nations Convention on the Rights of the Child,
23 general comment 11, provides us with a framework to be
24 able to interpret best interest of the child within an
25 Indigenous lens.

1 The other piece is that I think there has
2 been way too much focus on the symptoms of colonialism and
3 of the inequalities. If we want to get at the reasons why
4 there are so many First Nations kids that get into care
5 and actually reduce that, we know we have to go after the
6 causal factors. And, that means that we need to see a far
7 greater focus in social work training, interventions and
8 in investments on -- to deal with poverty, to deal with
9 the inadequate housing and the lack of housing that is
10 available, and to also deal with addictions and the mental
11 health issues underlying addictions.

12 Unless we deal with those things and truly
13 embrace them, not just from a program perspective, but
14 importantly, too, at a community perspective -- my friend,
15 Terry Cross who used to run the National Indian Child
16 Welfare Association in the U.S. said this. He said, "You
17 know, self-government isn't just signing an agreement.
18 That's the easy part. Self-government is when we embrace
19 what hurts."

20 So, what are we prepared to do in our own
21 communities and how do we enable those systems so that we
22 do put in place measures that get at addictions and
23 reducing and eliminating addictions in our own communities
24 and the factors that contribute to them? There needs to
25 be a coordination between prevention services and these

1 specific drivers. If you don't have that stuff
2 coordinated, then you can do a lot of busy work without
3 actually making a significant difference for families.

4 And, services for children to promote their
5 success and wellness need to be augmented. This is just -
6 - you know, I think sometimes we pathologize these kids,
7 right, without thinking about the fact that they need to
8 have fun; right? They need to have some joy in their
9 lives. They need to be able to go and play hockey. They
10 need to be able to, you know, listen to music. They need
11 to be able to do whatever makes them -- their life joyful.
12 And so, we need to take a more holistic vision of children
13 and really enable those other parts of their lives that
14 allows them to live a healthy childhood.

15 I include here two research goals on
16 longitudinal studies, because we know so little about
17 child maltreatment in Canada. We have the Canadian
18 Incidence Study on child maltreatment, and I used to be
19 part of the research team on that. But, all that does is
20 measure what happens from the report -- a child
21 maltreatment report from the time its made to the time
22 that someone disposes of the actual intake and decides
23 what is going to happen for the child.

24 We have zero information, other than the
25 study I did in 2009, on what happens to kids once they are

1 in care. And, this, kind of, relates to one of the
2 exhibits that will be put to me later on the Ontario
3 study, where we find that, you know, kids in care in that
4 particular study, and albeit these are high needs kids,
5 all 12 of them, experienced -- or 10 of them, I think.
6 Experienced an average of 12 placements each; right?

7 So, the question for me on child welfare
8 has always been, when we remove a child -- and I do
9 believe that some First Nations kids need to be in care.
10 I absolutely believe that. I am not a utopian thinker.
11 But, I do think that we have to undertake a promise to
12 them to give them a better life from which they came, and
13 I think that is where we fail; right? Somehow when we
14 remove the kids, we are not continuing that sense of being
15 able to enable them to live the dignified life we talked
16 about in the PAHO report.

17 The one that is not on here, that I would
18 like to actually put top is the Spirit Bear Plan, because
19 unless governments reform themselves in a significant way,
20 not just by tinkering around the edges, but by actually
21 undertaking an independent evaluation, independent 360
22 degree evaluation, of themselves to identify and remediate
23 any vestiges of colonial philosophy, policies and
24 practices, they will continue to pile up on the hopes and
25 dreams of our kids.

1 And, just to give you a very current
2 example. When the tribunal issued its ruling on January
3 26, 2016, it -- there was welcome by Minister Bennett and
4 Minister Raybould-Wilson. It took five non-compliance
5 orders and the tribunal still has jurisdiction over the
6 complaint, so further orders may follow, for Canada to
7 begin to come into compliance. And, in those five non-
8 compliance orders, there are at least 14 occasions where
9 the tribunal references what it calls the old mindset.
10 And so, what Canada was doing was proclaiming itself
11 reformed without having done the work to actually reform
12 itself; right? It needs to have that independent view.

13 And then the other piece around the Spirit
14 Bear Plan that I think is important to First Nations, but
15 -- you know, and I leave it to the Inuit and Métis
16 communities to say whether this is important to them, but
17 I would suggest it probably is, is to clash out all of the
18 inequalities, housing, water, early childhood education,
19 children's mental health, what does that global picture
20 look like? And then develop a comprehensive public
21 targeted plan to remediate those inequalities in time
22 frames that are sensitive to children's development.
23 Because the process for the last 152 years has not worked,
24 and the process that has been used the past 152 years is,
25 let's deal with it one program at a time and one drop at a

1 time without ever achieving full equality.

2 And then the next government will say, now
3 we are doing good first steps. The previous group did not
4 do it, but we are making good first steps. Well, good
5 first steps is not the answer that First Nations children
6 deserve. No other child in this country is asked to deal
7 with public service discrimination in order to subsidize
8 other aims of the federal state or the provincial
9 territory and state, and First Nations children should not
10 be there.

11 It is absolutely unacceptable to me. There
12 is no research basis for it, there is no moral basis for
13 it, there is no legislative basis for it. It is simply
14 the old mindset piling up on the hopes and dreams of
15 thousands of kids. And, if you make one recommendation, I
16 think that is the one you should make.

17 **MS. CHRISTA BIG CANOE:** And, Cindy, the
18 Spirit Bear Plan, it is actually available and is a tool
19 that the public can actually look at.

20 **DR. CINDY BLACKSTOCK:** Yes.

21 **MS. CHRISTA BIG CANOE:** Not just as a
22 Commission, not just parties with standing and the
23 organizations they represent, but any citizen can go to
24 the First Nations Caring Society webpage and find a whole
25 host of tools, right, that give them, empower them to have

1 ideas, how they can contribute to being part of solutions,
2 including reviewing the Spirit Bear Plan, is that true?

3 **DR. CINDY BLACKSTOCK:** That is true. And,
4 one of the things that the Caring Society -- for those of
5 you who do not know, we are really teeny tiny; right?
6 Now, we have two -- we are up to two full-time staff. So,
7 this is, like, big for us.

8 But, one of the founding principles for the
9 Caring Society is, despite the fact that we are small,
10 despite the fact we do not have any government funding, we
11 refuse to charge people for information that can benefit
12 children. We think that all information should be
13 available regardless of whether you are a member,
14 regardless of your income. And so, if you go to our
15 website, you are going to find all kinds of free
16 information that is accessible, including on the
17 Touchstones of Hope around that collective visioning,
18 around all kinds of educational tools that you are able to
19 use around Jordan's Principle and other things.

20 The only thing we ask is that you not
21 charge for it if you are going to use it, because it is
22 available for free and that is something that is really
23 important to us, is that -- you know, being able to
24 improve childhood should not cost money. And so, you can
25 find the Spirit Bear Plan and other things on the website.

1 **MS. CHRISTA BIG CANOE:** And, that is
2 helpful, because I think we often hear people say, well,
3 how can I help just as an average citizen? And, one of
4 the things I often say is you can learn more. And so,
5 having those resources available so any Canadians that
6 have questions or want to understand these issues that you
7 are talking with such expertise about -- it is in plain
8 language, it is in simple language and there are good
9 recommendations for everyone to see. So, I did not want
10 to just give you a plug, I wanted to point out that there
11 is information available for public to access and
12 understand this issue much better.

13 **DR. CINDY BLACKSTOCK:** Right. And, we
14 actually have seven free ways for anyone to make a
15 difference and under two minutes on our website. So, go
16 check it out at FNCaringSociety.com.

17 **MS. CHRISTA BIG CANOE:** Chief Commissioner
18 and Commissioners, this actually concludes my examination-
19 in-chief. We are prepared, and so are the parties with
20 standing, to immediately go into cross-examination. And,
21 with your permission, I would like to proceed calling the
22 list.

23 **CHIEF COMMISSIONER MARION BULLER:** Yes,
24 please.

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

1 cross-examination, the first party that Commission Counsel
2 is inviting up to ask questions of Dr. Blackstock is the
3 Missing and Murdered Indigenous Women and Girls Manitoba
4 Coalition. Ms. Catherine Dunn will have 6.5 minutes.

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

6 **MS. CATHERINE DUNN:** Dr. Blackstock, my
7 name is Catherine Dunn and I am representing the Manitoba
8 Coalition of Murdered and Missing Indigenous Girls and
9 Women, many of whom represent families and survivors
10 particularly of the child welfare system and other systems
11 that are imposed upon them.

12 And, I have six minutes to encapsulate your
13 incontrovertible evidence, but I will try. I think what I
14 understand that you are saying is that, as early as 1904,
15 a federal government employee, Dr. Bryce, determined that
16 through his research of the Indian residential school
17 system, two out of three residential school children --
18 Indigenous residential school children were dying, is that
19 fair?

20 **DR. CINDY BLACKSTOCK:** Dr. Bryce began his
21 study in 1904, it was published in 1907. What he said is
22 about 25 percent of children were dying each year. For
23 the one school for which there were complete death
24 records, two out of three children would be dead by the
25 time that they were 16.

1 **MS. CATHERINE DUNN:** And, Dr. Bryce
2 determined that, in order to address that issue,
3 \$15,000.00 was required from Canada and, as well, it was
4 important to return the care of children to Indigenous
5 people, is that fair?

6 **DR. CINDY BLACKSTOCK:** What Dr. Bryce said
7 is that -- he noted that there were dramatic health
8 inequalities and public funding for First Nations people,
9 then called Indian people, as compared to non-Indigenous
10 folks. And, one of his key recommendations was to even
11 out that inequality, and then to implement some practical
12 reforms, for example not putting sick kids in with healthy
13 kids.

14 What Brian Titley who wrote a book about
15 Duncan Campbell Scott called A Narrow Vision, estimated
16 that the cost of Dr. Bryce's reforms would have been that
17 \$10,000.00 to \$15,000.00 figure that you are estimating.
18 And, had those reforms been implemented and the equity
19 provided back in 1907, there is good evidence to suggest
20 that many of the children who died in residential schools
21 would not have died.

22 **MS. CATHERINE DUNN:** And, Dr. Bryce called
23 that a national crime and you, many years later, proved
24 that it was an international crime, what was happening to
25 Canadians in the child welfare system, isn't that fair?

1 **DR. CINDY BLACKSTOCK:** Dr. Bryce did call
2 it a national crime. And, in fact, one of the things I
3 think I spoke to last time is that one of his
4 contemporary, Sam Hume Blake, who is a founder -- co-
5 founder at Blake's law firm upon reading Dr. Bryce's
6 findings writes that infamous paragraph that John Milloy
7 quotes in his book, A National Crime, that, "In that
8 Canada fails to obviate the preventable causes of death
9 that brings itself into unpleasant nearness with
10 manslaughter."

11 What I was able to prove is at the Canadian
12 Human Rights Tribunal is that what Canada's actions are in
13 terms of the inequities in child welfare are racial
14 discrimination. We haven't been able to prove that it is
15 criminal -- does it reach the criminal standard. But, in
16 fact, it is a breach of national law and a breach of
17 international law as well.

18 **MS. CATHERINE DUNN:** And, this breach of
19 international law has been in place for Canada since 2016.
20 They have been called out for their failure to deal with
21 racial discrimination on five occasions and as recently as
22 October?

23 **DR. CINDY BLACKSTOCK:** February of 2018 is
24 when the Tribunal issued its last order.

25 **MS. CATHERINE DUNN:** All right. And, that

1 is appalling.

2 **DR. CINDY BLACKSTOCK:** I agree.

3 **MS. CATHERINE DUNN:** Provinces of Canada,
4 and in particular Manitoba, do you know whether they have,
5 as a government, series of groups or the territories
6 stated to Canada that your conduct is appalling? That we,
7 as provinces, and we, as territories, will not put up with
8 being internationally shamed with respect to our
9 Indigenous children?

10 **DR. CINDY BLACKSTOCK:** I don't know if they
11 used those exact words. But, in the Manitoba legislature,
12 there was a debate after, I believe the second non-
13 compliance order, so this would have put it in the fall,
14 early winter of 2016. The Manitoba legislature passed a
15 motion condemning Canada for its failure to implement the
16 January 2016 decision by the Canadian Human Rights
17 Tribunal. It was a member of the legislature, Wab Kinew,
18 who put that to the floor of the legislature and, to my
19 knowledge, it passed unanimously.

20 **MS. CATHERINE DUNN:** And, as a result of
21 that legislature resolution -- and you say that the child
22 welfare system in Manitoba has changed since you were last
23 testifying here professionally, not -- with respect to the
24 Phoenix Sinclair Inquiry?

25 **DR. CINDY BLACKSTOCK:** What I can say -- I

1 don't know if it is a result of the -- are you asking me
2 if it is a change as a result of that motion or a change
3 as a result of the Inquiry?

4 **MS. CATHERINE DUNN:** I am just wondering if
5 there is a change ---

6 **DR. CINDY BLACKSTOCK:** In general?

7 **MS. CATHERINE DUNN:** --- since you have
8 been -- last been here testifying at the Phoenix Sinclair
9 Inquiry.

10 **DR. CINDY BLACKSTOCK:** Well, I think one of
11 the things that has changed, thanks to the Tribunal, is
12 that there has been -- they released a funding of actuals
13 at least for some of the First Nations agencies, so that
14 is starting to happen. And, the other important
15 development is the implementation of Jordan's Principle.
16 And, I just want to recognize Madeline Gamble in here,
17 because not only is she an elder, but she was Jordan's
18 caseworker. So, that has made some significant progress.
19 There is still more work to do. But, in regard to the
20 more substantive recommendations of the Inquiry, in my
21 view, they still remain outstanding.

22 **MS. CATHERINE DUNN:** And, is it -- it is
23 proven that the Indian school residential system was a
24 policy to kill the Indian in the child; right?

25 **DR. CINDY BLACKSTOCK:** Well, actually, no

1 one ever said "kill the Indian in the child". It was
2 often described to Duncan Campbell Scott, but incorrectly
3 so. But, I think the -- it is irrefutable that the aim of
4 the whole thing was to eliminate any kind of Indigenous
5 identity amongst the children. And, the Truth and
6 Reconciliation Commission, I think, lays out a compelling
7 and irrefutable case that Canada's aim was to eliminate
8 Indian people via the assimilation of their children.
9 And, we get that and the Prime Minister's apology
10 acknowledges that.

11 **MS. CATHERINE DUNN:** And, that is still the
12 case with the child welfare system?

13 **DR. CINDY BLACKSTOCK:** I would say it is
14 still the case in some instances in the child welfare
15 system. I wouldn't -- I am very cautious about
16 overgeneralizing. I think that we -- certainly I have
17 spoken with First Nations, Métis and Inuit kids who have
18 had good experiences in the child welfare system, some
19 families who have good experiences in the child welfare
20 system.

21 But, I am very concerned about the
22 overrepresentation of First Nations, Métis and Inuit
23 children. When I see overrepresentation that, to me,
24 manifests -- is a manifestation of structural
25 discrimination and a failure of provincial, territorial

1 and federal governments to implement the many good
2 solutions that have been put forward to them over the
3 decades to recalibrate child welfare so it actually meets
4 the needs of these families.

5 **MS. CATHERINE DUNN:** Thank you very much,
6 Dr. Blackstock.

7 **MS. CHRISTA BIG CANOE:** Thank you. Next,
8 we would like to invite up the Assembly of First Nations.
9 Mr. Stuart Wuttke has six-and-a-half minutes.

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

11 **MR. STUART WUTTKE:** Good morning, Dr.
12 Blackstock. My name is Stuart Wuttke. I am with the
13 Assembly of First Nations.

14 **DR. CINDY BLACKSTOCK:** Good morning.

15 **MR. STUART WUTTKE:** You brought up the
16 Canadian Incidence studies of neglect and abuse of 2003
17 and 2008. In those studies, would you agree that the most
18 common form of apprehension of First Nation children is
19 due to neglect?

20 **DR. CINDY BLACKSTOCK:** Yes. And, there are
21 two sub-forms of neglect. So, one is failure to
22 supervise, which can easily be remediated with funding;
23 right? Having proper early childhood programs and that
24 type of thing. And then the other is physical neglect, so
25 that is the inability of families to meet the basic needs

1 of their children. So, things like, you know, housing and
2 water. And, that also could be dealt with a lot with just
3 providing equitable opportunities for those families.

4 **MR. STUART WUTTKE:** Thank you. And, also
5 in the same study, it noted that when it comes to sexual
6 abuse in the home, that the actual -- the First Nation
7 rate was a bit lower than the Canadian rate. I think it
8 was 2 percent for First Nation families and 3 percent for
9 Canadian families; is that true?

10 **DR. CINDY BLACKSTOCK:** Right. That was for
11 the reported cases.

12 **MR. STUART WUTTKE:** Yes.

13 **DR. CINDY BLACKSTOCK:** By far, the major
14 issue for First Nations kids is the neglect/maltreatment
15 category.

16 **MR. STUART WUTTKE:** So, in terms of the
17 process of removing children, would it be safe to say
18 that, in terms of neglect and poverty, that a lot of First
19 Nation children are being removed from their loving
20 parents, their loving homes, their siblings when they
21 don't need to be?

22 **DR. CINDY BLACKSTOCK:** Yes, I think that
23 certainly was a contention that we put to the Canadian
24 Human Rights Tribunal is that what equitable resources --
25 and when I use that word "resources", I am just not saying

1 child welfare resources, but investments in housing,
2 investments in water, and sanitation, electrical power,
3 that that could substantially reduce the risk to kids and,
4 therefore, reduce the numbers going into care.

5 **MR. STUART WUTTKE:** All right, thank you.
6 And, you have also provided evidence on the findings of
7 the Canadian Human Rights Tribunal in the child welfare
8 case. I understand that a considerable amount of work was
9 done by the Assembly of First Nations and the First
10 Nations Child and Family Caring Society starting from the
11 NPR reports in 2000.

12 **DR. CINDY BLACKSTOCK:** Yes.

13 **MR. STUART WUTTKE:** Can you speak about
14 that?

15 **DR. CINDY BLACKSTOCK:** Sure. So, one of
16 the first approaches that the Assembly of First Nations
17 and the Caring Society took was really to work with
18 government to try to identify these shortfalls and then
19 how they could be fixed. And so, I was just -- I guess,
20 my own role, I became involved in about 1997 in what
21 became the committee that oversaw the Joint National
22 Policy Review.

23 There were First Nations child welfare
24 experts from all parts of the country. The Assembly of
25 First Nations co-chaired along with the Government of

1 Canada that also had representatives. That yielded the
2 Joint National Policy Review in 2000 that had 17
3 recommendations for change, and then pin holed the
4 shortfall at 78 cents on a dollar for a First Nations
5 child versus a dollar for a non-Indigenous kid, and that
6 did not take into account the higher needs of Indigenous
7 families.

8 Canada commended the report, but never
9 implemented it. And, one of the things that it sadly had
10 was a mechanism to get rid of jurisdictional disputes.
11 So, had that been implemented in 2000, we would have not
12 seen the sad outcome for Jordan River Anderson.

13 But, then, Canada wanted to do a second
14 report, so we did, and we got 20 of the best experts, five
15 economists that cost out all the inequalities, and that
16 rendered the Wanday (phonetic) series of reports in 2005.
17 Very detailed recommendations, pigeon hole then the
18 shortfall, particularly in prevention services as it being
19 70 cents on the dollar compared to non-Indigenous kids,
20 again, not taking into any account the higher needs of
21 Indigenous children. And, the result of that was Canada
22 agreed with it and didn't implement it. So, we felt we
23 didn't have any other choice, and that is why we filed a
24 human rights complaint.

25 **MR. STUART WUTTKE:** Thank you. And, in the

1 child welfare case before the Tribunal, the case itself
2 addressed the discrimination of funding that Canada
3 provides to First Nation child welfare agencies. And,
4 some of those were -- that were noted were a lack of
5 funding for prevention, a lack of funding for key elements
6 of (indiscernible) such as salaries for child welfare
7 staff, cost of living and capital infrastructure,
8 information technology. So there's a whole host of areas
9 where First Nation agencies are being underfunded compared
10 to others.

11 **DR. CINDY BLACKSTOCK:** Yeah. So it was --
12 the underfunding was cross-cutting, and the most serious
13 manifestation of that is, as you point out, the lack of an
14 ability to provide the type of preventative services to
15 keep children safely in their homes, or alternatively, for
16 those kids who are in care, to be able to work with
17 families and address the risks so the children can go
18 home. That was the most serious outcome.

19 **MR. STUART WUTTKE:** M'hm. Thank you. And
20 also, prior to filing the human rights complaint, the
21 federal government was well aware of its damaging policies
22 on First Nations communities. Is that correct?

23 **DR. CINDY BLACKSTOCK:** Yes. They were
24 sitting at the table as we did the National Policy Review
25 and the Wen-De reports. They were participants in those

1 studies. And not only that, they had in their hands a
2 whole series of reports that were commissioned by the
3 Department of Indian Affairs itself documenting these
4 shortfalls going back as early as 1948 with the Canadian
5 Association of Social Workers, but then also reiterated in
6 1967 by a guy named George Caldwell who handed in a report
7 that dealt with the lack of funding for prevention
8 services.

9 **MR. STUART WUTTKE:** All right. Thank you.
10 And I'll give you -- the last question is multi-pronged.
11 But in its finding that Canada is discriminating against
12 First Nation children, the Tribunal wrote about
13 similarities between the Indian residential school system
14 and also the child welfare.

15 In your view, is Canada repeating its
16 colonial way of history -- or colonial way of decision
17 making and basically repeating the same mistakes in the
18 past? And with respects to Jordan's Principle, can you
19 comment on how provinces now are using Jordan's Principles
20 [*sic*] to deny services to First Nation communities?

21 **DR. CINDY BLACKSTOCK:** Right. So on a
22 first, the answer is yes. I think -- and that's why I was
23 such a big proponent of the Spirit Bear Plan, because
24 unless they deal with reform themselves they're going to
25 continue to make those colonial mistakes and replicate the

1 harms from residential schools.

2 On a second, no province or territory has
3 adopted a Canadian Human Rights Tribunal compliant
4 definition of Jordan's Principle, and so too often what
5 we're seeing -- and I should say that the Caring Society
6 often gets contacted by families or by professionals who
7 have tried to report Jordan's Principle cases and then
8 been denied -- and what we've seen is that the provinces
9 are kind of taking the position well the feds now are on
10 the hook for Jordan's Principle so we're not going to step
11 up to the plate; we're just going to try and see if the
12 feds can pick it up. Which is totally contrary to the
13 whole issue of Jordan's Principle.

14 Jordan died in that hospital because the
15 Province of Manitoba and the Government of Canada failed
16 to put his best interests first. So I would urge all
17 provinces and territories to implement and fully adopt a
18 CHRT compliant definition of Jordan's Principle and to do
19 so and implement it in tandem with First Nations.

20 **MR. STUART WUTTKE:** Thank you,
21 Dr. Blackstock. My time is up. Thank you.

22 **MS. CHRISTA BIG CANOE:** Thank you. Next,
23 we would like to invite up Pauktuutit and Partners.
24 Ms. Symes will have six-and-a-half minutes.

25 **MS. BETH SYMES:** Oh, there's even a timer.

1 I didn't even see that before.

2 **--- CROSS-EXAMINATION BY MS. BETH SYMES**

3 Good morning, Dr. Blackstock. My name is
4 Beth Symes. I represent Pauktuutit, the Inuit Women of
5 Canada, the Inuit Women of Labrador, Saturviit, which are
6 the Inuit Women of Nunavik, the Ottawa Inuit Children's
7 Centre, and the Manitoba Inuit Association.

8 Yesterday in the questioning, my colleague,
9 Rachel Dutton, said that the Census Canada 2016 said that
10 there were 315 Inuit living in Winnipeg and that 20 of
11 them were Inuit children in care.

12 So I want to move to a higher level, and in
13 Quebec City, Ellen Gabriel was asked there have been so
14 many reports and recommendations that have been put on the
15 shelf, and she was asked as an activist, how do we make
16 government move on these issues?

17 And Ellen Gabriel answered, "You take them
18 to court". And she said, "That's the only thing that I
19 can think", and she went on to say that, "governments of
20 all three levels, federal, provincial, territorial, and
21 municipal, totally ignore the reports and recommendations
22 about Indigenous people and Indigenous issues." And she
23 said, "It's about political will", and she said, "if the
24 leaders of this nations are only looking at the next
25 election, then Indigenous people and their issues will

1 once again be on the bottom of their priorities, and this
2 will continue and remain within Canada".

3 As a litigation warrior, Dr. Blackstock,
4 I'd like to explore with you the organizational costs to
5 the Caring Society and the cost to you personally of being
6 a litigation warrior. Now, by this I mean the costs, for
7 example, of your staff. Now, you said today that you have
8 full time -- you now have full time staff of two. I think
9 your website says you have seven.

10 **DR. CINDY BLACKSTOCK:** Yeah.

11 **MS. BETH SYMES:** So it's a very small
12 staff; is that correct?

13 **DR. CINDY BLACKSTOCK:** That's correct.

14 **MS. BETH SYMES:** And what's your budget?

15 **DR. CINDY BLACKSTOCK:** Up until this last
16 year, we operated on less than half a million dollars a
17 year.

18 **MS. BETH SYMES:** Less than \$500,000 a year?

19 **DR. CINDY BLACKSTOCK:** Yeah.

20 **MS. BETH SYMES:** Okay. So you filed the
21 human rights complaint in 2006. Before you filed that
22 complaint, because it was an amazing filing, how many
23 months, or perhaps even years, did the Caring Society
24 devote to gathering the information that you could put
25 into the complaint?

1 **DR. CINDY BLACKSTOCK:** The complaint was
2 actually filed in 2007 ---

3 **MS. BETH SYMES:** Okay.

4 **DR. CINDY BLACKSTOCK:** --- but we had --
5 and we had kind of created the Caring Society as an
6 informal network in 1999. It became an incorporated
7 society shortly thereafter. It was that entire period.

8 Because honestly, our goal was to get the
9 government to cooperate because if they cooperated then
10 help would get to the families and the children far sooner
11 than if we litigated. But what was not negotiable to me
12 is that help needed to go to those kids and those
13 families, and so if it wasn't going to be done
14 voluntarily, then litigation was the next step.

15 **MS. BETH SYMES:** Now we know that the last
16 decision, which is February of 2018, and as you say, they
17 still have jurisdiction over non-compliance, but in that
18 time, from filing the complaint until today, what
19 percentage of your time has been devoted to this piece of
20 litigation?

21 **MS. BETH SYMES:** I would say more broadly
22 as the cause ---

23 **MS. BETH SYMES:** Yes?

24 **DR. CINDY BLACKSTOCK:** --- I would say
25 almost 100 percent of my time. I do teach every once in a

1 while, so maybe if we're going to be on the cautious side,
2 90 percent of my time.

3 But I -- when I say 90 percent of my time,
4 I don't work 8 hours a day. I work far more than that.
5 So it is really -- and I don't want anyone to feel sorry
6 for me for that. This is a -- this is an honour for me,
7 and a privilege for me, and a duty for me, but it has
8 taken substantial personal effort.

9 **MS. BETH SYMES:** In fact, this type of
10 litigation can be all consuming for organizations, such as
11 the Caring Society?

12 **DR. CINDY BLACKSTOCK:** Yes.

13 **MS. BETH SYMES:** Now I want to go back to
14 Ellen Gabriel's answer and get your point, is that -- sue.
15 That was her strategy. Take them to court.

16 Do you agree that that is the only strategy
17 left for Indigenous organizations?

18 **DR. CINDY BLACKSTOCK:** I think it's been
19 the only strategy we've seen has proven effective.
20 Certainly, Canada has responded only to the orders when
21 its taken action; it has not responded to recommendations.
22 That's why I'm hoping to see them adopt and implement the
23 Spirit Bear Plan so that we don't have to litigate to be
24 able to get them to do the right thing for First Nations,
25 Métis, or Inuit children. That they do it when the

1 preponderance of evidence suggests that it's the right
2 thing to do.

3 **MS. BETH SYMES:** So Dr. Blackstock, Ellen
4 Gabriel said that we have to create a political will. In
5 order to make a significant difference on the lives of
6 Indigenous women and girls, we have to create political
7 will.

8 Other than litigation, how can that be
9 done?

10 **DR. CINDY BLACKSTOCK:** One of the things
11 that we do at the Caring Society is reach out to non-
12 Indigenous kids and their families by really engaging with
13 them in the joint struggle to achieve equity for First
14 Nations children in this country. We had something called
15 Have a Heart Day, where kids send valentines to the
16 elected officials so First Nations kids can have an
17 equitable chance to grow up safely in their families, get
18 a good education, be healthy and proud of who they are.
19 And, children from the Inuit Children's Centre
20 participated that day, so we, kind of, expanded it to
21 include all Indigenous children.

22 But, I think we need a social movement on
23 par with what happened in the civil rights movement. We
24 need to continue to pile up the weight of this inequality
25 and its transgression, not just against Indigenous

1 peoples, but against the moral fabric of the country to a
2 point where people cannot accept it anymore.

3 **MS. BETH SYMES:** I thank you for your moral
4 courage in being a litigation warrior.

5 **MS. CHRISTA BIG CANOE:** Thank you. Next,
6 we would like to invite up the New Brunswick Aboriginal
7 Peoples Council. Ms. Leblanc will have 6.5 minutes.

8 **--- CROSS-EXAMINATION BY MS. AMANDA LEBLANC:**

9 **MS. AMANDA LEBLANC:** Thank you. Good
10 morning. My name is Amanda Leblanc, I am the interim
11 Chief and president of the New Brunswick Aboriginal
12 Peoples Council. We represent all the rights bearing
13 Aboriginal people in New Brunswick who reside off-reserve,
14 as well as others who have migrated to our province in
15 terms of access to programs and services. The
16 organization has existed for over 47 years, we have been
17 doing this for quite a while, advocating for the rights of
18 those who have been disenfranchised, various reasons, loss
19 of status due to sexual discrimination, due to forcing
20 either choice of staying in a community or taking an
21 opportunity for education, to have employment, et cetera,
22 et cetera. Preaching to the choir here, I think.

23 I would like to start off by acknowledging
24 your comment to UNDRIP and the importance of Canada
25 actually signing onto that. You made a comment earlier

1 about connection to land and the importance of that. So,
2 representing those of us who are residing off-reserve and
3 not connected to the Indian Act created communities in our
4 province, we reside on our unseeded traditional
5 territories. As an off-reserve community, we do not have
6 that designated land mass, land base where we can actually
7 go and exercise our rights, which is to simply congregate
8 as a community. We do not have one simple spot for that.
9 I say "we" as a collective.

10 Our organization is extremely lucky whereas
11 we have a spot on a lake, very rural, that we have been, I
12 guess, granted a 100-year lease by the province of New
13 Brunswick to be able to do this. But, the way it came
14 about was actually racism. So, when our leadership at the
15 time went into the room to ask for this, there was a
16 comment made, and it was out of shame that we got it, but
17 regardless we have that.

18 Because of this jurisdictional, I guess,
19 wasteland that off-reserve status and non-status fall
20 within, in terms of who is responsible for us -- and you
21 have alluded to this a couple of times this morning about,
22 it is provincial government or it is federal government.
23 Most recently in the *Daniels* decision, after 16 years of
24 litigation, it has been proven that it is a federal
25 responsibility, but we access services and programs

1 through the province.

2 With that, how would you suggest that off-
3 reserve communities, in terms of litigation it sounds like
4 is the only option we would have, be able to create
5 programs, services, but more importantly opportunities for
6 spirituality, for access to our cultures and language,
7 things like that, when perhaps we would not have somewhere
8 -- like in New Brunswick, we are extremely lucky where we
9 have this camp, but other organizations and provinces do
10 not have that ability for their constituents.

11 So, how would the off-reserve communities
12 go about forcing the government to recognize the
13 requirement for this and work in collaboration with the
14 provincial governments to actually see it through?

15 **MS. CHRISTA BIG CANOE:** Sorry, before you
16 answer that. Can we stop the time for just one minute?
17 And, just before -- I am going to allow Dr. Blackstock to
18 answer that, but the -- in terms of the expertise that she
19 is here for, you have really broadened out beyond that.
20 So, I am just going to put on the record that we will
21 allow Dr. Blackstock to answer that to the best of her
22 knowledge within the qualification of her expertise.

23 **MS. AMANDA LEBLANC:** I can clarify it a
24 little bit.

25 **MS. CHRISTA BIG CANOE:** We can start the

1 time again.

2 **DR. CINDY BLACKSTOCK:** I personally have
3 lived off-reserve all my life. I lived in the bush
4 mostly. So, going to the reserve was going to a big town
5 for me, right, when I was a little kid.

6 One of the answers, I think, to this is
7 something that has been discussed extensively at the
8 tribunal, is that Canada restricts the provision of child
9 welfare services by First Nations agencies, in terms of
10 what it will fund, to on-reserve only. And, certainly
11 there are many First Nations who take the position that
12 they would like to serve their citizens on- and off-
13 reserve, and in many cases, that is very practical because
14 the reserve is just -- abuts that off-reserved community.
15 Where that is possible and practical, I think it should be
16 supported, and that is something that we are having
17 discussions with the Department of Indian Affairs -- I
18 still call them Indian Affairs -- today, that those
19 mandates should be expanded.

20 I think in regards to the PAHO report, I
21 spoke to that earlier, where there needs to be -- states
22 should be obligated to provide access for Indigenous
23 peoples off-reserve, or however you want to call it,
24 living in urban environment, to have access to traditional
25 lands. And so, that is part of the old constellation.

1 But, if you are asking more generally about
2 litigation strategies and stuff like that, despite having
3 been involved in this, I am a social worker by training, I
4 am not a lawyer by training.

5 **MS. AMANDA LEBLANC:** I appreciate that.
6 Thank you. Building off the UNDRIP again, it states that
7 Aboriginal people have the right to self-determination and
8 the right for representation. With the current
9 registration system or status system, if you apply, you
10 have to be connected to a reserve community. For those
11 who were disenfranchised and were living third and fourth
12 generation off-reserve and do not necessarily have a
13 connection to those Indian Act created communities, this
14 creates again a jurisdictional wasteland for the children
15 accessing early education. For example yesterday, I
16 mentioned about a Head Start program, the Aboriginal Head
17 Start in urban and northern communities. In New
18 Brunswick, we have one that services the entire off-
19 reserve population and currently is only able to take six
20 children.

21 So, with the registration process forcing
22 us to connect to communities that we might not have
23 connection to, what does this look like in terms of -- and
24 you mentioned, and I am glad you mentioned, longitudinal
25 studies, and the necessity of those to show the importance

1 of programs and such, but also the effects of negative
2 impacts of things like Indian residential school and some
3 of that we are starting to see. How can we practice self-
4 determination in a way that is meaningful for our future
5 generations now?

6 **DR. CINDY BLACKSTOCK:** Okay. So, I am
7 going to break your question into a few parts. So, first
8 of all, you asked about the registered status. I
9 personally do not support the whole colonial Indian Act
10 system of -- by quantum definition. But, I do believe in
11 First Nations determined citizenship about what that
12 means. And, there has not been an enabling environment
13 and legislation or in policy or in government approaches
14 to really be able to support those First Nations
15 citizenship approaches, despite multiple resolutions by
16 the AFN and other bodies. So, I would like to see that
17 change.

18 In terms of self-determination. I think
19 one of the key pieces is that you need to figure out what
20 the vision is; right? What is it that you really want to
21 achieve? What does it look like? And, that is where the
22 Touchstones of Hope comes in, is to be able to really
23 flush that out, about what that would look like, not only
24 for a First Nations on-reserve community if you like, but
25 also for persons living in urban environments, and that

1 tool has been used in that context, to provide a better
2 sense about what are the holistic types of supports that
3 would provide the best opportunity for children.

4 And, I think it is important to emphasize
5 this point, a very diverse cultural backgrounds often
6 living off-reserve. How can you be able to provide a
7 series of options so that those kids can live in ways that
8 support their cultures, their languages and their
9 ancestor.

10 **MS. AMANDA LEBLANC:** Thank you very much.

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

12 **CHIEF COMMISSIONER MARION BULLER:** Excuse
13 me. I have had a couple of requests for a five-minute
14 break, please.

15 **MS. CHRISTA BIG CANOE:** Certainly. So, we
16 will return in five.

17 --- Upon recessing at 9:49

18 --- Upon resuming at 10:00 a.m./L'audience est reprise à
19 10h00

20 **--- PANEL II, PREVIOUSLY AFFIRMED**

21 **MS. CHRISTA BIG CANOE:** Thank you Chief
22 Commissioner and Commissioners. I note that Ms. Ordyniec
23 is already at the podium, and she will have six-and-a-half
24 minutes on behalf of the Treaty Alliance of Northern
25 Ontario, which is Nishnawbe Aski and Grand Council

1 Treaty 3.

2 **--- CROSS-EXAMINATION BY MS. KRYSYTN ORDYNIIEC**

3 **MS. KRYSYTN ORDYNIIEC:** Good morning, Chief
4 Commissioner and Commissioners. I'd just like to begin by
5 acknowledging the Treaty 1 territory and thanking the
6 people of the territory for a very warm welcome. The
7 sacred items in the room, the prayers, the Elders, the
8 families who are here, it's so nice to see all of the
9 support in the room.

10 Also, Anna Betty Achneepineskum from NAN is
11 here with me today. And the last acknowledgement I'd like
12 to make, and importantly, the 2018 September report, Safe
13 with Intervention, six young people from Nan and one young
14 person from Treaty 3 were the subjects of that report, and
15 I just wanted to acknowledge them.

16 Good morning, Dr. Blackstock. Thank you --
17 -

18 **DR. CINDY BLACKSTOCK:** Good morning.

19 **MS. KRYSYTN ORDYNIIEC:** --- for your
20 testimony and thank you for your endless and tireless
21 work.

22 As you are aware, NAN joined the Tribunal
23 proceedings in May 2016 as an interested party, and
24 specifically, NAN sought to address the design and
25 implementation of the panel's orders with specific regard

1 to remote and northern communities in Ontario. And in
2 paragraph 348 of the decision, the Tribunal says -- this
3 is the 2018 February decision:

4 "As part of the motion's order, the request that NAN was
5 seeking was a Choose Life order." (As read)

6 And I wonder if you could explain to the
7 Tribunal -- sorry -- to the Commissioners, briefly, what
8 that Choose Life order is and how it speaks to community-
9 based programming?

10 **DR. CINDY BLACKSTOCK:** I want to circle
11 back to Jordan's Principle, the Tribunal's original order
12 in 2016 on Jordan's Principle, where it ordered the
13 immediate and full implementation of Jordan's Principle.
14 Canada did not implement the full version of Jordan's
15 Principle. It did nothing until July of 2016, and then
16 adopted a definition that was limited to children with
17 disabilities and short-term illnesses. We, and I believe
18 NAN, disagreed with that definition and pressed for a full
19 definition of Jordan's Principle.

20 During the intervening time, there was a
21 suicide crisis in Wapekeka First Nation, and amongst
22 worries about a suicide pact among young girls. The
23 community did the right thing, which is apply to First
24 Nations Inuit Health Branch for an immediate community-
25 based mental health program to support those children and

1 prevent any deaths by suicide.

2 Canada did not respond to that case in an
3 urgent manner, and sadly, although that request was put in
4 in the fall of 2016, two girls, I believe both Age 12, die
5 of suicide in that community in January of that next year.

6 The Tribunal looked at that particular
7 case, specifically, when it was reviewing the motions for
8 non-compliance on Jordan's Principle, and counsel for NAN
9 was proposing something called the Choose Life. And
10 Choose Life was a phrase chosen by the children and the
11 young people of NAN communities, and really was a
12 reiteration of the importance of community-based models
13 for the prevention and response, not only to suicide, but
14 also to -- more broadly, to mental health issues and to
15 have that conceptualized within the context of those
16 distinct communities. And so they were seeking an order,
17 first of all, that Choose Life would be ordered by the
18 Tribunal, it wouldn't be just an optional intervention.

19 The Tribunal found links in its order in
20 2017, May, between Canada's non-compliance and the
21 preventable deaths of those two girls, and then issued a
22 separate consent order between Canada and between NAN
23 communities that ordered the Choose Life focus,
24 specifically.

25 **MS. KRISTYN ORDYNIEC:** Thank you. And are

1 you aware of the permanency of the funding for the Choose
2 Life initiative?

3 **DR. CINDY BLACKSTOCK:** I wish I was aware
4 of permanency and funding for Choose Life, but
5 unfortunately, the federal government's position is
6 although they recognize that its obligations, its legal
7 obligations under Jordan's Principle are perpetual unless
8 otherwise changed by law, it is really, in mechanics, only
9 funded these things up until most -- most of the programs
10 until March 31st, 2019.

11 Which places these programs in a very
12 tenuous position, because of course, the situation of
13 young people in NAN communities and in other communities
14 is not going to be remedied by that time, and you need to
15 have a long-term view of these programs so that they
16 continue their important work. But to my understanding,
17 that continues to be unresolved.

18 **MS. KRISTYN ORDYNIEC:** Thank you. And you
19 would support those programs be continued as permanent?

20 **DR. CINDY BLACKSTOCK:** I would like to see
21 them not only continue to be permanent, but expanded, and
22 would love to see like programs starting as early as child
23 and maternal health and early childhood so that you're
24 able to put those building blocks in place so that
25 children grow up with a healthy sense of themselves and

1 are less predisposed to mental health issues.

2 **MS. KRYSYTN ORDYNIEC:** Thank you very much
3 for that. In the February 2018 101-page decision, you'd
4 agree that the Tribunal was obviously critical of Canada's
5 continued delay in implementation of the immediate relief?

6 **DR. CINDY BLACKSTOCK:** Yes.

7 **MS. KRYSYTN ORDYNIEC:** And you would agree
8 that trauma and traumatic experiences have substantial
9 impact on childhood development?

10 **DR. CINDY BLACKSTOCK:** Yes.

11 **MS. KRYSYTN ORDYNIEC:** Would that be
12 accurate?

13 **DR. CINDY BLACKSTOCK:** Yes. And Dr. Bombay
14 probably testified to that specifically yesterday.

15 **MS. KRYSYTN ORDYNIEC:** So you would agree
16 that there's certain short windows of time that there are
17 key childhood development periods. Is that -- would that
18 be accurate?

19 **DR. CINDY BLACKSTOCK:** Yes. And
20 particularly in the early years, while the brain is really
21 developing at an unprecedented rate, it is really key to
22 be able to support children in healthy development during
23 those years.

24 **MS. KRYSYTN ORDYNIEC:** So we just said that
25 Canada continually delayed implementing immediate relief.

1 What happens to the children who are in care today in the
2 child welfare system when the government continues to fail
3 them by implementing the initiatives and the funding?

4 **DR. CINDY BLACKSTOCK:** I think that those
5 children are probably highly predisposed to irremediable
6 harm. Harms that cannot be fixed. That -- and we've seen
7 this through -- I base this on, not only the studies like
8 the Adverse Childhood Experiences Study, in the United
9 States, and the work of Dr. Bombay and others, but also,
10 from what we know about the Sixties Scoop and about
11 residential schools.

12 You know, one day in a life of an adult may
13 not seem like a lot, and especially at my age, you
14 sometimes forget those one days, they seem to roll into
15 long periods of time. But one day in the life of a child
16 can be absolutely significant for them.

17 It can -- that one day, you can put in --
18 plant seeds for their lifelong healthy development, or you
19 can alternatively, through the denial of compliance with
20 legal orders and the failure to provide for their best
21 interests, plant seeds that will not only create
22 disadvantage for them in their life stage, but across
23 their entire lives. And in fact, we know through
24 epigenetics, predispose the next generation to trauma.

25 **MS. KRISTYN ORDYNIEC:** Thank you so much

1 for your time.

2 **MS. CHRISTA BIG CANOE:** Thank you,
3 Ms. Ordyniec.

4 Next, we would invite up the Battered
5 Women's Support Service. I see that Summer-Rain Bentham
6 will be representing the Battered Women's Support Service,
7 and she will have six-and-a-half minutes.

8 **---CROSS-EXAMINATION BY MS. SUMMER-RAIN BENTHAM:**

9 **MS. SUMMER-RAIN BENTHAM:** Good morning. I
10 want to start with acknowledging the Treaty 1 territory
11 that we're gathered on, the Commissioners, the family and
12 survivors who are watching and who are present, and the
13 sacred items in the room, and Dr. Blackstock for her
14 testimony today.

15 My name is Summer-Rain. I am Gitxsan (ph)
16 from Keewanga (ph), and Coast Salish from the Squamish
17 Nation on my father's side. I am not a lawyer and I am
18 acting on behalf of Battered Women's Support Services.

19 Dr. Blackstock, would it be fair to say
20 that based on your testimony today, you would say that
21 violence against women and girls does not take place
22 between two people individually in isolation, but in fact,
23 it's actually a social context and is rooted in the
24 oppression of women? Further to that, that violence
25 against women and girls is the result of a worldview which

1 supports the rights of men to oppress women, and is fueled
2 by elements like colonization, patriarchy, race, and
3 gender?

4 **DR. CINDY BLACKSTOCK:** Yeah. I think that
5 the social and societal conditions and attitudes really
6 provide the context for individual interactions. It's
7 still an individual choice at some level, but what you do
8 is you create a societal situation that predisposes people
9 to make choices that oppress women and expose women to
10 violence. And that's something that needs to change. You
11 can't just do the -- mediate at the individual level; you
12 have to also mediate at the societal level for there to be
13 sustainable and positive change.

14 **MS. SUMMER-RAIN BENTHAM:** Thank you. Would
15 you agree that the contemporary inheritance of this
16 colonial history is reflected in the conditions as
17 systemic vulnerability in which all Indigenous people have
18 to live. But, our experience, most accurately, by women
19 and girls, and two-spirited people, and that the systems
20 of extractive industry, education, health care, child
21 welfare and social services, as well as the prison system,
22 are all fraught with racism making the reality of
23 advocating for change on any single front extremely
24 challenging?

25 **DR. CINDY BLACKSTOCK:** I think that it is

1 important to add some texture into the concept of racism.
2 I am not comfortable saying it applied in all of those
3 different regimes in the same way. I think in many ways
4 what we are dealing with is structural racism. Structural
5 racism that has been reinforced by the failure of various
6 governments to implement the solutions that could lead to
7 a system that better responds to First Nations, Métis and
8 Inuit children's best interest.

9 And, in that way, what I am suggesting is
10 it is not accidental. It is a conscious choice to do
11 this. They could consciously choose to implement the
12 recommendations, particularly in situations where they
13 tend to appear time, and time, and time again, such as the
14 need to implement more service for prevention. That dates
15 back to 1907. So, when you see it coming up time and time
16 again, the governments need to do that.

17 Overall, I think colonialism has an
18 overarching impact. And, yes, racism does, but I want to
19 texture it by saying there are different manifestations of
20 racism. And, to me, the most dangerous is the actual
21 structural racism when it is perpetuated by states, when
22 it is embedded in state policy despite them having an
23 alternative that would allow for a non-discriminatory
24 approach.

25 **MS. SUMMER-RAIN BENTHAM:** Thank you. Would

1 you say that colonial acquisition of lands was enacted
2 through targeted gender violence to destroy Indigenous
3 peoples' connection to their territory by attacking those
4 at the heart of the connection, which is Indigenous women
5 and girls?

6 **DR. CINDY BLACKSTOCK:** I think -- how do I
7 want to answer this? Because I don't want to
8 overgeneralize amongst -- I will tell you what I am
9 wrestling with, is I don't know in a lot of detail the
10 distinct differences between the precolonial cultures of
11 different Indigenous communities and how that would have
12 been impacted by colonialism.

13 What I am prepared to say is that, as a
14 general principle, where colonialism introduced
15 patriarchal views in many societies where there was a more
16 balanced gender perspective or whether, in fact, it was a
17 matriarchal power system, and that disrupted those power
18 systems and introduced a more, kind of, patriarchal
19 society, that predisposed women and girls to violence.
20 And, certainly in the taking of lands, the separation of
21 women, for example, in many cultures, water and women, is
22 -- they are kind of tied together, is the destruction of
23 the water is, in fact, a destruction of the female
24 identity and a female role in those communities.

25 **MS. SUMMER-RAIN BENTHAM:** Thank you. Are

1 you aware of any current policies, practices or
2 recommendations that specifically address the unique
3 vulnerabilities of physical violence, sexual abuse and
4 exploitation of girls and young women in the child welfare
5 system?

6 **DR. CINDY BLACKSTOCK:** Yes, multiples. Not
7 only in just community reports. Regional reports,
8 national reports, international reports.

9 **MS. SUMMER-RAIN BENTHAM:** Would you agree
10 that violence erasure and complicity dates back to before
11 Canada became Canada, which is the social/political
12 realities that make it possible for Indigenous women and
13 girls to be recorded as missing and murdered in Canada?

14 **DR. CINDY BLACKSTOCK:** Oh, definitely. I
15 mean, colonialism began -- it predates the creation of the
16 Canadian state, but it was engrained into the DNA of the
17 Canadian state. That is important to know, is all that
18 context from pre -- from the moment of contact and the
19 colonial policies that were pursued during those
20 intermeeting years between when contact was made and when
21 Canada became a state, the colonial philosophy
22 underpinning that was embedded into the DNA of the
23 Canadian consciousness and Canadian governance, and
24 persists up until today.

25 **MS. SUMMER-RAIN BENTHAM:** Thank you. As a

1 Gitxsan woman that comes from a matriarchal society that
2 honours our life givers and the special relationships to
3 Mother Earth, would you agree that the deep internalized
4 violence within Indigenous communities creates particular
5 challenges around issues of anonymity for Indigenous girls
6 and/or women who may be violated through sexual abuse to
7 be able to heal and/or to speak out if their perpetrators
8 are in positions of power within Indigenous communities?

9 **DR. CINDY BLACKSTOCK:** Yes, absolutely.
10 And, in fact, that is why I emphasized earlier that as
11 "reported cases". I think that we have to ensure that we
12 are being true to the traditional concepts of how women
13 and girls, and in fact all children, should be treated.
14 And, I don't know of an Indigenous society in Canada, or
15 indeed the world, where sexual abuse or sexual harassment
16 was part of the fabric of the precolonial construct of
17 that community. And, we need to absolutely courageously
18 face it when it happens and we need to make sure it stops.

19 **MS. SUMMER-RAIN BENTHAM:** Thank you. Hesh-
20 go-see-um (phonetic).

21 **MS. CHRISTA BIG CANOE:** Thank you. Next,
22 we would like to invite up Mr. Roy Stewart on behalf of
23 NunatuKavut Community Council Inc. And, Mr. Stewart will
24 have six-and-a-half minutes.

25 **--- CROSS-EXAMINATION BY MR. ROY STEWART:**

1 **MR. ROY STEWART:** Hello, Dr. Blackstock.

2 **DR. CINDY BLACKSTOCK:** Good morning.

3 **MR. ROY STEWART:** First, if I stutter or
4 don't make any sense, it is just because I am a bit
5 excited to engage in dialogue with you. So, my name is
6 Roy Stewart, and I am fortunate to be legal counsel here
7 on behalf of the NunatuKavut Community Council, which is
8 the representative organization for approximately 6,000
9 Inuit peoples in Southern and Central Labrador.

10 And, for NunatuKavut individuals, there
11 are, you know, as what you have explained in Toronto and
12 here, an inadequacy of support services, whether it is
13 mental health crisis, child services. And, our -- like,
14 the view from our communities is what constitutes mental
15 health and addictions counselling at a health centre in
16 Goose Bay, for example, often involves students fresh out
17 of an undergrad degree, which results in, you know, high
18 turnover rates and, you know, ineffective service.
19 Whereas the same service, for example, in St. John's, from
20 our understanding, it is often required that a person have
21 a master's degree and some experience before they can be
22 qualified to deliver those services.

23 And, at the Toronto hearing related to
24 this, you cited a U.S. Supreme Court decision where I
25 believe it was Justice Frankfurter you said -- or who said

1 that there is no greater inequality than equal treatment
2 of unequals. Well, to us, NunatuKavut Inuit, do not even
3 receive that so-called equal treatment. And, I am just
4 curious, you know, outside of a funding context or
5 approach, have you come across issues such as this
6 regarding the inadequacy or differing levels of service in
7 different regions? And, if so, how was it addressed, you
8 know, outside of the funding context?

9 **DR. CINDY BLACKSTOCK:** Definitely, I have.
10 There seems to be very little in terms of support for
11 persons who are working in rural and remote areas in
12 Canada to receive the same quality of services persons
13 living in urban areas. And, I don't agree that all of
14 that is just part of an impossible context. In fact,
15 where I have seen some progress is actually with
16 universities and Indigenous communities collaborating
17 together to offer distant education programs for their
18 community members so that those community members already
19 living in the North or in a rural context can get the
20 academic credentials and the training that they need in
21 order to deliver the services.

22 There is another element. When I was
23 working in B.C., I was the Executive Director of something
24 called -- then called the Caring for First Nations
25 Children's Society. And, we were brought together by the

1 First Nations in B.C. who had a number of these BSW
2 graduates showing up on their workforces.

3 And, what they found is that these people
4 received almost no training at all on First Nations, Métis
5 or Inuit people in their undergraduate degree. And,
6 certainly, if they did receive any content, it was not
7 enough to prepare them to actually work with --
8 effectively with communities. So, they asked us to work
9 with all of the First Nations in British Columbia, which
10 is rather a diverse group, as you know, there are a lot of
11 different languages, and develop a training program for
12 all social workers who were planning to work in First
13 Nations agencies who had a BSW degree.

14 And so, Maggie, Dr. Margaret Kovach, she
15 was the lead in that project. And she developed a
16 training program where you'd bring together all the social
17 workers; they would do things like residential schools,
18 multigenerational trauma, addictions.

19 And then there was also a field component
20 where you would work with Elders and knowledge Keepers and
21 families in that particular community you're working with
22 so that you develop those relationships and that
23 community-specific knowledge. And then, therefore, we're
24 better able to serve community members.

25 So that's an example of something that was

1 done.

2 Another example is Mi'kmaw Child and Family
3 Services where Joan Gloade, back in 1973, I think was
4 among 50 Indigenous people in the country with a degree.
5 And she wanted her workforce to have those equitable
6 educational programs, so she collaborated with Dalhousie
7 University to create the Mi'kmaw Maliseet BSW Program,
8 which continues up until today. And I'd like to see
9 programs like that all over the country.

10 **MR. ROY STEWART:** Perfect, thank you.

11 I just want to switch gears, and you've
12 discussed, you know, somewhat at length the Jordan's
13 Principle and you've explained how Canada is excluding
14 non-status and Inuit children from this principle, and you
15 explained, you know, how you disagree with this, and that
16 you'd like to see all Indigenous children included under
17 Jordan's Principle. And it was at the Toronto hearing
18 where you stated, "It's called First Nations and Inuit
19 Health Branch, as you know."

20 Well, the NunatuKavut Inuit to date have
21 been denied eligibility under FNIHB, and as well to non-
22 insured health benefits. Yet they can have their own kin,
23 for example, if they're, say, a member of Nunatsiavut,
24 then that person could have access to those federal
25 services.

1 So we can have one family where depending
2 on, you know, what they're a member of, can receive access
3 to these federal services, and another, if they're not a
4 member, won't receive it.

5 So I'm just wondering, you know, how do we
6 do better to break this cycle or -- for parents and
7 ultimately children who have and are experience trauma
8 when NunatuKavut Inuit, for example, especially the youth
9 are having theirselves and their identity questioned by
10 government.

11 **DR. CINDY BLACKSTOCK:** One of the more
12 recent developments is Canada has now partnered with ITK
13 to develop a Jordan's Principle type of approach for Inuit
14 children. I'm not sure what the specifics of that are but
15 I'm glad to see that happening. I just want to see it
16 happen on the ground.

17 We have, at the Caring Society, assisted a
18 number of Inuk children and their families to be able to
19 access services under Jordan's Principle. And my position
20 is, is that any decision regarding -- from a state
21 regarding a child should be based on the best interests of
22 that child.

23 It's up to the adults to sort out these
24 other kind of procedural mechanisms so it doesn't get in
25 the way of the best interests of the kids.

1 Governments often say at election time that
2 children should come first. Well, they should come first
3 not just on election day but on every single day.

4 **MR. ROY STEWART:** Thank you so much.

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

6 Next we would like to invite up the Native
7 Women's Association of the Northwest Territories.

8 Ms. Caroline Wawzonek has six and a half
9 minutes.

10 **--- CROSS-EXAMINATION BY MS. CAROLINE WAWZONEK:**

11 **DR. CINDY BLACKSTOCK:** And I bet you're
12 going to take me to that study, aren't you?

13 **MS. CAROLINE WAWZONEK:** I am; although, to
14 be fair, my intention is to put the page numbers on the
15 record ---

16 **DR. CINDY BLACKSTOCK:** Okay.

17 **MS. CAROLINE WAWZONEK:** --- and not
18 necessarily make you pick through it.

19 **DR. CINDY BLACKSTOCK:** Okay.

20 **MS. CAROLINE WAWZONEK:** In the interests of
21 my six minutes and 23 seconds.

22 But good morning, and thank you.

23 I do want to acknowledge the warm welcome
24 we continue to receive here in Treaty 1 territory and the
25 homelands of the Métis people, and it is a pleasure to be

1 here and an honour to be here for the Native Women's
2 Association of Northwest Territories.

3 So I appreciate the heavy lifting from
4 Commission counsel; it is Exhibit 26 that I am going to be
5 making reference to, in terms of page numbers; as I said,
6 more for the record as opposed to flipping pages.

7 At page 5, Dr. Blackstock, one of the
8 things you highlighted in the sort of executive summary
9 there is that:

10 "There needs to be significant reflection given by the
11 Northwest Territories government for the involvement of
12 Aboriginal governments or communities in designing and
13 delivering child welfare services." (As read)

14 You note that we are one of the few
15 jurisdictions where the territorial government has
16 exclusive control, and that remains the case. And I
17 counted no less than six recommendations, and there may
18 be, in fact, more, that you give in this report saying why
19 it is that they need to engage Indigenous communities.

20 But some of it stuck out to me, and I'd
21 like you to comment on, is that it's not enough for the
22 government to wait for the communities to come to them or
23 to wait for the communities, but that in fact -- and at
24 page 10 you say, "They need to be proactive."

25 Can you explain why?

1 **DR. CINDY BLACKSTOCK:** Because for so long,
2 the communities have been told, "No, you can't have it."
3 So I think it's a duty on the government, and in fact, I
4 think it's an obligation on the government under UNDRIP,
5 to go out to the communities and say, "Not only are we
6 chancing the page ourselves, we realize that our previous
7 approach was not the one we should have taken, but we are
8 sincerely interested in this and we would like to do
9 something around either, A, if you've already got a kind
10 of self-governance type of approach you'd like to put to
11 us, and let's see it again." Or, B, alternatively,
12 undertake something like the Touchstones of Hope to allow
13 that communal visioning to happen.

14 And then as a secondary and equally
15 important step, provide the resources and the space and
16 the technical expertise for that community to be able to
17 realize the vision of what they come up with. I think
18 that's essential.

19 They shouldn't just be waiting in their
20 offices. They need to get out there and really speak to
21 people. Because the folks I talk to were very clear; they
22 had plans; they just needed the space and the invitation
23 by the government to say that they're now willing to
24 seriously consider and, in fact, implement those plans.

25 **MS. CAROLINE WAWZONEK:** Great, thank you

1 very much.

2 Another one of the things, and it draws on
3 your earlier recommendation already to the Commission
4 around causal factors, and looking at the causal factors.
5 And throughout this report comes up the issue of substance
6 misuse.

7 If you could just comment for me; one
8 option is to rely on funding foster families and sending
9 parents south to residential treatment facilities for
10 addictions treatment, or to take foster level funding for
11 extended family in the communities and to have more
12 community-based treatment, whether that's through the
13 community-based groups, support groups, peer groups, et
14 cetera.

15 Which route is the better direction for
16 outcomes? If you could just discuss that a bit for me,
17 please.

18 **DR. CINDY BLACKSTOCK:** Well, for me, it's
19 not taking funding from one or the other; it's actually
20 enhancing the funding, and providing an emphasis on
21 community-based addictions interventions. Because far too
22 often what was happening in the NWT when I was hearing
23 community members is these community members were being
24 flown out, they would be disconnected from their family
25 and support system and culture. They may address it on a

1 short-term basis, the addiction issue, but then they would
2 go right back to the social context that was arising
3 through the addictions issue and things would lapse back
4 in.

5 There needs to be a community- and family-
6 based treatment approach that supports everyone to address
7 the causes of addictions.

8 When I look at it -- I'm not an expert in
9 addictions, but when I see addictions it's a symptom of
10 the trauma that is unresolved, and that's where you need
11 to get at.

12 **MS. CAROLINE WAWZONEK:** Is it just --
13 having just said that, is it a good use of public funds to
14 send parents away as part of their social work treatment
15 plan, if you will, without investing in the aftercare in
16 the community?

17 **DR. CINDY BLACKSTOCK:** No, not in my view.

18 **MS. CAROLINE WAWZONEK:** Okay. At page 18
19 you had as one of your high-priority recommendations --
20 short-term back in 2010, unfortunately -- that the
21 government consider leveraging the then-Child Welfare
22 Tribunal to try to increase resources for First Nations
23 children in the Northwest Territories.

24 Now it's eight years later, but do you have
25 any comments on what room there might still be to use that

1 approach or to use what you were getting at there?

2 **DR. CINDY BLACKSTOCK:** Right. So one of
3 the unique things that we found in the Territories is that
4 there's actually an INAC-appointed commissioner that
5 approves the *Child Welfare Act*. So there's a direct
6 relationship to the feds.

7 The feds were saying, "Well, because we're
8 not funding it directly it's excluded from the program."
9 But the feds had key control over what was happening in
10 the Northwest Territories. And we felt that the
11 principles of non-discrimination, of substantive equality,
12 should be drawn upon to apply to children in the Northwest
13 Territories, particularly in relationship to what I viewed
14 as a large segment of the population having unmet needs,
15 and that there being a real dearth of culturally
16 appropriate services available that were community driven.

17 **MS. CAROLINE WAWZONEK:** Thank you.

18 And one last question, and this one is much
19 more specific. Page 12 you had mentioned as a
20 recommendation family conferencing and mediation that is
21 culturally based. If you could explain, maybe, what does
22 that look like; what are its goals?

23 **DR. CINDY BLACKSTOCK:** Right. So right now
24 you've got kind of two options. You've got kind of
25 meeting informally and some kind of family conferencing

1 thing that's often not resourced to bring the family
2 members in from different remote communities. Or you have
3 the court system. And what I would like to see is the
4 development of a whole continuum of dispute resolution
5 services that really help families resolve these issues
6 and get access to the supports they need without having to
7 go through the adversarial court system.

8 **MS. CAROLINE WAWZONEK:** Waseecho
9 (phonetic). Thank you.

10 **MS. CHRISTA BIG CANOE:** Thank you. Next,
11 we would like to invite up the Association of Native Child
12 and Family Services Agencies of Ontario. Ms. Katherine
13 Hensel will have 6.5 minutes.

14 **--- CROSS-EXAMINATION BY MS. KATHERINE HENSEL:**

15 **MS. KATHERINE HENSEL:** Good morning, Dr.
16 Blackstock. As you may know, I am Katherine Hensel, I am
17 a citizen of the Secwepemc Nation and I am counsel here
18 today for the Association of Native Child and Family
19 Services Agencies of Ontario. And, I am honoured to be
20 here, questioning you today, in Treaty 1 territory.

21 **DR. CINDY BLACKSTOCK:** Thank you.

22 **MS. KATHERINE HENSEL:** We heard evidence
23 from you when you last testified that, in your view, if
24 there were funding parity and non-discriminatory funding
25 for Indigenous children across the board, there would be

1 no Indigenous child welfare problem in terms of
2 overrepresentation. Do you recall that evidence that you
3 gave?

4 **DR. CINDY BLACKSTOCK:** I think what I would
5 have said is that the overrepresentation would, over time,
6 be substantially reduced, that the inequalities are
7 clearly linked to the overrepresentation of First Nations
8 kids in care.

9 **MS. KATHERINE HENSEL:** Okay. And, we heard
10 evidence yesterday from Cora Morgan, who is the First
11 Nations Child Advocate here, that in this province, where
12 I think it would be fair to say that the problems of
13 overrepresentation are possibly most acute in the country,
14 or at least very acute, there is \$512 million per annum
15 spent on child protection, and in fact, there are more
16 babies and children in care per capita proportionately and
17 in terms of gross numbers than there have ever been. And,
18 of course, 90 percent of them are Indigenous in this
19 province in care.

20 Is it safe to say that that is not what you
21 meant when -- that is not the model that you are aspiring
22 to, when you are talking about increases in funding for
23 child protection or for child welfare?

24 **DR. CINDY BLACKSTOCK:** When I have been
25 talking about increases in funding, I have also made it

1 very clear I am looking at the causes of children going
2 into care. There are things like inadequate housing,
3 which are huge in Manitoba. There is also access to clean
4 water, poverty is an issue. So, it would be -- if all you
5 do is create equity in child welfare without addressing
6 the drivers of it -- which is why I need the Spirit Bear
7 Plan; right? Unless we create equity across all those
8 dimensions, the overrepresentation is going to continue.

9 And so, it is vital that we look at equity
10 not just as a program, but as a philosophy that is applied
11 in -- within a substantive equity lens to all First
12 Nations kids. If we did that, then I think we would
13 achieve the outcomes that I am talking about. If we fail
14 to do that, then we are continuing to see
15 overrepresentation.

16 **MS. KATHERINE HENSEL:** Even with more money
17 and potentially exacerbated by further resources being
18 poured into what is termed "protection", and I use that --
19 -

20 **DR. CINDY BLACKSTOCK:** Well, what we know
21 from the Wanday (10:33:47) study is, actually, First
22 Nations agencies are less likely to remove than non-
23 Indigenous agencies. So, I think that is important to
24 say, that even in an underfunded state, if you look at
25 them globally, they are less likely to remove the non-

1 Indigenous agencies.

2 And, what I do not know about the Manitoba
3 situation well enough is what the distribution of those
4 cases are amongst those agencies, who is seeing increases,
5 and also it is important to note that the funding on
6 actuals for agencies just began on February 1st and was
7 not implemented for several months after that. So, I do
8 not think we are in a position right now to make any
9 correlation between increased funding and the situation of
10 kids on the ground, you know?

11 **MS. KATHERINE HENSEL:** ANCFSAO member
12 agencies experience a phenomena -- observe a phenomena
13 where they send either their Indigenous workers, new
14 workers, or non-Indigenous workers who have a manifest
15 capacity and an inclination towards family preservation
16 and culturally appropriate practices. They send them to
17 new worker training, they seconded into mainstream
18 agencies and they internalize service models that are, in
19 the view of my clients, counterproductive and it is very
20 difficult to get them back.

21 Would you agree that it would be helpful to
22 develop an Indigenous designed, sourced and targeted
23 training system for a training program that is
24 territorially specific and culturally specific within each
25 territory for any and all child protection workers who are

1 working with Indigenous children, so that this phenomena
2 does not occur?

3 **DR. CINDY BLACKSTOCK:** Well, that is what
4 we did in B.C., which is that program I was talking about
5 earlier. Now, the degree to be community specific on a
6 pragmatic thing would depend on those communities. You
7 have some very large communities in Ontario where that is
8 not an issue at all. But, in other cases, they may want
9 to collaborate and then have community specific components
10 which should be non-negotiable, in my view, is having that
11 community specific component so that you understand the
12 distinct cultures, characteristics and the context of the
13 families in that situation, but that you also then have a
14 broader overlay of some of the more generalized kind of
15 things like systemic trauma.

16 **MS. KATHERINE HENSEL:** Okay. And so, the
17 communities can once again re-engage in dreaming for the
18 future of their children in a healthy way as you described
19 earlier?

20 **DR. CINDY BLACKSTOCK:** And, that goes
21 beyond child welfare; right? Because you know, kids do
22 not design their lives that way; right? This is the child
23 welfare dream and this is the education dream. It has to
24 be a holistic dream. And then you target the programs so
25 that they are coordinated to achieve that dream.

1 **MS. KATHERINE HENSEL:** Okay. We also heard
2 evidence from Ms. Morgan yesterday, just anecdotal
3 evidence, about a mother who had aged out of care, was out
4 of care herself, became pregnant, birth alert issued at
5 three months unbeknownst to her, and then she never heard
6 from any agency or service until the baby is born, when
7 the birth alert is triggered, and then workers show up
8 with an agency car seat to apprehend the child with the
9 intention of apprehending the child.

10 And, she testified that that approach, in
11 her view, was incentivized by the funding model at work
12 here today in this province, and potentially elsewhere.
13 Can you talk about, just to go back very briefly in the
14 remaining time I have which is barely any, what a service
15 model would look like that would -- in a more holistic way
16 address those circumstances based on the very limited
17 facts that I have given you?

18 **DR. CINDY BLACKSTOCK:** I would say --
19 again, I re-avert to my answer on equity. We need
20 equitable child and maternal health, we need equitable
21 early childhood education programs, so that you are
22 actually creating a societal situation for that young mom,
23 where she is predisposed to being able to have the
24 conditions in place to give her the ultimate capacity to
25 parent.

1 What happens is, child welfare engagement
2 is often a symptom of the failure of broader society to
3 have the supports in place, so that the families,
4 particularly most at risk, that means most often poor
5 families, have the ability to make for themselves the
6 lives they wish to do for their children and their
7 families.

8 **MS. KATHERINE HENSEL:** Right. Thank you.
9 My time is up. Kukshtien (10:38:05), Dr. Blackstock.

10 **MS. CHRISTA BIG CANOE:** Thank you. Next,
11 we would like to invite up Manitoba Keewatinawi
12 Okimakanak, and I am sorry because I know I have
13 mispronounced that, MKO. Ms. Jessica Barlow will have 6.5
14 minutes.

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

16 **MS. JESSICA BARLOW:** Good morning. I would
17 like to acknowledge the spirits of our sisters, the elders
18 and the grandmothers, sacred items in the room, the
19 families and survivors, and I also would like to
20 acknowledge that we are here on Treaty 1 territory and the
21 homeland of the Métis nation. My name is Jessica Barlow
22 and I am legal counsel on behalf of MKO.

23 And, MKO is an organization that represents
24 numerous northern and remote sovereign First Nations in
25 Manitoba to give some context. And, I would like to thank

1 you, Dr. Blackstock, for the work that you do, and also
2 for your testimony in Toronto and again here today.

3 And, before I begin, I ask that everyone
4 protect their spirit, because the subject matter that I am
5 going to be bringing up is extremely sensitive, but very
6 important. It is not my intention to do any harm and it
7 is with the most respect that I wish to address these
8 issues in a good way, and I promise to walk softly.

9 And so, in your testimony in Toronto, Dr.
10 Blackstock, you spoke about numerous inequities that First
11 Nations children face. And, you said how these youth
12 internalize this inequity as a personal deficit and that
13 they believe that they are not worth the money; is that
14 correct?

15 **DR. CINDY BLACKSTOCK:** Yes, that is
16 correct.

17 **MS. JESSICA BARLOW:** And, this you have
18 stated, this internalization can correlate to, among other
19 things, increased suicide rates in First Nations youth; is
20 that correct?

21 **DR. CINDY BLACKSTOCK:** Yes.

22 **MS. JESSICA BARLOW:** And, is it fair to say
23 that we know that this inequity is linked to much higher
24 rates of youth suicide because it creates a lot of
25 hardship for youth in so many critical aspects of their

1 lives, and as a result, this inequity can present in our
2 youth and in the increased likelihood of suicidal ideation
3 and death from suicide?

4 **DR. CINDY BLACKSTOCK:** I think what it does
5 is it -- when you deal with that many cross-cutting
6 inequalities, these young people often do not know they
7 are getting less funding, they just know that life is a
8 lot easier for other kids, and that is why they begin to
9 internalize it. It is like that quote from Eduardo where
10 -- about silent colonization where you begin to think that
11 you can't talk, when you begin to think that you can't
12 dream, that is what -- that is the poison of those cross-
13 cutting inequalities at a very personal level.

14 But, then, those young people are
15 confronted with another set of inequalities and so are
16 their families. And, that is once they are at a place
17 where they are having suicidal ideation, there are very
18 few services, because of the inequalities again to be able
19 to support them so that they can work their way through
20 that and be able to make healthy and positive choices for
21 themselves, and that we also, at the same time, address
22 those inequalities that have led to the problem in the
23 first place.

24 **MS. JESSICA BARLOW:** And, you would agree
25 that we not only just address those inequalities, but we

1 address them in a substantive way?

2 **DR. CINDY BLACKSTOCK:** I would say that
3 there is no excuse for any level of inequality. I don't
4 care if First Nations kids are getting a penny less. The
5 issue is that the country is founded under the charter,
6 even under colonial law under Section 15 that nobody
7 should be discriminated on the basis of their race or
8 their culture, and yet that is exactly what is happening.
9 There is no excuse for it whatsoever.

10 **MS. JESSICA BARLOW:** Thank you. And, are
11 you aware of -- and according to available statistics, my
12 apologies if I get this number incorrect, but suicide
13 rates for First Nations youth are 5 to 7 times higher than
14 for non-Indigenous youth; are you aware of that statistic?

15 **DR. CINDY BLACKSTOCK:** Yes, I had seen
16 various ranges between 4 and 6. What is absolutely clear
17 is there is a dramatic and tragic overrepresentation of
18 First Nations, as well as Inuit children in -- among new
19 suicide rates.

20 **MS. JESSICA BARLOW:** Thank you. And, I can
21 state that this statistic holds true in many First Nations
22 communities in Northern Manitoba where the youth suicide
23 has been ongoing and enduring crisis for a very long time.
24 And ---

25 **DR. CINDY BLACKSTOCK:** The tragedy is that

1 sometimes we use the word "youth suicide", but the real --
2 another layer of the tragedy is sometimes it is child
3 suicide.

4 **MS. JESSICA BARLOW:** Right. And, while
5 there have been strides in these communities towards
6 providing essential services and supports, these
7 inequities that you speak of that are faced by these First
8 Nations communities continue to endure and are often
9 intensely felt by children and youth. And, you spoke of
10 some examples, like health services, education, clean
11 water, housing, poverty; right?

12 And so, with the limited time that I have
13 left, I am wondering if you can speak further to these
14 links between these inequities and their intense impact on
15 children and youth. And, how, if these inequities
16 continue, based on state inaction, how this can intensify
17 those impacts, please?

18 **DR. CINDY BLACKSTOCK:** The World Health
19 Organization did a study in 2008 headed by Sir Michael
20 Marmot, who was also the person who headed up our study at
21 the PAHO Commission that I spoke to earlier. And, the key
22 finding there was given word by Margaret Chan, who is a
23 Canadian physician, then Director of the WHO, who said,
24 "Social injustice is killing on a grand scale." And, I
25 believe all the evidence suggests that Canada's

1 perpetuation of the inequalities, First Nations children,
2 young people and their families, continues to tragically
3 kill on a grand scale on this country.

4 **MS. JESSICA BARLOW:** Thank you. And, I am
5 wondering if you can provide the Commission some
6 recommendations today with the specific focus on the
7 expansion of First Nations designed and implemented
8 programs that may assist in the prevention of child and
9 youth suicide? And, also programs that may allow for
10 families, children and communities to flourish?

11 **DR. CINDY BLACKSTOCK:** Right. So, Chandler
12 and Lelaw (phonetic) back in 1998, two psychologists did a
13 study that showed that really the self-determination is
14 collated -- or correlated with a reduction in youth
15 suicide rates. The higher the level of self-
16 determination, i.e. if you are a young person and you look
17 out and you see elders of your community being able to
18 make choices, that means that you can then make choices as
19 a child and young person. It gives you more of an
20 expanded sense of possibility. If, alternatively, you are
21 looking out and you see adults who are not able to make
22 choices, you have to check with Ottawa, who then really
23 makes the choices, that disables your sense of self-agency
24 and the ability to make different choices.

25 So, we would recommend, of course -- we see

1 a direct line between self-determination and reduction of
2 youth suicide rates. And so, what we have been doing at
3 the -- as a -- in the wake of the Tribunal is really
4 picking up again on a recommendation, that we made back in
5 2000 in the Joint National Policy Review, which is for
6 Canada to expand the options of child welfare for which it
7 funds to include First Nation self-jurisdiction. It
8 currently only restricts it to provincial delegation.

9 **MS. JESSICA BARLOW:** Thank you so very
10 much. Those are my questions.

11 **MS. CHRISTA BIG CANOE:** Thank you, Ms.
12 Barlow. Next, we would like to invite up the Assembly of
13 Manitoba Chiefs. Ms. Joëlle Pastora Sala will have six-
14 and-a-half minutes.

15 **DR. CINDY BLACKSTOCK:** I think I am at the
16 halfway mark here. Ten out of 20.

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

18 **MS. JOËLLE PASTORA SALA:** Things are going
19 quickly.

20 **DR. CINDY BLACKSTOCK:** Yes.

21 **MS. JOËLLE PASTORA SALA:** Thank you.
22 Morning, Dr. Blackstock.

23 **DR. CINDY BLACKSTOCK:** Good morning.

24 **MS. JOËLLE PASTORA SALA:** Thank you very
25 much for all of the work you do and for your testimony

1 here, as well as in Toronto. My name is Joëlle Pastora
2 Sala. I am counsel to the Assembly of Manitoba Chiefs in
3 this Inquiry.

4 The first theme I would like to pick up on
5 with you this morning is the theme of neglect.
6 Specifically, I would like to hear a little bit more from
7 you about neglect, not at the time prior to apprehension,
8 which we have already spoken a little bit about today, or
9 which you have already spoken a little bit about today,
10 but once the children are in care. In your work as an
11 advocate for First Nation children across Canada, have you
12 heard of any stories of neglect of First Nation children
13 by their foster families?

14 **DR. CINDY BLACKSTOCK:** Certainly, those
15 have been well-documented in various inquests and
16 inquiries across the country. It is important to say that
17 is not the experience of all children in foster care, but
18 certainly there are -- it is traumatic to see what happens
19 to some kids in foster care and even more -- I think more
20 prevalently the number of placement changes that kids have
21 to experience in foster care.

22 **MS. JOËLLE PASTORA SALA:** Can you give us a
23 couple examples of the types of neglect you have heard of?

24 **DR. CINDY BLACKSTOCK:** Well, let me just
25 back up a point and just say that, instead of just giving

1 you named examples, which I really would like to avoid
2 here, I would like to just suggest that one of the things
3 we don't do in child welfare is a risk assessment on the
4 child's placement in child welfare. So, you will do --
5 use a structured decision-making tool to be able to
6 determine the risk of the child and the family.

7 But, if you recall my earlier testimony, I
8 really say one of the duties of child welfare is, when it
9 is adequately funded, is when you remove a child, it is to
10 provide them the best opportunity for a better life from
11 where they came, even temporarily while you work with the
12 family. What we don't do is a risk assessment on the
13 actual placement in child welfare, which we know also
14 poses risk for children.

15 And so, when you aren't balancing that
16 risk, then it looks like you are taking a child out of a
17 risky situation and putting them in a non-risky situation.
18 And, what I would argue is that we need to have risk
19 assessments on both. And then for that particular child,
20 you weigh that, and then you decide what is the best
21 option for that kid.

22 **MS. JOËLLE PASTORA SALA:** Can you talk a
23 little bit about the consequences of not doing that risk
24 assessment and the link between whether it is neglect or
25 failure to do risk assessments and missing and murdered

1 Indigenous women and girls?

2 **DR. CINDY BLACKSTOCK:** Well, one of the
3 things -- if you are not doing that risk assessment, and
4 then also the other problem -- thing, I don't know if I
5 talked about in Toronto, but I hope I did, is my concern
6 about the codification of structural discrimination as a
7 personal deficit in our current definitions of neglect.

8 There is no need for you to -- or any kind
9 of mechanism for social workers to meaningfully ask, "What
10 are the risks with this child that that family can
11 actually change on their own," versus, "What are the risks
12 that are facing the family that they can't change?" So,
13 what you have is everything being looked at, at the level
14 of that parent and that you can ideally change all of
15 these things, which isn't necessarily true.

16 So, you have that definition of neglect,
17 plus you have this not balancing of this child welfare
18 placement as being a possibility of providing risk for
19 kids. What that means together is two things. One is
20 that you are not always going -- tackling the drivers of
21 why kids are coming into care. For example, in a neglect
22 -- a typical neglect response is to provide parenting
23 courses to the family. Sometimes those can benefit, but
24 if you don't have water or a house, parenting programs
25 aren't going to do you a lot of good; right? So, that is

1 the problem with codification at a personal level.

2 The other problem is it can make child
3 welfare placement look like it is not risky when, in fact,
4 what we know from the experiences of children even in that
5 Ontario example, where they often are, on average, at
6 least in the case of these particular youth are at higher
7 risk, facing as many as 12 different placements, and that
8 is -- that creates harms for kids.

9 **MS. JOËLLE PASTORA SALA:** I would like to
10 push you a little bit further and just to make that link -
11 - and I know it might seem obvious to you, but just -- can
12 you talk a little bit more explicitly about the links to
13 missing and murdered Indigenous women and girls?

14 **DR. CINDY BLACKSTOCK:** So, if you are in
15 child welfare care, you are more likely to, for example,
16 in those placement changes and in your disconnection from
17 family, to be placed at higher risk for mental health
18 issues, to be placed at higher risk for addictions. And,
19 we have seen examples right here in Manitoba where
20 children in care have become among the murdered and
21 missing Indigenous women.

22 So, I haven't seen the detailed statistics,
23 but I expect from the findings of this particular
24 Commission, what we will find is that there is an
25 overrepresentation of women who were in care or children

1 who were in care at the time of their deaths being amongst
2 murdered and missing Indigenous women. The other piece
3 that I think would be worth looking at is, amongst the
4 young men, does that pattern replicate? And, I expect it
5 does.

6 **MS. JOËLLE PASTORA SALA:** Switching gears a
7 little bit, earlier, you stated that the province and
8 territories continue to adopt definitions of Jordan's
9 Principle that are inconsistent with the Canadian Human
10 Rights Tribunal orders; correct?

11 **DR. CINDY BLACKSTOCK:** They either -- none
12 of them have, to my knowledge, adopted anything since the
13 Tribunal has ordered. Those adoptions happened pre-
14 Tribunal. And, in Manitoba here, it is a very narrow
15 definition that they have not revised. It is only
16 children with special needs.

17 **MS. JOËLLE PASTORA SALA:** Can you, again,
18 comment on the link between that failure to change the
19 definition and missing and murdered Indigenous women and
20 girls?

21 **DR. CINDY BLACKSTOCK:** Right. So, if the
22 provinces aren't adopting the full compliant definition,
23 then they aren't really accepting their responsibility to
24 provide substantive equality-level services to women and
25 girls throughout their lifespan. And, if you are not

1 accepting that responsibility and just relying on the feds
2 to hopefully pick up the slack for you, which they won't
3 in many cases, we know that, that is why Jordan's
4 Principle was given rise, then what is happening is we are
5 creating and we are perpetuating conditions that place
6 Indigenous women and girls at greater risk for violence.

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

8 **MS. JOËLLE PASTORA SALA:** Thank you. I
9 think my time is up.

10 **MS. CHRISTA BIG CANOE:** Chief Commissioner
11 and Commissioners, I know we had a short break earlier.
12 However, we -- I would request that we have a 10-minute
13 break. We are halfway through the list and apparently on
14 schedule, but if we could have a 10-minute break, that
15 would afford people an opportunity to have a health break
16 or do what they need to, and we would appreciate it.

17 **CHIEF COMMISSIONER MARION BULLER:** Sure, 10
18 minutes, please.

19 **MS. CHRISTA BIG CANOE:** So, we will be back
20 at 11:00, recommencing.

21 --- Upon recessing at 10:53

22 --- Upon resuming at 11:11

23 **---PANEL II, PREVIOUSLY AFFIRMED**

24 **MS. CHRISTA BIG CANOE:** I see Ms. De
25 Whytell is at the podium. Chief Commissioner and

1 Commissioners, if we could proceed again with the cross-
2 examination? The Independent First Nations represented by
3 Counsel Josephine De Whytell has six-and-a-half minutes.

4 **--- CROSS-EXAMINATION BY MS. JOSEPHINE DE WHYTELL:**

5 **MS. JOSEPHINE DE WHYTELL:** Good morning.
6 Good morning, Commissioners. Good morning, elders. I
7 would like to begin by recognizing the Treaty 1 Territory.
8 and the elders and the sacred items in the room. And,
9 also thanks, Dr. Blackstock, for your testimony this
10 morning and in Toronto.

11 I am here on behalf of the Independent
12 First Nations. Now, we heard evidence that existing
13 mainstream child welfare service models fail to recognize
14 much less address collective intergenerational traumas
15 arising from residential schools. Without doing so, they
16 perpetuate harm caused by those traumas and add new ones
17 for successive generations, as I understand. To you, what
18 do the components of a child welfare system look like that
19 does address residential school collective trauma, and
20 collective intergenerational trauma to be specific?

21 **DR. CINDY BLACKSTOCK:** I need to just
22 preface my answer by saying I am a big supporter of, like
23 the Touchstones of Hope, so it is done in a community-
24 based kind of configuration. But, on broad strokes, here
25 are some of the things I would be looking for.

1 One is that it is based on a holistic
2 vision of what a healthy family and child is in that
3 distinct culture, that that is the guiding vision for it,
4 that it doesn't compromise children's safety or their
5 well-being. In fact, it seeks to augment it at every
6 opportunity and requires of all adults and all --
7 actually, I would extend it to all persons in the
8 community to accept their obligation to ensure the safety
9 and the well-being of all children in that community.

10 Traditionally, that was the way it was
11 done. We were all child protection workers, and that is
12 the way it should be restored to. It should have full
13 substantive equality across all services. And, that means
14 getting back to the things around housing, ensuring clean
15 water to drink, access to electrical power, access to
16 appropriate IT technology, because that is such a pre-
17 determinate now of education programs, et cetera. That
18 whole base.

19 The other thing is I would like to see the
20 visions of neglect -- the definitions of neglect modified.
21 There are 21 U.S. States in the District of Columbia that
22 have taken a stab at trying to get -- differentiate
23 between structural discrimination, the causes of neglect
24 that are beyond the ability of parents to control and the
25 causes of neglect that are within the ability of parents

1 to control. Canada has done nothing like that, and I
2 think it is really important that we look at that as an
3 example. But, where those things have failed, in my view,
4 in the U.S., has been when -- they have just passed
5 legislation, but not increase the number of services to
6 get at poverty and get at those things. So, those two
7 things have to go together.

8 Another piece around the broad strokes
9 around what -- a more culturally-based kind of child
10 welfare system would look like is that the social workers
11 need to be supported to really deliver culturally-based
12 care, and that is where the funding mechanism has been a
13 huge problem; right? Is that it not only has not provided
14 adequate funding, sustained funding, not project-made
15 funding, sustained funding, for prevention-based supports.
16 But, it also has not enabled agencies and communities to
17 develop training programs that really are tailored to the
18 needs of their community members not just for social
19 workers, but indeed for all people who are all working in
20 that community.

21 The other piece I would like to see is that
22 we realize that child welfare is not episodic. What do I
23 mean by that? It is not just when you get the report,
24 that we need to be having -- starting our ideas of child
25 welfare even before children themselves become parents;

1 right? We need to be looking at the preparation of the
2 next generation to be healthy parents and the types of
3 supports that they need. So, those are just some of the
4 components I would look for.

5 **MS. JOSEPHINE DE WHYTELL:** Thank you very
6 much. Would you agree that development of such a service
7 model should take place within and through Indigenous
8 communities rather than outside agencies and levels of
9 government?

10 **DR. CINDY BLACKSTOCK:** Yes, that is
11 something I have advocated for, for much of my life.

12 **MS. JOSEPHINE DE WHYTELL:** And, effective
13 services that are actually going to protect children as
14 children throughout their lives, for Indigenous children,
15 it simply has to be targeted at the experience of
16 Indigenous people as Indigenous people, as you have
17 mentioned, not only with respect to residential school,
18 but racism, colonialism more generally. If the service
19 providers don't understand this, they are not going to be
20 able to provide effective services. Would you agree that
21 this is why they need specific training?

22 **DR. CINDY BLACKSTOCK:** Yes. And, also just
23 -- it is not just the training. It is the opportunity to
24 build relationships in that community. That is what I
25 found so essential. I worked off-reserve as a child

1 protection worker for nine years and then on-reserve.
2 And, one of the key things that really was important is to
3 build the relationships with the community. So, it is not
4 just the training. It is the nurturing of those
5 relationships with community members that are so essential
6 to doing good casework.

7 **MS. JOSEPHINE DE WHYTELL:** With an election
8 coming up next year, how do we ensure that these important
9 issues remain on the agenda?

10 **DR. CINDY BLACKSTOCK:** I think all of us
11 have to speak out and we need to keep talking. Even when
12 we think no one is listening. And, we also need to set
13 sunsets (indiscernible) about how long are we going to
14 wait for voluntary change; right?

15 I think it is so easy -- and I can only
16 speak for my own self. I think that I, for far too long,
17 relied on the government goodwill to change before going
18 to litigation. And, certainly that is what you hope, is
19 that when the evidence is that government policy is
20 harming children and could be changed so it does not harm
21 children, that governments can do the right thing, but
22 they do not.

23 So, the question then becomes, how morally
24 courageous are we as Indigenous people and organizations,
25 and what are we prepared to sacrifice to make sure that

1 government does do the right thing whether it is willing
2 to or not, and that involves litigation. For us, it
3 involved a complete funding cut, but I would do it again
4 in a heartbeat because there is no organization that is
5 more important than children. There is no profession or
6 position that is more important than children. I am
7 prepared to sacrifice both those things for them.

8 **MS. JOSEPHINE DE WHYTELL:** Thank you very
9 much. That is all my time.

10 **MS. CHRISTA BIG CANOE:** Thank you. Next,
11 we would like to invite up the Liard Aboriginal Women's
12 Society. Ms. Teillet will have 6.5 minutes.

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

14 **MS. CARLY TEILLET:** Tansi, bonjour and good
15 morning.

16 **DR. CINDY BLACKSTOCK:** Good morning.

17 **MS. CARLY TEILLET:** I would like to begin
18 by expressing my joy of being able to come home to the
19 lands of the Métis people and to be on the territory of
20 Treaty 1. And, I would like to acknowledge all the women
21 and girls that we are all carrying in our hearts, the
22 families, the survivors, the elders, medicine and sacred
23 objects that are here with us today.

24 My name is Carly Teillet and I am the great
25 granddaughter of Sarah Riel who is the niece of Louis

1 Riel, and I am Métis born not far from here in Saint
2 Boniface, Manitoba in our Red River Community. And, I
3 have the incredible privilege of acting for the Liard
4 Aboriginal Women's Society, and I am guided by and in the
5 presence of six of our board of directors today. They are
6 Kaska elders, Kaska grandmothers, aunties, great
7 grandmothers, and they have travelled all the way here
8 from the Yukon to attend the hearing this week.

9 The territory of the Kaska Dene people is
10 in northern B.C. and southern Yukon, and they are not
11 under the Yukon umbrella agreement, and they are currently
12 negotiating a treaty. And, the elders shared with me that
13 they want to take care of their children and support their
14 families, and that support has to come from the land, from
15 their teachings and from their Kaska language. And, that
16 they have been asking the Yukon government for over two
17 decades to fund these Kaska family services in their
18 community and on their lands. And, one elder said this
19 morning, we are not being heard. Two decades of inaction
20 at least. The Yukon government is clearly not actively,
21 never mind proactively, addressing the health of Kaska
22 children and families.

23 So, they would like to ask your advice
24 about how they can use this incredible tool that we now
25 have, the Caring Society's Human Rights Tribunal decision

1 and the non-compliance decisions, particularly because,
2 like the Caring Society, they are a very small
3 organization and are reaching for whatever tool they can
4 use to make change for their families.

5 So, how can they use this tool to get an
6 independent review of all the services for the children in
7 their communities. And so, they are talking about child
8 welfare, education and health systems in the Yukon, and
9 then also use that decision to hold the Yukon government
10 to account for failing to provide services for their
11 children.

12 **DR. CINDY BLACKSTOCK:** Right. So, their
13 decision actually binds Canada. But, in my view, Canada
14 has a duty to ensure that the needs of First Nations
15 children are met underneath that decision. In fact, it is
16 not just my view, it is the tribunal's view more
17 importantly. And, the Yukon is one of the jurisdictions
18 that is included in the complaint. And, if you read the
19 wording of the tribunal's decision very carefully, they
20 reinforce the idea that communities should be providing --
21 making key decisions regarding the care of their children.

22 I would recommend a couple of things. One
23 is that Stuart Wuttke is there from the Assembly of First
24 Nations and I am here, we are both parties of the
25 tribunal. If you have documents that -- your request that

1 you put forward and they have not been responded to, then
2 bring them to our attention and we will do what we can at
3 our level to support you being heard.

4 The other piece is that it is important to
5 understand is that the tribunal still has jurisdiction
6 over this complaint. They have not released jurisdiction
7 on the child and family service component or, indeed, on
8 Jordan's Principle. They want to see full implementation
9 of their orders. They are currently holding onto
10 jurisdiction until March 31st. So, if they have
11 information to suggest that Canada is not in compliance
12 with the order, then again that is really important
13 information to bring to Mr. Wuttke's attention or to my
14 attention. And, we are going to be cross-examining
15 Canada's witnesses on child and family services as of
16 October 30th and 31st, so that would be a timely
17 opportunity for us to do that.

18 The other piece I think is important is to
19 really explore the option of some kind of litigation, I
20 guess, if you need to go that route with the Yukon
21 government. When we were researching this complaint, I
22 can only speak for the Caring Society, I cannot speak for
23 AFN, but every piece of legislation and child welfare in
24 this country that is offered by the provinces and
25 territories includes the idea that the best interest of

1 the children is of paramount consideration. And, if the
2 territory is operating in such a way that the best
3 interest of the children is not the paramount
4 consideration, then that leaves open an opportunity to
5 challenge that in litigation.

6 We looked at that as an option. It was
7 certainly something we could have done and went forward
8 with. I hope it is not needed, because I just think it is
9 such a common sense and obvious thing to do, and I am just
10 hoping that these women and others like them are heard by
11 these governments in a different way, but if not, it is
12 there as an option.

13 **MS. CARLY TEILLET:** Thank you for that. In
14 the brief time I have left, I want to talk again about
15 using that tool of the decision that has come forward, but
16 in this way, kind of, at a negotiation table.

17 So, generally, what we found is that often
18 what is being offered is the same deal that is being
19 offered to all at the same time. And, it is generally the
20 status quo. And, what we know from the human rights
21 decision -- well, what we know ourselves and what we also
22 know now supported by the human rights decision is that is
23 not enough. That is not enough for healthy children and
24 it is not enough for our communities and families to
25 thrive.

1 And so, at that table, do you think there
2 is a way to use this human rights tribunal decision to
3 force a new mandate to force more to be offered as parties
4 go forward in a treaty?

5 **DR. CINDY BLACKSTOCK:** I am not an expert
6 negotiator and I am not at those tables, but this is what
7 I would say, is that the tribunal not only ruled that it
8 was not enough, it ruled the -- what was happening now is
9 discriminatory. And, we actually had evidence of Carcross
10 First Nation, where they had tried to establish their own
11 agency, and Canada disallowed that because they did not
12 reach the population threshold. That was the only reason
13 that they did not allow it. Those population thresholds
14 have been now ruled to be discriminatory. So, really,
15 Carcross First Nation, in my view, was not given the
16 opportunity it should have had, had Canada not been
17 discriminating in its provision of child and family
18 services.

19 So, I am hoping that those things are
20 raised. And, the ideas of substantive equality, the ideas
21 that this needs to be needs based, the idea that the
22 context and culture of those unique communities need to be
23 taken into account becomes a bedrock, the floor of the
24 negotiation, not an aspiration.

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

1 merci. It has been an honour to chat with you.

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

3 Next, we would like to invite up Families for Justice.

4 Counsel Suzan Fraser will have 6.5 minutes.

5 **--- CROSS-EXAMINATION BY MS. SUZAN FRASER:**

6 **MS. SUZAN FRASER:** Chief Commissioner,
7 Commissioners, Ms. Blackstock, it is very nice to see you
8 again; and thank you to Treaty 1 for welcoming me into the
9 territory. It is my first time here and I am grateful to
10 be here. Dr. Blackstock, I bring greetings from Lizzy,
11 your devoted soldier of reconciliation who is very excited
12 that I get to be in your presence today.

13 I am here on behalf of 20 families who are
14 busy preparing for tomorrow's Sisters in Spirit vigil. I
15 have some questions on their behalf. My aim is to do two
16 things today, to deal with some general principles of what
17 you have talked about at the intersection between child
18 welfare issues and missing and murdered Indigenous women
19 and girls, and then move to the Safe With Intervention
20 report of the Office of the Chief Coroner of Ontario,
21 okay? So, I am going to try to move quickly so that I can
22 accomplish my goals.

23 **DR. CINDY BLACKSTOCK:** All right. So, let
24 me get this out of the way and just to say thank you to
25 Lizzy and all the children and young people like her.

1 **MS. SUZAN FRASER:** I think you are building
2 quite an army. So they're behind you. I'll pass it on.

3 What I understand from what you've told us
4 today, and earlier, Dr. Blackstock, relates to some of the
5 family stories that we've heard. In this Inquiry, we have
6 heard powerful stories of the loss of family members, when
7 a mother goes missing, a daughter goes missing, and what -
8 - and the impact of that on the families, leaving children
9 behind, sometimes in the care of grandparents and aunties,
10 sometimes with extended family, and sometimes with
11 strangers in foster care. And those families often deal
12 with on a basic level how to support those children, those
13 surviving children.

14 And so what I think you're telling us,
15 either through a health equity lens, through a best
16 practice child welfare lens, is that what we should be
17 doing now to protect those children is wrapping them with
18 the supports and services and meet their basic needs?

19 **DR. CINDY BLACKSTOCK:** Meet their basic
20 needs, but also go further than that. Apply a substantive
21 equality lens that go -- that really looks at what is in
22 the best interests of these children. So I think that the
23 basic needs is the floor, and that these children,
24 particularly given the trauma that they've endured, and
25 its relationship to colonialism, the States owe them a

1 higher duty than that.

2 **MS. SUZAN FRASER:** Right. And so in simple
3 terms, it means that because their losses are so great
4 and their needs are more, then in order to make them equal
5 they will likely need more, and we should give it to them?

6 **DR. CINDY BLACKSTOCK:** And we should give
7 it to them, and it should be culturally relevant to them.
8 It should be in ways that are -- meet their needs.

9 **MS. SUZAN FRASER:** Okay. And we also know
10 that when a child is apprehended, that's the -- well, the
11 decision to apprehend or not to apprehend could be the
12 single most important decision in a child's life?

13 **DR. CINDY BLACKSTOCK:** Sure.

14 **MS. SUZAN FRASER:** And that when care
15 doesn't work and when children are removed to their
16 families, one of the things that children might do is to
17 try to go home; right?

18 **DR. CINDY BLACKSTOCK:** Yes.

19 **MS. SUZAN FRASER:** And when they run from
20 care to go back to families, they are in harm's way?

21 **DR. CINDY BLACKSTOCK:** Yes. And one of the
22 things I just want to get back to, though, is the word you
23 used, "choice". Choice implies the ability to choose.

24 So for far too long I think what the
25 Tribunal pointed out is that First Nations agencies didn't

1 have these services to operate. They were trying to do
2 the best, but it wasn't there. And so the Tribunal has
3 pointed it out, that really in far too many cases where
4 children were at risk, that there was no other "there
5 wasn't a choice". The only intervention you could offer
6 was removal. That's why it's so important that we develop
7 those other services at the front end.

8 **MS. SUZAN FRASER:** Right. So for an
9 example, in Toronto Children's Aid Society, they
10 90 percent of their work in what they call the family
11 service model. Everything that happens before child
12 protection they do 90 percent of their work. So if you
13 can't fund that preventative work, you might not be able
14 to do 90 percent of the work that another society could
15 do. Is that fair?

16 **DR. CINDY BLACKSTOCK:** That's right.

17 **MS. SUZAN FRASER:** Okay. So children -- so
18 just coming back to children trying to reconnect with
19 their families. Really, I think of it as a modern day
20 Chanie Wenjack trying to get home. That children might
21 put their selves in harms way. But also care ends; right?
22 And when a child is 18 and care ends and they have no
23 family, they may also go home.

24 **DR. CINDY BLACKSTOCK:** They may also go
25 home, or the other thing is that they'll look for family

1 in unhealthy places. So that's where so many young people
2 end up in, for example, gangs. It's not that they choose
3 to be a part of the gang, but it's a proxy for our family,
4 and that's what they're looking for, that sense of
5 belonging.

6 **MS. SUZAN FRASER:** Okay. I have to move
7 quickly to the Safe with Intervention report. You're
8 familiar with that report, Dr. Blackstock?

9 **DR. CINDY BLACKSTOCK:** Yes, I am.

10 **MS. SUZAN FRASER:** It's a report of the
11 Office of the Chief Coroner, and it examined 12 deaths in
12 Ontario, 8 of whom were Indigenous children and youth.

13 And just -- Chief Commissioners, I'm going
14 to give you page numbers for you to look at for key
15 findings because of the interests of time: pages 2, 3, 4,
16 5, and 8. So I will have to go straight to page 8, which
17 is Recommendation Number 1.

18 **DR. CINDY BLACKSTOCK:** And one quick
19 clarification. I think this is a misuse of the word
20 "Indigenous" because all these kids who were Indigenous
21 were First Nations ---

22 **MS. SUZAN FRASER:** Thank you.

23 **DR. CINDY BLACKSTOCK:** --- according to the
24 report.

25 **MS. SUZAN FRASER:** Thank you. So these

1 were eight First Nations youth. And what you talked about
2 in terms of 12 placements, this expert committee found
3 that on average the children were in 12 placements; right?

4 **DR. CINDY BLACKSTOCK:** Yes.

5 **MS. SUZAN FRASER:** Okay. And the coroner's
6 office made one -- their Number 1 recommendation of this
7 expert panel was found at page 8, and:

8 "To immediately provide equitable, culturally and
9 spiritually safe and relevant services to Indigenous young
10 people, families, and communities in Ontario." (As read)

11 So even though the report is dealing with
12 children and the death of children, the expert panel made
13 recommendations directed at families and communities and
14 equitable services?

15 **DR. CINDY BLACKSTOCK:** Yes.

16 **MS. SUZAN FRASER:** And you would endorse
17 that?

18 **DR. CINDY BLACKSTOCK:** Well, not only would
19 I endorse it, it's already been ordered by the Canadian
20 Human Rights Tribunal to Canada.

21 **MS. SUZAN FRASER:** Okay. Thank you,
22 Ms. Blackstock. I have many more questions, but that is
23 my time. Thank you.

24 **MS. CHRISTA BIG CANOE:** Thank you. Next,
25 we would like to invite Ms. Teillet back up to represent

1 the Vancouver Sex Workers Rights Collective. Ms. Teillet
2 will have six-and-a-half minutes.

3 **---CROSS-EXAMINATION BY MS. TEILLET:**

4 **MS. CARLY TEILLET:** Tansi, bonjour, and
5 good morning again.

6 And I'd like to begin yet again, because
7 it's important to do so, to express my gratitude at being
8 home on the lands of the Métis people and on the territory
9 of Treaty 1 and acknowledge the women and girls that we
10 are carrying with us, their families, the survivors, the
11 Elders, the medicines, and the sacred items that are here
12 to help us do our work in a good way.

13 As mentioned, I'm Carly Teillet, and I am
14 Métis from the Red River community, and I have the honour
15 of being here as counsel for Collective and Indigenous
16 Women and LGBTQ and two-spirited individuals who engage in
17 sex work and trade in Vancouver's downtown east side.

18 When I started working in the downtown east
19 side of Vancouver, a story was gifted to me to think about
20 on the ground advocacy, and it was the story of the
21 hummingbird. That there was a huge forest fire and the
22 animals were all gathered together by a lake and they saw
23 a hummingbird go and take a drop of water out of the lake
24 and then fly back over and drop that water on the fire.
25 And the animals said, "Hummingbird, you're too small. One

1 drop of water can't put out that fire. You might burn
2 your wings". And Hummingbird answered, "I have to do what
3 I can."

4 Now, I have to do what I can, I hear that
5 all of the time from my clients who are fighting to keep,
6 provide services, provide a healthy home, and to get back
7 their children.

8 And so again, I want to ask you about this
9 tool because I think this is a amazing decision and I
10 think that we could probably use it in so many different
11 ways.

12 And so I want to ask about how can these
13 women who faced so many barriers use this decision that
14 says there is public service discrimination, in your words
15 this morning, violating the rights of them, their
16 children, their families as a shield to help protect them
17 when social workers show up at their door and try and take
18 their children for neglect and poverty.

19 **DR. CINDY BLACKSTOCK:** One of the things
20 that kind of surprised me in kind of the litigation
21 discourse is that there was never a case brought that I
22 know of where the legal argument was that the State had
23 failed to dispose of all alternative measures before
24 considering removal. Now, this wasn't -- and I really
25 want to reinforce this point -- this is not the fault of

1 the social workers; right? I did child protection on the
2 frontlines for 13 years. I know that there are social
3 workers who are not good at their jobs, but I also know of
4 many who are good at their jobs.

5 But when you don't have the tools -- as the
6 Tribunal has already ruled, there weren't adequate
7 services at the front end to keep families together --
8 then that's a contravention of the legislation. And I
9 have never heard of a -- provincial legislation, I'm
10 talking about, *Child Welfare Act* -- I have never heard a
11 legal argument where the State was asked to prove that in
12 light of this decision that it had exhausted all available
13 measures. I think that's something that is still open to
14 someone to bring a case like that. I'd be very interested
15 if the subject case were brought.

16 The other piece is to be able to cite the
17 passages in any kind of representation that you're making
18 to the child protection authorities. They're often aware
19 of the case, but sometimes not. And so on our website we
20 have really user-friendly things that break it down from
21 all the legal jargon down to stuff that a social worker
22 like me can understand, and the community members can
23 understand. They are actually written for children, so
24 everybody should be able to understand them. Use those
25 pieces in the decision to be able to do it.

1 And then the other part of this process is
2 for all of us, always, to accept our responsibility to
3 change things that we know we need to change; right? So,
4 that -- the decision is about dealing with those things
5 beyond our ability to change as individuals, but we also
6 need to embrace our responsibility to change those things
7 that we know we need to do; right? And, sometimes you
8 need to access services to do that, particularly if it is
9 mental health or addictions, and that is where that --
10 using the case under the least disrupted measures mandate
11 might be a useful thing to do.

12 **MS. CARLY TEILLET:** And so, building off of
13 that, my next question was actually about in court, when
14 this goes to court about the removal of the children.
15 Often, the court lists are so long and there are so many
16 cases to get through that you encounter a judge who may be
17 well meaning, but doesn't have the time or the resources
18 to entertain a lawyer who wants to pull down or a family
19 who wants to pull down a human rights tribunal decision or
20 the United Nations Declaration on the Rights of Indigenous
21 People and talk about that in that space. So, would you
22 agree that we need more time and other mechanisms where we
23 can actually have a full discussion about what is going on
24 in the families when we are removing children?

25 **DR. CINDY BLACKSTOCK:** Yes. Like, I mean,

1 we got the *Jordan* case at the Supreme Court that deals
2 with, kind of, that kind of issue, the hardship on the
3 courts, and that quickly processing of these cases or not
4 processing them at all. I think that equally should apply
5 to family cases, and I think that they should be given the
6 time they need to have to make the best interest on behalf
7 of that child.

8 That said, I do not control the court
9 system, but I would love to see more resources go there. I
10 would love to see much more funding go to quality
11 representation for families and for children themselves,
12 because sometimes the family's interests are not aligned
13 with what the child and the young person wants, and I
14 think children deserve their own representation in those
15 matters as well. And then, again, alternative dispute
16 resolutions outside of the litigation process itself.

17 **MS. CARLY TEILLET:** Thank you very much.
18 Those are my questions.

19 **MS. CHRISTA BIG CANOE:** Thank you. Next,
20 we would like to invite up the Native Women Association of
21 Canada. Ms. Virginia Lomax will have six and a half
22 minutes.

23 **--- CROSS-EXAMINATION BY MS. VIRGINIA LOMAX:**

24 **MS. VIRGINIA LOMAX:** Thank you. I would
25 first like to acknowledge the spirits of our stolen

1 sisters, as well as the families and survivors who are
2 with us in the room today, our elders and our health
3 support workers, and the medicines and sacred items in the
4 room with us. I acknowledge that we are on Treaty 1
5 territory and the homeland of the Métis nation today.
6 And, I thank you all for your hospitality and for your
7 welcome so that we can do our work in a good way today.

8 Dr. Blackstock, thank you for sharing your
9 testimony with us again. I had the privilege of hearing
10 you in Toronto as well. And, in both of your appearances,
11 you spoke about child engagement in the creation of
12 reports and plans, and I was wondering if you could
13 describe what that engagement entails.

14 **DR. CINDY BLACKSTOCK:** It means just
15 talking to them. I think often we infantilize children;
16 right? We think that they don't understand or can't be
17 engaged in these issues, but my experience is completely
18 contrary to that. Kids are really open to talking about
19 hard stuff; right? It is often adults who are not open to
20 talking about the hard stuff, and that is why I find
21 children really are able to understand and to process
22 lessons of residential school so easily in the classroom,
23 because they are keen to learn, even about the stuff that
24 hurts. Because if they learn about the stuff that hurts,
25 then they can be a part of making it better.

1 The Caring Society has been very focused on
2 ensuring that all children, not just First Nations
3 children, all children have an opportunity to have their
4 voices heard about what they view about reconciliation,
5 and that that voice is heard, not just by us, but by the
6 people who are authorized in society to make the decision.
7 So, for example, we have, Have a Heart Day, where children
8 write letters to the prime minister or other elected
9 officials, so that they can -- First Nations kids can grow
10 up safely in their families, have a good education, be
11 healthy and proud of who they are.

12 We have also assembled children's letters
13 and had those presented as part of our shadow report, the
14 UN Committee on the Rights of the Child. We brought six
15 First Nations young people to present directly to the
16 Committee on the Rights of the Child. We had children in
17 the courtroom while the -- in the tribunal room while this
18 case was being litigated. And, we actually have a peer
19 review journal that normally includes academic articles,
20 but we dedicate a couple of issues to children-only
21 submissions, where children are the peer reviewers. And,
22 I would have to say, with respect to my academic
23 colleagues, it is the kids' version that is the most read
24 version of all the editions we put out.

25 **MS. VIRGINIA LOMAX:** I really do agree with

1 trying to do is show them that difference is not to be
2 overcome, i.e. I often think that when we use the word
3 "difference overcoming", it is a colonial thing. You have
4 got to come over to be the way that I am so I am more
5 comfortable. What I want is to hopefully work with these
6 children so that we celebrate difference, that we
7 understand that difference is not something that drags us
8 down as a human community, it is something that is
9 essential to lifting us up to our highest aspirations.

10 And, by teaching these children peaceful
11 and respectful ways of being heard, and indeed of making
12 real change, that they are able to apply that to a wide
13 array of injustices that they may experience throughout
14 their lives.

15 **MS. VIRGINIA LOMAX:** Thank you. When we
16 were in Toronto, I asked this question to other witnesses
17 and I would like to ask it to you. At that time, I had
18 heard this quote, and I forget the context that it was in,
19 but it was that -- the quote was, "I don't know how better
20 to explain to you that you should care about other people
21 around you." And, I have been feeling that very acutely
22 these days, and I would like to ask you if you had any
23 suggestions or recommendations for how, in the context of
24 what we are discussing today and throughout this Inquiry,
25 how can we inspire greater empathy among the general

1 public for the simple fact that Indigenous children face
2 discrimination in Canada that no other children are made
3 to face?

4 **DR. CINDY BLACKSTOCK:** Well, I can only say
5 what we have experimented with that the Caring Society had
6 some success with. And, that is to really be able to
7 educate Canadians on what is happening and give them
8 something they can do about it. And, what we found is
9 that people will respond to the call, but the
10 discrimination and this longstanding inequality has been
11 so normalized in Canadian society that many people cannot
12 see it.

13 And then the other thing that has happened
14 is we have a whole generation, who are currently the
15 generation who are the power holders, that have
16 legitimized the discrimination by saying First Nations,
17 Métis or Inuit people cannot manage their money for
18 example. And so, that is why my great hope lies in this
19 new generation and the generations to follow. If we can
20 raise a generation of First Nations, Métis and Inuit kids
21 who do not accept this inequality and a generation of non-
22 Indigenous children that, no, it is not charity to give
23 First Nations, Métis and Inuit children an opportunity to
24 live the lives they wish to have. But, in fact, that an
25 injustice to those Métis, First Nations and Inuit children

1 is an injustice to all children, then we will have done
2 something for this country, then finally reconciliation
3 will grow.

4 **MS. VIRGINIA LOMAX:** Waleewen (phonetic).
5 Thank you.

6 **MS. CHRISTA BIG CANOE:** Next, we would like
7 to invite up Mishkeegogamang First Nation. Ms. Whitney
8 Van Belleghem will have six and a half minutes, please.
9 Oh, sorry, I stand corrected, she will have 11 minutes. I
10 apologize.

11 **--- CROSS-EXAMINATION BY MS. WHITNEY VAN BELLEGHAM:**

12 **MS. WHITNEY VAN BELLEGHAM:** Thank you.
13 Good morning.

14 **DR. CINDY BLACKSTOCK:** Good morning.

15 **MS. WHITNEY VAN BELLEGHAM:** I would like to
16 start by thanking the people of Treaty 1 for having us
17 here today. I would also like to thank the families and
18 the survivors that are here the elders, the Commissioners,
19 and the Inquiry staff, and of course those who are here to
20 provide us with such valuable information.

21 I would like to start by looking at the
22 2018 Spring Auditor General's Report, which was, I
23 believe, Exhibit 64 in the Toronto hearing. This report
24 identified that Indigenous Services Canada, INAC, was
25 using a very limited assessment to measure a community

1 well-being.

2 **DR. CINDY BLACKSTOCK:** Sorry, I am just
3 trying to find the tab. I am not going to try and eat up
4 your time. But, I don't have it organized by exhibit
5 number. I have it just as organized by letter.

6 **MS. CHRISTA BIG CANOE:** If we could stop
7 your time for a minute. Was it 2008 did you just say?

8 **MS. WHITNEY VAN BELLEGHAM:** 2018.

9 **MS. CHRISTA BIG CANOE:** 2018.

10 **DR. CINDY BLACKSTOCK:** Yes, we had the 2008
11 one and I think we have the 2011 one, but I don't recall a
12 2018.

13 **MS. CHRISTA BIG CANOE:** I don't think we
14 actually have -- yes, on the record. We have 2008, and
15 2011 was Exhibit 57. We did not put the 2018 Auditor
16 General's Report on the record when Dr. Blackstock
17 testified in Toronto.

18 **MS. WHITNEY VAN BELLEGHAM:** What was listed
19 as Exhibit 64?

20 **MS. CHRISTA BIG CANOE:** That, I can answer.
21 Sorry, these binders are so large. It takes me a moment.
22 I have the list, but it's at the front.

23 **CHIEF COMMISSIONER MARION BULLER:** So,
24 Exhibit 64 is the 2018 Spring Report of the Auditor
25 General.

1 **MS. CHRISTA BIG CANOE:** Oh. The
2 Socioeconomic Gaps on First Nation Reserves? I stand
3 corrected. 64 is almost at the end. Sorry, I stand
4 corrected. We do have it as Exhibit 64. It's such a
5 large book to tab through.

6 **DR. CINDY BLACKSTOCK:** Yes, just bear with
7 me while I get there. I will catch up to you. Okay.
8 I've got it.

9 **MS. CHRISTA BIG CANOE:** And so, we can
10 start the time again, please.

11 **MS. WHITNEY VAN BELLEGHAM:** Perfect, thank
12 you. So, that report identified that Indigenous Services
13 Canada, or INAC, was using very limited assessment to
14 measure community well-being on First Nation reserves and
15 that it failed to include critical variables, such as
16 health, environment, language and culture. Would you
17 agree that the quality of and access to land should also
18 be a factor in assessing community well-being and health
19 on reserve?

20 **DR. CINDY BLACKSTOCK:** Certainly. That is
21 what we found in the PAHO Report, and I would agree with
22 that. I think that that is essential to children's well-
23 being.

24 **MS. WHITNEY VAN BELLEGHAM:** Would you also
25 agree that systemic discrimination and racism exist within

1 INAC?

2 DR. CINDY BLACKSTOCK: Yes.

3 MS. WHITNEY VAN BELLEGHAM: Earlier, you
4 indicated that massive institutional change is needed
5 within government departments, such as INAC, that are
6 working with First Nations. We know that government moves
7 painfully slow sometimes and that these issues need
8 immediate action. What changes can INAC implement
9 immediately to decolonize and eliminate discriminatory
10 practices?

11 DR. CINDY BLACKSTOCK: With the Spirit Bear
12 Plan. It has been adopted by all the First Nations across
13 the country. There is no reason why they can't do that.
14 And, what I said to the department is I said my little
15 organization, which has only been around, really, since
16 1999, we've had two independent 360 evaluations. I'm not
17 afraid of the truth. I welcome it, because it is not
18 being right, it is not about protecting my organization.
19 It is about ensuring that we are doing right.

20 And so, if there are things that we are not
21 seeing, even if -- or there are things that we are not
22 paying attention to that we should be doing, or if there
23 are things that we are doing that we could be doing
24 better, I want to know about that. And, I would hope that
25 the department would take that same point of view.

1 And, that is why an independent 360 is so
2 important and that is why linking, as the Assembly of
3 First Nations put in its submission to the CHRT, linking
4 the performance bonuses, particularly of senior employees,
5 like the deputy minister, the privy counsel clerks, the
6 assistant deputy ministers, to their implementation of the
7 CHRT decision, to their implementation of UNDRIP is
8 absolutely essential. They need to be rewarded for doing
9 the right thing, not rewarded for protecting the status
10 quo.

11 **MS. WHITNEY VAN BELLEGHAM:** Thank you. I
12 would like to talk now a little bit about a report that
13 was introduced by another party with standing. That is
14 your report, which was Exhibit 26, *I Want to Grow Up in My*
15 *Community: A Review of the Child and Family Service Act.*

16 **DR. CINDY BLACKSTOCK:** Yes.

17 **MS. WHITNEY VAN BELLEGHAM:** Would you agree
18 that most, if not all of the issues and concerns addressed
19 in this report, although they are tailored specifically
20 for the Northwest Territories, that they are applicable,
21 they are present and substantially similar across Canada?

22 **DR. CINDY BLACKSTOCK:** Yes, I think most of
23 the cross-cutting themes and the remedies to them are
24 consistent across Canada.

25 **MS. WHITNEY VAN BELLEGHAM:** Thank you. You

1 also indicate in that report that income plays a
2 significant role for families who have their children
3 removed. What can be done to ensure that low income and
4 poverty are not reasons why families lose their children?

5 **DR. CINDY BLACKSTOCK:** So, for example,
6 there was a study in the United States, which I think I
7 cited in the last time I was here. I can get you the
8 exact citation. But, it was a pool of 14,000 families.
9 Half of the families got to keep an additional \$100 U.S.
10 per annum. Half of the other -- the other half didn't get
11 that. For the families that got just the \$100 U.S. per
12 annum, the substantiated child protection rates went down
13 by 10 percent. So, that shows us would just moving
14 families just that little margin out of poverty what that
15 can do.

16 I would like to see minimum guaranteed
17 income be provided. I think that that would be a
18 substantial augmentation to the safety and well-being of
19 kids. And, I would also like to see an immediate stopping
20 of the process where governments -- when families are on
21 social assistance being on or off reserve, where if the
22 community members makes a little bit of money, where the
23 government's process is to claw that back, that is
24 completely inconsistent with the evidence.

25 In fact, it shows that if you are able to

1 leave that money, it probably would save the state a lot
2 of money in the long run, because what you are doing is
3 you are making -- helping the family get healthier, which
4 means that the children are going to be healthier, which
5 means that they are not going to be tapping into
6 government services at the same rates. And, those
7 arguments have been well made and well documented by
8 people, like the Nobel Prize winner, James Heckman, the
9 economist at the University of Chicago, by PAHO, by the
10 World Health Organization, by many others.

11 **MS. WHITNEY VAN BELLEGHAM:** Thank you.
12 Perhaps that answers my next question to some extent, but
13 you have highlighted today, as well it is in the report
14 that we are speaking about, that poverty, poor housing and
15 substance misuse, until those issues are addressed and
16 properly resourced, that there is little evidence, I
17 believe the wording is, that substantial progress will be
18 made on making meaningful reductions in the
19 overrepresentation of Aboriginal children in care.

20 I would like to sort of focus on the issue
21 of implementation again. And, with the understanding that
22 these factors -- you know, improving on these factors
23 would likely involve a lot of moving parts, is there one
24 sort of first step that you can recommend that be taken to
25 improve upon these factors?

1 **DR. CINDY BLACKSTOCK:** I think the Spirit
2 Bear Plan again to cost out all of those areas of
3 inequality that exist. We know them. Like, they have
4 often been written up in different reports, like the
5 Parliamentary Budget Officer in 2016 took on First Nations
6 education. What no one has done is take them all together
7 and then develop a plan, like the Marshall Plan after the
8 Second World War, to remediate all of the inequalities –
9 it is not enough to just deal with them one piece at a
10 time – to remediate all the inequalities, including in
11 housing and these other areas. If we did that, we could
12 make a substantive progress.

13 And, I don't see any reason why we wouldn't
14 move ahead with that, and I just -- or why the government
15 won't move ahead with that. I would like to see them do
16 it today. It would be one of the most important
17 announcements that they could do. It would be one of the
18 most important steps they could take.

19 **MS. WHITNEY VAN BELLEGHAM:** Thank you. I
20 would like to talk now a little bit about provincial
21 legislation and the effects of that on Indigenous-run
22 child welfare agencies. In your report, you assert that
23 the requirement to follow provincial legislation and
24 standards can hamper Indigenous-run welfare agencies. Can
25 you provide some examples?

1 **DR. CINDY BLACKSTOCK:** Sure. I have
2 already spoken extensively about how problematic the
3 provincial and territorial definitions of neglect are, and
4 that they don't account for that differentiation between
5 what parents can control and what they can't control.

6 There is no real provision that really
7 seriously acknowledges multigenerational trauma. And,
8 also, there are -- there is not always a lot of statutory
9 support for culturally-based practices around children's
10 wellness and family wellness, and I would like to see
11 those be brought in.

12 Some things are similar. Like, the -- you
13 know, dealing with sexual abuse, the definitions of sexual
14 abuse are consistent with what I have seen in First
15 Nations communities how they would define it. So, it is
16 not that the entire thing is problematic but that it's
17 packaged in such a way that it doesn't consider some of
18 the fundamental things that are absolutely key to doing
19 good work with First Nations, Métis, and Inuit families,
20 in my view.

21 **MS. WHITNEY VAN BELLEGHAM:** And I heard you
22 mention there that lack of addressing intergenerational
23 violence in the legislation. Do you have any
24 recommendations as to how that could be done?

25 **DR. CINDY BLACKSTOCK:** Well, I think it

1 would be good to be able to actually see it, first of all,
2 recognized in the statute. But second of all, when we get
3 back to that comment around least disruptive measures,
4 that we understand that that's an important part of least
5 disruptive measures is ensuring that those community-based
6 programs to address multigenerational trauma are in place,
7 and that we include in our conceptualization of
8 multigenerational trauma, the multigenerational
9 inequalities that are referenced in the PAHO report.
10 That's part of the trauma being passed down.

11 **MS. WHITNEY VAN BELLEGHAM:** Also in this
12 report you indicate that there were some alternative
13 approaches to the delegated agency system. You talked
14 about how some First Nations were developing their own
15 child welfare laws and practices.

16 So, again, it's been eight years since the
17 publishing of this report and I'm wondering if you know of
18 whether or not these alternative approaches have been
19 implemented; and if they have, if they've had positive
20 outcomes?

21 **DR. CINDY BLACKSTOCK:** Well, there's many
22 -- on a good news side, we have many more First Nations
23 who have completed the work and community consultations
24 that actually have their own laws drafted. So like the
25 Anishinabek Well-Being Law.

1 The problem remains, however, that the
2 federal government continues to take the position that
3 it's only willing to fund First Nations' child welfare
4 agencies if they operate under provincial jurisdiction.
5 That needs to change. They need to say that they're open
6 to these other pieces of legislation, especially when you
7 can see the law and judge for yourself that it's not going
8 to compromise children's safety, far from that. I think
9 it's really going to augment children's safety in many
10 cases.

11 That's not to say that self-government
12 exercise of jurisdiction in child welfare is right for
13 every First Nation. But it is to say that for those who
14 are ready and those who are wanting to do it and have the
15 law on the books, they should be given the support to be
16 able to exercise it.

17 **MS. WHITNEY VAN BELLEGHAM:** Thank you, and
18 that's my time.

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

20 **MS. WHITNEY VAN BELLEGHAM:** Thank you.

21 **MS. CHRISTA BIG CANOE:** Chief Commissioner
22 and Commissioners, I note that it's almost 12 o'clock, and
23 I will take your direction on whether we should call more
24 cross-examination or take our one-hour lunch.

25 **CHIEF COMMISSIONER MARION BULLER:** The vote

1 is for lunch.

2 **MS. CHRISTA BIG CANOE:** Okay. So on that
3 basis, we will commence with the continuation of cross-
4 examination at 1:00 p.m.

5 Thank you.

6 **CHIEF COMMISSIONER MARION BULLER:** Yeah,
7 good decision. You never want to get in the way of lunch.

8 (LAUGHTER)

9 --- Upon recessing at 12:00 p.m.

10 --- Upon resuming at 1:07 p.m.

11 **---PANEL II, PREVIOUSLY AFFIRMED:**

12 **MS. CHRISTA BIG CANOE:** Chief Commissioner,
13 Commissioners, if we could commence again, I would like to
14 invite up the next party for cross-examination.

15 I would like to invite up the Congress of
16 Aboriginal Peoples. Ms. Lombard will have six and a half
17 minutes for cross-examination.

18 **MS. ALISA LOMBARD:** Good afternoon.

19 Thank you to the Indigenous peoples of
20 Treaty 1 for welcoming us on your territory.

21 Elders, families, Commissioners, counsel,
22 and Dr. Blackstock, thank you for sharing your knowledge
23 today.

24 **--- CROSS-EXAMINATION BY MS. ALISA LOMBARD:**

25 **MS. ALISA LOMBARD:** Dr. Blackstock, as a

1 mother of two girls, one toddler and one due to arrive in
2 the winter, there are no words to express the depth of my
3 gratitude for your work. It humanizes our babies, our
4 families, and our nations. Thank you for that.

5 The Supreme Court of Canada's decision in
6 *Daniels* stands for proposition that the federal government
7 has jurisdiction in relation to non-status Indians and
8 Métis. The Supreme Court said that jurisdictional
9 uncertainty in this regard, and I quote:
10 "Results in these Indigenous communities being in a
11 jurisdictional wasteland with significant and obvious
12 disadvantaging consequences." (As read)

13 In your testimony on June 13th in Toronto,
14 and building on what some of our colleagues have raised
15 here, you stated that, and I quote, "Canada has not adopted
16 a proper definition but has excluded non-status Indian
17 children and Inuit from the definition," end quote, of
18 Jordan's Principle.

19 You mentioned in your testimony that you
20 disagree with that and that the issue has been put to the
21 CHRT directly.

22 Is it fair to say that these exclusions are
23 discrete manifestations of normalized structural racism?

24 **DR. CINDY BLACKSTOCK:** I think so,
25 particularly because Canada doesn't provide an alternative

1 to resolving the issue.

2 It would be different if they said, "This
3 is not the appropriate solution for this population to
4 resolve jurisdictional abuse, and here's a workable
5 alternative that would even better meet the best interests
6 of children."

7 But the proposition being put forward by
8 the federal government is that it doesn't apply, but they
9 don't provide an alternative solution that would remedy
10 the jurisdictional quagmire that these children find
11 themselves in.

12 **MS. ALISA LOMBARD:** Thank you.

13 Can you speak to your perception of the
14 rationale or intentions behind the incl -- exclusions?
15 Excuse me. Do you think that they're intentional?

16 **DR. CINDY BLACKSTOCK:** They are intentional
17 because they've said they've -- how did they put it?
18 Their interpretation of Jordan's Principle is with regard
19 to these specific populations. So they've clearly thought
20 about it.

21 What the rationale is; I don't understand
22 the rationale. Certainly I always come from the point of
23 view that it's not the *Indian Act* who defines who First
24 Nations kids is; it's themselves and being recognized by
25 their communities.

1 **MS. ALISA LOMBARD:** Thank you.

2 Now on the intersect between non-compliance
3 or on the issue of non-compliance with the CHRT's rulings,
4 bearing in mind the protections and state obligations in
5 the *Canadian Charter of Rights and Freedoms*, and in
6 particular, Article 7 which provides for the right to
7 life, liberty, and security of the person; Article 12
8 which is right to no cruel and unusual treatment or
9 punishment, and Article 15 with respect to equal access to
10 and benefit of the law; non-discrimination, essentially,
11 equality, with a view to the precept of the honour of the
12 Crown, and most importantly understanding the non-neutral
13 and devastating consequences of Canada's non-compliance
14 with CHRT's rulings, and the work of Dr. Bryce which
15 provides the state with ample foreseeability, in addition
16 to your body of work, how do you make sense, if any sense
17 is to be made, of the delay, the lack of diligence, and
18 the meaningful implementation of rulings and
19 incontrovertible law that speak to clear state obligations
20 and Indigenous children's rights to the substantive
21 predomination of their best interest?

22 **DR. CINDY BLACKSTOCK:** I can't. I don't --
23 I don't accept that it takes time, or any of these other
24 things. That's not the response that First Nations
25 children want to hear, and it's not the response that they

1 deserve.

2 I would like to see full compliance
3 immediately. Not only with that but to end discrimination
4 that is applying in other areas, dimensions in children's
5 lives, in education, early childhood, these other
6 programs.

7 I can't speak for the government as to why
8 they chose not to comply or why they're not moving with
9 dispatch to be able to remedy the full scale of the
10 discrimination. That's a question for Canada because I
11 have no answer.

12 **MS. ALISA LOMBARD:** No. I struggle with
13 how to reconcile clear statements of the state's
14 obligations, the human rights of Indigenous children and
15 families as also clearly stated, and the state's blatant
16 failure to heed the rulings of their own institutions.
17 And so in that regard, if Indigenous peoples are left to
18 rely on the state's political will, and the state delays
19 and fails to heed the diligence required of it in the face
20 of non-compliance orders from its own institutions, what
21 can be done? Where are the teeth; what tools do we turn
22 to?

23 **DR. CINDY BLACKSTOCK:** Well, I think we
24 need to -- you know, that's why we tried to nest our case
25 within a public social movement so that you get that

1 building of political will, because the politicians have
2 to respond to the Canadian public. If the Canadian public
3 demands better, then the discrimination will end because
4 it will no longer be tolerated, and no party that supports
5 it will be able to maintain its position and power.

6 But in my view, what I have said on the
7 non-compliance with the Tribunal's decision, is certainly
8 I can only speak for the Caring Society, but we were and
9 remain willing in -- to take Canada up on a contempt
10 charge. I know it's never been done, but neither has
11 taking them before the Canadian Human Rights Tribunal.

12 I recognize that they have made some
13 progress this last year, but progress is not really what
14 I'm looking for; I'm looking for full compliance. Because
15 they are legal orders, and we're talking about children in
16 a very sensitive stage of their development.

17 **MS. ALISA LOMBARD:** Thank you. You
18 mentioned this morning that you've been told that self-
19 determination involves embracing what hurts.

20 **DR. CINDY BLACKSTOCK:** Yeah.

21 **MS. ALISA LOMBARD:** And so what could that
22 mean with regard to creating mechanisms that may
23 contribute to the timely and diligent implementation of
24 rulings?

25 **DR. CINDY BLACKSTOCK:** I'm not sure what

1 you're getting at. In terms of?

2 **MS. ALISA LOMBARD:** Well, you mentioned
3 political movements ---

4 **DR. CINDY BLACKSTOCK:** Yeah.

5 **MS. ALISA LOMBARD:** --- and so convincing
6 the Canadian population, the mainstream Canadian
7 population that these issues of discrimination are
8 unacceptable and something must be done.

9 And so what mechanisms could we have? What
10 types of institutions, perhaps Indigenous-led arising from
11 some kind of assertion of jurisdiction over the
12 administration of justice, might assist in that regard?

13 **DR. CINDY BLACKSTOCK:** I think we have to
14 speak with one chorus across different types of movements.
15 That racial discrimination as public policy is -- and
16 fiscal policy -- is happening in Canada towards First
17 Nations children, and that there are solutions, and in
18 fact, legal orders that are intended to remedy that. That
19 a government is choosing to only partially or not at all
20 implement.

21 I think part of it is that there are --
22 various movements become fragmented and that there isn't a
23 cohesive message being sent to the Canadian public about
24 the level of the discrimination, which to me is profound.
25 I see Canadians rising up against the discrimination in

1 the Civil Rights Movement or in Apartheid Movement in
2 South Africa, or indeed, against Trump's regressive policy
3 towards immigration or -- and the borders, the separation
4 of children and families. All of that is justifiably
5 offensive, but so is the discrimination happening in our
6 own country.

7 And Canadians need to understand that you
8 are not a patriot only when you show up on Canada Day with
9 a Maple Leaf painted on your face. That to be a true
10 patriot you need to defend the values of which this
11 country is premised the most. And those values include a
12 respect and honouring of First Nations' rights, including
13 the right to be able to raise their own kids, and for
14 those children to be able to live the lives they wish to
15 have.

16 **MS. ALISA LOMBARD:** Thank you so much.
17 Those are my questions.

18 **MS. CHRISTA BIG CANOE:** Thank you. Next,
19 we would like to invite up the Inuit Tupiriit Kanatami.
20 Ms. Zarpa has six-and-a-half minutes.

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

22 **MS. ELIZABETH ZARPA:** Dr. Cindy Blackstock,
23 it's a pleasure to have the opportunity to hear you
24 testify again today here.

25 It's also a pleasure to spend my days here

1 on Treaty 1. I want to thank the Anishinaabe, Cree,
2 Oji-Cree, Dakota, Dene, and also the Métis people for
3 allowing me to be on your land all week. I acknowledge
4 the work of Annie and your ability to keep the Qulliq lit,
5 even though it's not your Qulliq. And I also acknowledge
6 that you do great work in making kamiks and teaching that
7 across the country.

8 Thank you for the people who facilitate the
9 pipe ceremonies in the mornings and the people from this
10 territory who have kept the medicines flowing over this
11 difficult week.

12 And lastly, thank you to the staff of the
13 Inquiry and also the Commissioners for your continued
14 work.

15 I am legal counsel representing Inuit
16 Tupiriit Kanatami, which is a national organization that
17 represents 65,000 Inuit across the land claims regions
18 known as Inuvialuit, Nunavut, Nunavik, and Nunatsiavut,
19 and also a growing number of Inuit in southern urban
20 centres like Winnipeg, Ottawa, Edmonton, St. John's, and
21 other urban centres across this big country.

22 My name's Elizabeth Zarpa.

23 There are hundreds and perhaps thousands of
24 Inuit who are forced to leave their communities in the
25 North to access universal healthcare in urban centres.

1 Despite the difficulties of their life, we have heard
2 there is little support within their own communities when
3 it comes to access to healthcare.

4 In Quebec City, Tracy Denniston, who is
5 Inuit from Nain, highlighted that pregnant women have to
6 leave their community at least a month before their due
7 date to give birth to their children. We heard in
8 Montreal that Inuit women in Nunavik left their families
9 and communities to go to Montreal to access healthcare.
10 The costs associated with flying from the North to the
11 South is in the thousands. The cultural contrast from a
12 community of a thousand to a few million is very stark.

13 We heard in Iqaluit also Inuit Elders are
14 sent down South to access Elder care away from home.
15 They're taken away from their communities and put into
16 urban centres where long-term care facilities are
17 available because it's not available within their own
18 territory at this time.

19 The common thread of these real lived
20 stories is that the people in them had to leave their
21 community for whatever reason, usually a lack of essential
22 service, and the predominant reason is because access to
23 safe universal healthcare services is not extensively
24 available in their own community.

25 And my question in this experience of

1 listening about Jordan's Principle, the aspirations like
2 the ones of Jordan's Principle is very relevant for Inuit
3 populations in Canada where Inuit have some of the highest
4 rates of suicide in the country and in the world. Inuit
5 have some of the highest rates of sexual assault in
6 Canada. And the median age of Inuit in Canada is 25.

7 And my questions to you, in regards to
8 this, is can you please indicate whether Jordan's
9 Principle can address these infrastructure or capacity
10 gaps, which I've highlighted above, and if so, how, and if
11 not, is this a completely different human rights issue?

12 **DR. CINDY BLACKSTOCK:** To me, Jordan's
13 Principle is a reflection of the Charter. Had Canada
14 fully implemented the Charter there would have been no
15 need for Jordan's Principle because every child would have
16 been given equal access to services and had the ability to
17 live the life they wished to have. But it's because of
18 the failure of the government to adhere to the principles
19 of the Charter and the provision of its own services, that
20 Jordan's Principle arises.

21 We -- there is a provision for Jordan's
22 Principle to have group requests. So if you have a group
23 of children in one of your communities and they require a
24 service, then -- and it's in the best interests of those
25 children to get that service, then that could be funded

1 through Jordan's Principle. Also true for individual
2 cases, where there's an individual child that requires a
3 service in order to meet their best interests, and -- keep
4 in mind, it doesn't need to be available to non-Indigenous
5 kids; it has to be something that meets that child's best
6 interests and substantive equality, then yes, that service
7 should be provided.

8 So I personally feel that Jordan's
9 Principle could provide some relief to Inuit children in
10 Northern communities given the situations you describe. I
11 also say that there needs to be investments in these
12 communities over the longer run so that the -- we're not
13 using Jordan's Principle on a case-by-case basis or by
14 communities that contact us, but that the causes of these
15 inequalities are meaningfully addressed with Inuit-
16 specific program solutions and they're sustainably
17 resourced. Because if we're able to achieve that, then
18 hopefully the number of Jordan's Principle type cases
19 would be reduced.

20 **MS. ELIZABETH ZARPA:** Thank you for that.
21 And also, as it stands now, is the Government of Canada
22 legally bound by Jordan's Principle and its applicability
23 to Inuit and Inuit children?

24 **DR. CINDY BLACKSTOCK:** That question is
25 kind of -- I'm not a lawyer by training, so for me, it's -

1 - certainly they're bound by First Nations children in the
2 legal order. But I would find it very surprising if
3 Canada was successful in arguing because the Canadian
4 Human Rights Tribunal or before the courts that a service
5 provided by First Nations and Inuit Health Branch is
6 somehow illegal for a First Nations child, but then okay
7 to deliver to an Inuit child without modification and
8 alignment with the order.

9 **MS. ELIZABETH ZARPA:** Okay. Thank you for
10 that. And in applying -- trying to seek to apply the
11 Jordan's Principle in Inuit specific context, say for
12 instance, if an organization such as ITK wants to try and
13 apply Jordan's Principle for Inuit children travelling
14 from Inuit Nunaat down to say Ottawa. In the way that
15 Jordan's Principle works now do individuals have to pay
16 for things like accommodations and flights upfront and
17 then they seek reimbursement? Or is this something that
18 is paid for upfront by the individual service to help the
19 individual get to the hospital or to access health care?

20 **DR. CINDY BLACKSTOCK:** It is an important
21 question. We have argued that it is not fair to put
22 families in a position often who have no money to try and
23 front the cost of services and then get reimbursed by
24 Canada. So, Canada has made available mechanisms for it
25 to direct pay for things like travel, et cetera.

1 **MS. ELIZABETH ZARPA:** Thank you, those are
2 my -- that is my time.

3 **MS. CHRISTA BIG CANOE:** Thank you. Next,
4 we would like to invite up the Regina Treaty Status Indian
5 Services. Ms. Beaudin will have six and a half minutes.

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

7 **MS. ERICA BEAUDIN:** Thank you. Good
8 afternoon. Meegwetch to the elders for the prayer, songs
9 and tending of the sacred fire and the gulliq. Once
10 again, I acknowledge Treaty 1 Territory and these lands
11 being the homelands of the Métis people. My name is Erica
12 Beaudin, and I hold the position of Executive Director of
13 the Regina Treaty Status Indian Services.

14 Ha-me-ah (phonetic) to Dr. Blackstock for
15 your testimony in Toronto, as well as this morning. I
16 can't begin to tell you the esteem that I hold for you and
17 the inspiration you provide by your example for all of us
18 to do a little more and try a little harder.

19 I have enjoyed the conversation this
20 morning, especially the higher level discussions. I have
21 really learned a lot. However, my questions are going to
22 be a bit more on the ground, meant to assist those of us
23 who work directly with families and to gather your
24 perspective that may help us to change policies and
25 practices.

1 Many First Nations kids in care are in
2 provincial systems by virtue of living off reserve. Many
3 of these kids live with non-Indigenous foster parents. In
4 Saskatchewan, where I live, there is little to no
5 obligation by the state to inform the First Nation one of
6 their members is in the provincial system. Do you believe
7 it should be mandatory that provincial systems be required
8 to inform First Nations, for example, a notice of
9 protection hearing, and for those First Nations to have
10 the opportunity to oversee in a formal manner the case
11 plan for the child or family to ensure that the child or
12 children are connected back to their nation and their
13 Indigenous identity?

14 **DR. CINDY BLACKSTOCK:** I think it is --
15 should be mandatory for First Nations to receive -- First
16 Nations, Métis and Inuit communities receive notification
17 and to be enabled to be able to not just receive the
18 report, but also to participate meaningfully in the
19 planning for the child and for that family. That also
20 includes the ability to design child and family and
21 community-specific services to meet the needs of those
22 children and those families, and, in some cases, the
23 extended family members, because there may be an extended
24 family member who needs some additional support in order
25 to care for the child or to provide additional support to

1 the parents.

2 **MS. ERICA BEAUDIN:** Do you believe this
3 would be another opportunity for provincial systems, as
4 well as our own nations, to be accountable to the child?

5 **DR. CINDY BLACKSTOCK:** Yes, and I think
6 there needs to be accountability mechanisms put in place,
7 just as the First Nations laws, the ones that I have seen,
8 have in place. That it is not enough just to say that you
9 have the right and not be accountable to the child or the
10 family or the community at large for the exercise of that
11 authority.

12 I think the difference between what I would
13 like to see in First Nations child welfare versus the
14 current system is, one of my friends said that authority
15 is granted and power is asserted. And, I would like to
16 see our child welfare systems based on a position of
17 authority, that the authority is given. And, given that
18 it is given, it also can be receded if it is not properly
19 applied.

20 **MS. ERICA BEAUDIN:** Thank you. One of the
21 issues that many of our off reserve Indigenous families
22 have is they cannot survive on the amount of money they
23 receive from income assistance from the province. More
24 often than not, these families use child tax to pay for
25 better housing for the family.

1 When a child or children are apprehended
2 and go into short-term care, this assistance is cut, as
3 well as the child tax, and this often requires the
4 families to have to move. Their new living situation is
5 now a barrier to the family for getting their kids back.
6 Do you believe that when kids go into care, especially for
7 short-term situations, the provincial and/or federal
8 system should be responsible for the family to keep the
9 child's home intact?

10 **DR. CINDY BLACKSTOCK:** I think that is part
11 of the least disruptive measures, and certainly there
12 should be a duty on a state to not worsen the risk factors
13 to kids. And, because for First Nations children there is
14 often a direct link between their housing conditions and
15 their predisposition to going into care, you certainly
16 don't want to see provinces or territories or the federal
17 government doing things like reducing the shelter
18 allowance under social assistance or clawing back the
19 child tax benefit. Over the longer run, that might be a
20 different type of decision. But, for short-term stays, it
21 should be a non-starter. You don't want to disable the
22 family even more through the intervention.

23 **MS. ERICA BEAUDIN:** Thank you. This
24 question is a bit different, however it is a situation
25 many human service delivery agencies, including mine, have

1 encountered. When a woman becomes incarcerated while
2 pregnant and then delivers her child while she is serving
3 time, the mother and child are separated within hours of
4 birth. Do you believe the correctional system should take
5 into account the well-being of both the mother and child,
6 and provide at the very least time for initial imprinting
7 and bonding for breastfeeding, example, colostrum after
8 birth? So, you know, at the very least two weeks to -- or
9 pardon me, two days to a week after the birth?

10 **DR. CINDY BLACKSTOCK:** Unless there is some
11 really serious safety situation, which would be the very
12 small, small minority of cases, then yes, I think that
13 they absolutely should make available mechanisms to
14 support persons who are incarcerated to be parents. And,
15 it is not just women. It is men who are in prison too.
16 They don't stop being parents when they are incarcerated.

17 And, I would like to see not only programs
18 in the prison system, but actually services, an enhanced
19 degree of services for children and families whose parent
20 or caregiver is incarcerated. Those kids need that
21 support, and the caregivers looking after those children
22 need support.

23 **MS. ERICA BEAUDIN:** Thank you. In our
24 agency, we are now working up to three generations of
25 survivors of family members of MMIWG2S. Definitely there

1 is a huge gap for under-aged children of MMIWG2S whereby
2 often times there is no one held accountable for the
3 missing or murdered person. Should the state hold
4 ultimate accountability for our MMIWG2S and should there
5 be survivors' benefits for the children? And, should
6 these survivors' benefits include a Canadian standard of
7 living compensation that provides opportunity for these
8 children to move out of the poverty cycle and further have
9 services available that addresses their unique trauma?

10 **DR. CINDY BLACKSTOCK:** I can't answer
11 specifically about what obligations the state would have
12 for compensation, because the circumstances of various
13 cases vary. What I do think the state has an undisputed
14 obligation to do is to fulfil UNDRIP and to fulfil the
15 U.N. Convention on the Rights of the Child and fulfil its
16 charter obligations to children, which means that you act
17 in their best interest, you take into account the full
18 idea of substantive equality, and that you acknowledge and
19 you help ensure the full enjoyment of the rights under the
20 U.N. Declaration on the Rights of Indigenous Peoples.

21 **MS. ERICA BEAUDIN:** Thank you very much.

22 **MS. CHRISTA BIG CANOE:** Thank you, Ms.
23 Beaudin. Chief Commissioner, Commissioners, this
24 concludes the cross-examination component of Dr.
25 Blackstock's testimony. As Commission counsel, I will

1 actually use my right to re-direct, although I don't
2 anticipate taking the full time. I would ask Mr.
3 Registrar to set to our standard 20 minutes, and I only
4 have one line of questioning. Before -- and, actually,
5 you can start the time.

6 **MS. CHRISTA BIG CANOE:** One thing though,
7 Chief Commissioner, I would like to do is put on the
8 record for this hearing the Spirit Bear Plan. This
9 originally came onto the Inquiry's record by Naomi
10 Metallic when we were in Québec City the first time.
11 However, for your ease of reference to what we have heard
12 today and the fact that Dr. Blackstock has multiple times
13 referred to the Spirit Bear Plan, I request that it be
14 made an exhibit to this testimony.

15 **CHIEF COMMISSIONER MARION BULLER:**
16 Certainly. Exhibit 28 will be the Spirit Bear Plan.

17 **--- Exhibit 28:**

18 Spirit Bear Plan (one page)

19 Witness: Dr. Cindy Blackstock

20 Counsel: Christa Big Canoe, Commission

21 Counsel

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

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

24 **MS. CHRISTA BIG CANOE:** Dr. Blackstock, I
25 just have a couple of questions. So, essentially, at this

1 point, when I do re-direct, it is based on the questions
2 my friends and colleagues have asked you just to provide
3 some clarity or follow-up. A number of my friends
4 actually raised some really great questions, so it is
5 actually a theme I want to explore with you. You know,
6 first, with Ms. Dunn, Ms. Symes, Ms. Lomax and even as
7 recently as the last couple, there has been this focus on
8 raising political or public will.

9 And so, I would like to explore that just a
10 little with you, and I want to contextualize it in your
11 experience of the First Nation Caring Society case. So, I
12 understand that during the case, you actually testified as
13 a witness as well?

14 **DR. CINDY BLACKSTOCK:** Yes, several times.

15 **MS. CHRISTA BIG CANOE:** Several times.

16 Were there also government witnesses that testified at the
17 proceedings?

18 **DR. CINDY BLACKSTOCK:** Yes.

19 **MS. CHRISTA BIG CANOE:** Okay. And so, in
20 your experience, and to the best of your recollection, did
21 you find evidence was forthcoming or did you find that the
22 parties had to spend a lot of time getting all of the
23 witnesses to build the good record?

24 **DR. CINDY BLACKSTOCK:** Well, the government
25 was not forthcoming with the information, because we

1 actually had a disclosure issue with them, where the
2 hearing started and we found through access to information
3 that they had failed to disclose 90,000 records that were
4 critical to the case, and many of those were highly
5 prejudicial and were actually very essential to the
6 tribunal's eventual finding of discrimination on both
7 counts, on Jordan's Principle and child and family.

8 Having that full disclosure was also
9 essential for us to be able to appraise the testimony of
10 the government witnesses and to also bring to their
11 attention key documents that would further illuminate the
12 truth. And, I felt that that was an essential part of the
13 process, is that full disclosure. Not redacted documents,
14 not partial disclosure, but complete disclosure. And, the
15 only documents that we were okay with them being redacted
16 is if they referenced an individual child, that child's
17 name, and of course that personal privacy should be
18 respected. But, otherwise, I think everything should be
19 on the table.

20 **MS. CHRISTA BIG CANOE:** Thank you. And,
21 the reason I ask that is to contextualize that it was a
22 long -- like we have all heard, 2007 until just most
23 recently, February 2018, we are talking about a long
24 litigation process. And, I think we talked about the
25 width of this binder about being six inches, but that that

1 proceeding had about 17 of these binders?

2 **DR. CINDY BLACKSTOCK:** Yes, about 17 of the
3 binders. That is just what we entered into evidence, that
4 is not just the disclosure.

5 **MS. CHRISTA BIG CANOE:** Right. And so --
6 and the disclosure was much larger than that?

7 **DR. CINDY BLACKSTOCK:** Oh, yes. It was
8 probably in total 120,000 documents. Not 120,000 pages;
9 120,000 documents, of which I think I personally read
10 about 80,000. I did not make it the other 40,000.

11 **MS. CHRISTA BIG CANOE:** Wow. And, the
12 context for those two though, and I take this back to this
13 conversation we are having about -- I know Ms. Symes put
14 to you, you know, Ellen Gabriel said litigation is the
15 only way, and you have told us that, you know, you try to
16 act -- you are clear that you cannot just rely on good
17 will, that you have to go through this process to ensure
18 that you can actually raise up the public will or the
19 political will, and that litigation is not necessarily the
20 only option.

21 And so, we have talked a number of times
22 now and heard you say, if we can get the public engaged
23 and understand these issues, then we could push political
24 will. So, from the perspective of the Commission of
25 Inquiry, how do we as a Commission, engage the public to

1 the extent that they can understand the parameter of this
2 issue? Because I look around this room and I see engaged
3 parties with standing that represent organizations that
4 are at the heart of this issue, and I see families who,
5 with lived experience, do not need to hear what you have
6 to say ---

7 **DR. CINDY BLACKSTOCK:** Yes.

8 **MS. CHRISTA BIG CANOE:** --- with no
9 disrespect.

10 **DR. CINDY BLACKSTOCK:** Oh, no. Well, a lot
11 of what I have said have been said a hundred years ago;
12 right?

13 **MS. CHRISTA BIG CANOE:** Yes. But, what can
14 you assist the Commissioners with, and the Commission in
15 general, in how we can actually engage the rest of the
16 public, so that we can lift the public will or that
17 political will, so that when they make recommendations,
18 people will not only hear them, but they will act on them?

19 **DR. CINDY BLACKSTOCK:** I think one of the
20 key things you need to understand is how to frame the
21 message. And, certainly, that is something I struggled
22 with. I thought it was pretty self-evident that, you
23 know, these little kids were getting less and that is
24 wrong; right? That to me was, like, an obvious issue.

25 But, what I was not that successful at is

1 actually framing the issue in a way that the general
2 public could understand it, because people assume that
3 everybody was being treated equally. Not only were First
4 Nations people were treated equally, but they were getting
5 more benefits because they are First Nations kids. So,
6 this message about not being treated equally was coming up
7 against that stereotype.

8 And, what I found very, very helpful is
9 looking at the work of George Lakoff, who is a linguist in
10 how to frame things, and also the FrameWorks Institute in
11 the United States, is how do you frame something so that
12 people can get it; right? And, the basic premise is to
13 nest it into deeply held values.

14 So, for example, our message at the Caring
15 Society is so that every First Nation child can grow up
16 safely in their families, get a good education, be healthy
17 and proud of who they are. No matter if you are from
18 another country or from another culture, everyone
19 understands that. And, it also is very hard to be on the
20 other side of that question, are you going to argue to me
21 that First Nations kids should not get an equal chance to
22 grow up with their families, should not have a good
23 education, should not be healthy or proud of who they are?
24 Very few people would do that. So, it is knowing how to
25 use that framing is really important and I really commend

1 to you those works of Lakoff and the FrameWorks Institute.

2 The second thing I think is really
3 important is give the public something they can do. You
4 know, often we go out and we talk about things, but we do
5 not give the general public something they can actually
6 do. And, here is the two provisos, number one, it needs
7 to be free. I am absolutely against an NGO or a type of
8 public inquiry approach that limits people's public
9 participation to their wallet; right?

10 Like, we have to understand that every
11 person has the ability and agency to make a positive
12 change in their community. So, that is why we, at the
13 Caring Society, have seven free ways that anybody of any
14 age can do to make a difference. The other piece is time
15 limited, so all these things take under two minutes to do,
16 because we acknowledge that people with busy lives may not
17 have more than that to give. But, if all they do is those
18 seven things in under two minutes, that is something more
19 than many Canadians had an opportunity to do in the past.

20 So, I would direct some of your
21 recommendations to the general public, using that framing
22 and using that idea that all persons, regardless of
23 income, regardless of age, should be able to a part of
24 achieving a vision that really is not just going to uplift
25 murdered and missing Indigenous women, or their families

1 or their communities, but is indeed essential for all of
2 us to live in a just society that we want any child to
3 grow up in.

4 **MS. CHRISTA BIG CANOE:** Thank you. Those
5 are my questions. This concludes the examination.
6 However, the Commissioners, Dr. Blackstock, will likely
7 have some questions for you as well.

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

9 **COMMISSIONER BRIAN EYOLFSON:** Thank you.
10 First of all, Dr. Blackstock, thank you very much for
11 coming and sharing your evidence with us both in Toronto
12 in June and here today. I had some questions for you
13 related to the non-compliance with the Canadian Human
14 Rights Tribunal decision, and as well political will, but
15 a lot of those questions have been already asked by
16 parties with standing and Commission counsel as well, so I
17 think I just have a few follow-up questions related to
18 that.

19 First of all, just to be clear, the
20 government did not appeal or seek review of the Canadian
21 Human Rights Tribunal decision, did it?

22 **DR. CINDY BLACKSTOCK:** No, it did not -- it
23 did file an appeal on one of the Jordan's Principle
24 orders, but then retracted that before it ever went to
25 hearing. What it did is, it did not seek judicial review,

1 which actually, frankly, I would have preferred if their
2 idea was that they were not going to comply. Instead,
3 what they did is they chose not to comply and relied on
4 the fact that there is no enforcement mechanism imbedded
5 right in the *Canadian Human Rights Act* to force it to
6 comply. That was the strategy out of the gate.

7 **COMMISSIONER BRIAN EYOLFSON:** Right. Okay.
8 Thank you for clarifying that.

9 **DR. CINDY BLACKSTOCK:** Quite frankly, I do
10 not know of another Canadian Human Rights case where non-
11 compliance by the respondent has been a problem. So, that
12 is probably why it was not in the Act, but clearly if
13 there is revisions of the Act, that is something to be
14 considered, that it should be in there.

15 **COMMISSIONER BRIAN EYOLFSON:** Thank you.
16 And, I believe you also referred to the recommendations in
17 the TRC report that deal with child welfare, the first
18 five recommendations. I am wondering if you are able to
19 comment on the status of the implementation of those
20 recommendations ---

21 **DR. CINDY BLACKSTOCK:** Right.

22 **COMMISSIONER BRIAN EYOLFSON:** --- at this
23 point.

24 **DR. CINDY BLACKSTOCK:** I think it was
25 really important to acknowledge that of all the

1 recommendations that survivors could have put forward as
2 the top recommendation, because clearly there are many,
3 they chose the child welfare as the top recommendation.
4 And, the way that I make sense of that is that
5 reconciliation at the end of the day is not saying sorry
6 twice. They did not want to see this happening to their
7 grandchildren, and I heard that from testimony after
8 testimony, not only of residential school survivors, but
9 also of Sixties Scoop survivors. And, I think that is why
10 it is the top recommendation.

11 So, the TRC recommends equity, and I think
12 that, thanks to the tribunal, and partial credit to the
13 government because they are beginning to comply under
14 Minister Philpott, we are starting to see that happen
15 although the drivers of the discrimination, poor housing,
16 et cetera, that is yet to be properly remedied. There has
17 been some progress on that. There has been some opening,
18 federally, to legislation and child welfare. We will have
19 to see if that gets done in time for the next election,
20 because I am worried about the time frame for that and the
21 ability to have fulsome consultations on that. That would
22 answer in part the recommendation around national
23 standards.

24 And, I would also say that, you know, on
25 national standards, certainly things like safety and well-

1 being of the child should be non-negotiable, but I think
2 we have to be cautious around developing national
3 standards that may tread on the unique context and
4 cultural context of various communities too. So, there is
5 that delicate balance there between what things we can
6 make universal and what things really need to be left to
7 the respect of those distinct cultures and communities.

8 On Jordan's Principle, they are getting
9 closer to compliance, but we still have some outstanding
10 concerns, and that, of course, is their number 3 call to
11 action.

12 **COMMISSIONER BRIAN EYOLFSON:** Right. Okay.
13 I also wanted to ask you about -- you talked about the
14 Joint National Policy Review that concluded in June of
15 2000?

16 **DR. CINDY BLACKSTOCK:** Yes.

17 **COMMISSIONER BRIAN EYOLFSON:** And, the
18 first recommendation being that Canada expand its
19 jurisdictional model beyond the delegated model. And, you
20 had testified, I think, that it has been 18 years and they
21 haven't moved on that. And, are you aware of any reason
22 that the government has given for not moving on that
23 recommendation or have any insight as to why it doesn't?

24 **DR. CINDY BLACKSTOCK:** We have been raising
25 that -- we are part of what is called the Child Welfare

1 Consultation Working Group, which arises from the
2 Tribunal's recent ruling where they said it is not enough
3 to engage with people. Like, what does engagement mean;
4 right? That was always my question. I never knew what
5 "engagement" meant. I did know what consultation meant,
6 at least under the UNDRIP context and within the rulings
7 of the Supreme Court. I was much more comfortable using a
8 word I actually mean, that I know.

9 And so, the Tribunal ordered them to
10 consult with us through the parties of the proceeding.
11 And, in that particular piece, we have been asking
12 questions. Why aren't you acting on that 18-year-old
13 recommendation? What else do you need to know in order to
14 implement that recommendation that you don't currently
15 know?

16 All they will say is that they will do it
17 and they will consider it at the next round of the review
18 of the terms and conditions. I am still unsatisfied with
19 that answer. I don't understand why they haven't acted on
20 it or what information they need in order to act on it.
21 And, it concerns me when they use that and they don't --
22 they aren't clear about why they are not doing something,
23 or at least not able to communicate that in a convincing
24 way.

25 Because what I have said to them is, if you

1 tell us what you need to know that you don't already know,
2 we might well be able to answer those questions for you
3 and remediate those concerns. But, that information has
4 not been forthcoming from the government and that has been
5 disappointing to me, especially given that I see some
6 very, very promising pieces of legislation already on the
7 books for First Nations. They are just ready to make a
8 difference for kids.

9 **COMMISSIONER BRIAN EYOLFSON:** Thank you.
10 And, just one last question, a number of times in your
11 evidence, you referred to Touchstones of Hope ---

12 **DR. CINDY BLACKSTOCK:** Yes.

13 **COMMISSIONER BRIAN EYOLFSON:** --- but I
14 don't think you have clarified what that -- what those
15 are. Could you just clarify that?

16 **DR. CINDY BLACKSTOCK:** Sure. This was a
17 process that was actually convened by a number of us back
18 in the early 2000s who felt that there needed to be a
19 series of principles and a process to re-base child
20 welfare on for Indigenous children. So, we gathered
21 together a group of Native Americans, Alaskan Natives,
22 Native Hawaiians, First Nations, Métis and Inuit from
23 Canada, as well as some of our non-Indigenous allies, and
24 we came up with five principles upon which child welfare
25 should be based. Now, this is from the collective of 250

1 people, so this was a conference. It wasn't meant to
2 educate anyone. It was actually to draw the wisdom out
3 that was already in the room.

4 So, there is self-determination. And then
5 there is culture and language. And, there, we are not
6 just talking about respect for Indigenous cultures and
7 languages. We are talking there about a recognition that
8 the current child welfare system already has a culture and
9 a language, and that that is often a Western culture and a
10 language that is often sometimes at odds with the
11 experiences of Indigenous peoples.

12 Structural interventions. I have talked a
13 lot about that today. Getting at those factors that
14 families can't control on their own, but still place
15 children at risk. Poverty, poor housing, those kinds of
16 things. The discriminatory service regime.

17 Holistic response. Again, I have spoken
18 about that several times today that it is not enough to
19 develop a child welfare approach, or indeed I would argue
20 a murdered and missing Indigenous women's approach in the
21 absence of a more holistic approach that takes into
22 account the societal situations that give rise to those
23 problems. And, we also want to look at children not just
24 as children; right? They are not going to be that way
25 forever. Really what we are doing is, as the elders would

1 say, is we are raising ancestors; right? And so, we need
2 to take that longer term view of how do we set in play a
3 healthy life for that child and their descendants
4 throughout their lifetime?

5 So, that is four. Non-discrimination. So,
6 that speaks directly to Jordan's Principle. And, I am
7 missing one of them. Let me see here. Self-
8 determination, holistic response, structural
9 interventions, non-discrimination culture and language.
10 No, I got them all. And so, those are the principles, and
11 then they are set within a four-phase process of
12 reconciliation.

13 So, the first is truth-telling, and that
14 speaks to what counsel was just raising about full
15 disclosure. If you are really interested in the best
16 interest of children, you have got to be willing to be
17 proven wrong. It is not about being right. It is about
18 doing right. And, you can only do right when all of us
19 put all of our cards on the table, and that means all of
20 our mistakes on the table too. And, that we are prepared
21 to own those and we are prepared to learn from them. So,
22 truth-telling is an essential precondition to being able
23 to engage in reconciliation.

24 Then, the second place is acknowledging,
25 which is kind of related to what I talked about truth-

1 telling. You tell the truth, but acknowledgment is owning
2 the truth and owning your duty to learn from the truth;
3 right? Which is what, I would argue, governments have
4 skipped over, is, to some degree, they have acknowledged
5 the truth of residential schools, but they haven't learned
6 from it. They haven't asked themselves, what did we learn
7 from residential schools? What did we learn from the
8 Sixties Scoop? What did we learn from the CHRT? And, how
9 has that changed our philosophy and our way of working?
10 And, how do we get invigilated so that we don't lapse back
11 into those old unhealthy patterns? So, that is
12 acknowledging.

13 And then -- so we have truth-telling; we
14 have acknowledging; we have restoring. And, restoring
15 acknowledges that you can never make up for what has been
16 taken away, but surely there are some things that you
17 could put in place that provides some relief to those you
18 have harmed. And, where that is possible, you should do
19 that; right? For me, for example, the first question you
20 asked me about recognizing First Nations self-
21 determination and laws, that is part of restoring. That
22 would be a legitimate step in that direction.

23 The final is relating, and that is to
24 understand that colonialism is kind of like a bad virus
25 that you can -- with a lot of intent and treatment, you

1 can get rid of the worst kinds of symptoms of it for a
2 short-term. But, if you are not mindful and if you are
3 not open to having yourself critiqued on the longer term,
4 it can resurface and flare up again. And, relating is
5 that shared responsibility we all have to ensure that
6 colonialism does not reoccur.

7 So, that -- the Touchstones of Hope
8 process, those are the principles, that is the process.
9 But, the intent was that those would always be given life
10 at a community level. So, what we do is we invite
11 community members to actually answer the question, what is
12 a healthy, say, Gitxsan family or child in line with those
13 principles? And, that is where those visions come in and
14 the implementation plans of those visions. So, it really
15 is a reclaiming of the dream centred on principles that
16 have been well known to elders and community knowledge
17 holders for many, many, many years as being essential to
18 children's well-being.

19 **COMMISSIONER BRIAN EYOLFSON:** Thank you
20 very much for your evidence and for answering my
21 questions. I appreciate it.

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

23 **CHIEF COMMISSIONER MARION BULLER:** I want
24 to start with the Spirit Bear Plan with just a few
25 questions. As it is laid out now, it appears to be

1 directed at the federal government. What, if any,
2 applicability does the Spirit Bear Plan have with respect
3 to provinces and territories?

4 **DR. CINDY BLACKSTOCK:** I would argue that
5 it should be implemented by all of them as well. I mean,
6 clearly the Caring Society, our work is at a national
7 level and we will have to defer to the views of First
8 Nations who are in these regions. But, I see a lot of
9 need for the provinces and the territories to reform
10 themselves so they can take advantage of the many
11 solutions that have been put to them as well.

12 **CHIEF COMMISSIONER MARION BULLER:** Okay.
13 And, you just said a few moments ago that you have seen or
14 you know of legislation that is on the books that will
15 make a difference for Indigenous children. Can you give
16 us a hint?

17 **DR. CINDY BLACKSTOCK:** Sure. The
18 Anishinabek Child Well-Being Law is a great example. And,
19 in fact, it is not even just on the books. You can go
20 onto their website; you know? They're so transparent.
21 They've got it there and they're willing to share it with
22 people. So you'd be able to get a copy of the law from
23 there. Also, Cowichan Tribes has got a good draft of
24 their legislation.

25 So those are a couple of examples of

1 legislation that's already been drafted and/or completed
2 that you could take a look at.

3 **CHIEF COMMISSIONER MARION BULLER:** Okay.
4 Thank you. This is almost a rhetorical question. In
5 looking at the government's response to the Human Rights
6 Tribunal rulings, a series of rulings, and the lack of
7 implementation or slow implementation, does that go to
8 fear? Fear of economic -- a change in economic order and
9 a change in social order?

10 **DR. CINDY BLACKSTOCK:** I thought a lot
11 about why. Why if I was on the government's side would I
12 not do this? Because this seems to be one of the good
13 things about the Tribunal, and I think owes a lot of
14 credit too to the NMIW and also the TRC movements, is I
15 think Canadians want them to implement the decision;
16 right? There's been a lot more awareness, and people
17 really want them to do it. So the political cost of them
18 not doing it doesn't seem to be worth the trouble.

19 I do think it has something to do with
20 control. I remember when we were at the Touchstones of
21 Hope, there was a very progressive and thoughtful
22 non-Indigenous man, and he said, "The problem with control
23 is that you can say you're willing to give it up, but when
24 you get frustrated or angry it's so easy as a reflex to
25 take back". And that's why they need that independent

1 360. They don't know how to give up control. And I think
2 when it comes to child welfare, and I extend this to the
3 provinces and territories...

4 I remember one of my good friends, Deborah
5 Foxcroft, who was the founder of Usma Child and Family
6 Services, and of course later was former -- past president
7 of the Nuu-chah-nulth Tribal Council, said, you know, I
8 thank you for wanting to look after our kids. And I know
9 that you're worried that we're going to screw up, and we
10 probably will, but we can do it. And what I would add to
11 that is when people -- governments are worried that we're
12 going to screw up, is it yes, we might screw up, but we
13 have survived our own mistakes for thousands of years. We
14 may not survive theirs. The evidence is very good that we
15 may not survive their mistakes. And it's time for them to
16 learn how to give up control and to understand that it's
17 not going to be chaos on the other side. That we demand
18 much more of ourselves than that.

19 And I think about Dr. Bryce a lot too,
20 because what some people don't know is his great
21 grandchildren are Inuit. And I think about the duty we
22 owe to people like Dr. Bryce to actually realize their
23 efforts of resistance, both on the First Nations, Métis,
24 and Inuit side, but also non-Indigenous people like him
25 for this generation of children. Because we are, as the -

1 - Prime Minister Harper said, sowing the seeds for
2 generations to follow, and who knows what those seeds will
3 be.

4 **CHIEF COMMISSIONER MARION BULLER:** Thank
5 you. Then finally, going to the document, it's
6 Exhibit 66, I think, the document about cost drivers. It
7 was Tab S. I'm sorry, I'm flipping through. Oh, yeah, a
8 variety of documents here.

9 I don't know if it's a proper
10 interpretation of the document as a whole, but to say that
11 this document stands for the proposition that any money
12 that is going to go to child welfare, any so called new
13 money going to child welfare and child welfare reform is
14 going to be taking away from other places, such as housing
15 or other types of infrastructure. Not that -- it's a
16 matter of just re-dividing the pie, not changing the pie
17 itself. Would that be a fair way of describing that?

18 **DR. CINDY BLACKSTOCK:** Absolutely. And in
19 fact, one of the things we -- this is a document that was
20 actually tendered at the Tribunal's evidence. That's why
21 it appears in its full form. And what we found is overall
22 Canada was transferring \$98 million primarily under the
23 infrastructure budget that funds schools, water systems,
24 and housing for First Nations communities to try and shore
25 up its underfunded education and child welfare programs.

1 And we said that's really akin to shuffling
2 deck chairs on the Titanic, because one of the key drivers
3 for First Nations kids going into to child welfare is
4 inadequate housing. So when you deepen the housing crisis
5 you're actually putting more kids at risk.

6 And so as the Auditor General said back in
7 2008, and in numerous reports since then, the answer isn't
8 just shuffling around the deck chairs on the Titanic, the
9 answer is to properly budget for all of these programs
10 based on the needs of the children and their communities.
11 And that's why the Tribunal in the February 2018 order
12 actually ordered Canada to not unnecessarily re-allocate
13 because it wasn't helping kids, it was not in the best
14 interests of kids to be able to do that stuff.

15 **CHIEF COMMISSIONER MARION BULLER:** Okay.
16 So that brings me back to the testimony that you've given,
17 as well as to a certain extent, the Spirit Bear Plan,
18 where you've said do a proper accounting of what needs to
19 be spent and develop a plan with timeframes.

20 The Spirit Bear Plan and the full
21 accounting is moving forward, it's looking to the future,
22 it's not retroactive or retrospective. Is that correct?

23 **DR. CINDY BLACKSTOCK:** It could be
24 retrospective. For example, the Tribunal's decision in
25 and of itself has gone retroactive on a couple of these

1 issues, like with Jordan's Principle, et cetera, to try
2 and restore the losses that some children would have had
3 had Canada not discriminated.

4 The Spirit Bear Plan is more kind of
5 addressing things and going forward and really about let's
6 not repeat the same mistakes. But certainly it would be
7 open to people, and I hope a -- and there would be a
8 strong moral and if not legal case to say to Canada that
9 now you know all these kids were shortchanged, what are
10 you going to do in a spirit of reconciliation to try and
11 restore some of those losses.

12 **CHIEF COMMISSIONER MARION BULLER:** Right.
13 Because if I understand it correctly, the Spirit Bear Plan
14 is more than just making it dollar for dollar.

15 **DR. CINDY BLACKSTOCK:** Exactly.

16 **CHIEF COMMISSIONER MARION BULLER:** It's a
17 dollar plus.

18 **DR. CINDY BLACKSTOCK:** It's a substantive
19 equality lens. It is meeting the needs of those kids,
20 taking full account of their historical disadvantage and
21 their distinct culture and linguistic needs. And a
22 historical disadvantage, also contemporary disadvantage
23 owed to the ongoing inequalities and injustices they may
24 be experiencing.

25 **CHIEF COMMISSIONER MARION BULLER:** So

1 having said that, it would be a temptation for government
2 or governments, plural, to just simply make it dollar for
3 dollar. You're saying that's still -- it might not be the
4 Titanic, but it's still shuffling deck chairs on a ship?

5 **DR. CINDY BLACKSTOCK:** Yeah. And it's not
6 addressing the inequality in outcomes. And we all -- we
7 have good law and good examples to show that where people
8 are particularly not having the same opportunity to live
9 the lives they wish they had, they should have
10 accommodation. For example, in the disabled community,
11 right, there is an obligation on states to not just make a
12 flight of stairs, but you got to make sure it's accessible
13 to all persons to be able to actively participate in that
14 event.

15 This is the same kind of thing. When you
16 have piled trauma and inequality on children, you can't
17 all of a sudden just turn around and say we're going to
18 give you the same thing as other children who have not had
19 that same disadvantage. I can see the temptation there,
20 but certainly someone like myself, and I agree, I think
21 many others would say that that is a perpetuation of the
22 inequality, and that's why Justice Frankfurter says
23 there's no greater inequality than the equal treatment of
24 unequal's, is because you are just continuing to -- by
25 providing equal treatment, you're just continuing that

1 gap. It's not getting smaller.

2 **CHIEF COMMISSIONER MARION BULLER:** Those
3 are my questions. I think what we can do at this point is
4 -- I just would like to take a one minute or less break to
5 just confer with my colleague here to make sure that we've
6 covered everything off. So just -- we'll take one moment,
7 please.

8 **(SHORT PAUSE/COURTE PAUSE)**

9 **CHIEF COMMISSIONER MARION BULLER:** Thank
10 you. We have covered -- we have covered off what we
11 wanted to cover off with you, Dr. Blackstock.

12 So I know we said goodbye to you once
13 before but it really wasn't goodbye in the final sense.

14 Once again, you have changed our view of
15 what we need to do. What you said has made a big
16 difference, not only to our work but I think to not only
17 the people in the room here but people who are watching
18 online. It's that education piece that the public knows
19 that it isn't the same, it isn't better; it's worse, and
20 it has to change for children. Because as you said, we're
21 raising our ancestors right now.

22 So thank you very much for coming back to
23 us. Thank you also for making a difference.

24 And we know you have really hard work to
25 do, and we think that you need a second eagle feather.

1 Spirit Bear got the first one, I know. So both of you
2 have the opportunity to be lifted up during those moments
3 when you need to be lifted up, and I'm sure there are many
4 of them, and to help you during those moments when you can
5 soar higher than you thought you could, and I hope you
6 have lots of those moments.

7 So on behalf of all of us here thank you so
8 much for your time, for your knowledge, your wisdom, your
9 humour, your insight, and for making a better place for
10 all of us.

11 **DR. CINDY BLACKSTOCK:** Thank you. It's
12 been a privilege, really, truly.

13 And I'd like to honour the survivors and
14 their families and the murdered and missing Indigenous
15 women; they are truly the great heroes and the persons to
16 whom we all owe a great debt, and that debt is only paid
17 by implementing all the recommendations that will come
18 from this Commission.

19 I look forward to seeing that day.

20 **CHIEF COMMISSIONER MARION BULLER:** Me too.

21 Thank you.

22 (APPLAUSE)

23 **MS. CHRISTA BIG CANOE:** And, Commissioners,
24 as you're gifting this eagle feather, there's been a
25 special request, and I ran it by Grandmother Thelma, and I

1 would like to invite up the parties.

2 There has been talk that we would like to
3 honour Dr. Blackstock with the Warrior Woman Song, and so
4 I want to invite any of the public or any of the parties
5 that want to join us in singing the Warrior Woman Song to
6 Dr. Blackstock to please, please feel free to come up to
7 the front and to join us in a circle to do that.

8 (SHORT PAUSE)

9 (SINGING WARRIOR WOMAN SONG)

10 **MS. CHRISTA BIG CANOE:** Chief Commissioner
11 and Commissioners, I'm wondering if we anticipate Susan
12 Aglukark. We were originally anticipating her to being
13 here at 3:00. I have asked counsel leading her evidence
14 to see if we could start sooner.

15 So on that basis, I'm going to ask if we
16 can break until 2:30.

17 **CHIEF COMMISSIONER MARION BULLER:** Sure.
18 We'll take our afternoon break, then, until 2:30.

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

20 --- Upon recessing at 2:10 p.m.

21 --- Upon resuming at 3:02 p.m./L'audience est reprise à
22 15h02

23 **MS. JENNIFER COX:** Parties with standing,
24 my name is Jennifer Cox, and I am Commission counsel. And
25 I'm here with Susan Aglukark. And before we get started

1 with Susan's evidence, we're going to have Susan share her
2 intentions in Inuktitut, rather than swearing an oath. So
3 Commissioner Robinson, and Susan, please take it away.

4 **SUSAN AGLUKARK: (Speaking in Inuktitut)**

5 **COMMISSIONER QAJAQ ROBINSON:** And for the
6 record, the Commissioners and I accept Ms. Aglukark's
7 statement of her intentions as an oath to tell the truth
8 and we can continue. Nakurmiik.

9 **---EXAMINATION IN CHIEF BY MS. COX:**

10 **MS. JENNIFER COX:** So Commissioners,
11 parties with standing, it was my intention to have
12 Ms. Aglukark qualified as an expert and knowledge keeper,
13 specifically, an expert in fine arts with a focus on song
14 writing based on her lived experienced in the Canadian
15 music industry, and her academic experience as well.

16 She also -- I'm seeking to also have her
17 qualified as a knowledge keeper based on the Inuit
18 cultural practices and the work she is doing with the
19 Arctic Rose Foundation, also, again, founded primarily on
20 her lived experience.

21 So the parties and the Commissioners were
22 provided with the outline of Susan's resume, which would
23 be Tab C of the materials, and there is also a bio or a
24 backgrounder, which was Tab A to the materials.

25 So I'm going to seek to have the resume or

1 the CV, which is Tab B, marked first as an exhibit, and
2 the bio or backgrounder, which is marked Tab A, as the
3 second exhibit, Chief Commissioner.

4 **CHIEF COMMISSIONER MARION BULLER:** Yes.

5 The CV that is found at Tab B, and just for the record,
6 it's one page, is Exhibit 29.

7 **--- EXHIBIT NO. 29:**

8 CV of Susan Aglukark, O.C. (one page)

9 Witness: Susan Aglukark

10 Counsel: Jennifer Cox, Commission

11 Counsel

12 **CHIEF COMMISSIONER MARION BULLER:** And then

13 the back - bio/backgrounder that's found at Tab A, bio
14 backgrounder of Susan Aglukark will be Exhibit 30.

15 **--- EXHIBIT NO. 30:**

16 Biography & backgrounder of Susan

17 Aglukark (two pages)

18 Witness: Susan Aglukark

19 Counsel: Jennifer Cox, Commission

20 Counsel

21 **MS. JENNIFER COX:** So just a couple of

22 questions in relation to your CV, Susan, one of the things
23 that we can tell is that you have had numerous awards and
24 many experiences, particularly in the Canadian music
25 industry, and I'm wondering if you can talk a little bit

1 about some of the most significant awards and honours that
2 you've had, particularly in relation the Canadian music
3 industry, as it's indicated on your CV?

4 **MS. SUSAN AGLUKARK:** Okay. So I guess the
5 most significant ones would be the opportunities presented
6 to meet and to perform for some pretty incredible
7 dignitaries who were themselves activists. Billy Graham
8 and Nelson Mandela were high on my list of moments of
9 realizing that the path I'm on is the right path, that
10 there are parallel paths, and this is a good time during
11 these performance times.

12 **MS. JENNIFER COX:** And of the awards that
13 you've -- you've also had the Governor General's Lifetime
14 Achievement Award in the Arts. I see a Governor General's
15 Officer of the Order of Canada, Juno Awards, First
16 National Aboriginal Achievement Award in Entertainment.

17 **MS. SUSAN AGLUKARK:** Yeah.

18 **MS. JENNIFER COX:** So Chief Commissioner, I
19 think I've established, based on the CV, that she should
20 be qualified in the area of fine arts with a focus on song
21 writing.

22 **CHIEF COMMISSIONER MARION BULLER:**
23 Certainly. There are the necessary qualifications and
24 then some to be qualified to give opinion evidence with
25 respect to fine arts and song writing.

1 **MS. JENNIFER COX:** And with respect to the
2 knowledge keeper category, the bio or the backgrounder
3 speaks to Susan's journey, for lack of a better way of
4 describing it.

5 And Susan, just in -- sort of in a few
6 words, if you could explain how you feel your journey
7 would make you an Inuit knowledge keeper?

8 **MS. SUSAN AGLUKARK:** I represent a
9 generation of Inuit who have lived between two incredible
10 worlds, brought up by a generation of parents whose
11 formative years were traditional. Their first 7, 8, 9,
12 10 years, depending on what region of the North, anyplace
13 in the North, Inuit Nunaat, you come from would determine
14 when -- what your formative years would have been. My
15 parents were 7, 8, 9, or 10 in their formative years.
16 Very traditional.

17 Parented by a generation of parents who
18 were then placed in permanent settlements. I can speak to
19 being parented by traumatized Inuit parents, parents who
20 came to understand that they had to fit in pretty quickly
21 and placed us, their children, on that same path, and
22 while doing this, figuring out what is the best
23 traditional world for our children. The knowledge there
24 that I can speak to is generational trauma, the effects of
25 generational trauma.

1 This generation of parents were also the
2 generation that were placed in residential schools. So
3 many of these parents, while transitioning or
4 non-transitioning, as I'm going to speak a bit about this
5 afternoon, were many who were also victims of child sex
6 abuse. So they were placed in residential schools and
7 abused as children, physically, culturally, sexually, and
8 then had to be placed in transitioning parenting and
9 trying to be as good traditional parents as they could be.

10 So we were brought up in this environment
11 by this generation of parents. And that's knowledge that
12 we have to acknowledge in our healing journeys, and that's
13 where most of my -- that experience is where most of my
14 resource and source comes from as an artist and as a
15 writer.

16 **MS. JENNIFER COX:** So Chief Commissioner,
17 I'd like to have the further qualification of a knowledge
18 keeper based on the Inuit cultural practices and the work
19 she's doing for the Arctic Rose Foundation.

20 **CHIEF COMMISSIONER MARION BULLER:** Yes.
21 Certainly. Ms. Aglukark can be qualified as a knowledge
22 keeper in the areas as she's described.

23 **MS. JENNIFER COX:** So Susan, some of the
24 material that we have just talked about talks a little bit
25 about your history and song writing that extends back to

1 25 years, and the process that you went through to
2 essentially relearn the culture, you know, that you became
3 disconnected from.

4 I'm wondering if you can share with the
5 Commissioners, you know, in a fairly sort of short period
6 of time, because we don't have a lot of time, how that
7 journey began. So let's talk a little bit about where you
8 started and how you began sort of this knowledge keeping
9 and this knowledge seeking role?

10 **MS. SUSAN AGLUKARK:** Okay. To answer that
11 question, we have to go back to what was the testimony in
12 February. I left home, home was the Kivalliq region. The
13 Kivalliq region are the seven communities along the west
14 coast of the Hudson's Bay. My dad's people are from
15 Chesterfield, Git lax m'oon, which is people of the
16 saltwater. My mom's people are from inland Arviat. And
17 so, we consider all of the Kivalliq region our home; this
18 was my home. I lived in Arviat, Rankin, Whale Cove, Baker
19 Lake, so -- and family in the entire region. So, this was
20 my home; this was my life.

21 The testimony in February was a necessary
22 testimony because that environment where I grew up -- as a
23 child, I was a very happy child until this incident. And
24 then everything -- the way I looked at everything from
25 that incident on changed for me and that region. So, I

1 looked at how my life and that region stopped being home.
2 It stopped being a safe place from that eight-year-old,
3 nine- year-old on.

4 So, when I talk about that context in this
5 testimony, it is important when we talk about the recovery
6 work to know where that recovery has to begin. And, that
7 was a broken culture, 25, 30 years ago, that I left. It
8 did not provide any substantial support and it could not.
9 It could not provide any support for me, and I understood
10 that. Leaving was the only option that I had after I gave
11 my testimony.

12 Although we won the case, the things that
13 had changed in that community, in that region were greater
14 than my ability to overcome them, to feel like I could
15 continue to belong. I no longer belonged in that
16 community or in that region because everything had
17 changed. The whole process left me unsettled.

18 And, before I got involved in the case, as
19 I said, my life was pretty awesome. I loved being home.
20 I left because there was no emotional support. There was
21 no place to go for an overall sense of safety or -- and
22 this is going to be, again, part of the bigger testimony.
23 There was no place to go to understand that I had lost the
24 sense of self. I did not know that that is what we can
25 call it when you have been abused, or that even if we had

1 known that this happened, that we have a right to recover
2 it. We are that deeply institutionalized that we feel
3 like we need permission for every part of our recovery
4 journey, and that is where I was at when I left roughly 27
5 years ago and moved to Ottawa.

6 There was no support in the community.
7 There was no support at home. There was no support at the
8 church. I was placed in a state of vulnerability, and I
9 chose that. I chose to participate in that court -- in
10 those court proceedings. I left to shift the state of
11 vulnerability into something else, whatever that something
12 else was. But, the state of vulnerability became and
13 still is a constant companion, and is for a lot of us
14 victims. We feel always vulnerable, so we create a life
15 around protecting ourselves from that vulnerability, and
16 this is a normal state in many of our communities.

17 Although I was brought up in a home
18 environment of love, self respect and a great
19 understanding of responsibility, there was always an
20 undercurrent of deference. In this context, I use the
21 word "deference". Respect and esteem due to a superior or
22 an elder affected or ingratiating regard for another's
23 wishes. So, in deference to.

24 So, our household is a very religious
25 household, both of our parents are strong Christians.

1 And, I know this was their safe place to go during their
2 transition period from traditional to the permanent
3 settlements. And, they did create a safe environment for
4 us siblings to grow up in for the most part. But, the
5 undertone was always deference. There are people who know
6 better, who know more, and we wait for permission from
7 them.

8 So, in addition to, as a victim and being
9 victimized as a child, and then re-victimized during the
10 court proceedings, there is always this feeling that I did
11 not have permission, I did not have a right, and there was
12 the undertone of somebody else knows better, I will wait
13 for them to sort it out. Never allowing myself this path
14 of healing, and, again, not knowing that I had a right to
15 it, deep in my spirit, not knowing I had a right to heal.

16 So, coming out of a traumatic experience,
17 which was the court proceedings, the personal environments
18 that we would or could return to after court proceedings,
19 even if we do win those proceedings, the places that we go
20 back to were and sometimes are, at best, environments of
21 emotional unrest. They are unrest. Those homes have just
22 been placed in a state of turmoil and cannot recover back
23 to normal, whatever normal was.

24 So, at best, they are states --
25 environments of emotional unrest. At worst, and most

1 often the case is, it is ground zero for returning to all
2 kinds -- every kind of abuse. So, court proceedings are
3 one thing. If we are not going to invest in creating
4 those safe places, we just go back to the same environment
5 and nothing changes.

6 I left Rankin in 1990 to leave. As I said,
7 would I have stayed in Rankin had there been any type of
8 support? Yes, I would have stayed in Rankin. I would
9 have stayed at home. I would have created a life in my
10 community and among my family and Inuit people. I left to
11 leave.

12 Some of the challenges in those
13 environments, after you participate in a court proceeding,
14 particularly these kinds of court proceedings where all
15 communities in the north are isolated environments --
16 after I gave my statement during the court proceedings,
17 the early 1990s in Rankin, one of the shifts in the air in
18 that community was that the people who were close to me
19 did not know how to support me. And so, what added to
20 that tension that was already there caused by these court
21 proceedings was guilt and shame, because they did not know
22 how to support me. So, our communities are compounded and
23 built up guilt and shame and fear and waiting.

24 And so, my participating in those court
25 proceedings made me an outcast. Not intentionally, but

1 made me an outcast. I had done something that, in our
2 community, fell under a cloud of, it is wrong, it is wrong
3 because by association with the police and with the
4 nurses, whoever is involved in the case, it must have been
5 a crime, and we must have been part of that crime that was
6 done.

7 And so, there is a lot of work to be done
8 in our communities in the area of understanding what is
9 one side and what is the other side and what is our role
10 in terms of creating better supports and education when we
11 are on this side of trying to make our communities better
12 by standing up against our abusers.

13 So, this was largely the reason why I had
14 to leave. There was no way that life would ever feel
15 normal again in that environment, for me or for the people
16 around me. It was hard to just visit to visit. The only
17 way -- and I get it. The only way that we could feel
18 comfortable in each other's company is if we drink, if we
19 party, if we can all together shut down the feelings that
20 we are all fighting. And so, we create environments that
21 snowball into other environments of abuse. And, I did not
22 want to -- I had to leave to get away from that
23 temptation.

24 So, the early years of this life, long
25 before I became a singer/songwriter, long before I was on

1 this path, were a series of decisions that at the time I
2 made them felt wrong and selfish, but were the best ones I
3 could make for myself. I always come back to had there
4 been any one of those groups who could support me, would I
5 have stayed? Absolutely. I would have stayed home. I
6 did not have a choice.

7 So, the case against my abuser, although we
8 won it, at the time, I felt like I lost. I left. I moved
9 away. I had to start over. He served his time, six
10 months, went back home, back to his normal life. So, we
11 fast forward to why my participation in February's event.

12 So, 25 years later, it carried on, and it
13 had to be put back on the radar. We don't know that it
14 was stopped, but it had to be put back on somebody's
15 radar. And, I thank you for the opportunity. Thank you
16 for that time in February.

17 So, I moved to Ottawa. I moved there as a
18 translator with the federal government, moved onto a job
19 with the ITC, now the ITK, night schooling to get my
20 pilot's licence, but my decision at the time that I moved
21 was to leave, never to return. I didn't know if I return
22 what I would go back to, and I couldn't go back to the
23 uncertainty and that vulnerability. So, I left to leave.

24 I didn't leave with a goal to get better.
25 I didn't leave with a vision or this conscious deep vision

1 that I am going to change my life. Again, because part of
2 the environment we grow up in when we are parented by
3 transitioning parents is we are in a state of what I call
4 "suspended anticipation." Somebody made promises to us,
5 and we are waiting to be released from those promises.
6 And, until we are released from them, we can't move
7 forward. We need permission all the time to move forward.

8 I love my life when I moved to Ottawa. It
9 feels good. I had guilt that I was feeling good about my
10 life. I wanted to do better things and get better at
11 things, but I always had to call home. "This is
12 happening, what do you think of this? Is this good? Is
13 this bad? I feel guilty. Should we pray about it?" Just
14 do it. But, I needed someone to release me from that
15 burden of, I love my life and there is something wrong
16 with this picture. So, essentially, generationally
17 institutionalized.

18 So, that is what I brought with me when I
19 moved to Ottawa. I hadn't started singing yet. I hadn't
20 started song writing yet. I hadn't done my CBC Radio
21 project. We hadn't done the Searching video. I hadn't
22 done any of that yet.

23 There were a couple of moments in Ottawa
24 that first year that I lived there that were really,
25 really scary. And, they were simple things. And, there

1 are two things that I am going to mention, because they
2 are -- they paint the picture of who we are as small town
3 Indigenous or small reserve Indigenous trying to make a
4 life for ourselves, and then being too afraid of the new
5 things in our life.

6 The first challenge for me was the city
7 buses, which is like, oh, they are just city buses. They
8 are just bus drivers. But, they are qallunaat bus drivers
9 and they are all qallunaat on that bus, and I am just a
10 little Arviatmiut. Maybe they are going to figure it out
11 that I am this little Arviatmiut Eskimo who is trying to
12 get from Point A to Point B, and maybe they have a right
13 to say, "No, you can't get on this bus."

14 I harboured that kind of fear and lived
15 with that kind of fear. And, fear is not the right word.
16 The word in this context is il-er-a (phonetic). In our
17 dialect, il-er-a (phonetic) is the root word for il-er-a-
18 suk (phonetic), il-er-a-sula-punga (phonetic), il-er-a-
19 sula-tunga (phonetic). I was in a constant state of
20 emotional fear. They had power over me. I needed their
21 permission to get on the bus to get to my job.

22 Every morning -- so some mornings, it was
23 too much and I would walk the 5 miles rather than confront
24 this bus -- thinking I had to confront the poor guy. He
25 had no idea, but I did. I had the fear in here. So, that

1 was the first thing I had to tell myself, "Don't be silly.
2 It's okay. You just -- this is just a bus getting you
3 from Point A to Point B."

4 And, the other time was -- we have more
5 access to better food now in the North than we did 25, 30
6 years ago when I first moved away. We had what was then
7 the Hudson's Bay Company and the Arctic co-ops, and
8 whatever they could provide us for food. And, when I
9 first moved to Ottawa, the grocery stores were pretty
10 awesome. But, it was as simple as wanting to go and get a
11 box of Red Rose tea. Walking up to the wall of tea
12 options and panicking, because I just want Red Rose tea.
13 I don't need to look at all these types of tea and all the
14 things that they can do. They can help you sleep; they
15 can do this. And, like, "I just want Red Rose tea. I
16 can't do this," and walked out. Simple things.

17 I needed someone to release me from the
18 fear that I didn't belong, and that I always needed
19 someone to say, "It's okay. Just pick one. Nobody's
20 going to scold you. Nobody's going to take it away." So,
21 I brought that with me when I first moved to Ottawa, this
22 really incredibly overwhelming sense of "I didn't belong
23 in this place, in this environment". As much as I loved
24 what was changing in me, I was sensing and feeling enough
25 of this little bit of independence, but the il-er-a-suniq

1 (phonetic) was stronger than that independence. The fear
2 and waiting for someone to tell me, "You can do this. You
3 belong here," was stronger than wanting it at that time.
4 So, this is the first rough year of living in Ottawa.

5 Shortly after that, I -- we did the
6 Searching video. This was supposed to be a documentary
7 which turned into a music video. I wasn't a singer/song
8 writer. I was not yet an artist. My heart had not
9 engaged yet the possibility that I could be an artist,
10 that art could be a career. I was working my day job with
11 ITC, now ITK, and night schooling to get my pilot's
12 licence. This life was the furthest thing from my mind.

13 And then I was given, in a conversation
14 with my first boss, an opportunity to use one of my poems
15 that I had written in high school called (phonetic), I
16 Have Been Searching, and turned it into a documentary
17 about living between two worlds to get our grade 12
18 diploma. This turned into a music video, and I don't know
19 to this day how we went from a 6-minute documentary to a
20 7-minute music video on Much Music, but it happened.

21 This -- while producing this, I was invited
22 to participate in a recording of an LP. So, for those who
23 don't know what an "LP" is, the big vinyl records,
24 although mine was not on vinyl. They still called it LP
25 at the time when they were doing the recording even though

1 it had switched over to CD. And, CBC Northern Services
2 contacted me and asked if I could submit a demo.

3 And, aside from being a preacher's kid,
4 there is no musical experience in our family, no choirs.
5 We don't read or write music. No art in our lives. And
6 so, this invitation comes along. And, when I met with the
7 gentleman who invited me to participate in this project,
8 my mind engaged because it was an opportunity to begin to
9 write about the things that I had brought with me from
10 home when I left the court case, after the court case.
11 All of this stuff was still here. It had not yet been
12 resolved.

13 And so, when I began the engaging of the
14 writing, the song writing, it was to let it go, to find a
15 place to release it. And, we recorded our first series of
16 songs that were on that project, the CBC Radio project.
17 The producer, Randall Prescott, produced it, and then
18 Randall and I carried on with other song writing for what
19 is now the Arctic Rose album.

20 And, I remember the initial conversations
21 with Randall being, "I don't know how to write songs. I'm
22 not a singer/song writer. I know only what I have left
23 behind, and I need to write about those. That's what I
24 will write about." And, all my life, I have had pretty
25 incredible people who are very supportive of my processes.

1 They understood, for the most part, that I am -- I have no
2 experience as an artist, and I can't write what everybody
3 else writes. You have to let me write what I am feeling
4 and the demons I am fighting.

5 And so, a lot of Arctic Rose turned into
6 the very personal songs. Even then, it was not a career
7 for me. Even then, it was, I know I'm not a great singer.
8 I'm not even a great song writer. I just got to get this
9 stuff on this album and take it off my bucket list. I've
10 done it and move on with whatever the rest of my life was
11 going to be. What started to happen though, with the
12 writing of that album, was a slow awakening in the pit of
13 my belly. I began to feel a goodness I did not know that
14 I could feel. And, I do not know how else to describe it.
15 The more I put into writing the things that I was feeling,
16 the better I was beginning to feel.

17 Then -- I mean, the extent of my English at
18 that time was what I grew up with in small town Nunavut,
19 so my English was not that great at the time. So, I could
20 not describe it then what I was feeling, but it felt good.
21 Whatever was happening, it felt good. As it turns out,
22 what was happening was I was healing.

23 So, it became -- shortly after the Arctic
24 Rose process, my life became about always pursuing that
25 feeling. It was never pursuit of celebrity, it was never

1 pursuit of this incredible life I ended up living these
2 last 25 years, but pursuing this feeling, getting better
3 and the better I got wanting to get better.

4 So, the trauma that I brought with me from
5 home, the opportunities that were given to me shortly
6 after moving to Ottawa set me on what has become a journey
7 that, as I have learned, as I have healed enough, as I
8 have gotten better, I have given myself space to healthy
9 exploration and love.

10 So, when I started the full engagement of
11 the career -- and this did not happen until 1998. So,
12 five years into this career, This Child had come out, the
13 album -- and my son, but the album. And, I had gotten the
14 awards. But, 1998 was the big turning point year for me
15 where I had to ask myself, so what is the big hiccup fear?
16 There is always going to be fears in our lives. What is
17 the big fear that up to that point was keeping me from
18 truly engaging in this incredible opportunity, which was
19 life as an artist, life as a singer/songwriter.

20 And, I go back to being parented by
21 transitioning parents. I was afraid to be a whole and
22 successful Indigenous person, Inuk, because it comes with
23 a lot of responsibility and I did not have the tools to
24 manage that responsibility. I did not know how to be a
25 celebrity, I did not know how to be a role model, I did

1 not know how to be an artist, I did not know how to run a
2 business, I did not know anything about this industry, and
3 yet here was an opportunity to fully engage in it. It was
4 not just a matter of the record company is involved now.
5 As an Indigenous artist, it is hardly ever about just
6 having a career of a celebrity, it is -- we have this
7 incredible history that we have to work with and
8 represent. So, the scary part was you have to make that
9 part of your life, and always the hurt and what I left
10 Nunavut and home with will always be in this work that I
11 do.

12 So, it became -- the decision to engage in
13 1998, and I chose to -- I chose to full on take this
14 career. Take it on. I am going to figure this out, I am
15 going to figure out what I am afraid of and fight it,
16 whatever it is. Whatever these demons are, I am going to
17 fight them because I had fallen in love with the journey
18 of healing through this art, through this music, through
19 this career, and that became more important to me than the
20 pursuit of celebrity.

21 So, that has become the source of
22 documenting my recovery process, my healing process. A
23 little bit at a time, a layer at a time, layers peel off
24 as I understand them. The triggers, the habits we develop
25 as victims, all of these things become part of, okay, that

1 is what that means, that is what that means, so let's
2 write this song, let's write that song, let's put it in
3 this art, let's put it in that art. So, it has become a
4 source and resource for me to work with, to keep my career
5 going, but also to keep healing and to get past the layers
6 of our traumatic pasts. And, we have many, many layers.

7 I believe that Indigenous artists have an
8 awesome responsibility to contribute to that. And, I use
9 "awesome" not in, yay, we are awesome, but awesome in that
10 we have something pretty incredible in the area of
11 connecting certain dots the way that we do as artists,
12 very different than academics, that make it understandable
13 or relatable.

14 And so, the decision in 1998 was scary,
15 because I knew that whatever work I did would always
16 include that trauma, the thing that had driven me away
17 from home, the lessons I was learning, the ways I was
18 getting better, but it also meant that it would always be
19 triggers. So, there is not a single concert I do not
20 perform where I am not triggered. There is not a single
21 keynote presentation where I speak, where I do not go back
22 to that trauma. But, as Indigenous artists, and most of
23 us are victims, we have made the choice and the commitment
24 to keep doing this, because we have to write that stuff
25 and we have to share it because there is going to be

1 several generations that have to keep doing the work and
2 documenting it, otherwise it stops and it ends, and we
3 cannot let that happen.

4 So, we have an incredible resource which is
5 lived experience every time we create and every time we
6 share, and a responsibility to share that, so that you can
7 take from it what you need for us to do the generational
8 healing. So, I hope that answered your question. That is
9 the early part of the trauma that became the source and
10 the resource to bring me to knowing that I loved more the
11 life I had been given, the opportunity I had been given,
12 which was to heal, than the fear of not knowing how to
13 stay on that journey. I chose to figure out how to work
14 through the fear and stay on this path, and now that has
15 become the source that I use to keep doing the work that
16 we do.

17 And, it is trauma-informed. Every piece we
18 write, every art we produce is trauma-informed material.
19 There is no way around it as Indigenous artists from
20 generational trauma pasts, parents and everything,
21 grandparents even. So, our parents did incredible, but it
22 was an undertone of deference, go back to -- they always
23 brought us back to, somebody else knows better, so we will
24 wait for somebody else to solve that problem. Put it away
25 and do not deal with it because we do not know how. There

1 is a lot of guilt attached that it happened to our family,
2 so let's bury it. So, all these things happened in our
3 communities, so it is compounded trauma that we are
4 dealing with.

5 The other part that happens is in
6 generational transitioning, our parents to this
7 generation, our parents and grandparents began parenting
8 us from the narrative that they were told when they were
9 placed in permanent settlements, which was that, you
10 needed rescuing, you needed healing, you needed fixing and
11 we are going to fix it for you. So, this put us in what I
12 call an emotional state of suspended anticipation.
13 Somebody made promises and we have not yet been released
14 from those promises. Even if they have not been met, we
15 have not been released from them.

16 So, what is happening is the generations
17 and generations that are waiting to be released have -- we
18 have created environments of trauma informed homes,
19 communities, that are compounded by this daunting sense of
20 waiting. Somebody else is going to release us. We're
21 waiting to be released from these promises. And once
22 that's done, we can move on to something, whatever that
23 something is, but we haven't been. Suspended
24 anticipation. We're still waiting. So that generation of
25 parents are who parented us, and grandparents.

1 And it's -- I think it's important also to
2 understand these are not criticisms, these are facts.
3 That is what happened. Our parents and grandparents did
4 their best, but they did the best with what situations
5 they were placed in. So we can't look at them from a
6 place of well they did this, they did that, but it's
7 sharing to inform the work we are doing, and so we better
8 understand the work we need to do and write and draw from
9 to create whatever we need to create for the next
10 generation.

11 So parented by that, transitional
12 parenting, and trauma informed parenting and generational
13 trauma.

14 **MS. JENNIFER COX:** So Susan, one of the
15 terms that you used with me was the broken narrative.

16 **MS. SUSAN AGLUKARK:** M'hm.

17 **MS. JENNIFER COX:** I'm wondering if we
18 could get the picture up on the screen, because I think
19 this illustrates -- I'd like you tell the story that you
20 told me in relation to your -- this is your grandmother?

21 **MS. SUSAN AGLUKARK:** This is my great
22 grandmother, and this woman adopted and raised my mother,
23 and her name is Tahilq (ph). And -- so when I talk about
24 transitional parenting and how quickly that world changed,
25 she comes from the group of people who were photographed

1 and documented by Richard Harrington, contracted by the
2 government to document this group people whose camp inland
3 Inuit had just come through a starvation period.

4 So she had almost starved to death, and she
5 was just at the end of this period. And she adopted and
6 raised my mother, so my mother would have almost starved
7 to death as a child. And she's around here somewhere in
8 this picture.

9 And then in her lifetime, shortly after
10 this, is when they began taking the Inuit and placing them
11 in permanent settlements. So when I say generational
12 trauma, transitional parenting, or non-transitional, the
13 paper I began writing about 15 years ago is a paper called
14 Post Colonization Syndrome Theory, and what I talk about
15 that is they are suffering from a form of trauma. But the
16 trauma they are suffering from is not having had adequate
17 time to transition from traditional to non-traditional.

18 They weren't given the choice. It was just
19 a matter of here's the period of starvation you just came
20 out of, we need to rescue you. And we're -- the only way
21 that we can help you is if we place you in permanent
22 settlements. So the narrative that those who documented
23 this period and these people told the non-Inuit was that
24 we just rescued these people.

25 So immediately, when you use these choice

1 of words, the implication there is they were poor barbaric
2 people who didn't know what they were doing and they got
3 themselves in a state of starvation, and so we must rescue
4 them. And so we, the following generations, identify with
5 the people who needed rescuing.

6 And so when we talk about correcting a
7 narrative, we need to go back and correct this one.
8 Because what Elders will tell you is yes, there were
9 period so starvation in Inuit culture over the thousands
10 of years; it happened occasionally. In this case, the
11 migration of the caribou route shifted slightly enough
12 that there was not enough meat to sustain them for the
13 winter. And Elders will tell you it happened, and they
14 got through it each time it happened.

15 This time, the timing just happened to be
16 that the World War II ended and the government decided we
17 need to occupy the Arctic lands, and the Inuit are already
18 there anyway, so why don't we keep them there, we'll put
19 them in permanent settlements, we'll save them from
20 starvation, and we'll be the heroes.

21 The narrative has to be our ancestors are
22 the heroes. If we don't change this narrative, we're
23 always going to believe that we were silly barbaric people
24 who needed rescuing. And we need -- if we're going to
25 heal, heal from the right place, heal from that place.

1 Those are the heroes, we're not. So when I talk about
2 generational trauma and correcting the narrative, this is
3 where we begin.

4 Until she was 70 in this picture they were
5 fine, and they happened to have a year or two where there
6 was no caribou. But that doesn't make the thousands of
7 years of history silly old people who were wandering out
8 on the Arctic that needed rescuing. And we need to
9 correct that narrative to being to really heal as
10 Indigenous people.

11 So that is the woman who adopted and raised
12 my mom. In between her generation, Tahilq's generation
13 and my mom's, is when our life changed, and that
14 dramatically.

15 So the non-transition period, what I talk
16 about in there is if -- we had two opportunities to get
17 the relationship right and in a healthy way as Inuit. The
18 first one was when they were placing us in permanent
19 settlements.

20 The reality is it was going to happen.
21 Even Inuit knew that. Change happens. We have no control
22 over that. But what should have happened was when the
23 relationships were being formed between the traditional
24 Inuit -- so long before our political leaders --
25 traditional Inuit and whoever were the non-traditional

1 representatives, there was an opportunity that was the
2 first opportunity where the non-Inuit could have tapped
3 into traditional Inuit emotional intelligence.

4 They were intelligent people, they were an
5 organized society, they had everything set up and in
6 place, and they were functioning. And all the ways that
7 they were doing this, this side had an opportunity to
8 recognize that we could take the best of both worlds and
9 create a really awesome relationship here, but it didn't
10 happen.

11 The second opportunity to get this right
12 was the early years of the political movement. So while
13 we were negotiating in Nunavut, we should also have been
14 creating a space where we could document and access that
15 emotional intelligence.

16 We should have also been anticipating that
17 whatever land we create for the contemporary Inuk or
18 contemporary adult, we also need to be anticipating that
19 that change is going to change them and how is it going to
20 change them and how do we create -- I don't know what the
21 right term is -- stop gaps so that before it gets bad we
22 get ahead of it. We didn't do that.

23 So we had two opportunities to create good
24 relationships with the Inuit who carried emotional
25 intelligence memories and the negotiators on the other

1 side of the table, whoever they were. And we didn't do
2 it. So now we're trying to play catch up with them.

3 So that's when I go back to suspended
4 anticipation. We're still waiting for something to
5 change.

6 So that was the opportunity we had when
7 they were placed from traditional to the permanent
8 settlements they're in now, and how this has added to the
9 compounded generational trauma.

10 So this generational trauma created a first
11 generation, so Tahilq's generation were a -- became
12 disenfranchised or disempowered. Institutionalized, my
13 parents, the next generation, were in the process of being
14 institutionalized, and parented deferring. And I hope
15 that makes sense.

16 So they did incredible, but there was
17 always, as I said, the undertone of what they didn't know
18 what they were afraid because they didn't know they would
19 defer to somebody who would know. And so we grew up
20 waiting for someone to always give us permission because
21 we thought that that was the way and that was what we had
22 to do.

23 So, my generation grew up il-er-a-suking
24 (phonetic) which is not a good Inuktituut word. My
25 generation grew up being in a state of emotional fear all

1 the time. This was my emotional foundation waiting for
2 someone to release me from that emotional fear. "It's
3 okay, ma'am, you can get back on the bus." "It's okay,
4 there's like 10 brands of teas. It's okay, you don't have
5 to get the right one. Try them all." Waiting for some
6 one to give me permission to say, "It's okay." That was
7 what I came into my life with. So, that was the
8 generational trauma that I have traced as I document this
9 through my writing and through my song writing.

10 And, I want to touch a bit also on the
11 effects of while we are living in constant compounding
12 trauma, because we are, we haven't, as leaders, truly
13 dealt with all of the crises in our communities. We have
14 not dealt with them. In the meantime, they are continuing
15 to compound the other challenge is our growing population.
16 Yes, we are the fastest growing and youngest population.

17 Each generation that we aren't getting
18 ahead of these challenges, we are adding compounded
19 trauma. If we don't get ahead of this now, each
20 generation is going to add a new challenge to it, because
21 we haven't resolved the previous three in Inuit history,
22 and maybe a bit longer depending on where in Inuit
23 Nunangat you are from and longer in the First Nations and
24 Métis communities. So, they are more compounded trauma
25 depending on where you are from. If we don't get ahead of

1 it now, it is going to keep growing and the population is
2 going to keep growing.

3 So, we are dealing with compounded
4 generational trauma. Population growth is creating this
5 need to urgently deal with these situations, but we
6 aren't, because we aren't getting ahead of them.

7 I have a problem with remote locations
8 being a cause. I don't believe that. I don't believe
9 that because even though the Arctic is remote, being
10 remote should not prevent us from accessing equal access
11 to programming, funding for programming, education, water,
12 housing. Why we use remote locations as one of the
13 reasons why we can't get ahead of these problems, I think
14 it is just an excuse. And, I don't agree that being a
15 remote population is a factor.

16 When we were developing those relationships
17 with the agents, whoever they were, negotiating Nunavut
18 and earlier treaties and land claims, they knew population
19 was going to grow. They should have factored those
20 numbers in. Everybody knew. Numbers should have changed
21 while population grew. Where we are should not be a
22 factor. So, I don't agree with that being a remote
23 population is a deterrent for access to healthy, equal
24 funding of anything.

25 So, yes, lack of funding is a challenge. I

1 have spent about, what are we now? 2018. So, about 15
2 years on volunteers on boards. And, I started about 15,
3 16 years ago wanting to figure out and understand what is
4 the best way to contribute to solve -- problem solving in
5 our communities. As we know, our environments are very
6 different and have different challenges, and so our
7 approaches have to be different.

8 And so, about 15 or 16 years ago, I started
9 volunteer -- joining volunteer boards to get an idea of
10 how that works and is it the best way to contribute. And,
11 I had to do this, because previous to that time, I had
12 approached my governments from about the mid-1990's on.
13 About 1998 was the first time that I went to the Nunavut
14 government. And, I said then, "Listen, we're -- we need
15 to figure out a partnership of some kind." I didn't know
16 what at the time. 1998, we had then high suicide rates.
17 "We need to figure out something to create something to
18 help our young people." And, I was turned down.

19 I went back in the early 2000's when the
20 numbers were growing. Turned down again. And then
21 about four years ago, I went back and I said, "My Arctic
22 Rose Foundation started off as the Arctic Rose Project."
23 And, I started it off as a project, because I wanted to,
24 again, understand what is the best use of our time, of our
25 volunteer time, of our fundraising time of the things that

1 we are going to have to do to understand and contribute to
2 solutions to our communities.

3 So, it started off as volunteer campaigns.
4 So, for about three years, we did four campaigns,
5 quarterly campaigns in the Arctic Rose Project. At that
6 time, I went back to my government and said, "Here is what
7 I'm learning from these campaigns. Shouldn't we work
8 together? Leverage my celebrity and what we know is a
9 challenge here, and let's together find solutions. Let's
10 do something. I don't know what that something should
11 look like, but we should do something now." And, the
12 answer was, "Why don't you give it a try and send us a
13 report?" At that point, I had had enough and I said,
14 "Okay, I'm going to do it myself. I'm going to do this
15 myself."

16 So, back in 2015 or '14, I started the
17 application process for the charitable status. And, what
18 is -- it took about three years to get our charitable
19 status. And, it took a bit longer, because I needed the
20 mandate to be as broad as possible, because the process,
21 we have to apply -- to the work we are going to do has to
22 be an organic process. There is a plan in place, there is
23 a method in place, but when I say it has to be "an organic
24 process", what I mean by that is -- and I will use -- I
25 have just -- we have just finished our January to May, our

1 first pilot period with a program in Nunavut, in Rankin
2 Inlet.

3 And, during that time -- the purpose of
4 this space. And, the purpose of this space, it is a safe
5 place. Here, when you need to just sit down and have a
6 quiet space, you can do that here. There is guided art
7 therapy, there is a program that is running there, but
8 they all understand that this place -- sometimes you do
9 not want to be involved or engaged, sometimes all you need
10 is a place to just be. And, she showed up and I knew
11 right away that that is what she needs today. So, she
12 just simply sat down and leaned into me and sat there for
13 10 minutes, and that was enough for her. And then she got
14 up and she went to the art table, and she started her art
15 and she sat there and did her art for the next hour.

16 So, when we say organic -- and what I mean
17 by that is we have to be flexible. When we have a space
18 that has a purpose and a goal, and we are meeting that
19 purpose, we are meeting that goal, also we have to have
20 that flexibility. And, we train our facilitators to know.
21 And, we select them based on the fact that they know most
22 likely, once or twice a week, we are going to get somebody
23 who needs special care, does not want therapy, but needs a
24 different kind of an approach, and that is what this space
25 offers. So, that is what I mean by organic. And, organic

1 because we recognize the need when it is there and we know
2 how to offer it. So, we have to be flexible in an organic
3 -- in our approach.

4 So, the foundation does that. I just came
5 in yesterday from setting up the room again in Rankin --
6 so that is going to start up again for the school year in
7 Rankin. So, we are filling a void where they are not
8 getting the emotional support they need at home, we are
9 filling a void where they do not need therapy per se, but
10 they know -- sometimes just knowing the space is there can
11 be enough for them. The space is a controlled space, so
12 it is not just where you put music on and you hang out.
13 It is not a drop-in centre, it is guided therapy.

14 The therapy -- and I do not use the word
15 "therapy" in that space. We do use music. And, music has
16 been my career. Where I have healed enough is that --
17 every part of the art I have been introduced to in my
18 career, all of the art I have done, that is what has
19 healed me. The writing has healed me. Having that outlet
20 is what has allowed me to stay on this journey these last
21 25 years. And so, what we do with the art is give them
22 the opportunity to do the same, what do you need to
23 practice today and how do we provide it for you.

24 So, it is not just music therapy, it is
25 every form of art that we can make available to them, with

1 the goal of, this is where you put your crazy, this is
2 where you put your frantic, this is where you put not
3 knowing. And so, that space has become that safe space
4 for them. And, that was created from my experience these
5 last 25 years on this journey which, as I said, I have
6 been a fortunate one. I have been able to land
7 emotionally in one place and create, write, document --
8 where I got fed up with not getting results, making them
9 happen myself. And so now, what is exciting about having
10 the Arctic Rose Foundation, is also teaching that the
11 government does not have all the answers. They do not
12 have to have all the answers. At some point, we are going
13 to have to engage as a people and find other ways and
14 resources to contribute to solutions in control.

15 And so, it has become an exciting project
16 for us, the foundation work, because it is work, writing,
17 exploration, research, facilitating for Inuit by Inuit.
18 Organically as victims to help victims. While we are
19 identifying the culture crisis, developing programs to
20 address the culture crisis from our lived experience.
21 That is what the foundation is doing now and it started
22 with that searching video, that cassette tape, and then
23 the Arctic Rose album, and then the last 20 years. It
24 started -- having to leave and start over, whatever
25 starting over meant. And then 25 years later, finding

1 ways to find the best of those lessons and turning them
2 into programs and opportunities for others to use to heal
3 or to draw from. So, that is what the foundation does.

4 **MS. JENNIFER COX:** One of the things that
5 you provided to us, Susan, was a PowerPoint that has some
6 pictures in it. And, I am wondering if perhaps it would
7 help if they put that up on the screen and you could
8 talk ---

9 **MS. SUSAN AGLUKARK:** Yes.

10 **MS. JENNIFER COX:** --- a little bit about
11 what is in the pictures so that it illustrates some of the
12 work that you have been doing with Arctic Rose.

13 **MS. SUSAN AGLUKARK:** Yes. Sure. So, this
14 is from our pilot period, January through to May. So, if
15 they want to just go through the pictures and I can talk
16 you through what they are. So, the first picture is -- so
17 the campaigns that I started with were basic morale
18 boosting campaigns. What you see hanging there are grad
19 gowns and dresses.

20 So, I collect grad gowns and dresses
21 leading up to graduation ceremonies, because what we
22 learned during the campaign period, before we became a
23 foundation, was that sometimes, often in fact, a high
24 school student will drop out of high school because they
25 have worn the same clothes for four or five days, and they

1 are ashamed to go back to school because of the same
2 clothes and because they smell bad. They might be doing
3 great in school, but they are ashamed of their appearance,
4 so they drop out because they cannot afford new clothing.
5 So, we collect clothing and we bring clothing up, and we
6 privately, secretly give them access to clean clothing.

7 Graduation ceremonies are a critical time
8 for a lot of young girls. Many cannot afford to fly south
9 to get a grad dress, so we collect graduation gowns and we
10 bring them down with everything, and they select what they
11 want to wear for their graduation ceremonies, or as dates.
12 Whatever they want to do. But, the purpose of those
13 campaigns is to boost morale, to let them know that
14 somebody has their backs, they are not alone in this
15 struggle in this journey.

16 The other picture is we had a young boy who
17 was coming to this program regularly and we offer -- the
18 first part of the program, when they come into the room
19 is, about 15, 20 minutes of a healthy snack and a sit-down
20 conversation, and that is where the work happens. The art
21 is not the work. The work is sitting down and having
22 these conversations with them. And so, for 15 or 20
23 minutes, they will sit down and have a snack that we give
24 them. But, the young boy would come and this was his only
25 meal for the day. If a child is hungry, they are not

1 going to learn, they are not going to get healthy.

2 So, the campaigns were all about boosting
3 their morale, saying somebody has got your back, we hear
4 you, we are working on it. So, these pictures just
5 represent the project that turned into the foundation.
6 So, the next picture -- this was our first group. So, we
7 had, as I said, 25 girls, a couple of young guys, who
8 accessed that room every day. So, these girls are from
9 the middle school which is across the lake from the high
10 school. So, in 30 below weather, 40 below weather,
11 January, February, they were walking every day after
12 school from across there to utilize this space. They
13 understood the value of this space. So, every day, they
14 were there and we were guiding them through art after the
15 conversation. So, this is just to show you what that room
16 looked like in that pilot period.

17 The next picture is, I think, a group photo
18 of the same group. So, mostly girls, but a couple of
19 young guys in this picture. And then I think the next few
20 photos will show you some of the art that we showed them.
21 We include culture in all of their art. So, that first
22 piece is just a tear sheet project, where they utilized
23 art materials from all around them. So, what we did with
24 that first piece with the heart is, newspaper magazines
25 with Inuktitut language in them can be art, can become art

1 material. So, we showed them how they could do this with
2 their own magazines at home. And then other pieces that
3 they drew. And then the next one will be -- I think it is
4 a young girl with her project.

5 So, this campaign was, at the end of the
6 pilot year, we left them with a project that they took
7 home. And, what this week's project was, was on their
8 more vulnerable days when there is no one to go to, the
9 space was being closed down, because the funding had run
10 out, and this was in May, so they wouldn't have access to
11 the space for the summer.

12 What we left them with was they are their
13 own personal angels, that they are their own personal
14 space where they can draw strength from. And so, this is
15 the project that represents the work that they did. I
16 think the next picture is the same one. So, this is her
17 angel. So, they created art that reflected themselves as
18 their own angel, their own inner angel.

19 And then the next one is a video clip. I
20 don't know if we can hear it. I forgot to mention. This
21 is a young girl who gave her testimony of how the art
22 program had helped her. Maybe it is not...

23 (VIDEO PRESENTATION)

24 **MS. SUSAN AGLUKARK:** So, these are girls
25 who gave their little testimony about what they had

1 learned from this process. And, this is January through
2 to May. And, what you see in the background is just some
3 of the work that they created. There is more in that
4 space. But, they learned a lot.

5 If I can share a quick story, one of the
6 stories was two friends came into the space together one
7 day, and then I put one of the girls on the radar that
8 day, because I could sense that she was having a bad day.
9 And then I had my friend, who was my co-worker in this
10 project, keep an eye on the other friend. And, sure
11 enough, they both stormed out about a half hour into this
12 project.

13 So, I happened to be out in the hallway on
14 the phone, so I stopped the young girl and I said, "I
15 gotta go, I've got to deal with this." So, I asked her,
16 the girl I had -- my co-worker had the other girl. I
17 asked her, "So, can you tell me what happened?" And, she
18 said, "I don't like the way she was looking at me." And,
19 I said, "Okay. So, how did the way she was looking at you
20 make you feel that you got so angry?" And, she goes,
21 "Well, she was looking at me like she was better than me,
22 like I was not good enough to be here," that kind of a
23 comment.

24 And so, I said to her, "Well, maybe she
25 wasn't looking at you that way. Maybe it was just a

1 reaction to something she heard that you think maybe it
2 just got a little crazy and you feel bad?" "Yes, I do. I
3 think I reacted." So, then I asked her, "Do you think if
4 you had a chance, would you like to apologize?" "I would
5 like to." And, she started to cry, "I would like to
6 apologize." I said, "Well, why don't we practice an
7 apology? I'll help you, and then we'll go over and see
8 your friend."

9 So, we came up with a way for her to
10 apologize, and then we went over to her friend who started
11 crying. She was bawling as well. And, it was the same
12 process with her, "Maybe something just got out of hand
13 and you misunderstood." And, it came down to that. "Your
14 friend wants to apologize. If she apologized, would you
15 guys -- we would love to have you back in the room. Would
16 you come back in the room?" So, they apologized to each
17 other, and then they hugged, and they came back in the
18 room.

19 So, the space is designed, when we train
20 the facilitators, to watch for these things. And, for her
21 to share "the way she looked at me made me feel
22 uncomfortable", that is what I mean by culture-specific
23 observation. We don't know where they come from when they
24 come to us. They don't have the tools to manage this
25 frantic space, and we can't let them slip through the

1 cracks, because they don't get the support at home, so the
2 space provides it.

3 So, that was a big telling sign for me from
4 her to say, "She made me feel bad by looking at me." All
5 that tells me is, okay, at this age, if you feel that bad
6 that immediately, then your home environment is not the
7 greatest. Let's talk you through a simple apology that
8 will diffuse it right away for you, and then we'll get you
9 back in the room. And, that is all they needed.

10 It didn't escalate. It didn't become a
11 bullying situation. It was just a matter of recognizing
12 the signs and talking them through the process. And, they
13 have been friends -- they were, in fact, waiting at the
14 door yesterday, "Can we start the program?" "It's not
15 ready. It'll be ready in November." "Okay," those two
16 together.

17 So, that apology to each other was another
18 bonding experience for them they otherwise wouldn't have
19 had. You know, so recognizing those things through the
20 foundation was a culture-specific management and training
21 is what we are doing through the foundation.

22 **MS. JENNIFER COX:** So, just as a point of
23 clarification, I think it -- is it fair to say that really
24 the founding piece of the Arctic Rose is to have the
25 physical space? Would that be a fair comment?

1 **MS. SUSAN AGLUKARK:** The physical space is
2 the critical one, and this space is -- what is important
3 about the space and why they come to it is they know that
4 is their space. They have set the rules for how that
5 space operates and they respect their own rules. One of
6 their first rules is, "We don't want access to our phones
7 and the internet. We leave our phones or we put them
8 away, and we are just going to learn to have a
9 comfortable, productive time together in this space."

10 But, they get the purpose of the space and
11 they utilize it the way it needs to be utilized. They get
12 the art. They get those moments of bonding. They get
13 those moments of conversation and they walk away with it.
14 And, they come back every day.

15 **MS. JENNIFER COX:** So, there isn't
16 necessarily a one-size fits all answer as to the type of
17 therapy, whether it is music or art, that is appropriate.
18 And so, to use the words that you use, it was organic or
19 it needs to be organic. So, it needs to meet the child
20 where they are emotionally and culturally; is that a
21 fair...

22 **MS. SUSAN AGLUKARK:** That's right. So,
23 what we have in that space is a resource manual. So, when
24 we train the two young girls we have hired to run the
25 space in Rankin Inlet, for example, we are going to train

1 them in two weeks when we go back, they are given a
2 resource manual. So, there is that source for them to
3 draw from for each day.

4 But, there is a day where they can have an
5 "Anything Day", because while they are watching and
6 observing the participants, they might say, "Oh, it looks
7 like they need to do this today." Maybe it is a music
8 day. Maybe it is just a messy paint day. Maybe it is
9 just a conversation day, but they are going to be trained
10 to watch for this and be able to facilitate that kind of a
11 day if they need to. But, the space is and has to be
12 organic, because they also know we don't know what they
13 are coming from.

14 I think part of what draws them to the
15 space is -- it is a -- I can't think of the word in
16 English. It is an organized space. So, you come in, take
17 your coats off, register, you sign-in, you eat your snack.
18 Fifteen, 20 minutes later, we go into the facilitated art.
19 So, it is not just art for the sake of art. "Here is what
20 we're doing today."

21 **MS. JENNIFER COX:** There is a schedule?

22 **MS. SUSAN AGLUKARK:** It is a schedule. It
23 is a routine for them. It is something they don't have to
24 think about, but they know they are going to get something
25 out of it. I think that helps them stay calm for that

1 hour-and-a-half.

2 **MS. JENNIFER COX:** One of the other things
3 you talked about with me was a Messy Book.

4 **MS. SUSAN AGLUKARK:** Yes.

5 **MS. JENNIFER COX:** And, I am wondering if
6 you could describe for the Commissioners what that is.

7 **MS. SUSAN AGLUKARK:** Yes. So, what -- the
8 afterschool program, as I said, the 15, 20 minutes when
9 they first come to us while they are having their snack,
10 it is a really special quiet time. Everybody loves that
11 quiet time, because the three questions we ask them that
12 everybody gets to share in that time is, how was your day
13 -- how are you, how was your day and what did you learn or
14 what did you not learn today? What would you like to have
15 learned? And, everybody wants to share, but they are
16 never given an opportunity to share. So, everybody takes
17 a turn and has that 15, 20 minutes of conversation, and
18 then it is guided art.

19 But, the guided art, and I brought the
20 wrong book today -- this afternoon. I have it up in my
21 room. What they are given at the beginning of the program
22 is what I call the Messy Book Kit. And, what it is, is a
23 book of blank pages, a set of pencil crayons, a pen, a
24 pencil, an eraser and a glue stick. And, what they do in
25 there is -- it is your one thing in your life you know

1 absolutely you have control over. So, when they come to
2 us, like I said, we don't know what they are coming from,
3 we don't know what they are going back to. Many of them
4 are living in a house of three bedrooms and 12, 13, 14, 15
5 people. They might not have had a meal that day.

6 So, we give them this Messy Book Kit as a
7 symbol of, we would love to change your personal
8 situation, but we can't do that right now. We have no
9 control over those personal circumstances. Here is what
10 you have control over, your Messy Book Kit. What you put
11 in this book, what you write, the art you create, whatever
12 you want to put in here, you are in control of that. And,
13 they get it, they understand, and they create, and they
14 fill in this Messy Book Kit. Every single day, they put
15 something in that Messy Book Kit.

16 **MS. JENNIFER COX:** So, just a couple of
17 other questions, because we are running out of time here,
18 but to talk about a little about the Arctic Rose
19 Foundation. You did tell me a little bit about the
20 history of trying to seek support financially for it, and
21 I am wondering if you can tell the Commissioners a little
22 bit about that.

23 **MS. SUSAN AGLUKARK:** So, the couple of
24 times that I had gone to -- the first time was -- it was
25 between the Nunavut and NWT governments. They hadn't

1 fully transitioned yet. So, the first time was the NWT
2 government. The previous -- after that were approaching
3 my government, the Nunavut government.

4 And, I understand the need before they make
5 a commitment, a financial commitment, for traction. I
6 understand that, "We need to see how this works. What is
7 your plan? How is it going to," -- any of that, that they
8 initially didn't even contribute to the development of the
9 idea of it, invest in the ownership of its development and
10 progress, because why this works is it is organic. There
11 is -- there has to be that flexibility.

12 And, I wonder sometimes if their fear was
13 that there was no -- there was. There was a proposal in
14 place, but a way to measure outcomes. And, because -- the
15 real work we are doing is we know for the next couple of
16 generations, the root of our problems is specifically
17 child sex abuse. Most of us, lots -- many of us are
18 victims of child sex abuse, violence. And so, the girls
19 we get, the young people we get, are probably victims of
20 that, and that is not a pretty picture. How do you
21 package that and sell that? So, I don't know. I don't
22 know why it is such a hard thing to fund.

23 **MS. JENNIFER COX:** And, in this current
24 day, it is still not funded?

25 **MS. SUSAN AGLUKARK:** It is not. No. I got

1 pilot year funding, and then I got another seven months.

2 **MS. JENNIFER COX:** And so, how do you
3 support the program financially right now?

4 **MS. SUSAN AGLUKARK:** Well, now we are
5 developing a fundraising plan, so I would go into homes,
6 people who host home events and fundraise privately that
7 way. I am leveraging my celebrity. I am leveraging my
8 name to keep the funding going, to keep this program
9 running.

10 **MS. JENNIFER COX:** And, even though you
11 have had some success in the past couple of years, there
12 is not really any recognition still?

13 **MS. SUSAN AGLUKARK:** Not yet, no.

14 **MS. JENNIFER COX:** So, in terms of going
15 forward, if there was a recommendation that the
16 Commissioners could make in relation to specifically Inuit
17 children, what would it be?

18 **MS. SUSAN AGLUKARK:** I -- we really have to
19 invest in a period of -- we have to -- and I mentioned
20 this in February. There has to be a period of time --
21 because there is so much healing that needs to take place
22 in our communities, there has to be a period of time where
23 we understand -- funding has to be accessible and the
24 right amount of funding. How did I get seven months when
25 a year would have been better? I need a full school year

1 to really make a difference here. How did I get seven --
2 September to March? Who decided that that was enough to
3 make a change in that one community?

4 We have to take a look at that model and
5 figure out, what do we do differently to make sure that
6 our communities, for a period, a generation -- and I know
7 that is a long time. It is going to take more to really
8 heal. How do we make sure that the money is in place to
9 do the work that needs to be done? To really truly get
10 ahead of this healing process we need to get ahead of?
11 Whatever the language needs to be to ensure that the
12 funding is there, we got to figure that out.

13 I have a champion in Rankin Inlet who made
14 sure that I had that space again, otherwise I wouldn't
15 have space to facilitate this program. And, because space
16 is at a premium in our Northern community, we need
17 facilities. We have none.

18 **MS. JENNIFER COX:** So, it is not just
19 funding, it is also -- you need infrastructure and
20 buildings, places ---

21 **MS. SUSAN AGLUKARK:** That's right. Yes.

22 **MS. JENNIFER COX:** --- for healing and
23 activities?

24 **MS. SUSAN AGLUKARK:** Yes. Yes. Yes, I
25 think that is pretty much it for me, for my presentation.

1 **MS. JENNIFER COX:** So, Commissioners, what
2 the parties had agreed prior to Ms. Aglukark's testimony
3 that there would only be four parties that would do cross-
4 examination, and we are prepared, obviously, to go right
5 into that. Each party has been given 10 minutes. It is
6 my understanding all four are going to continue to -- my
7 colleague, Ms. Big Canoe, is -- there are going to be five
8 more parties? I can't read your fingers.

9 **MS. SUSAN AGLUKARK:** Two more.

10 **MS. JENNIFER COX:** Two more? Two-minute
11 break.

12 **CHIEF COMMISSIONER MARION BULLER:** Two
13 minutes.

14 **MS. JENNIFER COX:** Yes, thank you.

15 --- Upon recessing at 16:27

16 --- Upon resuming at 4:33 p.m./L'audience est reprise à
17 16h33

18 **---PANEL III, PREVIOUSLY AFFIRMED**

19 **MS. JENNIFER COX:** Excuse me, we're going
20 to have to get started with the cross-examination so that
21 we can move through given the limited amount of time we
22 have with Ms. Aglukark.

23 And just to sort of clarify, there are four
24 parties that will be cross-examining Ms. Aglukark. The
25 remaining parties with standing had agreed to waive their

1 right to cross-examination because we had a very short
2 period of time with Ms. Aglukark today and everybody
3 understood that. And so they were prepared to basically
4 give their time to those parties who have a direct
5 interest in the issues that Ms. Aglukark is raising in her
6 evidence.

7 And just a couple of housekeeping matters,
8 Chief Commissioner. I have a couple of exhibits that I
9 would like marked. Particularly, it's Tab C, which is the
10 description of the Arctic Rose Foundation, and I'd like to
11 mark that with the PowerPoint presentation that was
12 presented during Ms. Aglukark's testimony as one exhibit,
13 please.

14 **CHIEF COMMISSIONER MARION BULLER:** Okay.

15 The Arctic Rose Foundation and the PowerPoint collectively
16 are Exhibit 31.

17 **--- EXHIBIT NO. 31:**

18 The Arctic Rose Foundation document
19 (three pages) and Powerpoint
20 presentation (nine slides)
21 Witness: Susan Aglukark
22 Counsel: Jennifer Cox, Commission
23 Counsel

24 **MS. JENNIFER COX:** And further, I'd like
25 the photograph that was shown of her great grandmother to

1 be also marked as an exhibit.

2 **CHIEF COMMISSIONER MARION BULLER:** The
3 photograph will be Exhibit 32, please.

4 **--- EXHIBIT NO. 32:**

5 Photograph displayed during the public
6 testimony of Susan Aglukark
7 Witness: Susan Aglukark
8 Counsel: Jennifer Cox, Commission
9 Counsel

10 **MS. JENNIFER COX:** And finally, there is a
11 document called Inuit Cultural Transition: Resetting A
12 Transition Path, which Ms. Aglukark has authored and I'd
13 like to have that marked as an exhibit as well.

14 **CHIEF COMMISSIONER MARION BULLER:** Yes, 33
15 is Inuit Cultural Transition: Resetting A Transition Path,
16 by Ms. Aglukark.

17 **--- EXHIBIT NO. 33:**

18 "Inuit Cultural Transitioning: Re-
19 setting a Transition Path," by Susan
20 Aglukark (four pages)
21 Witness: Susan Aglukark
22 Counsel: Jennifer Cox, Commission
23 Counsel

24 **MS. JENNIFER COX:** So we'll go right into
25 the cross-examination. The first party which -- with

1 10 minutes, is Inuit Tupiriit Kanatami, or ITK as I know
2 it, Elizabeth Zarpa.

3 **---CROSS-EXAMINATION BY MS. ZARPA:**

4 **MS. ELIZABETH ZARPA:** Hi. Good afternoon,
5 Ms. Aglukark. It's a pleasure to hear your testimony
6 today. It's nice to see another Inuk woman, which is not
7 too common down in these southern settings. I've learned
8 so much by just listening to your experiences and your
9 travels from living in Nunavut or Rankin Inlet, and then
10 moving to Ottawa.

11 One of the common -- and this is not meant
12 to be sort of like -- if this is a difficult question to
13 answer, just please let me know and we can move to the
14 next one.

15 And I think one of the common themes
16 throughout many of the hearings, which focuses on Inuit-
17 specific issues, a common thread is the experience of
18 Inuit sexual assault in Nunavut, and Inuvialuit. And I
19 wanted to highlight a little bit around what the root
20 causes of that sort of experience, may it be a residential
21 school era, may it be like that historical knowledge of
22 understanding where it comes from, I think is important in
23 trying to move forward to move past that, so you don't
24 pass on that trauma to the next generation like you
25 mentioned.

1 And I just wanted to highlight to get an
2 idea of if you have any ideas around where it originated,
3 if you...?

4 **MS. SUSAN AGLUKARK:** M'hm. So as we know,
5 when we trace the political movement of our leaders in the
6 early years of Nunavut, late sixties and early seventies,
7 there was literally no suicides. As we moved forward in
8 terms of becoming politically empowered, I guess is the
9 right word, and one of the things I talked about was we
10 should also have been looking at what's going to change in
11 our communities in our environments in terms of socially.

12 Too much change too fast from traditional
13 to the contemporary Inuit world we now live in. Part of
14 that was as the social relationship was changing, our
15 interaction with ourselves and our communities, we were
16 getting access to other things outside of Inuit Nunaat.
17 Television, now Internet, all kinds of things. Access out
18 and access in, and this is just one of the possible
19 theories.

20 We weren't keeping up with managing what
21 they were accessing. That was one thing. Too much too
22 fast. And maybe, also, when our community environment was
23 changing, changing for the good, and changing for the bad,
24 we weren't providing resources as we should have been to
25 keep those communities on par with change.

1 So if there was a challenge in something
2 that happened in a home, before it escalated and became a
3 generational thing, a normal thing -- incest, child abuse
4 -- before those became more prevalent -- they weren't as
5 prevalent in the early years -- before they became this
6 way, we should have also been providing resources, and we
7 weren't. So they've gotten and turned into this bigger
8 problem, and it is a big problem, I know.

9 So those are just some of the possible
10 connections to why it's become such a problem now. Having
11 said that, also, many of those -- that generation were
12 first and second year residential school, and then they
13 became adults. And whatever they learned in residential
14 school became normal behaviour. So we're compounded a
15 couple of things that might contribute to why it's such a
16 problem in our communities.

17 **MS. ELIZABETH ZARPA:** Okay. Thank you.
18 And you mentioned that you -- when you experienced a
19 traumatic event 27 years ago, there was a lack of services
20 or spaces, safe spaces for you to feel as though you can
21 somewhat process what was happening in a way where you
22 didn't feel -- where you felt supported. And you
23 mentioned the work of the Arctic Rose Foundation.

24 It's 27 years later now, and like
25 (indiscernible) Nunavut will be your home is your home.

1 Are there things that have risen, services, programs,
2 mandatory places where individuals can access services to
3 deal with things such as sexual assault?

4 **MS. SUSAN AGLUKARK:** I think where access
5 has grown is we have got more social workers, we have got
6 mental health workers. I think where we need to do more
7 work, and investment research and understanding is how do
8 we provide truly effective culture-specific services. We
9 can provide only so much within the parameters that a
10 social worker is allowed to work, only so much within the
11 parameters that a mental health worker is allowed to work.
12 It is not culture-specific. We need to understand then,
13 what is that culture currently, so we know what kind of
14 work to develop around that.

15 So, there are more services, but they are
16 bound to whatever department or level of government they
17 work for. And, it is a much needed service, but I think
18 we also have to invest in independent as well, who know a
19 culture-specific approach and can do that.

20 **MS. ELIZABETH ZARPA:** Right. And, earlier
21 this week, we heard of the child advocacy centre that is
22 being built in Iqaluit.

23 **MS. SUSAN AGLUKARK:** Iqaluit, yes.

24 **MS. ELIZABETH ZARPA:** And, is it an
25 initiative such as this one, that you think is going to

1 help capacity?

2 **MS. SUSAN AGLUKARK:** I think we need one in
3 every community, but I would settle for every region for
4 now. I think it will make a world of difference.

5 **MS. ELIZABETH ZARPA:** Okay. And, you
6 highlighted earlier that the Arctic Rose Foundation, CRA
7 number 800801879RR001, is unique and it sounds like you
8 have taken your experience, traumatic experience 27 years
9 ago, and put in place a foundation that tries to address
10 those things that you feel that were not prevalent or
11 present when you left to go to Ottawa.

12 **MS. SUSAN AGLUKARK:** Mm-hmm.

13 **MS. ELIZABETH ZARPA:** In terms of fiscal
14 funding, what is needed to make sure that these types of
15 culturally Inuit-specific safe spaces, who do you think is
16 best suited to be responsible for funding them and core
17 funding?

18 **MS. SUSAN AGLUKARK:** The Catholic church,
19 the Anglican church, the government -- all levels of
20 government. But, I think there needs to be a meaningful
21 investment. It does not have to just be the Arctic Rose
22 Foundation, the Arctic Children and Youth Foundation out
23 of Iqaluit is doing really incredible work as well. But,
24 there has to be a commitment from our leadership to prove
25 -- Nunavut leadership, to prove that they are truly

1 invested in our communities and in our culture.
2 Investment in the Arctic Children and Youth Foundation and
3 the work they are doing. And, my foundation, if they
4 would. It is going to carry on with or without their
5 support and partnership.

6 But, if we are talking about healing, and
7 there is lots to do, lots of layers of healing that we
8 need to do, they all need to invest in it. We cannot just
9 say, only you and only you. Anyone who made the problem,
10 perpetuated the problem by ignoring it, and we have
11 leadership that has, they need to make that investment as
12 a commitment to -- yes, we are committed to changing the
13 problems in our communities. So, I cannot say one, but I
14 think there has to be a meaningful contribution in that
15 area from our people, our leaders.

16 **MS. ELIZABETH ZARPA:** Great. And, one last
17 question for, say, Inuit youth who might be going through
18 some difficult times, and they do not have those safe
19 spaces in Inuit Nunangat, what are some words that you
20 would like to share with them, if they are watching?

21 **MS. SUSAN AGLUKARK:** I would say that what
22 we are developing -- I am not patting myself on the back --
23 -- because we are engaging youth leaders right now, we are
24 training community workers to run this program in the
25 community. Hang in there. It is just one organization.

1 We are going to grow it to every community as soon as we
2 get the opportunity. It is just one program. There's
3 really great -- other great programs in Rankin Inlet.
4 And, the goal is to have so many that they have no choice
5 but to go somewhere else besides drugs and abuse in our
6 communities. No, just too much. Let's give them too
7 much.

8 We are working towards that, so hang in
9 there. They are not forgotten. They are not forgotten.
10 We are working on solutions and independently outside of,
11 you know -- I cannot say rules and regulations because we
12 do follow them. Finding funding to make this happen.
13 But, it is happening.

14 **MS. ELIZABETH ZARPA:** Thank you so much.

15 **MS. SUSAN AGLUKARK:** Okay.

16 **MS. JENNIFER COX:** The next party with 10
17 minutes is the Native Women's Association of the Northwest
18 Territories, Caroline Wawzonek.

19 **--- CROSS-EXAMINATION BY MS. CAROLINE WAWZONEK:**

20 **MS. CAROLINE WAWZONEK:** Good afternoon.
21 Thank you very much. And, I acknowledge the warm welcome
22 we have had this week here in Treaty 1 and in the homeland
23 of the Métis people. I am very privileged to be here for
24 the Native Women's Association of the Northwest
25 Territories, they represent women of course across

1 Northwest Territories, including Inuvialuit women and
2 girls. And, as you said, I think some of the issues that
3 are faced in Nunavut are still very similar in our
4 neighbouring territory.

5 I am mindful of my clock, so I want to ask
6 you my big question first if you will, and that is around
7 -- I think you had written in the materials that there is
8 really no Inuit art programs available for youth. I
9 assume that that is not just as an extracurricular, that
10 is in school programs as well?

11 **MS. SUSAN AGLUKARK:** I do not know that I
12 wrote that. I do not think I have made that claim. What
13 we are offering through the foundation is a little bit
14 different in that it is an organic process, so whatever
15 art they want to explore, we are going to bring it to
16 them. But, there is a lot of great art programs in
17 general, so I do not recall ever making that claim.

18 **MS. CAROLINE WAWZONEK:** Okay.

19 **MS. SUSAN AGLUKARK:** Yes.

20 **MS. CAROLINE WAWZONEK:** I may have misread
21 it, absolutely. But, from what you are saying, the youth
22 are finding a voice and expression through art that seems
23 to be very powerful?

24 **MS. SUSAN AGLUKARK:** Mm-hmm. Mm-hmm.

25 **MS. CAROLINE WAWZONEK:** Is there a broader

1 recommendation around the use of art for Indigenous youths
2 -- again speaking quite broadly, would there be a
3 recommendation in favour of having programs for art for
4 youths so that they can heal and learn to express
5 themselves in a positive way?

6 **MS. SUSAN AGLUKARK:** Yes. And, one of my -
7 - one of the girls that comes to the program -- so the
8 Messy Book Kit we gave them is probably about 70 pages.
9 Between January and when I came back to the program in
10 February, she had been through the whole book. She filled
11 it cover to cover. She created her own art.

12 So, I sat down with her and I was stunned.
13 She was producing more art than I was, and it is my job.
14 So, I sat down with her and I asked her, so if you could
15 do this as a job, would you do it? And, she goes, yes,
16 what kind of job would it be? Well, you can be an art
17 therapist. We could guide you through school, get you
18 graduated, then we can get you through college, we can get
19 you through university, you could come back here and you
20 could take over the program. You could take over the
21 development of this, grow it for the next generation.

22 So, it is much bigger than just art
23 therapy. They are dreamers. We are waking up dreamers.
24 And, dreaming, as we know, we do not have these
25 conversations with our Indigenous children and youth.

1 Dreaming is not this willy-nilly, just butterfly thing
2 that, you just -- oh, it feels good and I am going to wish
3 for this. We have to take it seriously and nurture the
4 dreamer. And so, that is what we have done and here is
5 the possible next part that now this young girl is
6 seriously looking at doing.

7 **MS. CAROLINE WAWZONEK:** That actually takes
8 me to my more specific questions around the participants
9 themselves. And, I am just wondering, do they self-select
10 to participate or are they sort of ---

11 **MS. SUSAN AGLUKARK:** It is entirely
12 volunteer. They are not required to show up every day,
13 but they do.

14 **MS. CAROLINE WAWZONEK:** Can you say whether
15 there has been any specific efforts to outreach to LGBTQ
16 and two-spirit youths specifically?

17 **MS. SUSAN AGLUKARK:** I would say that there
18 have been two so far that have come out with me, because
19 they are comfortable enough to in that space. So, we are
20 not advertising it, but we are certainly not turning it
21 away.

22 **MS. CAROLINE WAWZONEK:** And then with
23 respect to the program delivery, is there focus on using
24 local artists or ---

25 **MS. SUSAN AGLUKARK:** Always.

1 **MS. CAROLINE WAWZONEK:** Okay.

2 **MS. SUSAN AGLUKARK:** Always. We bring them
3 in, or if we can't find -- well we hire them, if we can't,
4 we bring them in. They're all Inuit facilitators.

5 **MS. CAROLINE WAWZONEK:** Okay.

6 **MS. SUSAN AGLUKARK:** Yeah.

7 **MS. CAROLINE WAWZONEK:** And so the
8 facilitators, are they trained both in art and in sort of
9 the program delivery aspect in terms of emotional
10 supports, or is it one or the other?

11 **MS. SUSAN AGLUKARK:** No. So what we do is
12 there will be the emotional support worker and then the
13 guest artists, and both in Inuktitut.

14 **MS. CAROLINE WAWZONEK:** M'hm.

15 **MS. SUSAN AGLUKARK:** Yeah.

16 **MS. CAROLINE WAWZONEK:** And then I guess
17 one other question on that. I know you did mention that
18 so many artists themselves are survivors. How do you go
19 about, or what steps do you take to ensure that they're
20 safe to be with the vulnerable youths themselves?

21 **MS. SUSAN AGLUKARK:** Well, when we -- so
22 I'm in the fortunate, sometimes, unfortunate position of
23 hearing everybody's story. So I have a -- kind of a
24 database, if you will, of artists whose stories I've
25 heard. I've seen them and witnessed them in action, so I

1 have this database. And so what I'll tell them is if we
2 grow this foundation program to your community, would you
3 consider being an art facilitator? Absolutely. So we
4 would have to sit down and make sure that you feel safe
5 doing this. Here's what you are, here's what you're not.

6 They all understand you're not a
7 counsellor, you're not a mental health worker, you're not
8 a trained expert. We're just here to share art as an
9 outlet and to talk through what creating art, how it makes
10 you feel, and focus on the positive stuff. Work through
11 the negative.

12 So they're trained to do that, but they --
13 everybody there, including the participants, understand
14 we're not social workers, we're not psychiatrists, we're
15 not mental health workers. Everybody knows that when they
16 come to that room. But yes, the artist facilitators are
17 given opportunity and support when they need it.

18 **MS. CAROLINE WAWZONEK:** Okay. And just a
19 last question. To the extent that you are engaging with
20 those artists and seeking them out, has there been any
21 efforts to date in terms of identifying artists with an
22 LGBTQ and two-spirit background?

23 **MS. SUSAN AGLUKARK:** Yes.

24 **MS. CAROLINE WAWZONEK:** Okay. Thank you
25 very much.

1 **MS. SUSAN AGLUKARK:** You're welcome.

2 **MS. JENNIFER COX:** So the third party that
3 will be given 10 minutes is Roy Stewart with NunatuKavut
4 Community Council Inc.

5 **---CROSS-EXAMINATION BY MR. STEWART:**

6 **MR. ROY STEWART:** Good Afternoon. Thank
7 you for being here (inaudible) to share your story with
8 us.

9 I guess first to introduce myself. My name
10 is Roy Stewart, and I'm here representing the NunatuKavut
11 Community Council, which is the representative
12 organization for the Inuit in Southern and Central
13 Labrador. So you know, a bit far from where your home
14 territory is, but I feel like there's a lot of
15 similarities with, you know, the history that you shared
16 today, and so I think the few questions I have for you are
17 going to be based on that.

18 So in the document that we were provided,
19 the Arctic Rose Foundation information, it states that
20 youth have identified areas they need help with, and two
21 of those are cultural disconnect and access to healthy
22 foods.

23 And so NunatuKavut youth face similar
24 barriers or have similar concerns. You know, their
25 ancestors too were forced to settle into communities, you

1 know, which is rather recently, and the impact from that
2 has been, you know, great.

3 But you know, I agree with you that we
4 can't blame that remoteness factor on, you know, why some
5 NunatuKavut communities have, you know, no running water,
6 why members have to drink soda because there's no
7 drinkable water. I just don't think we can use that
8 remoteness as a -- as an excuse.

9 But compounding that, you know, the impact
10 of -- or compounding the remoteness is that, you know,
11 government, private proponents continue to develop
12 NunatuKavut territory, continue, you know, stealing the
13 resources. And impacts from this are that the land spaces
14 for NunatuKavut youth is shrinking, the access to healthy
15 country foods is increasingly getting smaller or poisoned,
16 you know, whether it's methyl mercury, and what have you.

17 And you know, during the racism hearing in
18 Toronto, Dr. Barry Lavallee said that -- and I'm
19 paraphrasing -- he explained that the killing and stealing
20 of our lands is, you know, it's killing our bodies, it's
21 killing our Indigenous cultures. And to seemingly, you
22 know, counteract that, or to address that, you explain
23 that the development of programs to help address this
24 identity and culture crisis through art.

25 And I was just wondering, you know, you

1 explained that for art therapy you ask the youth what they
2 need to perform or carry out the form of art they want.
3 And so what if the youth needs access to their traditional
4 territory? In your view, how important is that physical
5 connection for youth to carry out whatever form of art
6 they want and heal, or begin the healing process of this
7 intergenerational trauma?

8 **MS. SUSAN AGLUKARK:** So when you say access
9 to traditional territory, the program is -- right now the
10 pilot community is Rankin Inlet. You mean literally
11 access to the territory, the land, and its resources?

12 **MR. ROY STEWART:** Well, I mean, you know,
13 say if a youth comes to you, and say he or she doesn't,
14 you know, want to sing or draw, and there's some form of
15 art where they want to be, you know, where their ancestors
16 were, you know, whatever form of art that may be. I
17 guess, does your programming or have you thought about
18 that aspect of the healing process?

19 **MS. SUSAN AGLUKARK:** So the second part of
20 the program is called Creative Cultural Reflections. So
21 this is the academic part. And what they do in that
22 program is participants are challenged to identify an
23 ancestor, an Elder, a grandparent, or something in their
24 past, traditional past, that they would like to explore.
25 They could say I want to understand how they knew the

1 technology and science behind building a kayak. How did
2 they know it wouldn't sink? So if they ask us these
3 questions, they get access to a local expert who knows how
4 to build a kayak. Same with the igloo.

5 These are all creative processes. It may
6 not be art as we know it, but they are all creative
7 processes and culturally informing processes.

8 So the Creative Cultural Reflections
9 program combines that kind of a culture connection,
10 research, writing, and then if they want they can turn it
11 into other art. But I think that's what you're asking, is
12 they have access to traditional knowledge still in their
13 community.

14 **MR. ROY STEWART:** So if that's the option
15 that they're choosing then they need that physical access?

16 **MS. SUSAN AGLUKARK:** Yeah.

17 **MR. ROY STEWART:** Right.

18 **MS. SUSAN AGLUKARK:** We'll make those
19 partnerships happen. Yeah.

20 **MR. ROY STEWART:** So my second question is
21 on that -- the Arctic Rose as well. In the document
22 provided, I think you're the author of, it says, "We", you
23 know, the Inuit:
24 "...have an extraordinary past, much of which has been
25 kept from us and removed from the history books." (As

1 read)

2 Now that quote resonates with a
3 presentation that Amy Hudson gave at the -- earlier in
4 this Inquiry. She presented on the history of the Inuit
5 of NunatuKavut and the lived realities of the women and
6 youth in those communities. And Ms. Hudson explained how,
7 you know, reporting, studies, academia, until rather
8 recently, have all been told from a non-Inuit male
9 perspective, which has essentially erased the role of
10 Inuit -- of NunatuKavut Inuit women, you know, in the
11 stories and communities begin to internalize that.

12 And -- but instead of, you know, just
13 reflecting on, you know, the wrong that has been done,
14 Ms. Hudson takes a strength-based or a community knowledge
15 approach and uses that approach, you know, to attempt to
16 begin revitalizing the culture in the communities.

17 And I was just wondering, you know, this
18 afternoon you explained how finding appropriate programs
19 to heal must be created by Inuit for the Inuit. Now,
20 given that, you know, the story has been told one-sided,
21 what recommendation would you give to the Commissioners to
22 ensure that, you know, we get reset on that path where
23 Inuit women and Inuit youth have their stories told and,
24 you know, whether it's articles, history books or the
25 education system?

1 **MS. SUSAN AGLUKARK:** I would recommend that
2 -- and a lot of it is documented, what I'm going to
3 recommend. Sorry. So, in my region, we had for many,
4 many years the Inuit Cultural Institute, which was started
5 up by our local leader, Mark (Galuk phonetic), and he did
6 a lot of recording and documenting of elders and Kivalliq
7 specific history. It's -- the institute no longer runs,
8 but there's all this documented research recorded --
9 recordings of our elders from that region.

10 What I recommend is that we have to believe
11 and acknowledge that at this stage, it's a stage of
12 urgency in that we still have access to traditional Inuit
13 where this is our parents' generation. We need to include
14 them in the correcting of that narrative, and I had a
15 profound moment with my mother about three years ago when
16 I was beginning to write the (Iliak page, Illigasuk), this
17 emotional fear, and my mother wanted to understand what
18 that was for me. Why do I Illigasuk? And, I tried to
19 explain maybe these are the generational disconnects that
20 contribute to this generation feeling Illigasuk all the
21 time.

22 So, she asked me -- I'm the middle child of
23 seven -- "Do you Illigasuk?" I said, "Mom, every day.
24 Every day, even now, I still harbour this little bit of
25 fear that I've done something wrong and somebody is going

1 to go and correct me." I asked her, "Don't you?"
2 "Never."

3 Seventy-years-old and we had this
4 conversation. She had never, ever once said, "I have
5 never Illigasuk." So, there's something to those
6 formative years and the traditional ways that they were
7 brought up that speaks to the healthy way that traditional
8 Inuit taught, and we can still access that information,
9 but that's -- they're in their seventies now, and we need
10 to record them now and record everything about how they
11 tell their story, because that's how they taught; their
12 body, their face, their inflection, their voice, the words
13 they chose. We have access to that still, and we need to
14 do that urgently now. So, that would be my
15 recommendation, because that's where some of that cultural
16 connecting healing can happen.

17 **MR. ROY STEWART:** I'd like to keep you
18 talking, but unfortunately, I'm out of time. Thank you.

19 **MS. SUSAN AGLUKARK:** Thank you.

20 **MS. JENNIFER COX:** And, the last party with
21 10 minutes is Pauktuutit Inuit Women of Canada, and I will
22 -- with Beth Symes.

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

24 **MS. BETH SYMES:** Thank you. Ms. Aglukark,
25 Rebecca Kudloo and I came to Rankin Inlet, and we heard

1 you tell your story in February of this year. I was blown
2 away by your story, and I am inspired by you turning it
3 into a life work to make the lives of Inuit children
4 better. Thank you.

5 I also wanted to thank you for agreeing to
6 -- that I can ask you certain questions, and I will be
7 careful.

8 You told the story in Rankin Inlet that you
9 were one of several Inuit girls who had been sexually
10 abused by a neighbour when you were all children; is that
11 correct?

12 **MS. SUSAN AGLUKARK:** Yes.

13 **MS. BETH SYMES:** And then at some point
14 later, when you were -- were you actually then an adult
15 that he was then convicted?

16 **MS. SUSAN AGLUKARK:** In my case?

17 **MS. BETH SYMES:** Yes.

18 **MS. SUSAN AGLUKARK:** Yes.

19 **MS. BETH SYMES:** And, despite multiple
20 children who were affected, he was sentenced to six
21 months?

22 **MS. SUSAN AGLUKARK:** He was sentenced to 18
23 months; served a third.

24 **MS. BETH SYMES:** Eighteen months. Okay.
25 And, you said then, of course, after whatever time is

1 mandatory, he came back to Rankin Inlet?

2 **MS. SUSAN AGLUKARK:** Yes.

3 **MS. BETH SYMES:** And, you used a word of
4 deference, and you said that he was accepted back into
5 your church, and that the idea was "forgive him".

6 **MS. SUSAN AGLUKARK:** Yes.

7 **MS. BETH SYMES:** Susan, you didn't have a
8 safe space back then when this happened, did you?

9 **MS. SUSAN AGLUKARK:** No.

10 **MS. BETH SYMES:** And, you, I guess, using
11 this deference, left. If he was welcome back into your
12 community and into your community of faith, then you left;
13 is that fair?

14 **MS. SUSAN AGLUKARK:** Yes.

15 **MS. BETH SYMES:** There was no room for you.

16 **MS. SUSAN AGLUKARK:** No.

17 **MS. BETH SYMES:** Because you didn't feel
18 safe.

19 **MS. SUSAN AGLUKARK:** Right.

20 **MS. BETH SYMES:** And, when you told the
21 story in Rankin Inlet, what was just shocking to every
22 person in that room was that he had been charged again
23 with sexually abusing other Inuit girls.

24 **MS. SUSAN AGLUKARK:** Mm-hmm.

25 **MS. BETH SYMES:** And, shortly after you

1 told your story in Rankin Inlet, he pled guilty shortly
2 after; meaning in the month of February, he pled guilty.

3 **MS. SUSAN AGLUKARK:** Mm-hmm.

4 **MS. BETH SYMES:** And, on June 13th, 2018,
5 he was sentenced to 15 months in jail.

6 **MS. SUSAN AGLUKARK:** Mm-hmm.

7 **MS. BETH SYMES:** Susan, that's less than he
8 got the first time.

9 **MS. SUSAN AGLUKARK:** Mm-hmm.

10 **MS. BETH SYMES:** Is that correct? And, of
11 course, according to our system, he will be free to, if he
12 wants to, return to Rankin Inlet in the spring.

13 **MS. SUSAN AGLUKARK:** Mm-hmm.

14 **MS. BETH SYMES:** This is a man who has,
15 over many years, damaged many, many Inuit girls.

16 **MS. SUSAN AGLUKARK:** And boys.

17 **MS. BETH SYMES:** And boys. I didn't know
18 that. You talked about the life long impact that that
19 sexual abuse has had on you even, as you said, you are
20 incredibly successful as an artist. And, yet, within you,
21 that remains; is that so?

22 **MS. SUSAN AGLUKARK:** Mm-hmm.

23 **MS. BETH SYMES:** And so, would you agree
24 with me that child sexual abuse is a huge problem for
25 Inuit children?

1 **MS. SUSAN AGLUKARK:** Yes.

2 **MS. BETH SYMES:** And, that for each of
3 these children, they undoubtedly carry the same or
4 different, but scars, that will be with them for the rest
5 of their life?

6 **MS. SUSAN AGLUKARK:** Absolutely.

7 **MS. BETH SYMES:** Susan, we've heard in the
8 various places where Inuit families and survivors have
9 told their stories that they actually told teachers or
10 nurses or police that they had been sexually abused, in
11 one case by a grandfather, in another case by an older
12 brother, you by a neighbour, and that nothing happened,
13 that they took out of that that was their fault. How can
14 we change that?

15 **MS. SUSAN AGLUKARK:** I don't know that
16 that's a one answer solution; right? That's what I mean
17 about layers. I think we need to take a look at all the
18 things that are in crisis in our communities. Housing is
19 one. Child, provide adequate -- I don't want to say --
20 the best possible child services that we can provide for
21 Indigenous children and youth, and I actually wanted to
22 add to one of my recommendations that we do need to have a
23 better look at the *Child Protection Act*, if it hasn't
24 already been done or started, for Indigenous children and
25 youth. That needs to be rewritten to reflect the time

1 that we're going to need to invest in understanding,
2 researching, developing and facilitating whatever we need
3 to, to make our communities safe for children to be
4 innocent children. I don't know what that is going to
5 look like, but that is what we need to do. If it is \$10
6 billion, it is \$10 billion, but that is the future of our
7 children.

8 **MS. BETH SYMES:** And, in terms of housing,
9 the problem with respect to housing in Inuit Nunangat is
10 that it is terribly overcrowded.

11 **MS. SUSAN AGLUKARK:** Mm-hmm.

12 **MS. BETH SYMES:** And, it then is not a safe
13 place for some children.

14 **MS. SUSAN AGLUKARK:** Mm-hmm.

15 **MS. BETH SYMES:** And then in terms of there
16 being a lack of services when a child comes forward with
17 the story that what has happened to them and their family,
18 how do you say priorities should be set, you know, in
19 terms of the provision of the utter fundamentals to make
20 Inuit children safe?

21 **MS. SUSAN AGLUKARK:** I always say that
22 there isn't -- we can't invest in one generation. So, for
23 example, the work we are doing with the Arctic Rose
24 Foundation, the afterschool space is for middle school to
25 high school aged children and youth. What we are also

1 doing are private grief and trauma sessions for the
2 parents of those children who came to me and said, "I need
3 help. How can you help me?"

4 So, when we talk about developing
5 multigenerational programming, we have to do that. We
6 have to make investments in programming to
7 multigenerations simultaneously, because two generations
8 are hurting in one household.

9 I think the same has to be applied to any
10 kind of solution we are looking at to healing our
11 communities. If we are investing in a solution to the
12 housing prices, we have to invest just as much into
13 program services. If we are investing the equal amount
14 into program services, we have to invest equal amounts
15 into several generations being provided in terms of
16 services. It is not one or the other, or we can only give
17 you this much for this and only this much for that.

18 I think also it is not just Inuit in Inuit
19 Nunangat. It is also urban Inuit.

20 **MS. BETH SYMES:** Absolutely.

21 **MS. SUSAN AGLUKARK:** We have a large
22 population that lives outside of Inuit Nunangat. We have
23 to make those same investments for those people.

24 **MS. BETH SYMES:** Susan, you have this
25 dream, the dream of having a safe place, safe space for

1 Inuit children in every community. I wish you well.

2 **MS. SUSAN AGLUKARK:** Thank you.

3 **MS. BETH SYMES:** Thank you.

4 **MS. JENNIFER COX:** Those are all the
5 parties with cross-examination, and I don't have any
6 questions on re-exam.

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

8 **COMMISSIONER QAJAQ ROBINSON:** (Speaking
9 Inuktitut). I do have some questions. You spoke about
10 correcting the narrative. And, a lot of previous
11 recommendations and other reports talk about the
12 importance of understanding and really knowing the true
13 history of Canada and how Canada was established.

14 And, as you were talking, understanding
15 that narrative of your (Speaking Inuktitut), your great
16 grandmother, and those relocations, I mean that truth is
17 coming out with (Speaking Inuktitut) recent settlement for
18 that forcible relocation, but those are still not in the
19 education system. And, you spoke about how important it
20 is for that narrative to be corrected and to be educated
21 for as many people as possible to know that.

22 And, of course, I think fundamentally, and
23 we have heard from Dr. Bombay, the power of knowing the
24 history and the narrative to understand the current
25 context. She was talking about how it is actually a piece

1 of building resilience for the children of residential
2 school survivors to know that history. It lifts that,
3 "Well, this was me, I was bad or my people were bad."

4 When you talk about the importance of
5 correcting that narrative on a personal level, what Ms.
6 Bombay shared with us, (Speaking Inuktitut), is that how
7 you understand it as well? Like, what I want to build on
8 what you see is the importance of that.

9 **MS. SUSAN AGLUKARK:** So, the first year of
10 the work, we started this work, we got seed funding from a
11 private family fund early 2017. And, the work I was
12 developing was actually the Creative Cultural Reflections
13 work, not just the Messy Book work. The CCR program was
14 the piece that I was investing in at that time.

15 I worked with a young girl, Inuk, and she
16 came and worked with me for six weeks in Toronto. And,
17 one of her tasks was to try the CCR program with me. And
18 so, what she was tasked with was select an ancestor and
19 have at it. Do research. Let's see what is out there for
20 information on our ancestors. She selected her
21 grandfather on her dad's side, Inuk from Baffin, and she
22 now lives in Neki-valuk (phonetic).

23 And, about two days into her research, into
24 her internship working with me, she came to me, and she
25 sat down and she said, "I had no idea." So, I said, "Tell

1 me. What did you find?" And, she said that she
2 discovered that her father -- her grandfather had been
3 engaged in a research project by the University of
4 Manitoba mid-nineteen -- late 1950's to early 1960's,
5 because her grandfather had a lot of it -- not the most
6 for that region, traditional knowledge on roots and
7 berries, and nutrients from Inuit Nunangat. He knew what
8 was what there. And, the University of Manitoba was
9 collecting information on this stuff, traditional Inuit
10 knowledge in this area.

11 And, she got pretty emotional and she said,
12 "I'm so ashamed. I was ashamed of him thinking he was
13 just a silly, old, poor Inuk man. But, the more I learn
14 about what he had in terms of traditional knowledge and
15 that he could contribute to a university research project,
16 at that time, at that level, probably all Inuktitut
17 translated," (speaking Indigenous language).

18 So, probably because he couldn't speak
19 English, most likely, all Inuk -- so with all those
20 challenges that he met them at their level, contributed
21 his knowledge and now he is acknowledged in these research
22 documents. And, she said her take away was, "I understand
23 now correct (indiscernible) because we believe the one we
24 have been told and we are living by the one that we have
25 been told.

1 So, when I invest in correcting the -- the
2 idea of correcting a narrative, mine is to say this
3 generation needs to shift the line of where our heroes
4 are, and they are much further back than we realize. If
5 we find those stories and make those connections like she
6 did, she will stand up differently. She will be a prouder
7 Inuk. It is not just we need to be more knowledgeable
8 about Inuit. We need to be engaged in that story. We
9 need to know that story.

10 So, in that way, that is where I come from
11 when I talk about correcting that narrative. That is the
12 one that we need to -- those are the gaps we need to fill
13 in for the next generation.

14 **COMMISSIONER QAJAQ ROBINSON:** One, because
15 it is the truth and, two, because of the power it has for
16 healing. (Speaking Indigenous language). Having to
17 switch back to English in my brain. One of the things
18 that I am also thinking about is how fundamental healing
19 be in the objective of all the institutions that a child
20 encounters within their formative years and within their
21 developmental years, from birth till death, realistically.

22 And, you know, to have that safe space and
23 to have that period of time to do that healing I think
24 requires that these institutions, particularly school and
25 any early childhood programs or institutions that get

1 involved in a child's life, and then that would also
2 include child and family services, health centres. You
3 name it, any of these institutions, that healing and well-
4 being has to fundamentally be the goal.

5 I think about your program and it would be
6 beautiful if an entire school was that space for all the
7 children. And, in the community centre was that space.
8 And, to keep just growing those spaces from being that one
9 room to being your entire community.

10 Cindy Blackstock, earlier today, talked
11 about the need to have time to dream about the future, and
12 one of the key things that has to be done. And, when you
13 talked about allowing kids to be dreamers, it just fit
14 with what Cindy was saying about to dream as nations, to
15 dream as communities, you need -- what you have identified
16 the children to be dreaming.

17 So, I have connected those dots and I
18 wanted to share that with you so you could either tell me
19 I am wrong or help me (speaking in Indigenous language),
20 to make sure I am fully understanding.

21 **MS. SUSAN AGLUKARK:** So, the facility is in
22 the high school because that is where we had access to
23 space. I do not disagree with you that I wish our
24 learning environments were also healing environments, but
25 I think when we talk about a period where we are going to

1 have to invest in everything for a period of time, part of
2 that investment -- I was not a good student. Like, I
3 really struggled in school, to the point where I thought I
4 was an idiot.

5 I dropped out of high school. I ended up
6 in a private school the next year. In that private
7 school, because they taught differently, I was a month
8 late, and because of the standard of learning being lower,
9 I was supposed to be grade 10, I was dropped to grade 9.
10 So, technically, I was going to be two years behind when I
11 finished that year. I finished grade 9 and 10 with an 89
12 percent average and I left realizing I am not stupid, I am
13 not an idiot, I just learn differently and I loved being a
14 student. I realized I want to be a better student, I want
15 to learn.

16 So, I think when we make these investments,
17 an education facility has to be an education facility, and
18 we need better access to whatever we need to create better
19 learners, because we can. We need to teach them
20 differently if that is what we have to do, but we can
21 create more passionate students and we have to. The
22 healing spaces I think should be separate from that. I
23 think learning should be a separate love than healing.
24 Right now, it is there and it is working where it is, but
25 I think it should be two separate spaces.

1 I think the community also, during that
2 time, needs to learn to invest in a stronger community,
3 and part of that is teachers and educators should not have
4 the additional role of being social workers, nurses and
5 parents. Learning in education facilities should be
6 separate, and then all the other stuff should be a
7 community thing, stronger -- because we can and we should.
8 We have beautiful communities, we need to make them
9 stronger. Investing for a time in creating strength and
10 healing in separate things, I think -- that is what I
11 think would work in our communities.

12 **COMMISSIONER QAJAQ ROBINSON:** Nakurmiik.
13 The power of art and -- you go into any -- even the
14 galleries here, you see so much Inuit art. Yet, there are
15 not any institutions or centres even within Nunavut to
16 foster and grow Inuit art. And, I know right now there is
17 a push to create Qaggiq, Nunavut Performing Arts and
18 Cultural Learning Centre. I am wondering if you have
19 thoughts on the importance and the need for centres
20 focused on art, Inuit art.

21 **MS. SUSAN AGLUKARK:** Yes. I believe we
22 cannot have a healthy community without having a healthy
23 artist community. Even if I were not a recovering person,
24 even if these last roughly 20 years had not been a healing
25 journey versus just a creative journey, art would still

1 have contributed to something powerful inside of me. Art
2 is never just about art. This is the greatest lesson I
3 have learned from it, my greatest takeaway, the thing I am
4 the most proud of is, art has made me a whole balanced
5 person. And, if we do not provide a facility where we can
6 offer people access to university education, sports and/or
7 arts, we are not investing in the whole person. Art is a
8 great equalizer, is a great balancer. We need balance.
9 It cannot just be sports. It cannot just be academics.
10 It has to be a balance. And, that is a healthy community.
11 We need that arts facility in Iqaluit. I think we need --
12 Inuit need their own space.

13 And, part of what is exciting about that
14 possibility is Inuit -- Inuyugung (phonetic), Canadian
15 Inuit right now, we have an incredible opportunity. We
16 are talking about correcting the narrative and we need the
17 right people to write that narrative. Like, I am not a
18 writer, I am not an academic at all. I struggle to write
19 these things. But, I know that about myself and I am okay
20 with that. And then I have a sister who is a brilliant
21 lawyer, who is the opposite side of the brain. And,
22 giving young people opportunities to access both sides, I
23 think, is critical.

24 We have to be able to offer them those
25 opportunities, because when we correct the narrative,

1 somebody has to write that and that somebody has to also
2 be a culture-specific person. A person who is Inuk or
3 grew up among Inuit who understands how we process
4 information, share information, it becomes resource to
5 learn and teach in the schools, in the universities. Art
6 has to contribute to that, you know? So, they are
7 connected. They have to be. They have to be connected
8 and they both contribute equally to the balanced person.

9 **COMMISSIONER QAJAQ ROBINSON:** And, I think
10 if both can connect the dots, then to -- what that means
11 for our healthy community that has -- provides safe space.
12 So, the link to safety is apparent.

13 **MS. SUSAN AGLUKARK:** Yes.

14 **COMMISSIONER QAJAQ ROBINSON:** (Speaking in
15 Indigenous language).

16 **MS. SUSAN AGLUKARK:** (Speaking in
17 Indigenous language).

18 **COMMISSIONER QAJAQ ROBINSON:** (Speaking in
19 Indigenous language).

20 **MS. SUSAN AGLUKARK:** (Speaking in
21 Indigenous language).

22 **COMMISSIONER QAJAQ ROBINSON:** (Speaking in
23 Indigenous language).

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

25 **COMMISSIONER BRIAN EYOLFSON:** Ms. Aglukark,

1 I just want to say, thank you very much for coming here
2 and sharing with us, telling us a bit about your journey
3 and sharing with us about your work with the foundation.
4 I do not have any additional questions, so thank you.

5 **MS. SUSAN AGLUKARK:** Thank you.

6 **--- QUESTIONS BY COMMISSIONER MICHÈLE AUDETTE:**

7 **COMMISSIONER MICHÈLE AUDETTE:** Merci. On
8 vous a remis des écouteurs, là, pour...

9 **MS. SUSAN AGLUKARK:** Oh.

10 **COMMISSIONER MICHÈLE AUDETTE:** Yes. I wish
11 I spoke Inuktitut, but I am still waiting for some
12 teaching two years after. Well, I speak more English
13 because of her, so. Bien, merci, je vais attendre.

14 **MS. SUSAN AGLUKARK:** Yes. Yes.

15 **COMMISSIONER MICHÈLE AUDETTE:** C'est
16 correct? Yeah? Je ne sais pas quand est-ce que vous êtes
17 venus à Maliotenam, au Festival Innunikamu, avec... dans ma
18 ... nous étions très très jeunes à cette époque-là,
19 j'étais étudiante et je veux juste vous dire : vous ne
20 changez pas, physiquement! (LAUGHS/RIRES)

21 **MS. SUSAN AGLUKARK:** Add a pound to make up
22 a year.

23 **COMMISSIONER MICHÈLE AUDETTE:**

24 (LAUGHS/RIRES) Déjà là, à cette époque, les gens de ma
25 communauté, les Inuits et les Innus, ma nation, on a

1 côtoyé les mêmes territoires dans le nord du Québec et mon
2 grand-père était un guide pour les Américains, les
3 Français qui se rendaient jusqu'à Fort Chimo. Alors, il y
4 a eu beaucoup d'amitiés avec le peuple inuit et quelques
5 gens, parfois, venaient à la maison, à Schefferville.

6 Donc, c'est une culture qui a été
7 tranquillement introduite dans ma vie, mais très mythique,
8 très proche de ses légendes, de sa richesse, tant par les
9 étoiles, les animaux, l'art, les dessins, les chants. Mais
10 jamais je n'avais été confrontée à cette réalité, une fois
11 rendue à Montréal, où je travaillais, au Centre d'amitié
12 de Montréal, où j'étais impliquée avec les femmes
13 autochtones, où là, nos sœurs inuites vivaient des
14 difficultés que... c'était frappant.

15 Alors, j'avais 16 ans la première fois que
16 j'ai vu cette grande tristesse, mais aussi cette grande
17 résilience. Et c'est là où j'ai vu Susan Aglukark à
18 Maliotenam amener de l'espoir pour les femmes inuites,
19 bien sûr, mais aussi pour les femmes autochtones. Donc, je
20 voulais faire une petite parenthèse, vous dire un gros
21 gros merci pour ce que vous faites.

22 Et pourquoi cette parenthèse? Vous avez
23 parlé de héros dans votre témoignage ; aux yeux de bien
24 des gens, même si nous ne sommes pas Inuits, vous êtes un
25 grande héroïne. Alors ça, c'est important de rapporter ça

1 dans votre cœur et le travail que vous faites.

2 Mais si jamais vous aviez... je ne sais pas
3 si, dans vos légendes, on dit « baguette magique », mais
4 quand je raconte des histoires à mes enfants, on dit
5 « baguette magique » par moments, je vous offrerais cette
6 capacité-là de venir tout d'un coup magicienne et, dans
7 cette magie-là, vous devenez la Première Ministre du
8 Canada, ça serait quoi les changements que vous
9 apporteriez pour votre peuple? Première question.

10 **MS. SUSAN AGLUKARK:** Jeepers. She's
11 looking at me. I would start with putting -- placing an
12 Indigenous person in positions of decision-making power,
13 whatever area that is in. What's the level of decision
14 making in the world of justice? Is that a justice? Is
15 that what it is? Put an Indigenous person in there. Why
16 don't we have an Indigenous person as the Minister of
17 Indian Affairs of Indigenous Affairs?

18 You know, all the positions where decisions
19 are being made, I would start with let's put an Indigenous
20 person as part of a decision-making team; meaningful, real
21 decisions. I think I'd start with that. And then I would
22 go and make sure that Jordan's Principle was passed. I
23 want to be Cindy Blackstock's magic wand.

24 I would want to understand why it's taken
25 so long to solve the housing problem and the water --

1 healthy water problem in our Indigenous communities.
2 We're not getting all that information. Why aren't we
3 getting all that information? What's going on? Where is
4 it stopping, and why is it stopping there? If I were the
5 Prime Minister, maybe I could just say, "Well, let's fix
6 it all." I would want to understand why they're not being
7 solved. They can't be that big a problem that we would
8 let the housing crisis carry on for as long as it has. I
9 don't understand that.

10 I would just -- why should Indigenous
11 people live in Third-World conditions in a country like
12 ours? I don't understand that. I would want to know why.
13 I would want to fix that. And, not to say it should be
14 unequal for the non-Indigenous, not to -- "we've got to
15 fix this because we're owed this." Just basic humanity.
16 Make it equal across the board. That's what I would --
17 that's just some of the things. We could talk all day, go
18 down the list. I think that's where I would start.

19 **COMMISSIONER MICHÈLE AUDETTE:** Well, you
20 would do an amazing Prime Minister. You would do an
21 amazing Prime Minister.

22 **MS. SUSAN AGLUKARK:** Let's ask me if I
23 would. No.

24 **COMMISSIONER MICHÈLE AUDETTE:** My last
25 comment/question, you talked about... l'éloignement ne

1 devrait pas... being far. I'll speak French. Thank you.

2 **MS. SUSAN AGLUKARK:** Yes.

3 **COMMISSIONER MICHÈLE AUDETTE:** Merci.

4 Sorry. Vous avez parlé de l'éloignement, que ça ne
5 devrait pas être un motif... un motif de quoi, pour bien
6 comprendre? Un motif de discrimination ou d'injustice?
7 Juste pour être sûre?

8 **MS. SUSAN AGLUKARK:** That's right. It
9 shouldn't factor into who gets more services and how much.
10 You know, it shouldn't. I think of the high Arctic
11 regions, and why should a litre of milk cost five, six,
12 seven times more up there than it does here in Winnipeg?
13 It shouldn't in this day and age, in this country. We
14 have to find solutions for that stuff.

15 **COMMISSIONER MICHÈLE AUDETTE:** Bien, merci
16 beaucoup! Thank you so much, and too bad you said no. No,
17 thank you.

18 **MS. SUSAN AGLUKARK:** Thank you.

19 **CHIEF COMMISSIONER MARION BULLER:** I don't
20 have any questions. That's one of the benefits of going
21 last. I just want to say I'm very glad that you never
22 lost your ability to dream, and I hope you never lose your
23 ability to dream. By coming here today, you've really
24 impacted how we do our work and how we will continue to do
25 our work. You've made a big difference. And so, we're

1 very grateful for that.

2 I think sort of with hindsight, maybe 10
3 years if I live that long, I look back on doing this work
4 I'm going think, "There's somebody who took what could
5 have been amazing tragedy and turned it into something
6 wonderful." So, I want to thank you.

7 Also, on behalf of all of us, I want to say
8 thank you for changing it, how we do our work here, and
9 making such a big difference. Please, on behalf of all of
10 us, pass on hugs and love to all of the children in your
11 program.

12 **MS. SUSAN AGLUKARK:** Yes.

13 **CHIEF COMMISSIONER MARION BULLER:** On
14 behalf of all of us. We have a small gift to give you in
15 exchange for the gifts that you've given us today, and it
16 is an eagle feather, to hold you up, oh, during many
17 moments, I'm sure, that you need holding up, and to help
18 you fly higher when you know you can.

19 So, it's a small gift, but it's an
20 indication of how much we truly appreciate your work. So,
21 thank you. Thank you very much, and we wish you safe
22 travels as well. So, on that note, we will adjourn to
23 tomorrow morning at 8:00.

24 **MS. JENNIFER COX:** I just have one
25 housekeeping item, and that is that the parties with

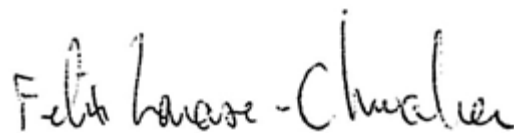
1 standing are to report to the Assiniboine Ballroom by 7:30
2 a.m. to draw their numbers for cross-examination tomorrow,
3 and we will close the draw at 8:25 a.m. So, please see us
4 at the -- if you're looking to cross-examine tomorrow,
5 between 7:30 and 8:25 in the Assiniboine Ballroom, please.

6 (GIFT PRESENTATION)

7 --- Upon adjourning at 5:41
8
9
10
11
12

13 LEGAL DICTA-TYPIST'S CERTIFICATE

14
15 I, Félix Larose-Chevalier, Court Transcriber, hereby
16 certify that I have transcribed the foregoing and it is a
17 true and accurate transcript of the digital audio provided
18 in this matter.
19
20

21 
22

23 Félix Larose-Chevalier

24 October 3, 2018
25