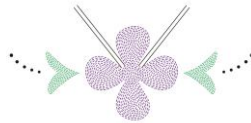


National Inquiry into
Missing and Murdered
Indigenous Women and Girls



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

**National Inquiry into Missing and Murdered
Indigenous Women and Girls
Truth-Gathering Process Part II
Institutional hearings on Government Services
Sheraton Suites Calgary Eau Claire
Calgary, Alberta**



Part II Volume IV

Thursday May 31, 2018

Panel II: “Health Services” (continued)

**Dr. Valérie Gideon, Assistant Deputy Minister - First Nations and Inuit Health Branch,
Ontario Region**

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

Panel III: “Shelters, Safe Houses & Transition Housing”

Nakuset, Montreal Native Women’s Shelter;

Josie Nepinak, Awo Taan Healing Lodge Society (Alberta);

**Sandra Montour, Executive Director, Ganohkwasra Family Assault Support Services
(Ontario)**

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II

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Assembly of Manitoba Chiefs	Joëlle Pastora Sala (Legal Counsel)
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Counsel: Anne Turley for Government of Canada

Witnesses: Jackie Anderson & Christine Duhaime, Ma Mawi Wi Chi Itata Centre, Winnipeg Manitoba

Counsel: Jennifer Cox (Commission Counsel)

Panel III: "Shelters, Safe Houses & Transition Housing"

Chair: Christa Big Canoe (Commission Counsel)

Second Chair: Marie-Audrey Girard (Commission Counsel)

Witness: Nakuset, Montreal Native Women's Shelter

Counsel: Christa Big Canoe (Commission Counsel)

Witness: Josie Nepinak, Awo Taan Healing Lodge Society (Alberta)

Counsel: Darrin Blain for Awo Taan Healing Lodge Society

Witness: Sandra Montour, Executive Director, Ganohkwasra Family Assault Support Services (Ontario)

Counsel: Christa Big Canoe (Commission Counsel)

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

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1 Calgary, Alberta

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

3 --- DRUMMING CEREMONY

4 (APPLAUSE)

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

9 (LAUGHTER)

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

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

23 (LAUGHTER)

24 MR. JASON GOODSTRIKER: And they're very
25 expensive, but we have one, if not two, missing right now,

1 so I know maybe you packed up your bag yesterday or whatever
2 and threw it in. Okay, anyways, we're missing one, but they
3 belong, again, to our translation services.

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

16 Anyways, not long after, one of those chiefs
17 died, sure enough. And so a -- a week went by, a month went
18 by, some time went by, and pretty soon, the living chief was
19 sitting out back in his backyard, sitting on a chair, and he
20 said, "Gee, I miss my friend. I miss my friend. I wish he
21 would send word like our promise." Sure enough, a little
22 bird sat there on the tree, and the little bird spoke to his
23 old friend. He said, "Ani. Oki." And he looked at the
24 bird, the Chief was talking to this little bird. He said,
25 "It's me. I've come back to bring word."

1 "Oh," he said, "It's you," he said. "My
2 friend, I missed you for such a long time." And the little
3 bird said, "I got good news, but I got bad news." He said,
4 "Well, what's the good news?" He said, "Well, in the next
5 world, our people aren't mistreated. Nobody's missing,
6 nobody's violent, nobody -- Native Affairs, they give us
7 everything. They give us all the money we want. We all
8 have casinos and we have nice, fancy houses, or if we want
9 to live in a tipi, we can do that, too. The next world is
10 awesome. We even have chief assemblies up there in the next
11 world." He said, "Oh, that sounds so wonderful." He said,
12 "What's the bad news?" He said, "You're going to be
13 chairing the conference next week."

14 **(LAUGHTER)**

15 **MR. JASON GOODSTRIKER:** Anyways, okay. We're
16 going to get going. I'm going to ask our Elders, we have
17 our Métis Elder here, and I'd like to thank and acknowledge
18 the Inuit Elders for helping us out. I've been talking
19 about it throughout the week. We have a -- such a special
20 -- a special gift here, and for many of us Blackfeet,
21 Stoney, Tsuu T'ina, one of the most important things when we
22 sit and we talk, if we're going to make our words powerful,
23 we have a smudge. And this is what we're using, and thank
24 you, Elder Louise, with the -- this is similar to what we do
25 in our backyard here, is that we have a talk over a smudge.

1 That means it makes your words a little bit more powerful.

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

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

11 --- **OPENING PRAYER**

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

21 So anyways, one of our big years we had here
22 in Calgary was 1988, and of course, our mayor at the time,
23 Ralph Klein, made this -- made this effort for us to host
24 the Olympics, and he asked for our involvement, and we made
25 a -- we made a song, and the song was used at the stadium

1 when we brought the torch in. And it was made from -- right
2 here from one of our band members. So, Michèle, we'll sing
3 you to start. Okay, go ahead, Michèle.

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

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

15 --- **OPENING SONG**

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

18 **(APPLAUSE)**

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

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

1 (LAUGHTER)

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

5 COMMISSIONER QAJAQ ROBINSON: Sorry.
6 Hello? Hi. Okay, so the hearings were scheduled to start
7 at 8:30, and so we've got about six minutes left. And just
8 to give everybody who's still coming into the room a chance
9 to settle in, we won't -- we won't start until -- until
10 8:30. So get your coffee, do what you've got to do in the
11 rooms, and we'll be back here in about five.

12 --- Upon recessing at 8:23 a.m.

13 --- Upon reconvening at 8:35 a.m.

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

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

1 that.

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

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

7 **MS. JENNIFER COX:** Sure. Yes.

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

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

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

15 **CHIEF COMMISSIONER MARION BULLER:** Thank
16 you.

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

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

1 sharing your story with us.

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

6 **JACKIE ANDERSON, Previously Affirmed:**

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

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

11 **MS. JACKIE ANDERSON:** Yes.

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

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

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

25 **MS. JACKIE ANDERSON:** Yes, I do.

1 **MS. JESSICA BARLOW:** Thank you. And in your
2 experience, are there any permanent programs or funding
3 that is currently available for these types of programs for
4 women and girls that may be at risk for vulnerability in
5 Manitoba?

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

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

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

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

23 **MS. JACKIE ANDERSON:** I -- I can't say if
24 they come in alone. But I do know that a lot of the
25 students that are coming in, they do have offices in the

1 urban centres where they have teens that are supporting
2 them while they're there for education purposes. But I
3 can't, you know, comment if they're actually coming in
4 alone. I know within my husband's community, they have
5 very active education counsellors that are supporting the
6 kids to get to and from and making sure that on holidays,
7 they're going home, that there's contact remaining with
8 their families.

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

11 **VALERIE GIDEON, Previously Affirmed:**

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

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

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

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

24 **DR. VALERIE GIDEON:** And First Nations
25 themselves have developed models of social determinants of

1 health and varying reports. Including through the National
2 Aboriginal Collaborating Centre on Health, which is
3 affiliated and funded through the Public Health Agency of
4 Canada.

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

9 **DR. VALERIE GIDEON:** Absolutely.

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

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

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

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

25 **MS. JESSICA BARLOW:** And as part of this

1 increase is attributable to the greater access to physician
2 services, so essentially doctors, and greater access to
3 specialized diagnostic services; is that correct?

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

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

14 **DR. VALERIE GIDEON:** They are transported
15 with escorts as minors. And in certain circumstances, can
16 be approved also for two escorts when they transport down.
17 I can confirm that they're not travelling alone. But, I
18 think, that the -- the hope and based on the MOU that was
19 signed with MKO and our minister recently, is that MKO's
20 goal of establishing a northern First Nations Health
21 Authority that would be able to provide services in a
22 northern Manitoba context, I think that is definitely a
23 strategy that we support. And we are hopeful that we will
24 play an effective role as partner in the development of that
25 authority.

1 **MS. JESSICA BARLOW:** Thank you. And so, yes
2 or no, does -- does FNIHB or the Non-Insured Benefits
3 Program always fund someone to escort an individual
4 travelling to urban centres for medical treatment?

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

15 **MS. JESSICA BARLOW:** Okay.

16 **DR. VALERIE GIDEON:** So they're not birthing
17 on their own.

18 **MS. JESSICA BARLOW:** Perfect. Thank you.
19 And one final question. Would you agree with me that
20 Indigenous women that leave their community, potentially for
21 the first time, to access medical treatment puts them at
22 greater risk for vulnerability?

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

1 health or chronic conditions.

2 **MS. JESSICA BARLOW:** Okay. Thank you.

3 **DR. VALERIE GIDEON:** Thank you.

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

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

9 **MS. MEREDITH PORTER:** Am I good? Yeah.
10 Thanks very much. Good morning. Commission counsel, my
11 colleague had led the evidence yesterday of the two
12 witnesses from Ma Mawi, but I did want to take a moment to
13 thank them very much for their sharing and for their passion
14 and their personal strength to carry on the work that
15 they're doing. And I certainly want to take minute to
16 encourage you going forward with the work that you're doing.
17 It's extremely valuable, so thank you.

18 **VALERIE GIDEON, Previously Affirmed:**

19 **CROSS-EXAMINATION BY MS. PORTER:**

20 **MS. MEREDITH PORTER:** I will direct my
21 questions to Dr. Gideon and start by refreshing your memory
22 with respect to some of the testimony that you shared
23 yesterday with respect to the Indian Residential School
24 Resolution Support Health Program. You stated that
25 survivors and their family members can access traditional

1 healing through that program. But I wanted to get some
2 clarification about some of the details of that program from
3 you just to make sure that I have a clear understanding of
4 the traditional healing services that are offered through
5 that program. And I'm going to refer you at this time to
6 what, I believe, was labelled Exhibit number 29. It is the
7 -- I guess, the description of the program, the outline of
8 the guidelines for the program. I'll just give you a minute
9 to get to that exhibit. Particularly, I'm going to be
10 making reference to the section that's numbered 1.3.3.1.
11 And I'm just going to read quickly from that -- that
12 section: (as read)

13 With respect to traditional healing,
14 Health Canada will coordinate and fund
15 reasonable travel costs for an eligible
16 client who -- to obtain the services of
17 a traditional healer, where the service
18 provider meets each of the following
19 criteria: is recognized as a traditional
20 healer by an Aboriginal organization
21 administering the RHSP service; or by a
22 local band or tribal council. It is
23 also located within reasonable
24 geographic proximity to the client's
25 home community. And transportation has

1 to be pre-approved, scheduled, and
2 coordinated as per the regional
3 processes.

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

6 That while the RHSP will cover travel
7 costs for a client to visit a *recognized*
8 traditional healer, it does not cover
9 services provided, including,
10 honouraria, gifts, ceremonial expenses,
11 or traditional medicine for services
12 provided by a traditional healer. These
13 costs will be the sole responsibility of
14 the client.

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

21 **DR. VALERIE GIDEON:** That's correct.
22 Depending on where the services are requested.

23 **MS. MEREDITH PORTER:** Their Elder or
24 traditional healer that they -- they see is not
25 entitled -- titled to an honourarium, correct?

1 **DR. VALERIE GIDEON:** Directly paid by the
2 department, that's correct.

3 **MS. MEREDITH PORTER:** Can you clarify what
4 that means by "directly paid"? Where -- if it's not
5 directly paid by the department, where else would it be
6 paid?

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

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

22 **DR. VALERIE GIDEON:** That's right. On the
23 terms of the honouraria.

24 **MS. MEREDITH PORTER:** And no costs for the
25 necessary offerings or typical items that might be used

1 or -- in the traditional healing or ceremony are not covered
2 through the program, correct?

3 **DR. VALERIE GIDEON:** As specified in the
4 policy.

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

9 **DR. VALERIE GIDEON:** In the Non-Insured
10 Health Benefits mental health counselling since the Budget
11 2017 -- so this policy dates back to 2014. Since 2017,
12 we've actually been able to get designated funds for
13 supporting traditional healers as part of mental health. So
14 there is some flexibility through the Non-Insured Health
15 Benefits Program at the moment.

16 **MS. MEREDITH PORTER:** Are you able to provide
17 an undertaking to provide the levels of funding and how
18 they're distributed to the Commission?

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

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

24 **DR. VALERIE GIDEON:** Yes. So where those
25 services have been, it's still relatively recent in terms of

1 the implementation, but where we've negotiated and discussed
2 with regions, with regional partners where that delivery is
3 happening and who are the recipients of funding, we can
4 provide that to the Commission.

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

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

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

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

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

15 **DR. VALERIE GIDEON:** Yes.

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

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

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

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

25 **MS. MEREDITH PORTER:** Okay. And can you

1 tell me how many people accessed the traditional healing
2 through the IRS program last year, for example?

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

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

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

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

25 **DR. VALERIE GIDEON:** I just want to make

1 sure that I understand that question. You're asking about
2 the NIHB mental health counselling policy that was
3 submitted as an exhibit?

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

5 **DR. VALERIE GIDEON:** It was updated in March
6 2018.

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

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

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

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

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

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

22 **MS. MEREDITH PORTER:** Would you then agree
23 that it makes sense to jointly recommend to the
24 commissioners that the framework for the delivery of
25 services, not only through health, through traditional

1 healing to youth and to survivors and their family members,
2 be reviewed to ensure that the actual accessing of these
3 traditional services is facilitated, as opposed to
4 prohibited, with these rather prescriptive guidelines?

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

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

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

17 **MS. MEREDITH PORTER:** Yeah.

18 **DR. VALERIE GIDEON:** Yes.

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

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

25 **MS. MEREDITH PORTER:** So once a qualified

1 service provider completes in referencing the material, the
2 provisions particularly in Section 2.2 of the guidelines,
3 once a qualified service provider completes the mental
4 health counselling provider agreement and any associated
5 required forms, is the decision as to whether or not they
6 are added to that list of approved service providers
7 informed by someone with either extensive knowledge about
8 the mental health needs of Indigenous peoples or by
9 somebody who has actual lived experience to inform that
10 approval process?

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

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

21 And I would just add that with respect to
22 the wide array of community-based mental wellness and
23 addictions initiatives that are funded by the government,
24 there are many, many, many community-based workers and
25 Indigenous workers that have listed experienced that are

1 supporting that service delivery with community members.
2 In fact, the NNADAP program, when it was initially created,
3 was set up to support First Nations that had gone through a
4 sobriety process, and it was actually a cornerstone of the
5 development of that program by First Nations.

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

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

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

21 Non-Insured Health Benefits mental
22 health service providers are encouraged
23 to continue to enhance their knowledge
24 of First Nations and Inuit cultures.

25 I understand this to mean that it is not a

1 requirement then for the national -- for the NIHB mental
2 health service providers to have any preexisting knowledge
3 or training specific to Indigenous people prior to becoming
4 listed service providers through the NIHB program; is that
5 correct?

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

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

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

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

16 **MS. ANNE TURLEY:** Chief Commissioner, I have
17 a point of clarification coming out of something out of
18 Commission counsel's questions that I think will assist all
19 parties with standing. Ms. Porter asked Dr. Gideon for two
20 undertakings, and I would like some guidance from the
21 Commission because parties with standing had been priorly
22 (ph) told by other Commission counsel that undertakings
23 were not permitted, so this may have guided what other
24 counsel have done to date in these hearings, and so I'm
25 finding a bit of inconsistency here that we're being told

1 we cannot ask for undertaking, but yet Commission counsel
2 is asking for undertakings. And I seek the Commission's
3 guidance so that parties with standing know what the rules
4 of the game are going forward, and so that witnesses know
5 when they come here what they're responsibilities are.

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

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

16 **CHIEF COMMISSIONER MARION BULLER:**

17 Submissions?

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

25 I'm not sure what the harm is in terms of,

1 you know, whether you want to provide it in an informal
2 follow-up, Counsel, or in response to a request for an
3 undertaking, which is a more formal process that we
4 normally engage. At the end of the day, we're just trying
5 to give the information that people are seeking to the
6 families and the Commissioners.

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

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

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

16 **MS. CHRISTA BIG CANOE:** Thank you.
17 Actually, there's been no formal procedure in relation to
18 this. There have been conversations with multiple parties
19 and counsel, and it was raised that if a lot of
20 undertakings were requested, that that would be onerous for
21 witnesses, particularly in this process, but that where we
22 could come to agreement -- so, for example, the witness has
23 referred to an exhibit that was put into the party -- by
24 the party, but there's been an update. So, for example,
25 seeking something like that update is not an unreasonable

1 request.

2 In terms of the undertaking, I would also
3 note that the -- that one of the answers to a request for
4 an undertaking is that I'm not able to provide it. Thank
5 you.

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

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

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

19 **COMMISSIONER MICHÈLE AUDETTE:** Chief
20 Commissioner, I need to have two minutes so she explain to
21 me in French.

22 **CHIEF COMMISSIONER MARION BULLER:** Oh, okay.

23 We're just going to take about a two-minute
24 break to ensure that we have proper translation. So we're
25 not going to stop. Nobody leave their seats. We're just

1 going to make sure we have the correct translation.

2 (SHORT PAUSE)

3 CHIEF COMMISSIONER MARION BULLER: You're
4 okay?

5 COMMISSIONER MICHÈLE AUDETTE: Yes. *Merci.*

6 CHIEF COMMISSIONER MARION BULLER: Okay.
7 Commissioner Robinson will address the issue.

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

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

24 COMMISSIONER QAJAQ ROBINSON: Thank you.

25 CHIEF COMMISSIONER MARION BULLER: Okay.

1 Before we start our examination of the witnesses, we're
2 going to take a 15-minute break. We'll reconvene at 9:20,
3 please.

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

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

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

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

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

24 **JACKIE ANDERSON, Previously Affirmed:**

25 **QUESTIONS BY THE COMMISSIONERS:**

1 **CHIEF COMMISSIONER MARION BULLER:** So having
2 said that, Ms. Anderson, I do have some questions for you,
3 starting with -- you described how young people stay with
4 you under various legal agreements. What, if any,
5 involvement do the parents or extended family members have
6 with the young people while they're in your homes?

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

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

23 **MS. JACKIE ANDERSON:** Yes. All -- all
24 orders, whatever the child is under, and that's an agreement
25 that we also include when an agency worker is placing their

1 children with us, is that they need to participate and agree
2 to be a part of that process.

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

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

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

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

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

21 **MS. JACKIE ANDERSON:** I'm just trying to
22 think of a young lady that we did have and I -- I'm not sure
23 if her order ended up changing along the way when she was
24 with us, but she was with us for two and a half years, until
25 she graduated from the program and went home.

1 **CHIEF COMMISSIONER MARION BULLER:** Okay,
2 thank you. And I'm going to ask you to kind of turn the box
3 around or -- or think outside the box a little bit and not
4 in a critical way. If we look at the two homes that you
5 operate, and rather than looking at them as child placement
6 under the *Manitoba Child and Family Services Act*, and we
7 turn that around to look at them as a more holistic healing
8 location or -- or facility and moved out from underneath the
9 *Manitoba Child and Family Services Act* to a health centre or
10 a health care provider, would that change your resources?
11 Would that change how you do business?

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

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

24 **MS. JACKIE ANDERSON:** M'hm.

25 **CHIEF COMMISSIONER MARION BULLER:** And that

1 it's a -- a coordinated safety response. Other than you and
2 -- and your organization, who else is involved in this
3 coordinated safety response?

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

16 So that was our area of expertise because of
17 our -- our programming that we're able to deliver. So right
18 now, we have over 35 youth that we also hired that are
19 working in the hotels as the youth helpers. Other places
20 that are also responding that are taking care of their
21 community, of course, is Southeast Child Family Services,
22 the Bear Clan in Winnipeg, SCO, to name a few, SERDC. A
23 number, as I mentioned, of organizations came to that table
24 and taking different parts that they're able to help with
25 along with Red Cross.

1 **CHIEF COMMISSIONER MARION BULLER:** Okay.

2 Thank you. Commissioner Audette?

3 **COMMISSIONER MICHÈLE AUDETTE:** *Merci, Mme la*
4 *Chef Commissaire. Bonjour.*

5 **MS. JACKIE ANDERSON:** *Bonjour.*

6 **COMMISSIONER MICHÈLE AUDETTE:** Well, thank
7 you so much, the two of you. It was very, very -- I have to
8 say, important to hear, but most of all, important to share
9 for the rest of Canada, that there is success stories and
10 there is what I call for me, like you said, a real expert
11 and real people. We're all real, of course, but are part of
12 this Inquiry or helping us. So I have to say *merci*
13 *beaucoup, beaucoup, beaucoup.*

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

25 **MS. JACKIE ANDERSON:** We -- we would love the

1 opportunity to be able to share our model and to be able to
2 help across Canada, to be able to develop, but it's -- it's
3 -- it's imperative, as I said yesterday, that it is
4 Indigenous-led and that there's extreme respect and value to
5 having an organization that supports the experience as
6 -- as working in the environment.

7 **CHRISTINE DUMAINE, Previously Affirmed:**

8 **QUESTIONS BY THE COMMISSIONERS:**

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

12 **MS. CHRISTINE DUMAINE:** Can you say that
13 again?

14 **COMMISSIONER MICHÈLE AUDETTE:** Pardon me?

15 **MS. CHRISTINE DUMAINE:** Can you say that
16 again?

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

20 **MS. CHRISTINE DUMAINE:** No, but just in
21 Manitoba. I have, like, friends in Manitoba who's -- who's
22 -- that, like, been through the same stuff that -- that I
23 have. I -- when I was moving into Little Sisters, I had a
24 friend who was faced with a similar situation as me, so she
25 got to Little Sisters, also, and she's actually -- did her

1 child and youth in care. She lived there about three years,
2 I believe, so ...

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

6 **MS. CHRISTINE DUMAINE:** In other places?

7 **COMMISSIONER MICHÈLE AUDETTE:** Like Thompson
8 or --

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

10 **COMMISSIONER MICHÈLE AUDETTE:** Thank you.
11 *Merci beaucoup. Merci.* And you're beautiful. All of you.

12 **MS. CHRISTINE DUMAINE:** Thank you.

13 (LAUGHTER)

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

18 **DR. VALERIE GIDEON:** No, ma'am.

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

21 (LAUGHTER)

22 **COMMISSIONER MICHÈLE AUDETTE:** Thank you.

23 **MS. JACKIE ANDERSON:** Thank you.

24 **COMMISSIONER MICHÈLE AUDETTE:** *Merci*
25 *beaucoup.* Thanks for the reminder.

1 **COMMISSIONER QAJAQ ROBINSON:** Thank you both
2 so much. I -- I really -- I was grateful to hear from both
3 of you. You reiterate -- you reiterated a lot of what
4 we've heard from families and survivors and built on what
5 they talked to us about what needs to be done. And thank
6 you for sharing this with us and -- and the country.

7 **JACKIE ANDERSON, Previously Affirmed:**

8 **QUESTIONS BY THE COMMISSIONERS:**

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

17 **MS. JACKIE ANDERSON:** M'hm.

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

23 **MS. JACKIE ANDERSON:** Yes. I mean, that
24 definitely always is, you know, a barrier that when we've
25 identified a need, you know, for -- for a young woman, that

1 we have to sit back and try to figure out where we're going
2 to get the funding or where we're going to access it. We
3 do operate, though, again by -- by values and, you know,
4 assessing the immediate, you know, risk of that individual.
5 And we'll do that we need to do and then figure it out.
6 But, you know, there's always risk of loss at the end of
7 that if we can't figure that out.

8 And that's -- that's -- shouldn't be in the
9 work that we're doing, to not be able to respond
10 immediately to a need of a young person or multiple young
11 people when we have to sit back and delay that time when
12 they need it now.

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

19 **MS. JACKIE ANDERSON:** Yes. In -- in terms
20 of wellness needs, but there's also other needs that, you
21 know, a lot of our young people are faced with whether
22 they're in our care or whether they're not in our care or
23 whether they're adult women, and that's safety. You know,
24 I -- I mentioned yesterday, you know, one of the -- like,
25 we're very coordinated and -- and have a lot of strengths

1 within our province. However, we don't have supports and
2 services for 18-plus, 24 hours. And -- and to me, that
3 hurts my heart to know that, you know, we can do everything
4 we can do until that child ages out of care, but then at
5 18, there's no 24-hour supports for them, you know, when it
6 comes to safety.

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

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

19 **MS. JACKIE ANDERSON:** Absolutely.

20 **COMMISSIONER QAJAQ ROBINSON:** So for a -- a
21 woman or a girl, to be able to do that herself, how likely
22 is that?

23 **MS. JACKIE ANDERSON:** It's -- it's
24 impossible, especially at that moment when they're in
25 stress and the trauma that they're experiencing. They

1 don't have the ability to navigate the different systems or
2 try to figure it out. And unfortunately,
3 that -- that -- it -- their risk becomes higher because
4 they just give up, and they feel, I might as well just stay
5 where I am.

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

14 **MS. JACKIE ANDERSON:** Absolutely.

15 **COMMISSIONER QAJAQ ROBINSON:** Navigators?

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

24 **COMMISSIONER QAJAQ ROBINSON:** And I -- I'm
25 going to apologize if you've already answered this, but I

1 understood that the homes are open for -- for all
2 Indigenous girls; is that correct?

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

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

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

24 **MS. JACKIE ANDERSON:** I don't quite
25 understand.

1 **COMMISSIONER QAJAQ ROBINSON:** So for the
2 Indigenous Services of Canada, it's -- INAC is now
3 two -- two ministries, and the Prime Minister has told the
4 new Minister of -- the new part of INAC that in doing her
5 work and in setting up how she serves Canadians, Indigenous
6 people, that she needs to take an approach to service
7 delivery that is patient-centered, focused on community
8 wellness, links effectively to provincial/territorial
9 health care systems, and considers the connection between
10 healthcare and social determinants of health. And social
11 determinants of health are all these other factors that
12 impact our overall wellness.

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

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

21 **MS. JACKIE ANDERSON:** M'hm.

22 **COMMISSIONER QAJAQ ROBINSON:** And I want to
23 know that as a service provider, is this direction that the
24 Prime Minister is giving meeting the needs that you see?
25 And the vision that you think needs to be had?

1 **MS. JACKIE ANDERSON:** Well, I guess how I
2 can -- and again, I'm -- I'll answer the best -- the way
3 that I can as to what I think that it's read. Again, it's
4 a lot of language I don't understand. But I do know that
5 there's an immediate need when it's looking at services,
6 systems and services or programs within our communities.
7 And it absolutely needs to be guided by our community, not
8 by -- not by -- not led by government. I mean, there is
9 different, you know, needs, as I used the -- everybody
10 holds a piece of the puzzle --

11 **COMMISSIONER QAJAQ ROBINSON:** M'hm.

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

1 **COMMISSIONER QAJAQ ROBINSON:** Thank you.

2 Yes, absolutely.

3 **MS. JACKIE ANDERSON:** Okay.

4 **COMMISSIONER QAJAQ ROBINSON:** I want to know
5 what you think, so there's no right or wrong answer. It's
6 what you think.

7 **MS. JACKIE ANDERSON:** Thank you.

8 **COMMISSIONER QAJAQ ROBINSON:** Thank you so
9 much.

10 **MS. JACKIE ANDERSON:** Thank you.

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

19 **MS. JACKIE ANDERSON:** As I mentioned
20 yesterday, we have a very strong coordinated Winnipeg
21 Outreach Network. And on that team is different youth and
22 adult serving organizations that are out on the street doing
23 the outreach, but also with the Counter Exploitation Unit
24 and Missing Persons Unit. So there's a -- a very strong
25 relationship that when we are coming across, because you're

1 right, we know who the perpetrators are. We know how to
2 identify, you know, when someone's driving some of the
3 stroll areas, we know that they're not part of that
4 community. We know what they're doing.

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

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

23 **MS. JACKIE ANDERSON:** I believe so. You
24 know, and again, because we have access to that info and if
25 we're faced with a situation -- because we're very proactive

1 in -- in our outreach. When our young women are not home,
2 we haven't heard from them, we're out on the street and
3 we're looking for them. We -- we have our safety teams that
4 are looking at those locations. We're able to identify, and
5 a lot of that -- because our team is coming from lived
6 experience, so we also know how to identify those safety
7 risks. So when we're out looking for our children, and we
8 get an address we know, we have a -- an idea that that child
9 is in there, we can call our partners and say this is where
10 we are, we need your assistance. And they're usually
11 responding in less than ten minutes, rather than having to
12 wait and go through the general police line.

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

20 **COMMISSIONER QAJAQ ROBINSON:** Absolutely. I
21 think you've said -- and Christine, I think, it was your
22 quote, "It's not about programs, it's about relationships."

23 **MS. CHRISTINE DUMAINE:** Yes.

24 **COMMISSIONER QAJAQ ROBINSON:** And those
25 relationships that you have with your big sisters, the

1 little sisters, the relationship with police, relationship
2 with these organizations. I want to thank you for this
3 teaching about how we see, how we care for each other, and
4 live as a community and as a family, and as a nation. I
5 think that that has to be seen at every level.

6 **MS. JACKIE ANDERSON:** M'hm.

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

9 **MS. JACKIE ANDERSON:** *Miigwech.*

10 **COMMISSIONER QAJAQ ROBINSON:** Thank you.

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

16 **UNIDENTIFIED SPEAKER:** Love you.

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

21 **MS. CHRISTINE DUMAINE:** That's okay.

22 **CHIEF COMMISSIONER MARION BULLER:** But I want
23 to thank you. Okay, thank you. For most -- thank you.
24 Before you leave, Ms. Anderson and -- and Ms. Dumaine, we
25 have gifts for you as we do for our witnesses. We're very

1 grateful that you were able to come and share your amazing
2 wisdom with us. It's been very helpful. And what you've
3 told us has made a difference to our work, so thank you.

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

17 **MS. CHRISTINE DUMAINE:** Thank you.

18 **(APPLAUSE)**

19 **MS. JACKIE ANDERSON:** Thank you.

20 **(SHORT PAUSE)**

21 **VALERIE GIDEON, Previously Affirmed:**

22 **QUESTIONS BY THE COMMISSIONERS:**

23 **CHIEF COMMISSIONER MARION BULLER:** Okay,
24 Dr. Gideon.

25 **DR. VALERIE GIDEON:** Yes.

1 **CHIEF COMMISSIONER MARION BULLER:** There's a
2 couple of points of clarification on your testimony. Based
3 on your experience in your current position, is there any
4 movement or any appetite towards redrafting the 1979
5 Federal Health Policy?

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

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

25 **CHIEF COMMISSIONER MARION BULLER:** Okay. So

1 there's no time limit then on -- or deadline by which this
2 will be revised?

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

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

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

17 The Métis Nation has tabled this draft MOU
18 with the government to specifically look at health
19 priorities and to work collaboratively towards a ten-year
20 Métis Nation health accord. They recently released quite
21 an extensive report with respect to what are the health
22 priorities of Métis. They, I believe in March, held a
23 national health summit where region by region they
24 presented their priorities, so all of this work would be
25 informing the discussions with respect to a ten-year health

1 accord. So, actually, I'm meeting with them on Friday to
2 continue to work on that MOU, and we are hoping that we
3 would be able to sign that prior to the June 14th meeting
4 between the Prime Minister and Métis leadership.

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

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

22 **CHIEF COMMISSIONER MARION BULLER:** Thank
23 you. Turning now to nursing recruitment and retention for
24 a moment. What role, if any, does the salary and benefit
25 package available to nurses have to -- have in the role of

1 retaining -- well, recruiting and retaining nurses?

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

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

21 But, you know, obviously there are recurring
22 differences with respect to salary scales depending on when
23 provinces are negotiating their salary levels, when we're
24 negotiating, so at different points in time, it has been an
25 issue more so than at other times.

1 **CHIEF COMMISSIONER MARION BULLER:** Okay.

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

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

10 **CHIEF COMMISSIONER MARION BULLER:** Okay.

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

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

21 **CHIEF COMMISSIONER MARION BULLER:** Okay.

22 And is that being implemented at all?

23 **DR. VALERIE GIDEON:** There is mobile health
24 aps, but I have to say it's been a bit slower progress than
25 we anticipated. We anticipated that those types of

1 applications would just sort of take off, but it's not
2 always had as much of a user uptake as we would expect.
3 Sometimes it's because of wifi capacity or ability for
4 people to have wifi in their homes, and sometimes it's just
5 a question of working with a population that may not be as
6 connected or, like, an aging or old population.

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

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

15 **DR. VALERIE GIDEON:** Thank you.

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

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

21 **COMMISSIONER MICHELE AUDETTE:** *Le temps que*
22 *les gens mettent leurs écouteurs.*

23 **UNIDENTIFIED SPEAKER:** You guys can say
24 whatever you want.

25 **COMMISSIONER MICHELE AUDETTE:** *Et voilà! I*

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

9 **Dre VALERIE GIDEON:** *Merci beaucoup.*

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

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

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

25 **Dre VALÉRIE GIDEON:** *On avait une approche*

1 *intérimaire parce que c'était urgent. Là quand la décision*
2 *est survenue en janvier 2016, le ministère a tout de suite*
3 *mis en place un plan d'action. Il y a eu d'autres décisions*
4 *qui sont survenues suite à la première décision de janvier*
5 *2016 qui ont offert plus de précision sur la définition pour*
6 *s'assurer, par exemple, qu'on tient compte de l'égalité - en*
7 *français substantive - substantive.*

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

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

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

24 *Comme, par exemple, au Manitoba, toutes les*
25 *communautés, presque toutes les communautés ont mis en place*

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

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

19 **COMMISSAIRE MICHÈLE AUDETTE:** Oui.

20 **Dre VALÉRIE GIDEON:** La province a annoncé du
21 financement. Une des communautés des Premières Nations nous
22 a approchés pour voir s'ils pouvaient avoir une clinique
23 pédiatrique de soins spécialisés comme tels que le Dr
24 Julien... Et donc on est capable de fournir du financement à
25 travers le Principe Jordan pour appuyer cette communauté-là.

1 *Donc peut-être que, ça, ça va s'élargir.*

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

16 *Donc le plan à long terme du Principe Jordan,*
17 *c'est vraiment de définir quels sont les écarts qui sont pas*
18 *mal systématiques qu'on est en train de voir avec les au-*
19 *dessus de 77 000 demandes qu'on a répondues jusqu'à date.*
20 *Et puis est-ce qu'il y a une façon de répondre à ces écarts-*
21 *là de façon plus systématique? Tsé, je veux dire de juste*
22 *les combler à travers des initiatives, avoir moins de*
23 *demandes plus spécifiques, individuelles. Et également*
24 *comment est-ce qu'on peut appuyer ces initiatives-là qui*
25 *sont dirigées par les communautés ou par les régions pour*

1 *qu'ils puissent avoir du financement qui est stable pour*
2 *pouvoir planifier à plus long terme. Donc ça s'en vient en*
3 *automne.*

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

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

25 *Mais ça serait intéressant de le voir au*

1 *niveau du profil parental. On n'a pas vraiment eu ces*
2 *discussions encore avec les Premières Nations. Je ne dis*
3 *pas que c'est impossible de le faire, mais pour le moment,*
4 *ça n'a pas été une grosse concentration.*

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

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

19 *Et dans cette étude-là aussi, ça démontrait*
20 *que l'espérance de vie chez les Inuits était inférieure de*
21 *12 ans à la moyenne des autres régions et que ça pouvait*
22 *aller jusqu'à 69 ans. C'est jeune 69 ans, là, quand on voit*
23 *ça.*

24 **Dre VALÉRIE GIDEON:** *Absolument.*

25 **COMMISSAIRE MICHÈLE AUDETTE:** *Donc on voit là*

1 *qu'il y a vraiment un écart entre les Inuits, les Premières*
2 *Nations et les métisses avec celles des Canadiens et des*
3 *Canadiennes.*

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

16 **Dre VALÉRIE GIDEON:** *Ah mon dieu. C'est une*
17 *grosse question.*

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

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

24 *On a également reçu plus de financement,*
25 *beaucoup plus de financement durant les trois derniers*

1 *budgets fédéraux à comparer à ce qu'on avait avant. Ça*
2 *prend un petit peu de temps avant que les résultats vont*
3 *être vus sur le terrain.*

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

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

20 *Donc des fois, c'est une question vraiment*
21 *que les gens -- puis aussi, tsé, je veux dire - Jackie l'a*
22 *dit aussi - la relation de confiance, hein? La relation de*
23 *confiance avec le gouvernement, ça prend des générations à*
24 *la rebâtir, là, et puis la dévolution de services. Tsé,*
25 *quand on regarde la Colombie-Britannique, ça a pris au-*

1 dessus de 10 ans à négocier ce modèle-là. Le prochain
2 modèle, j'espère que ça va prendre 5 ans! Tsé!

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

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

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

24 Vous avez présenté votre plan et tous ces
25 programmes, est-ce que vous vous êtes dotée des indicateurs

1 *de performance pour voir où vous êtes, puis comment ça*
2 *fonctionne.*

3 **Dre VALÉRIE GIDEON:** *Oui.*

4 **COMMISSAIRE MICHÈLE AUDETTE:** *Oui. Pouvez-*
5 *vous m'en parler un peu?*

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

13 **COMMISSAIRE MICHÈLE AUDETTE:** *Ce qui veut*
14 *dire: on voit les écarts aussi.*

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

20 *Avant, on avait des centaines d'indicateurs,*
21 *mais ils étaient très isolés sur -- puis par programme.*
22 *Donc ça ne permettait pas vraiment de voir le lien entre les*
23 *choses. On était capable de voir par exemple les programmes*
24 *qui -- les communautés qui ont accès au programme de santé,*
25 *maternelle et infantile. On voyait une augmentation de la*

1 *proportion de femmes qui choisissaient d'allaiter dans les*
2 *communautés. Mais à l'extérieur de ça, c'est plus difficile*
3 *de voir: est-ce que ça a amélioré l'état de santé de*
4 *l'enfant 5 ans plus tard? Tsé, donc c'est essayé d'avoir*
5 *des mesures comme ça.*

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

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

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

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

24 **COMMISSAIRE MICHÈLE AUDETTE:** *Puis pour les*
25 *programmes que vous nous avez énumérés qui peuvent se*

1 *retrouver, là, à travers le Canada sous votre*
2 *responsabilité. Souvent, on a entendu dans les témoignages*
3 *- et je reviens toujours parce que c'est de là que, hein, la*
4 *force, la richesse, la souffrance là de toutes ces familles-*
5 *là qu'on a écoutées en public ou en privé - il y avait*
6 *quelque chose qu'on entendait, peu importe la province ou le*
7 *territoire. Et on entendait la difficulté d'accéder aux*
8 *services. Ça, c'était une situation qu'on entendait tout le*
9 *temps. Plus on allait au nord, plus c'était constant dans*
10 *tous les témoignages, privés, publics ou de façon*
11 *informelle.*

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

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

25 **Dre VALÉRIE GIDEON:** *Oui. Voulez-vous parler*

1 de -- le centre que vous mentionnez, est-ce que c'est celui
2 à Nunavik?

3 **COMMISSAIRE MICHÈLE AUDETTE:** *Oui, ça en est*
4 *un, oui.*

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

8 **COMMISSAIRE MICHÈLE AUDETTE:** *Le vrai nord.*

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

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

19 *L'année passée, on a commencé le travail avec*
20 *notre comité de partenariat à Nunavut pour financer une*
21 *étude de faisabilité pour un centre qui existerait dans le*
22 *territoire de Nunavut avec l'organisation Inuit NTI et le*
23 *gouvernement du Nunavut. Et ils sont en train de faire un*
24 *processus d'engagement pour communiquer avec les communautés*
25 *pour avoir leurs observations sur: quels seraient les*

1 *besoins en priorités, comme quels seraient les services*
2 *offerts, l'infrastructure et tout ça. Donc on continue à*
3 *financer cet effort cette année.*

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

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

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

23 *Présentement, les gens doivent aller dans le*
24 *sud, ils doivent se déplacer et aller dans les centres dans*
25 *le sud pour accéder à ces...*

1 **COMMISSAIRE MICHÈLE AUDETTE:** *C'était ça mon*
2 *autre question. C'est important ce que vous nous donnez*
3 *comme réponse, mais c'est pour demain. Mais aujourd'hui, en*
4 *situation de crise, où vont ces femmes et ces enfants?*

5 **Dre VALÉRIE GIDEON:** *Oui, ils doivent se*
6 *déplacer. Ils doivent se déplacer, puis ils doivent aller*
7 *dans le sud.*

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

12 **Dre VALÉRIE GIDEON:** *Les appels à l'action,*
13 *je pense.*

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

16 **Dre VALÉRIE GIDEON:** *Les appels à l'action.*

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

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

25 **COMMISSAIRE MICHÈLE AUDETTE:** *OK.*

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

9 **COMMISSAIRE MICHÈLE AUDETTE:** *C'est public*
10 *ça?*

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

15 **COMMISSAIRE MICHÈLE AUDETTE:** *Merci. Merci*
16 *beaucoup.*

17 **Dre VALÉRIE GIDEON:** *Merci.*

18 **COMMISSIONER QAJAQ ROBINSON:** *Hi.*

19 **DR. VALERIE GIDEON:** *Hi.*

20 **COMMISSIONER QAJAQ ROBINSON:** *I'm going to,*
21 *one, thank you for being here. You're not in an easy seat,*
22 *and I want to acknowledge that. You're -- you're talking*
23 *about a program in a department that we've heard a lot*
24 *about and not always good, and I know you're here with good*
25 *intentions. So I want to acknowledge that.*

1 I want to start a little bit where Michèle
2 was going with on Jordan's Principle. My understanding of
3 Jordan's Principle is at its core, it's to make sure that
4 children don't suffer from inter-jurisdictional bickering
5 over who covers the cost of their care.

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

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

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

25 **COMMISSIONER QAJAQ ROBINSON:** Okay. Now,

1 with respect to Métis and non-status?

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

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

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

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

19 **DR. VALERIE GIDEON:** I don't know if I'm
20 properly equipped to answer that question. I would say to
21 you that how we operationalize that as a public servant
22 within the context of the First Nations Inuit Health Branch
23 is that we recognize the special relationship that we have
24 with First Nations and Inuit, which is why we emphasize
25 significantly the importance of working in partnership in

1 terms of the advancement of our policies, programs, and
2 services, and the reason why we have signed protocol
3 arrangements with respect to First Nations and Inuit.

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

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

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

16 **DR. VALERIE GIDEON:** The government has
17 fully committed to the United Nations *Declaration on the*
18 *Rights of Indigenous Peoples*, for instance, and -- which is
19 why they've mandated the ministers working group on the
20 review of laws, policies, and operational procedures to
21 review all aspects of federal policies which would include,
22 for instance, the 1979 Indian Health Policy, to ensure that
23 it would be in alignment with the United Nations
24 declaration. So I would say that international
25 rights-based instruments are recognized in that context.

1 **COMMISSIONER QAJAQ ROBINSON:** Okay. Thank
2 you. Now, in terms of what Indian people are, is it
3 clear -- am I hearing you correctly that that's on-reserve
4 First Nations and Inuit as defined by those who are members
5 of -- and rights-holders under land claims?

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

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

23 **DR. VALERIE GIDEON:** So in Hopedale in
24 Nunatsiavut, the Nunatsiavut government has drawn down the
25 Non-Insured Health Benefits Program. As a government, they

1 have flexibility with respect to what parameters they have
2 placed with respect to benefits that they provide as a
3 government. Within the context of a community in Nunavut,
4 I do believe that we would be within the context of the
5 program. The orthodontic consultants that when we are on
6 contract, they are independent, but they are on contract
7 with the Department, would assess the -- the request for
8 coverage with respect to the orthodontic program.

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

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

12 **COMMISSIONER QAJAQ ROBINSON:** -- evaluating?
13 Okay.

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

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

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

1 have to report to us with respect to that.

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

6 **DR. VALERIE GIDEON:** It could be.

7 **COMMISSIONER QAJAQ ROBINSON:** Okay.

8 **DR. VALERIE GIDEON:** It could be.

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

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

20 **COMMISSIONER QAJAQ ROBINSON:** Okay. And I
21 think you said yesterday that in terms of mechanisms to
22 ensure substantive equity [sic] in the types of services,
23 there is no current mechanism when it comes to either the
24 agreements or the delegations to ensure that substantive
25 equity [sic] for -- again, with this same scenario, the

1 woman in Cambridge Bay and the woman in Hopedale?

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

8 **COMMISSIONER QAJAQ ROBINSON:** Okay.

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

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

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

25 He have identified eight factors that were

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

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

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

20 **DR. VALERIE GIDEON:** I think it's, as
21 mentioned by Jackie earlier, it can be very confusing to
22 individuals, who is responsible for what and where do I get
23 access to the service, unless they're connected to somebody
24 who has that knowledge or familiarity. We put out a lot of
25 public information around phone numbers and contacts and so

1 forth, but it's not always easy even to navigate websites.
2 So I do think that it's a continuous challenge in order to
3 find the best, most effective way to communicate with
4 individuals who live across the country in very, very
5 different settings with respect to the types of services
6 that they can access. Regardless of the government,
7 regardless of the agency.

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

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

1 whether or not that is required or not.

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

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

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

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

1 require would be effective.

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

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

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

18 **DR. VALERIE GIDEON:** Thank you.

19 **COMMISSIONER BRIAN EYOLFSON:** Thank you,
20 Dr. Gideon, I just have a few more questions for you.

21 A few times in your evidence you mentioned
22 partnership with Métis, and I realize the Chief
23 Commissioner also asked you a question this morning about
24 Métis, but just to be clear, does your department currently
25 fund any services or provide any services to the Métis at

1 this point?

2 **DR. VALERIE GIDEON:** The First Nations and
3 Inuit Health Branch does not, but within the broader
4 department of Indigenous services I am not exactly sure.
5 I'm not yet -- we've just recently been brought together,
6 so the extent of my knowledge with respect to the array of
7 services that may be offered at the departmental level is
8 not what it needs to be yet. But within the First Nations
9 and Inuit Health Branch outside of the Indian Residential
10 School Health Support Program, which is not a status-based
11 program, but is based on being a survivor or a family
12 member of a survivor, we don't have anything directly at
13 the moment.

14 **COMMISSIONER BRIAN EYOLFSON:** Okay. Now, I
15 was just looking at the two-page document, What We Do, I
16 think it's Exhibit 26, and on the second page under Next
17 Steps there's a statement about supporting the permanent
18 bilateral mechanisms with First Nations, Inuit and Métis
19 representative organizations and advancing a distinction-
20 based approach. So what are the Métis representative
21 organizations that are referred to? And I appreciate in
22 your answer to the Chief Commissioner you also referred to
23 meeting with Métis leadership, Métis Nation, and you
24 mentioned the Manitoba Métis Federation, but what are the
25 organizations that are contemplated there?

1 **DR. VALERIE GIDEON:** So it's the
2 organizations that make up the governing council of the
3 Métis Nation, and they have -- for instance, in health they
4 have a lead with respect to the health portfolio, which is
5 Dale of British Columbia, so we work with the members of
6 the governing council and -- and that is also coordinated
7 through the Métis Nation, the MNC, the Métis National
8 Council.

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

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

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

23 **DR. VALERIE GIDEON:** I -- I cannot. I -- I
24 certainly -- we're open to however the Métis Nation would
25 like to organize the input from their population that they

1 are representing, regionally and nationally. It, you know,
2 we would be open to whatever option they would want, in
3 terms of how to build that partnership model.

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

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

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

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

25 **COMMISSIONER BRIAN EYOLFSON:** Okay. Now, I

1 was also reviewing your overview, which I think is Exhibit
2 25, and it refers to partnership relationships with First
3 Nations and Inuit, and in particular, to agreements with the
4 Assembly of First Nations and ITK. So it wasn't really
5 clear to me, from your evidence, how your ministry ensures
6 that the perspectives and the specific needs of Indigenous
7 women and girls is taken into account in the decision making
8 and agreements.

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

24 **COMMISSIONER BRIAN EYOLFSON:** M'hm. Okay.
25 So we heard from our other witnesses as well about the

1 importance of hearing from Indigenous women and girls with
2 lived experience. And I'm wondering if you have any
3 mechanisms for obtaining that input to contribute to the
4 decision making that happens in your ministry?

5 **DR. VALERIE GIDEON:** We don't have any direct
6 mechanisms --

7 **COMMISSIONER BRIAN EYOLFSON:** Okay.

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

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

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

1 absolutely access that.

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

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

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

21 **CHIEF COMMISSIONER MARION BULLER:** Thank you
22 very much. Dr. Gideon, it's been a benefit to us to hear
23 your evidence, and we're very grateful. And as with all of
24 our witnesses, we have an eagle feather for you to lift you
25 up and hold you up on those days and those moments where you

1 wonder if you can ever take another step forward. And also,
2 to lift you up to higher places that you can only dream you
3 can go.

4 **DR. VALERIE GIDEON:** Thank you.

5 **CHIEF COMMISSIONER MARION BULLER:** Thank you
6 very much.

7 **DR. VALERIE GIDEON:** Thank you very much.

8 **CHIEF COMMISSIONER MARION BULLER:** And we'll
9 take a break now until 11:10.

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

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

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

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

21 **CHIEF COMMISSIONER MARION BULLER:** Yes,
22 certainly. That's agreeable. Thank you.

23 **MS. CHRISTA BIG CANOE:** Thank you. And
24 actually, the first witness I will be calling is Nakuset
25 from the Montreal Native Women's Shelter, and before Nakuset

1 begins, we'd ask that she's affirmed on an eagle feather.

2 **CHIEF COMMISSIONER MARION BULLER:** Nakuset,
3 thank you. Thank you, Nakuset.

4 **NAKUSET, Affirmed:**

5 **EXAMINATION-IN-CHIEF BY MS. BIG CANOE:**

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

11 **NAKUSET:** Yes.

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

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

25 **MS. CHRISTA BIG CANOE:** Thank you. I also

1 understand that you sit on a number of committees and do
2 work even outside of your job as an Executive Director.

3 **NAKUSET:** Yes. Well, the Native Women's
4 Shelter of Montreal originally started the Montreal Urban
5 Aboriginal Community Strategy NETWORK. That was created in
6 2008, and the reason why we created the -- the NETWORK was
7 because there were so many gaps in services for Indigenous
8 people in Montreal and we needed to find a solution, and
9 that solution has to come from Indigenous people. So we
10 created this network, and in order to be more holistic in
11 the approach, we broke down into six committees. So we have
12 a committee on health and social services and art, culture,
13 and education in youth and in communications.

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

23 **MS. CHRISTA BIG CANOE:** So I understand, too,
24 that you know quite a bit about the Native Women's Shelter,
25 and maybe I'd like you to start there. If you could tell us

1 a little bit about the shelter's background?

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

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

23 **MS. CHRISTA BIG CANOE:** Now, I know that
24 we're going to talk about challenges and barriers, but I was
25 wondering if you could tell us particularly about some of

1 the projects and programs that -- that you run and how
2 important they are to ensuring Indigenous women and -- young
3 women and youth are impacted in a good way.

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

9 So the first thing we needed was a family
10 care worker, because our women are -- are losing their
11 children at an alarming rate through Youth Protection. So
12 we needed to find -- hire a staff that would work between
13 the women, strengthen them, teach them their rights, and
14 work with Youth Protection. We have an addictions worker.
15 We have a Cabot Square worker that works in the Cabot Square
16 area to help those that are still on the streets but need
17 additional services. We have Iskweu worker, which is on
18 missing and murdered Indigenous women. We have a
19 psychologist. We get funding through Health Canada so that
20 our women can see a psychologist four days a week. We have
21 an art therapist, we have a sweat lodge in the botanical
22 gardens, we have a Welcoming Fire Outreach worker who works
23 with the women that have left the shelter and helps them to
24 remain autonomous. I think I mentioned it all, but I might
25 have forgotten something.

1 **MS. CHRISTA BIG CANOE:** That's okay. I --
2 there are lots of -- there are lots of great programs.
3 Could you spend a little more time explaining to us? You
4 just mentioned the Iskweu program.

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

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

24 So the idea is that our women are too afraid
25 to go to the police when someone -- one of their -- when

1 their loved one is missing. In order to have a working
2 relationship with the police, we needed to hire someone in
3 between the community and the police so that the women could
4 go to that other person instead of going to the police and
5 she would support them and she would help them make that
6 first form, that -- that -- that initial form that you have
7 to fill out when someone goes missing. That she would help
8 with the language barrier, that she would help with support
9 services, that she would follow up, because a lot of the
10 times, the police take a report and then they don't ever
11 contact you. So she would pressure them to make sure, 24
12 hours later, they would follow up.

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

24 But what their money does is for prevention.
25 So when a woman gets off the bus in Montreal at the bus

1 station, usually the pimps are there waiting to take them.
2 So we will have our beautiful Iskweu poster, and we will
3 have kits, toolkits, that will help them navigate through
4 the city to let them know about the pitfalls of living in
5 the city, to give them bus tickets to the Native Friendship
6 Centre, to all the shelters, all the resources. And also
7 some of the monies from the (speaking in Native language)
8 is also going to be to collect statistics, because in
9 Quebec, we don't really know what the numbers are, but now
10 we're going to find out. Did I answer your question?

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

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

1 in order to have these other positions that are crucial.

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

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

19 I know that there are some people that are
20 fantastic in the media that have been incredibly helpful,
21 like Christopher Curtis from the Gazette, who when we
22 needed a van for the Native Women's Shelter to transport
23 our women to court or to help them when they needed to
24 move, our van had broken down, and he put -- he wrote a
25 beautiful article about the Native Women's Shelter that was

1 on the front page, and I think we got \$8,000 just from
2 community members.

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

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

22 (LAUGHTER)

23 MS. CHRISTA BIG CANOE: So it sounds like
24 you've used a lot of innovation, goodwill, and some strong
25 allies to -- to raise money. But can we talk about the

1 fact that the first point you made, "It's never enough
2 money?" What is the barrier or problem of not having
3 consistent funding or funding that you can rely on year
4 over year to ensure your programming?

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

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

24 Because they're turned away, they expect
25 that this is the norm, and we have to show them that it's

1 not, and we have to help them by being there and advocating
2 on their behalf so that they can see, hey, this is the way
3 I'm supposed to be treated, this is not the norm anymore.

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

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

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

1 keep them at the shelter.

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

14 So what I have to do or I choose to do is go
15 to different agencies and different schools and do
16 workshops on Indigenous realities. And only then do they
17 sort of get the lightbulb. And then they are more
18 empathetic. And then they say, "Hey, I know someone who
19 might be able to help out. I know someone who may have
20 some money." And that's where -- you know, those are the
21 kind of things you have to do. You have to keep advocating
22 on behalf of the women and spreading the word that, you
23 know, we are incredibly resilient, but we still need to get
24 from A to B. And there's nothing right now in the city
25 that's appropriate.

1 They do have one addictions centre in
2 Kanesatake called the Onen'tó:kon Treatment Centre, but
3 it's six weeks, and it's specifically in the English
4 language. So some of our people don't always speak
5 English. They speak French. Six weeks is not enough. So
6 what do we do? And by having an addictions worker,
7 it's -- it's what we need.

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

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

23 **NAKUSET:** Okay, well, my French is not
24 great, but here we go. Tell me if you're impressed,
25 Michèle. Besoin exprimer et préférence en matière de

1 logement des utilisateurs autochtones des ressources
2 communautaires sur l'île de Mon.

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

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

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

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

17 **MS. CHRISTA BIG CANOE:** Can you just --

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

20 --- **EXHIBIT NO. 37:**

21 « Besoins exprimés et préférences
22 en matière de logement des
23 utilisateurs autochtones de
24 ressources communautaires sur
25 l'île de Montréal » (février

1 2018), auteurs : Eric Latimer,
2 François Bordeleau et Christian
3 Méthot, Institut universitaire en
4 santé mentale Douglas du Centre
5 intégré universitaire en santé et
6 services sociaux de l'Ouest-de-
7 l'Île de Montréal (73 pages)

8 --- EXHIBIT NO. 38:

9 "Housing needs and preferences of
10 Indigenous people using community
11 resources in Montreal," (abridged
12 version, February 2018) by Eric
13 Latimer, François Bordeleau &
14 Christian Méthot, Institut
15 universitaire en santé mentale
16 Douglas du Centre intégré
17 universitaire en santé et services
18 sociaux de l'Ouest-de-l'Île de
19 Montréal (12 pages)

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

23 NAKUSET: It's important because there is a
24 large homeless population in Montreal and there are not
25 enough services.

1 The Native women's shelter is a place where
2 Aboriginal women and their children come and it's drug and
3 alcohol free, but if you have an addictions problem you
4 cannot come to the shelter if you are using, so where do
5 they go? Well, they stay in the streets. And when they're
6 in the streets they're left vulnerable to all different
7 kinds of problems, whether it be other people on the
8 streets or the police. So we wanted to get sort of an idea
9 of what was going on with this population, you know, where
10 do they see themselves, where are they hanging out, and
11 what is sort of a best practice.

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

18 **NAKUSET:** M'hm.

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

21 **NAKUSET:** Yeah, that's -- this is a report
22 that was done by The Homelessness Committee of the Network,
23 and I think what we often do is when we need to get the
24 information we go to the experts, and we are not experts in
25 everything, so that is what we did with this report.

1 The thing is that what Montreal needs is
2 supportive living for Indigenous populations, and right now
3 in Montreal there is no second stage housing exclusively
4 for Aboriginal women and their children. So a woman can go
5 to a second stage housing, but if she has a child, well,
6 she has to leave her child behind, and that doesn't make
7 any sense.

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

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

24 Now, I know that Montreal has -- I mean,
25 it's across Canada, they have this housing first approach.

1 The thing is, if you shove someone into a tiny little
2 apartment and be, like, there you go, now you're housed,
3 they're not going to stay because there's no support from
4 them, so basically it's almost like a little jail. So we
5 noticed that people will still leave their housing -- their
6 housing to go back and have a community and spend time out
7 there, and whatever underlying issue they have that's not
8 resolved, whether it be drugs or alcohol or whatever,
9 they're going to end up losing their housing again.

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

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

20 When we're looking at the housing needs
21 particularly for second stage housing, do you -- do you
22 believe that it's important that it has an diligence led
23 perspective that is including the full communities and
24 ensuring that those placements are within Indigenous
25 community?

1 **NAKUSET:** Absolutely. I mean, otherwise
2 it's not going to work. You know, in the past there have
3 been other second stage housings that are not Indigenous
4 led, and the women stay there for X amount of time and then
5 they leave. If you don't have a clear understanding of
6 where you come from and you have to explain yourself all
7 the time, it's -- it's just -- it's not worth it.

8 Are you going to ask the next question now?

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

11 **(LAUGHTER)**

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

14 **NAKUSET:** Okay, sorry.

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

23 **NAKUSET:** Okay, sorry, I just had to make
24 sure I got the right question. So the Native women's
25 shelter for the last, my goodness, ten years, has been

1 trying to create our own second stage housing, and we
2 partner up with an organization in Montreal that has the
3 knowledge and the expertise in that. What they had been
4 mentioning for the last couple of years is, well, why don't
5 we put this out in Laval? Well, it's not a really good
6 idea to have the second stage housing in Laval if, you
7 know, they have their children in Batshaw and they have to
8 have supervised visits and it's going to take them a long
9 time to get from A to B, why don't we have it in a -- in a
10 location where the women actually are?

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

22 And, you know, I was going to lend my staff,
23 so I would have my family care worker there one day and my
24 addictions worker and my art therapist and my psychologist
25 and our Elder to come one day of the week, and the women

1 can sign up. We would definitely have some kind of back to
2 work or back to school component involved. What we want to
3 do is strengthen them so that they have a fighting chance
4 when they finish their stay. And they can stay there up to
5 two to three years, so really give them the opportunity to
6 move forward.

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

12 **NAKUSET:** Yeah.

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

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

23 **MS. CHRISTA BIG CANOE:** Are you noticing
24 certain things happening, such as people accessing your
25 services being younger or poorer?

1 **NAKUSET:** Yes. I -- I sent you the
2 statistics of -- of this year, and actually has all the
3 different age ranges of the women that come to the Native
4 Women's Shelter. We were at 91 percent occupancy this
5 year. That is huge.

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

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

23 **NAKUSET:** M'hm.

24 **MS. CHRISTA BIG CANOE:** And this is the
25 Montreal Urban Aboriginal Community Strategy NETWORK, so the

1 network you've been describing to us.

2 **NAKUSET:** M'hm.

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

7 **CHIEF COMMISSIONER MARION BULLER:** Okay. The
8 -- is it the document called "Strategic Direction 2018"?

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

10 **CHIEF COMMISSIONER MARION BULLER:** Okay.

11 Exhibit 39, please.

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

13 "Strategic Direction: 2018," Montreal
14 Urban Aboriginal Community Strategy
15 Network (14 pages)

16 --- **PIÈCE NO. 39(b) :**

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

20 **MS. CHRISTA BIG CANOE:** Thank you. You know,
21 a couple things I want to ask you in relation to these
22 particular documents. And, I believe, we have -- I want to
23 talk about -- before we explore some more of those barriers,
24 I want to talk about strengths in fostering alliances. And
25 I understand that we have a graph on fostering alliances

1 from the document that we can call up, please. There we go.
2 Part of the -- the thing -- the work, I want you to maybe
3 explain to us; one, how -- why is it important that you've
4 created this Strategic Direction? And in this particular
5 visual -- visual, can you explain to us what its purpose is?

6 **NAKUSET:** I can try. All right. Your first
7 question was, "Why do we need a strategic direction?"

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

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

1 we going to -- together, non-Indigenous and Indigenous, find
2 the solutions?

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

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

15 **NAKUSET:** Yeah. Yeah.

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

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

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

1 you can -- yeah.

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

18 So I did this ten years ago, maybe longer
19 than that, with Batshaw. Because Batshaw is the English
20 Youth Protection Division of Montreal. And because I saw so
21 many of our kids being taken away and continue to be taken
22 away. Plus, the foster -- the -- the mothers that
23 themselves were in foster care, now have children in foster
24 care. So I wanted to address this problem. And I had to go
25 to them and have many, many, many conversations with them as

1 well as eventually sitting on a committee with them, then I
2 started to train them, then we had a collaboration agreement
3 with Batshaw in 2011, saying that before you take one of our
4 Indigenous children and put them in a non-Native home, bring
5 them to the Native Women's Shelter, bring the mother and
6 child, we will use all our expertise to keep the family
7 together.

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

18 The next one is define -- identify and define
19 appropriate roles and responsibilities -- I don't really --
20 of allies working alongside. So knowing who the people are.
21 And, I think, when you define, you also have to know who are
22 really the allies. There are certain people in positions of
23 government that really are empathetic and are -- are moving
24 towards reconciliation with Indigenous people, and then
25 there are those that just don't care. So we have to define

1 the ones that do care, and work with them.

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

13 So what they did was they did a poster, and
14 they had the WIN's input about how they can better access
15 services at a CLSC. And it went along beautifully. They
16 did -- made a great poster, then they went to the CLSC and
17 said, "Hey, can I put this up?" And they said, "No." And
18 the teacher came back to me and she's, like, "Can you call
19 the CLSC and have them put up your poster?" And I was,
20 like, "No. You guys are McGill. I am the Native Women's
21 Shelter. You guys have more pull than I do. Plus, what are
22 you teaching your students? You're teaching them that, you
23 know, if I don't make that phone call, that their project
24 isn't going to -- isn't going to be completed? If they
25 really want to advocate, then they have to go, and they have

1 to try. And they can see how even just putting up a poster
2 is not even -- they're not even able to do that. Before
3 they can access a service, they can't even put up a poster.
4 So you go and fight."

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

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

20 I was at Batshaw the other day, Monday, and I
21 asked Batshaw, "Are you going to celebrate Aboriginal Day?"
22 And the guy who's in charge of the committee is like,
23 "When's that?" Look it up, buddy. Like, really. Right?
24 You're -- there are so many Indigenous kids in care and
25 you're not giving them one day? And then he looked at me

1 and goes, "What are you doing?" "Oh, I'm -- actually, I'm
2 having a concert at Cabot Square. I got funding from the
3 *Ville du Montréal*. So, yeah, trust me, I'm doing my work,
4 but what are you doing?" So it's sort of like sometimes you
5 want to educate them, but sometimes, they need to step up.
6 Sorry. I talk too much.

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

18 **NAKUSET:** So the first one is addressing, so
19 go beyond service solutions to identify and address the root
20 causes of complex issues that negatively affect the quality
21 of life of Montreal's Indigenous community. And that one is
22 huge. It's huge because there are so many. I mean, through
23 the NETWORK, I run the social service committee. Well, I'm
24 the only committee that has three committees within one,
25 because it is so huge, the problems. You know, youth

1 protection is a huge problem, justice issues are -- are a
2 huge problem, and homelessness. And I think that that's
3 what we want people to do, is to really take a look at all
4 the different issues. It's not like we just have one, you
5 know?

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

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

24 So when I talked about the ticketing, right?
25 It's sort of like a Catch-22, because this year, it was

1 really, really cold in Montreal. We had a cold snap and the
2 *Gazette* had said that, you know, the -- the -- the -- the
3 municipal government said, "Hey, if you're really, really
4 cold, you can go stand in the metro and it will be okay," to
5 the homeless population, and I have a Cabot Square outreach
6 with our David Crane, so I said, "Dave, go find out what's
7 happening now."

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

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

1 I'll -- I'll -- I'll relay that news."

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

19 Purpose. Work towards improving existing
20 funding streams. Yeah, there's a lot of problems with the
21 funding streams for the Native Women's Shelter, and if we
22 don't fit into their pocket, we don't get in. And I think
23 we need to -- there needs to be a better sort of
24 understanding with the funders about what we need. And
25 conduct research and advise the different levels of

1 government on policy issues and decisions that directly and
2 indirectly affect the quality of life of Montreal's urban
3 Indigenous population.

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

12 So we help the women at the shelter and then
13 I extend it to help, you know, the people at Cabot Square,
14 and then there's a daycare centre in Montreal called the
15 Rising Sun Childcare Centre, so I also open the envelope to
16 them so that they can all get professional services. Once
17 upon a time, we used to get funding for our -- our
18 therapist, but then, you know, the government decided that
19 wasn't appropriate, so now we don't, and I think that's a
20 problem, because sometimes, you know, talking one-on-one
21 works, but sometimes it doesn't. And sometimes you need the
22 art therapy to work with the children, to work with the
23 mother. They're not ready to -- to verbalize it. But
24 apparently, they didn't think it was important, so now I
25 have to go to stream two and see if I can find funding

1 through them. So I think, you know, I should have been an
2 investigator in another life, because that's all I seem to
3 be doing is keep looking.

4 **MS. CHRISTA BIG CANOE:** Thank you, Nakuset.
5 I just have a -- a couple questions about this -- this
6 document, what you've presented to us. I know that it -- I
7 know that you can't speak to all the shelters across the
8 country, but a lot of the -- the things that are being
9 suggested, being those experts, those knowledge keepers that
10 actually have a strategic plan that people are listening to,
11 do you think that some of these philosophies would apply to
12 other Indigenous shelters, safe houses, or transition houses
13 across the country?

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

20 **MS. CHRISTA BIG CANOE:** And on that -- on
21 that advice part, like, the -- the last one that was up on
22 the last aid, the taking the awareness. So the example you
23 gave was the art therapy, but, you know, can you make the
24 connection for us between, you know, Indigenous people, and
25 particularly from a cultural -- giving the best advice on

1 what's truly needed for either treatment or for any type of
2 services that's going to have a longer impact?

3 **NAKUSET:** I don't know. Say that again?

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

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

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

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

20 And I definitely see a shift, you know,
21 since we started the NETWORK I see a shift. I see new
22 leadership, but I think we -- you know, it's got to be more
23 voices that are holding the government accountable to, you
24 know, their policies and also, you know, their funding. We
25 have to help the people, and it's -- it's us, right.

1 If I -- not too long ago, when I started
2 working at the shelter, we created a culture manual for the
3 adoption and foster children in care, so the non-Indigenous
4 parents that are taking our children, they don't know how
5 to relate to them or talk to them, and this has been going
6 on since the Sixties Scoop, so because of my own personal
7 experiences I worked on this cultural manual with a group
8 of people with Batshaw behind us, and we created this for
9 non-Indigenous parents.

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

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

22 This document was put before all of the
23 parties with standing and also the Commissioners, so I'm
24 going to ask that we please have it entered as the next
25 exhibit.

1 **CHIEF COMMISSIONER MARION BULLER:** What is
2 the title, I'm sorry, I --

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

6 **CHIEF COMMISSIONER MARION BULLER:** Okay.
7 The cooperation agreement is Exhibit 40.

8 --- **EXHIBIT NO. 40 (a) :**

9 "Cooperation Agreement Between the
10 SPVM and the Montreal Urban
11 Aboriginal Community Strategy
12 Network" (three pages)

13 --- **PIÈCE NO. 40 (b)**

14 Accord de collaboration entre le
15 SPVM et le Réseau pour la
16 stratégie de la communauté
17 autochtone urbaine à Montréal
18 (trois pages)

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

21 **NAKUSET:** M'hm, I signed it.

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

24 **NAKUSET:** I personally signed it.

25 **MS. CHRISTA BIG CANOE:** And you've already

1 kind of told us what the purpose of the agreement was,
2 but --

3 **NAKUSET:** M'hm.

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

11 **NAKUSET:** Yes.

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

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

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

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

24 **NAKUSET:** Yeah. So, you know, the first
25 part, you know, was to -- well, we had this training,

1 right. So we get to train the police, which is awesome in
2 theory. It took us almost two years to develop the
3 training.

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

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

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

1 their behaviour.

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

10 And then at the end of that training they
11 said we're not going to do it anymore. But, like, I signed
12 an agreement with you. Well, we're not going to do it.

13 So now they're talking about redoing a
14 training. A lot of time has gone on. Well, it's been a
15 year really since we started our first training. The City
16 of Montreal hired Maria Bordeleau as the Indigenous
17 Commissioner, so that's part of her mandate, is to create a
18 training for the police.

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

25 With the Iskweu Project, you know, we

1 finally got the funding, and then we told the police, hey,
2 we have our coordinator, we have our project, we're ready
3 to go and we -- and we went.

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

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

21 So she walks out afterwards with Jessica and
22 she turns to her and says, if you were not here, I wouldn't
23 have done this, I would have never -- I would have walked
24 out a long time ago. And that is a problem. So then we
25 had to address this problem.

1 I wrote a letter to the police chief and
2 then I, you know, cc'd it to a couple of my Indigenous
3 leader friends so that they knew what was going on. And
4 that's the only way you get things changed, is you hold
5 them accountable.

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

16 **MS. CHRISTA BIG CANOE:** Thank you. And so
17 just in terms of those -- you know, identifying those
18 barriers, is it fair to say that's like a cultural issue in
19 terms of -- a cultural issue in terms of -- it's not
20 a -- it doesn't seem to be a communication barrier, it
21 seems more like stereotypes and other issues and the
22 cultural differences continue to be a barrier in the work
23 you're doing. But if I'm hearing you correctly, you're
24 saying you have to keep pushing it and you have to keep
25 holding to accountability the agreements that are put into

1 place.

2 **NAKUSET:** Absolutely. Let me tell you,
3 half the work I do is not in my job description. I never
4 thought I would say, you know, go hold the police
5 accountable. But that's what we have to do. We
6 can't -- you know, our women are afraid. You know, they
7 had the Viens Commission in -- in Montreal not too long
8 ago, and, you know, I ended up going with some of my
9 colleagues to talk on behalf of the women because they are
10 still afraid to go and share the kind of abuse that they
11 meet from the police. So we have to do it for them. I
12 never thought I would, you know, even be here one day. But
13 this is the kind of thing that -- that we have to do. We
14 have to be a voice for our women. And we have to -- we,
15 that are strong enough to change the system or to try to
16 change the system, need to be moving forward. And if I
17 can't change the system, maybe someone behind me can.

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

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

1 the -- the break request.

2 **CHIEF COMMISSIONER MARION BULLER:**

3 Certainly. We will break until 1:05.

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

12 **CHIEF COMMISSIONER MARION BULLER:** Okay. So
13 1:05.

14 **MS. CHRISTA BIG CANOE:** And we, yeah, look
15 forward to starting at 1:05 sharp.

16 --- Upon recessing 12:22 p.m.

17 --- Upon reconvening at 1:11 p.m.

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

21 Chief Commissioner, Commissioners, before we
22 re-commence with the re-examination, I did miss one small
23 introduction, and I'd like to apologize in advance to
24 Commission Counsel. Associate Commission counsel
25 Marie-Audrey Girard is the second chair on this, and

1 without her assistance and working with the witnesses, it
2 wouldn't have been possible to pull this panel together.
3 So I just wanted to acknowledge that.

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

6 **NAKUSET:** Yeah.

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

20 So earlier, you were saying in order to be a
21 good ally, you have to step up to the plate. And there was
22 a story in relation to, you know, a Child Welfare incident
23 you shared with me earlier. Could you share that story
24 about how documents or child workers were treating an Inuit
25 woman?

1 **NAKUSET:** Actually, I'm going to give you
2 two. I hope you don't mind. Sorry. I talk too much.

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

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

17 They got into the -- into the building.
18 They went to the reception area. The woman went to the
19 reception and introduced herself, and she went to the
20 window. And she wasn't acknowledged. So she came back to
21 see Rachel, and she said, "They're -- they're not talking
22 to me." So Rachel went up and said, you know, this is
23 so-and-so, and she came to -- she has an appointment with
24 Dr. So-and-so. So whatever. So then the receptionist
25 responded.

1 They sat back down, and then a couple of
2 minutes later, she was called, and they went upstairs to
3 the doctor's office. The doctor sat down and looked at
4 them both and said to the Inuk woman, "So how long have you
5 been using?" And she went through her history. I've been
6 using since I'm about 12, and you know, she -- she
7 explained her -- her past.

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

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

23 Rachel came to see me, and she was, like,
24 shell-shocked. She was, like, I can't believe how the
25 medical profession just treated her. I can't believe it.

1 So I was not surprised at all. What I did
2 was I pulled out this paper that I have, and it's called
3 "Outside Occurrences of Discrimination." And we -- it's
4 pretty sad that we have to have a checklist of all the
5 different things that our women face, but we do. So we
6 write down the organization, the person's name who did
7 this, the address. We have a little checkbox. What kind?
8 Was it discrimination? Was it this? So she filled it out.
9 What do we recommend? And then she mailed it to the
10 organization.

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

20 The other incident that happened was at
21 Youth Protection. So sometimes Youth Protection acts like
22 everything is fine. The woman was at the shelter. Her
23 daughter was in foster care. The social worker said, "Oh,
24 it's going to be fine, we're just going to go to court,
25 and -- and everything's fine." And they go to court.

1 Before they go to court, they sit down with
2 the lawyer and the social worker, and they presented her a
3 piece of paper that had, you know, the -- the file. And at
4 the top of the paper, there's a presenting problem, and it
5 said, "This Inuit woman is a risk to her child because she
6 is Inuit." And my staff looked at that and said, "That is
7 discrimination, you need to remove that immediately." So
8 they did.

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

15 But eventually, my staff, Anita, came to see
16 me, and she showed me this piece of paper. Now, I have a
17 collaboration agreement with Batshaw. So I went to
18 Batshaw, and I said, "Who wrote this? Who wrote it?" And
19 social workers were, like, "Oh, it wasn't us, it was the
20 legal team." And the legal team was, like, "It wasn't us.
21 It was the legal team." And the legal team was, like, "It
22 wasn't us, it was the social worker." So nobody wants to
23 take accountability. And I think this is a big problem
24 that, you know, what we're finding with a lot of
25 organizations, is they're not taking -- they're not taking

1 care in how they write documents. They're not taking care
2 on even identifying who the women is, what Nation she is.
3 It's not hard to say what Nation are you? What community
4 are you from? They don't write that. They take a look at
5 you, and they, "Yeah. You look like you're this." And
6 they write it down. And it's not even correct half the
7 time.

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

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

17 **NAKUSET:** M'hm.

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

25 **NAKUSET:** Well, for one thing, that form that

1 I have is incredibly helpful because, I think, that when
2 people get something in writing that is holding them
3 accountable to their behaviour, that's the only way they'll
4 react. We can say it to them in person and, you know, it's
5 like water off a duck's back. It's, like, "Yeah, yeah,
6 yeah. Whatever." But once they get it on paper that there
7 is a complaint, then they have to do better. So this is
8 something that we try to do is always write things down. I
9 think that the power dynamics between, you know, Indigenous
10 women and youth protection Indigenous women, and the police,
11 there always is a huge, huge power dynamic.

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

22 I've even spoken to creating those rights and
23 putting it on a huge, huge poster, and putting it in the
24 middle of Cabot Square and that way anyone who walks by can
25 see what our rights are. And then the police are, like,

1 "Oh, geez. I better not do that because they know what
2 their rights are." That's what we have to do. We have to
3 continually remind them of what their behaviour is. And we
4 have to also be there to support our women, to show them
5 when things are wrong.

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

22 And, I think, that unless we keep pushing
23 them -- and we have to push them in a really, kind of,
24 gentle, fun way because nobody wants to be forced to do
25 things they don't want to do. But if you try to package it

1 differently then you get more success. Is that clear?

2 **MS. CHRISTA BIG CANOE:** No. That's great.
3 That's very clear. You know, talking about packaging it, it
4 -- I -- I -- just that rolled off tongue so odd that we'd
5 have to package Indigenous culture, or Indigenous rights in
6 way that everyone else can understand it, but your testimony
7 earlier talked to how you choose to educate others. What's
8 a really good dynamic way to do that? Like, we talked
9 earlier about using media in a positive way to -- to pass
10 that, sort of, education piece on?

11 **NAKUSET:** Okay. Before I get there, let me
12 just tell you about one more thing. So I had mentioned
13 before that I'm doing Aboriginal Day in the park, because in
14 Montreal we don't really celebrate it, so I get funding.
15 And what I do is, I write out an application and I explain
16 to them what it is that I'm doing. And then I have to go in
17 front of a jury, then I have to put on a presentation for
18 five minutes and explain why I'm doing what I'm doing. And
19 how I do this is, the previous year I had a professional
20 photographer take pictures of everything and that goes up on
21 a, you know, on a slide show. And then I talk about, you
22 know, how empowering it is for Indigenous people to see
23 Indigenous artists. It's a free concert, they couldn't
24 afford to see most of these people anyway, and -- and this
25 is an opportunity for them to really celebrate because we

1 never get to celebrate, so this is one day.

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

13 (LAUGHTER)

14 **NAKUSET:** "Okay. Well, come on over."
15 Because, I mean, I invite everyone to go anyways, but the
16 questions, they were like, you know. And I had -- I have a
17 psychologist at the -- at the shelter, and she came with me.
18 So she answered those tough questions where I was, like, you
19 know, 364 days a year -- or 5 days a year, we give all the
20 services. We help them. We just get one day. Let's do it.
21 Let's celebrate one day. So we did get the money, but
22 everything that we do is often a struggle. And, okay, so
23 you were asking me about --

24 **MS. CHRISTA BIG CANOE:** That was one example
25 of, like, dynamically educating others, but I know earlier

1 you talked about use of media --

2 **NAKUSET:** Yeah.

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

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

18 There is such a negative perspective of
19 Indigenous people, so we're always trying to shift that. So
20 when I have Aboriginal Day at Cabot Square, we have a group
21 of Inuit stone carvers, and we do a free workshop, so
22 everyone can participate in that, so it's so popular. The
23 thing is, that the stone carvers we use are actually
24 homeless. The population, so the non-Indigenous population
25 that sits down and participates in it, has no idea that

1 they're homeless. What they are learning is this Inuk man
2 is super talented. And they're learning about the language,
3 and the culture, and -- and they're giving him further
4 contracts down the line. And when they see him on the
5 street, they're not, like, "Hey, you homeless dude, get over
6 it." They're, like, "Oh, my God. You did a great dancing
7 bear. My cousin wants one." So this is the way that we try
8 to work with the non-Indigenous people and get them involved
9 and get them to see change. And I think you have to sort of
10 go at it at every angle, and we get lots of media coverage.
11 I get -- you know, I write to everyone I know that's, you
12 know, positive, and even those that are negative, and I'm,
13 like, try to find something bad in this.

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

24 **NAKUSET:** Say that again?

25 **MS. CHRISTA BIG CANOE:** How do you raise the

1 issues, like the violence, the sexual violence and the harm
2 that's happening to women, how do you balance that with
3 what you were just talking about, demonstrating and giving
4 positive examples of Indigenous people? Because is it fair
5 to say that both are just as important for people to
6 understand?

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

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

24 You know, sometimes if we have outreach
25 clients I'll ask the outreach worker is there anyone

1 interested in sharing their story. We are so over
2 documented. People always wants to, like, interview us,
3 you know, like, what is the problem with Indigenous women?
4 What are -- like, there's so many studies out there. We've
5 been studied galore. It's enough with the studies.

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

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

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

1 **NAKUSET:** Can you all see that? Yes.

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

4 **NAKUSET:** Yes.

5 **MS. CHRISTA BIG CANOE:** -- earlier?

6 **NAKUSET:** Yes.

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

10 **NAKUSET:** Yes.

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

13 **NAKUSET:** Yes, website.

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

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

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

22 **CHIEF COMMISSIONER MARION BULLER:** Yes,
23 Exhibit 41 will be the Cultural -- sorry, "Indigenous
24 Cultural Awareness Guide for the SPVM".

25 --- **EXHIBIT NO. 41(a):**

1 "Indigenous Cultural Awareness
2 Guide for the SPVM," (2016) by
3 Elizabeth Fast, Stephen Puskas,
4 Vicky Boldo and Rachel Deutsch for
5 the Montreal Urban Aboriginal
6 Community Strategy Network" (35
7 pages)

8 --- PIÈCE NO. 40 (b) :

9 Guide de sensibilisation à la
10 culture autochtone à l'intention
11 du SPVM, préparé par Elizabeth
12 Fast, Stephen Puskas, Vicky Boldo
13 et Rachel Deutsch pour le Réseau
14 pour la stratégie de la communauté
15 autochtone urbaine à Montréal (35
16 pages)

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

22 **NAKUSET:** That's right.

23 **MS. CHRISTA BIG CANOE:** So you've already
24 described it, is there anything else you wanted to add in
25 relation to the manual itself?

1 **NAKUSET:** Well, just the fact that, you
2 know, because of the '60s scoop, because of the way that
3 non-Indigenous people bring up Indigenous children, a lot
4 of times it's more harmful than it's good. And I think
5 with the way the media has in the past portrayed Indigenous
6 people, that's all they're getting their knowledge from.
7 So they're not learning about Indigenous people from the
8 history books, the only thing they see is what's on TV or
9 what you see in a sociology book, which is usually super,
10 super negative.

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

22 And, you know, I was talking to another
23 lovely lady in the bathroom who is also a director, and I
24 was talking about the fact that when I was adopted my
25 parents used to tell me you don't really want to tell

1 people you're Cree because, you know, Native people, they
2 grow up and they're drug addicts and prostitutes, just tell
3 them you're Jewish. So I have a special page dedicated to
4 that.

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

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

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

25 Commissioners, may I ask that that be entered as our next

1 exhibit, the Cultural Manual For Foster and Adoptive
2 Parents of Aboriginal Children. And just in terms of the
3 source, that is also from the Montreal Urban Aboriginal
4 Community Strategy NETWORK.

5 **NAKUSET:** Do you want me to show everyone?

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

8 **NAKUSET:** Pardon me?

9 **CHIEF COMMISSIONER MARION BULLER:** Is there
10 a French one?

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

14 **(LAUGHTER)**

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

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

21 **--- EXHIBIT NO. 42(a):**

22 "Cultural manual for foster and
23 adoptive parents of Aboriginal
24 children," Montreal Urban
25 Aboriginal Community Strategy

1 Network (13 pages)

2 --- PIÈCE NO. 42 (b)

3 Manuel culturel pour les parents
4 d'accueil et adoptifs d'enfants
5 autochtones, Réseau pour la
6 stratégie urbaine de la communauté
7 autochtone à Montréal (13 pages)

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

10 **MS. CHRISTA BIG CANOE:** We're not certain if
11 the Indigenous Cultural Awareness Guide is, but we will
12 look.

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

15 **UNIDENTIFIED SPEAKER:** There is now.

16 **UNIDENTIFIED SPEAKER:** We found it.

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

19 **MS. CHRISTA BIG CANOE:** Nakuset, I'm
20 cognizant of the time, and with the time we have left I
21 want you -- you've already actually provided a number of
22 suggestions or recommendations of good or promising
23 practices, such as the discrimination list, such as, you
24 know, reaching out and communicating in fun and dynamic
25 ways, but I wanted to offer you an opportunity if you had

1 any recommendations for the Commissioners in relation to
2 narrowing some of those gaps or diminishing the barriers
3 you told us about that may be helpful for them in
4 considering making recommendations?

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

13 The thing is, like I said before, you know,
14 you know, the -- they did the Truth and Reconciliation
15 Commission and they did the 94 recommendations, and I was in
16 a workshop last week and I asked a group of non-Indigenous
17 people, and there was about 40 of them, "Who's read the
18 recommendations?" And I think three people raised their
19 hand. How do you get people to read it? It's the same
20 thing. You all are going to be doing the report after this,
21 you know, the Viens Commission, they're going to do a
22 report, but at the end of the day, is the police going to
23 treat us better because that's what the recommendation is?
24 Where is their accountability when it comes to actually
25 following through on these things? You know, is Youth

1 Protection going to stop taking our children?

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

7 (LAUGHTER)

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

14 I think that, you know, if those that are in
15 the position of power -- like, I'm an Executive Director.
16 When I became an Executive Director, that's when I started
17 doing all these moves, because when I was a frontline
18 worker, it was like, yuck, nobody cares about you. But I'm
19 an Executive Director, so I'm able to use that power to make
20 change. I think everybody else in this position has to
21 push, and let me tell you, all the times that people have
22 said no to me, I don't get deterred. I'm kind of like, "Try
23 it. Just try it. Say no to me and see what I'm going to
24 do. I'm going to go around and over and this way and that
25 way and I'm going to find a way. And if I don't find a way,

1 then I'm going to find the expertise and they are going to
2 help me get this done."

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

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

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

16 **CHIEF COMMISSIONER MARION BULLER:** Yeah.
17 It'll be a real five-minute break.

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

19 **CHIEF COMMISSIONER MARION BULLER:** Okay.

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

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

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

24 **MR. DARRIN BLAIN:** Good afternoon, everyone.
25 For those of you who I haven't had the privilege of meeting

1 yet, my name is Darrin Blain. I'm a lawyer in private
2 practice here in Calgary, and I'm honoured to have Josie
3 Nepinak sitting to my left, who has become a friend and
4 who's doing what I would suggest is some of the most
5 important work in this great city of ours. I want to
6 mention in brief before we start that my mother was the
7 victim of years of domestic abuse. And because of the work
8 that people like Josie and the beautiful people working in
9 her centre are doing, my mother is -- received the help that
10 she needed and is now 83, going on 18.

11 (LAUGHTER)

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

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

24 **MS. JOSIE NEPINAK:** Yes. First of all, I'd
25 like to acknowledge Chief Commissioner Buller. Madam

1 Commissioners, Mr. Commissioner, and the Elders. Earlier
2 today I received some tobacco from the Commissioner Madam,
3 and I'd like to thank you for that because that is an
4 indication of the -- I guess, the -- a fierce conversation
5 that we're going to have today, a blessed conversation, a
6 conversation about truth, and a conversation about healing.

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

17 I also have two family members that have
18 been murdered and missing, and so today I think about them
19 in -- in their spirit, that they're no longer here with us.
20 But I also think about their children. My two nieces
21 who -- who grew up without their mother, who didn't have
22 that nurturing, that -- they had love from extended family,
23 for sure, but that -- you know, when you tuck your children
24 into bed at night and you give them their good night kiss,
25 there's a lot of children in this country that do not get

1 that because their mothers have been taken so viciously.
2 So I remember those spirits of those mothers and the
3 spirits of those children today as we speak.

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

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

15 **MS. JOSIE NEPINAK:** M'hm.

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

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

21 **MS. JOSIE NEPINAK:** Yes.

22 **CHIEF COMMISSIONER MARION BULLER:** Thank you
23 very much.

24 **JOSIE NEPINAK, Affirmed:**

25 **EXAMINATION-IN-CHIEF BY MR. BLAIN:**

1 **MR. DARRIN BLAIN:** And you are welcome to
2 hold onto that, Josie, or let it go. It's -- it's whatever
3 makes you comfortable.

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

7 **MS. JOSIE NEPINAK:** M'hm.

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

10 **MS. JOSIE NEPINAK:** M'hm. Yes.

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

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

24 And I was formally educated, as well, and I
25 have a degree in women's studies. And I have more than 25

1 years in -- steeped in very complex issues, working with
2 Indigenous women and children. And I'd like to say, I've
3 often been asked, well, how long have you been involved in
4 family violence? And I say, since I was five years old.
5 And I say that because previous to that, I'd only known the
6 tradition, the culture, and the language, and a safe and
7 secure -- safe and secure environment with my family. So
8 upon entrance into the residential school, then you begin
9 to feel the -- the dynamics and the destruction of one's
10 spirit when it comes to the residential schools. So -- so
11 I guess my -- my -- my involvement has been quite a long
12 time.

13 And in the past 25 years, I -- I have -- I
14 have been paid for the work that I do as executive director
15 for Awo Taan Healing Lodge Society. Awo Taan Healing Lodge
16 Society is a 32-bed women's emergency shelter. And I'd
17 like to say, as well, that we decided about 15 years ago,
18 through the board of directors, that we would call the
19 shelter a healing lodge. And -- and the purpose for that
20 is to focus on the -- the trauma-informed, strength-based
21 work that we do because we know that women who are coming
22 into the healing lodge have already suffered multiple
23 traumas from colonization, from oppression, from racism,
24 paternalistic policy, et cetera, et cetera. So we know
25 that that's already been a part of their experiences, and

1 we prefer through our healing environment to provide a
2 nurturing and a caring environment that tears the walls
3 down of institutionalization, because when you come into
4 Awo Taan you're going to see people that look like you.
5 You're going to see people with dark hair, people
6 who -- people with dark skin, who -- who -- people who
7 speak the language.

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

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

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

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

20 **MS. JOSIE NEPINAK:** M'hm.

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

25 **MS. JOSIE NEPINAK:** Okay.

1 **MR. DARRIN BLAIN:** So let's talk about those
2 for a brief second, and then we'll get back to Awo Taan.

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

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

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

22 **--- EXHIBIT NO. 43:**

23 Curriculum vitae of Josie Nepinak
24 (one page)

25 **MR. DARRIN BLAIN:** Fantastic. And I

1 apologize. I wasn't aware of what number we were at.

2 That's fantastic. Bear with me for a second.

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

10 **MS. JOSIE NEPINAK:** Well, Awo Taan Healing
11 Lodge, and I -- and I need to say, first of all, *awo taan*
12 means "protector, shield" in the Blackfoot language, and the
13 name Awo Taan was given to the organization through a
14 blanket ceremony. And we are located about ten minutes
15 south of here. If you know where Chinook Centre is, we're
16 just -- just two blocks north of that, yeah. And we have
17 been here since 1992 and this year we're celebrating our
18 25th anniversary, so we're still young. Twenty-five.

19 So at Awo Taan Healing Lodge, we provide a
20 broad continuum of support services. First of all, we have
21 an emergency shelter, which has 32 beds, funded by the
22 Province of Alberta. We have a child support program, and
23 this is for children who have -- who are affected by family
24 violence, and some of the literature I've researched tells
25 us that children who have witnessed and are affected have a

1 -- regarding brain development and activity, are similar to
2 combat soldiers in Afghanistan, regarding the damage that's
3 done to the children. So our child support program is
4 really about children being children, learning trusting
5 relationships, and learning to play.

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

18 We provide emergency transportation in the
19 city, but I have to say something about transportation
20 because we have had women hitchhike to the shelter from
21 different parts of the province. I'll tell you a story
22 about this one lady from -- who was looking to get into a
23 shelter and she couldn't. There were no beds available in
24 Calgary and she was placed just south of the city in Okotoks
25 through Emergency Social Services. And the next morning at

1 11 a.m., she -- she was told to leave. Check-out time.
2 Although she had a broken wrist. She also had, I believe, a
3 -- a -- an 18 -- or three -- three-year-old daughter with
4 her. She had her purse and her bag, and it was about 30
5 degrees outside. This was last summer.

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

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

22 **MS. JOSIE NEPINAK:** Yes.

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

25 **MS. JOSIE NEPINAK:** Yes.

1 **MR. DARRIN BLAIN:** And the -- the bulk of
2 your clients are -- are First Nation women --

3 **MS. JOSIE NEPINAK:** Yes.

4 **MR. DARRIN BLAIN:** -- and their children?

5 **MS. JOSIE NEPINAK:** Yes.

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

9 **MS. JOSIE NEPINAK:** No.

10 **MR. DARRIN BLAIN:** -- that --

11 **MS. JOSIE NEPINAK:** No.

12 **MR. DARRIN BLAIN:** -- you don't have to be
13 First Nation to be there?

14 **MS. JOSIE NEPINAK:** That's right.

15 **MR. DARRIN BLAIN:** But that's your focus.

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

21 **MR. DARRIN BLAIN:** M'hm. Josie, I -- I want
22 to apologize if I -- if I seem like I'm interrupting you --
23 what you're trying to say. You've got some things to get
24 through and I want to make sure that the Commission has the
25 right sound bites that we want to give them today. And --

1 and -- and more importantly, the recommendations that you
2 came here to give them. Can we talk about Awo Taan's
3 funding and resourcing?

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

14 We also have a -- I want to tell you about
15 our health program. We -- we do have a -- a nurse
16 practitioner who works out of the shelter, so we have her
17 there for two-and-a-half days a week. We have no money to
18 pay her, but we do fundraise through a casino, so we pay her
19 from our casino dollars. For 18 months, we -- we work a
20 casino. Volunteers, the board come over and others, and
21 quarter -- and then at the end of that quarter, we receive
22 some money that's -- we've designated that for our health
23 program. So the nurse practitioner does immediate health
24 care when -- when families come into the shelter, and this
25 has been extremely useful because some of our data

1 collection from that program is able to -- to move us into a
2 further and longer-term strategic planning.

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

21 We have -- so I'll just skim through these.
22 We have outreach and follow-up for women who are leaving the
23 shelter, and in that program, we have our women's healing
24 groups, we have our -- our Circle of Safety groups, we have
25 our rural and community outreach, we have youth and family

1 program, we have a youth mentorship program, we have a
2 parent link program, and we have a bullying program with our
3 partner school, which is Piitoayis Family School. And so
4 that's the continuum of our services at Awo Taan.

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

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

1 a big storm there's -- we have staff that are out there,
2 sometimes the firemen will help us to -- to do our
3 sidewalks.

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

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

19 Shelter staff are not paid well I believe
20 across the country. We do the training as much as we
21 possibly can with partners and look at what's available in
22 the community as well. So retention, although Awo Taan, I
23 must say, the staff that have been with us have been there
24 for five years or more, 75 percent of our staff, which
25 we're very, very fortunate, but there still is a need

1 to -- to pay our child support workers, our staff, our
2 Elders, as equitable as any -- any other organization.

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

11 **MS. JOSIE NEPINAK:** M'hm.

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

14 **MS. JOSIE NEPINAK:** Personally?

15 **MR. DARRIN BLAIN:** As an executive director
16 or --

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

23 **MR. DARRIN BLAIN:** So I want to make sure
24 we're getting this through to the Commissioners, that
25 because you don't have adequate funding before they get in,

1 while they're in, and when they leave, some women
2 are -- are dying?

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

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

16 **MS. JOSIE NEPINAK:** Okay. Well, I'd first
17 of all like to make a distinction around domestic violence
18 and family violence and violence because domestic violence
19 is a term that's used very -- I think it's used mainly
20 mainstream, and domestic violence, at least in some of the
21 older research that I read, refers to a man and a woman in
22 an intimate relationship, and that's a domestic situation.
23 When we know that family violence often involves -- it
24 could involve family members or acquaintances, relatives, a
25 neighbour, and in some cases I've seen even the landlord

1 who is -- who is abusing the women, and so I'd like to
2 refer to it as violence against Indigenous women instead of
3 domestic violence, and I often use that term "violence."

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

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

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

24 **MR. DARRIN BLAIN:** Now, Josie, excuse me, I
25 think we need to touch on the best practices that we need

1 to have in order to ensure that women's shelters across
2 this country are well resourced. We've heard from the
3 group yesterday, we've heard from the presenter earlier
4 today. And this might be a good time to introduce the next
5 exhibit, it's the Aboriginal Framework.

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

9 **COMMISSIONER MICHÈLE AUDETTE:** The one in
10 the report?

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

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

15 **MR. DARRIN BLAIN:** Look at that.

16 **COMMISSIONER MICHÈLE AUDETTE:** Shelby it's
17 there.

18 **MS. JOSIE NEPINAK:** This little girl --

19 **MR. DARRIN BLAIN:** Tell us about that,
20 Josie.

21 **MS. JOSIE NEPINAK:** I'd like to tell you
22 about her. She was in the -- she was at the healing lodge
23 and we were -- we were actually getting ready for our
24 Sisters in Spirit march and rally here in Calgary, and I
25 asked mom, I said can we take a picture of her, I said, you

1 know, and would she hold up this sign? And mom, you know,
2 signed off and said yes, absolutely.

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

8 **MR. DARRIN BLAIN:** Fantastic.

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

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

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

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

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

24 **MS. JOSIE NEPINAK:** And I'm so glad that
25 they've reached out. And we also have folks like Angela

1 Cardinal who is now deceased. She was dragged and sexually
2 assaulted, and the man who did this to her was placed in
3 the same or a nearby cell to her, where he could see her
4 and she could see him. When they were transported to the
5 courthouse they were in the same van.

6 I'd like to tell you about Cindy Gladue, a
7 36 year old Cree woman who -- who was murdered, and her
8 body parts, her vagina, put on a paper plate and brought
9 into the courtroom as evidence for the jury to look at.
10 And this is here in Alberta. This is recently, like, this
11 is in the last few years. What about Tina Fontaine, the
12 15-year-old girls who was found in the river, Red River in
13 Winnipeg? What about Barbara Kentner, Thunder Bay,
14 Ontario, who was hit with a -- a trailer hitch by three
15 young men who opened the door and threw this trailer hitch
16 and -- and laughed and giggled and said, "Ha, Ha. I got
17 one." And that injury killed her. She died last July.
18 The war on Indigenous women, we can look on Facebook. We
19 can look through the various sites that are available on
20 missing and murdered women and see that this war has to
21 stop.

22 A -- an old acquaintance, Brian Vallée, who
23 has since passed away, wrote a book titled, "The War on
24 Women." And in that doc -- in that book, he also said that
25 the -- the rate of death of women in Canada was higher

1 than -- than the rate of deaths in militaries across the
2 country. So we see more women dying than front-line
3 workers. Not that their lives don't matter, but there is a
4 war that -- that has been declared on Indigenous women from
5 day one. And I believe that this Commission has an
6 opportunity to make those recommendations to -- to create
7 that change for -- for a brighter, for a healthier future,
8 and -- and to decrease these numbers possibility for missing
9 and murdered women.

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

14 **MS. JOSIE NEPINAK:** M'hm.

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

25 **MS. JOSIE NEPINAK:** Absolutely. So we're

1 going to ask for --

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

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

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

14 **MS. JOSIE NEPINAK:** M'hm. And the -- the --
15 this is what we call a Framework Manual for Healing and
16 Wellness. And although it's a bit dated, I mean it's 20 --
17 it's -- it's 2018 now, and there is a need to -- to revise
18 and to review and update this document, but again, you know,
19 it's about lack of funding. It's about lack of money. And
20 several years of, I would say back in, you know, 2005, we
21 were challenged by our funders to -- to put together a
22 document by -- "What do you mean by healing? What -- what
23 does that mean?" And -- and how do we define healing. And
24 -- because we're not sure. You know, we should be funding
25 cultural programs, we're not sure we can provide you with,

1 you know, resources for honouraria for your Elders, or that
2 kind of thing. And so a group of us from -- from the
3 shelter, including board members, and -- and our consultant,
4 got together and we developed this Aboriginal Framework for
5 Healing and Wellness.

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

9 **MR. DARRIN BLAIN:** Just while you're flipping
10 there, I understand --

11 **MS. JOSIE NEPINAK:** The table of contents.

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

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

18 **(LAUGHTER)**

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

23 **CHIEF COMMISSIONER MARION BULLER:** Excuse --
24 excuse me. Two things for the record. First of all, the
25 document, Aboriginal Framework for Healing and Wellness

1 Manual, May 30th, 2007, will be Exhibit 44.

2 --- EXHIBIT NO. 44:

3 "Aboriginal Framework for Healing and
4 Wellness Manual," (May 30, 2007) Awo
5 Taan Healing Lodge Society (66 pages)

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

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

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

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

12 (APPLAUSE)

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

20 MR. DARRIN BLAIN: Fantastic.

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

25 (APPLAUSE)

1 **MR. DARRIN BLAIN:** Okay. Josie.

2 **MS. JOSIE NEPINAK:** Yeah.

3 **MR. DARRIN BLAIN:** Take us through that
4 briefly.

5 **MS. JOSIE NEPINAK:** Okay. So I'm going to
6 take you, just very briefly, to the table of contents.
7 We'll put back the -- the slide. And -- and so when I say
8 healing, the definition of healing was -- is actually in
9 this document. And it was given to us by Elder Andy
10 Blackwater, who has since passed away as well, because we
11 needed to define that from an Indigenous perspective. What
12 does healing mean for us? It certainly doesn't mean putting
13 a band-aid over it, but it -- and -- and they way he
14 explained to us was it's -- it was the duality of life. And
15 at -- whether you're from, you know, from the east, the
16 west, wherever you come from, there is a duality. And there
17 is the forces that come together. And these two forces that
18 he was talking about was -- were the positive and the
19 negative. And the challenge for us in that healing process
20 is to develop balance within that positive and that negative
21 because we're going to have that every day, right? We're
22 going to have that positive and that negative. And how do
23 we balance that? And that is the duality of life. That is
24 healing. And that's the -- that's the definition that he
25 gave us in -- and -- and it's in the manual.

1 So the purpose of the document was really
2 to -- to help other folks, other organizations, other
3 shelters, who were providing services to Indigenous peoples
4 to have a somewhat of a how-to manual, I guess. And -- and
5 this is what -- this is what this does, has definitions, for
6 examples. We often talk about best practice. And so best
7 practice can be defined as a practice that has gone through
8 rigorous testing and -- and evaluation. Now, Indigenous
9 community, again, our Elder Andy said, for us, best practice
10 is really about this works for community because the
11 community of Calgary, and I -- or and another community
12 further -- in another location, do -- may not have the same
13 needs. So there is a -- a, you know, there must be
14 revisions there, and -- and so to speak, as we can't
15 parachute a program until program -- into a community and
16 expect it to work.

17 So it has to be programs that work for a
18 community. We have definitions around what is a healing
19 circle. We have a talking versus a talking circle, what are
20 -- what is the -- what is Indigenous knowledge. How does
21 that work for us? How do we -- how do we incorporate
22 Indigenous knowledge into the work that we do. We have some
23 guiding principles in this document. And I'm just going to
24 read a couple of -- of them to you. Goodness. So if you'll
25 just give me a moment. Well, I guess, maybe I'll -- if I'd

1 remember them, I'll tell you what -- but that, yeah, the --
2 the guiding principles are: one, is that the spirit knows no
3 colour; and that everyone who comes into our circle, which
4 we do at Awo Taan, everyone is welcomed; and that we treat
5 everyone the same way; that -- when we wake up in the
6 morning that we acknowledge our truths, we acknowledge our
7 grandmothers, grandfathers, ancestors; and that we believe
8 that wholistic healing requires attention to healing the
9 mind, the emotions, the body, and the spirit; and that we
10 value traditional knowledge; we acknowledge the spirit and
11 integrity of all individuals affected by violence. So those
12 are some of our guiding principles that we have within --
13 within this document as well.

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

16 **MS. JOSIE NEPINAK:** Okay.

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

24 **MS. JOSIE NEPINAK:** M'hm. Well, as I
25 mentioned previously, when a -- a woman usually enters the

1 shelter through our 24-hour crisis line, and we -- and of
2 course an assessment happens, she tells us about the danger
3 in her life, and we may send emergency transportation over
4 to pick her up and then bring her into the shelter.

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

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

21 And we also have our medicine room, so we
22 have -- we call it our medicine, our Elders room. And it's
23 just a tiny little space because we've run out of space at
24 our facility, and -- and in this space we have our
25 medicines, we have our sage, we have our -- we have our

1 sweet grass, we have our tobacco, we have our -- our eagle
2 feathers and we have photos of our -- of our Elders in
3 there and it's a very, very comforting. There's two
4 rocking chairs with big old blankets over them, and it's an
5 opportunity for women to come in there to quietly use the
6 medicines or to meet with an Elder in that room.

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

16 We love the babies that come into Awo Taan.
17 Oh, my goodness. I have to tell you -- now, this was a few
18 years ago, we had two sets of twins in the shelter at the
19 healing lodge, and they were both young. Like, I think
20 they were both sets were under a year old. And I remember
21 going upstairs onto the second floor, where the work
22 happens, and, you know, one staff member is on a crisis
23 call and with her feet she's rocking a baby who is in
24 a -- who is in a car seat, and someone else is holding a
25 baby and walking around with a baby and just trying to

1 pennies, he had 37 cents. And I said, Are you going to buy
2 a treat? And he looked up and me and he said, No, he says,
3 I'm going to buy my mommy a house. Yeah.

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

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

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

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

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

22 **MS. CHRISTA BIG CANOE:** We can get started.
23 One of the councillor representatives from parties, they
24 actually have at their desk the attendance list, the
25 official attendance list by the Registrar. It's circulated,

1 it hasn't been returned to him, so if someone does have
2 that, can they ensure that Mr. Bryan Zandberg gets it back?

3 **MR. DARRIN BLAIN:** Good to go.

4 **MS. CHRISTA BIG CANOE:** We're about to get
5 started.

6 **MR. DARRIN BLAIN:** Okay. Thank you for the
7 break, to the Commissioners. And Josie, we have about 20 or
8 25 minutes left to get in what we came here to get in, so we
9 might jump around a little bit in what we're talking about.
10 We'll do our best and then what we're hoping to land on
11 today is some recommendations from your perspective to the
12 Commission, and that should take us to the end of your
13 submission.

14 **MS. JOSIE NEPINAK:** Okay. So I'm going to
15 ask for a slide, slide on danger assessment.

16 **MR. DARRIN BLAIN:** Okay, so this is a -- a
17 document called "Danger Assessment" and it's got two graphs
18 on it. There it is there. That is the top part portion of
19 it, Josie. First of all, we're asking, Josie, do you
20 recognize this document?

21 **MS. JOSIE NEPINAK:** I do.

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

24 **MS. JOSIE NEPINAK:** Yes.

25 **MR. DARRIN BLAIN:** Who authored it?

1 **MS. JOSIE NEPINAK:** Carolyn. Carolyn
2 Woodroffe from Awo Taan Healing Lodge.

3 **MR. DARRIN BLAIN:** So your agency.

4 **MS. JOSIE NEPINAK:** Yes.

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

9 **CHIEF COMMISSIONER MARION BULLER:** Yes. The
10 "Danger Assessment" will be Exhibit 45.

11 --- **EXHIBIT NO. 45:**

12 Danger Assessment Graphs (one page)

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

16 **MS. JOSIE NEPINAK:** So "Danger Assessment" is
17 -- is a representation of the woman's perception to the
18 level of danger that she is in. So what happens when a
19 woman comes into the healing lodge is she is assessed
20 through a number of questions that -- and each of the
21 questions are weighted. So this is to determine her level
22 of danger and her likelihood of being killed by her partner.

23 So the levels of danger, you will see that
24 what we did was we took an equal amount of Indigenous women,
25 immigrant women, and settled Canadians, and all of them were

1 -- were women who stayed in the shelter and were assessed.
2 And so as you can see on this chart, Indigenous women are
3 the -- on the orange line. On -- on the pink line is non-
4 Aboriginal women, and the darker line, or the green, is
5 immigrant women. So you can see on the -- on the variable
6 danger that Indigenous women score zero, or low, and that is
7 because of the -- the variable rate which determines their
8 level, and they don't see themselves being in a very
9 dangerous situation. And as you move on to the scale, and
10 depending on the questions and the weight of those
11 questions, you can see that it goes up. And -- and that --
12 and -- much -- much higher than -- than some of the other
13 women.

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

1 and -- and their rate starts to get lower -- starts to get
2 higher, as well.

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

23 And then so when you do a danger assessment,
24 and your level of -- or your -- your awareness of risk or
25 danger is not as great somewhat as who someone who hadn't

1 had had those experiences. So in my opinion, based on the
2 study that we -- that we draft and chartered at the
3 shelter, at Awo Taan, the danger assessments are not
4 adequate to the experiences and lives of Indigenous women,
5 and these require much work through the family violence
6 initiatives, through police forces, through justice
7 initiatives, through front-line shelter workers, and
8 through policy-makers because until we can recognize that
9 violence against Indigenous women is manifested through
10 colonization, then we're not going to get an accurate
11 picture of what violence is for Indigenous women.

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

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

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

1 the women?

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

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

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

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

14 **MS. JOSIE NEPINAK:** Yes.

15 **MR. DARRIN BLAIN:** -- found in our
16 materials. It's this one, if we're looking for documents.
17 Okay. Josie, who authored this?

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

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

21 **MS. JOSIE NEPINAK:** Yeah.

22 (LAUGHTER)

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

25 **MS. JOSIE NEPINAK:** Well, what we did

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

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

17 **MR. DARRIN BLAIN:** M'hm.

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

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

1 testimony or a supplement to your testimony. And we're
2 asking for an exhibit -- this to be an exhibit.

3 **CHIEF COMMISSIONER MARION BULLER:** Yes.
4 Roundtable: Missing and Murdered Indigenous Women,
5 February 27, 2015, will be Exhibit 46.

6 --- **EXHIBIT NO. 46:**

7 "Roundtable - Missing and Murdered
8 Indigenous Women and Girls
9 (February 27, 2015), by Josie
10 Nepinak, Awo Taan Healing Lodge
11 Society (23 pages)

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

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

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

1 **MR. DARRIN BLAIN:** Which page are you --

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

3 **MR. DARRIN BLAIN:** Okay.

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

7 **MR. DARRIN BLAIN:** M'hm.

8 **MS. JOSIE NEPINAK:** You --

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

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

21 **MR. DARRIN BLAIN:** Thank you very much for
22 your comments on that. That last document that we have in
23 our portfolio of documents is called the "Briefing Note on
24 Awo Taan Healing Lodge Society Women's Emergency Shelter
25 Evaluation." I trust that the Commissioners seen that.

1 Josie, do you know who authored this one?

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

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

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

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

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

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

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

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

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

21 **MS. JOSIE NEPINAK:** Yes. I -- I talked our
22 Aboriginal framework as a foundational document to -- to
23 further develop evidence-based information on how the Awo
24 Taan Healing Lodge Emergency Women's Shelter can provide
25 culturally safe and trauma-informed approaches to family

1 violence prevention, intervention, and healing of all forms
2 of abuse.

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

21 **MR. DARRIN BLAIN:** Mm.

22 **MS. JOSIE NEPINAK:** The other piece that we
23 want to determine through this document is cultural
24 indicators, cultural indicators that -- and this is what
25 our funders really like, right? Because they like to see

1 these scientific results come out. So cultural indicators
2 around cultural safety, cultural role modelling, and
3 cultural mentoring. So we have developed some of those
4 indicators through Awo Taan, and we use those measurements
5 in one of our funded programs.

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

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

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

22 I'm going to ask you just to take a few
23 minutes of silence, Josie, think about the women and the
24 children that have come through your fortified front door,
25 think about the ladies you mentioned earlier and the reason

1 why you woke up this morning to come here today.

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

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

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

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

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

25 Now, I'd like to recommend, first of all,

1 that we fund a database system long term that accurately
2 collects data on number of First Nations women using
3 shelters across this country, number of children, number of
4 women that are referred and/or turned away as well, as well
5 as how many women are missing and murdered, and that -- as
6 far back as you can go. I have heard stories of women
7 missing since the early 1960s that are not in the database.

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

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

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

24 I would ask that an Indigenous led research
25 agenda, specifically on family violence from a colonized

1 lens be developed across Canada, led by Indigenous
2 researchers and scholars for Indigenous women so that we
3 can better understand, and perhaps even develop a clearing
4 house on information.

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

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

23 I was looking at some other stats yesterday.
24 In the Province of Alberta, there are 41 emergency women's
25 shelters. In Canada, there are, as reported by the

1 National Aboriginal Circle on Family Violence, it is
2 reported that there are 37 shelters in Canada across the
3 First Nations serving Indigenous women. Huge, huge
4 discrepancy in that. We need to begin to prioritize the
5 lives of Indigenous women.

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

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

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

18 **CHIEF COMMISSIONER MARION BULLER:** Five
19 minutes.

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

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

22 **MS. CHRISTA BIG CANOE:** Chief Commissioner,
23 Commissioners, I would like to call the next witness. It's
24 a pleasure to introduce you to Sandra Montour. She is a
25 mother and a grandmother, she's Mohawk and part of the

1 Turtle Clan, and she'll be explaining a little bit more
2 about her background. But first order of business, can we
3 please have her affirmed in on an eagle feather?

4 **SANDRA MONTOUR, Affirmed:**

5 **EXAMINATION-IN-CHIEF BY MS. BIG CANOE:**

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

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

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

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

23 **MS. SANDRA MONTOUR:** Okay. So I am the
24 Executive Director of Ganohkwasra Family Assault Support
25 Services. *Ganohkwasra* is a Cayuga word and it means "love

1 among us." And it's a different type of love. In our
2 language, it's -- it's different than a love between people.
3 It's an active love. It's something that you're always
4 doing. And I also am a -- the President of the Aboriginal
5 Shelters of Ontario, or we call it ASOO. I've been the
6 President for a few years now, and I'm also a private
7 therapist. I work with individuals in my community that are
8 dealing with trauma, loss, sexual abuse, family violence.

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

18 **MS. SANDRA MONTOUR:** You're saying that
19 correct. Well, Ganohkwasra, we're celebrating our 30th
20 anniversary this year, and we're really proud of that. It's
21 been a long 30 years, and so we're -- we're very busy. We
22 have amazing programs and services at Ganohkwasra, at Six
23 Nations. And -- and I say that, it -- it takes a lot of
24 work to make those programs and services happen. I'm
25 looking here at the shelter folks from Alberta here, like

1 Josie, that came with Josie and -- and they -- I always tell
2 people, if you really want to know what's going on in a
3 community, go to a shelter. Because the shelter knows
4 everything, because we get everything.

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

16 We also have a comprehensive community
17 counseling program that -- we have men, women, and children
18 community counseling program. We -- we have an eight-bed
19 residential youth facility for children and youth who have
20 been abused and -- and facing those difficulties in their
21 lives. We have a nine-unit second stage housing program as
22 well, and that goes from an accessible unit to a single to a
23 double bed, our double bedrooms, to three-bedroom units, and
24 individuals can stay there for up to two years after they
25 leave the shelter.

1 We are very -- I'm so, so proud to say that
2 we have a sexual assault centre, and, my God, it took so
3 long to get that, but the stars aligned. And what I mean
4 by that is the Creator smiled upon us and we -- we do have
5 many champions at Six Nations and it took many, many people
6 to make that happen, and one of them was -- certainly every
7 one of our -- our -- again, I'm looking at the shelter
8 folks that are sitting here. And we know in shelter that
9 to separate domestic violence or family violence from
10 sexual assault is impossible because 95 percent of the
11 women that come to -- to shelter have also experienced
12 sexual assault.

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

21 And I can't say enough about the shelter
22 staff that we have and that every shelter has across this
23 country, especially our Indigenous shelters, and I do
24 consider these ladies here, even though they're urban
25 shelters, their mandate is to provide safety and protection

1 to Indigenous women, so therefore they are Indigenous
2 shelters in my eyes. I just need to say that.

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

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

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

25 So these ladies, I totally have total

1 respect for what they're doing. I understand what they're
2 doing. I heard them talk about having to build
3 relationships, and we have to because our livelihood
4 depends on it. Our livelihood depends on it and the lives
5 of our women in our community depend on it, so we have to
6 be incredible fighters, we have to be incredible
7 diplomatic, we have to be able to problem solve and develop
8 relationships, which I hear they can do, and I also can do,
9 and all the shelters across the country can do.

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

12 **MS. SANDRA MONTOUR:** Sure, yeah.

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

18 **MS. SANDRA MONTOUR:** Yes.

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

23 **MS. SANDRA MONTOUR:** Yeah, they are.
24 They're all located in Ohsweken.

25 **MS. CHRISTA BIG CANOE:** And Ohsweken is

1 right in the -- we heard this morning, Nakuset was talking
2 about, you know, some -- sometimes people want to go back
3 to their communities, so we're hearing about a service
4 that's actually situated in the community where there's
5 cultural access?

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

12 We also -- one of those braids is also for
13 us at Ganohkwasra, we're energy workers, so we're very good
14 at -- we go out there, we get training, we get expertise in
15 energy work, such a hypnotherapy, Reiki, veda healing,
16 EM -- EMDR, eye movement desensitization, so we make it our
17 business to be the best we can be because we know our
18 people deserve that.

19 **MS. CHRISTA BIG CANOE:** And I know that
20 there's a number of programs, and we don't have to get into
21 the little details of each, but if you could tell me a
22 little bit about it because one of the things I thought was
23 pretty amazing is the use of language in the programming,
24 and obviously I'm not going to attempt the Onondaga or the
25 Cayuga, so I'm going to refer to the English names, and if

1 you could just tell us briefly about them. So your program
2 in English, A New Beginning --

3 **MS. SANDRA MONTOUR:** Ah sẹh sa wa:doh.

4 **MS. CHRISTA BIG CANOE:** Is an Onondaga word
5 for The New Beginning. It's a women's program?

6 **MS. SANDRA MONTOUR:** Yes, it's a women's
7 community counselling program. We -- again, as executive
8 director it's my business to do my best to try to find
9 funding, so the women in the community come in for
10 counselling and I do need to let you know that every one of
11 our programs have a waiting list that keeps -- keeps me
12 awake at night. Our women's community counselling program
13 has 20 to 30 women waiting every single month.

14 Our men's counselling program,
15 Saho^nikonri:ione, his mind has been healed, that has a
16 waiting list usually about anywhere from 15 to 20. Our
17 childrens program, Gaodwiyá:noh, they have a waiting list
18 usually in the 20s and 30s. We cannot keep up. And this
19 has been like this for years.

20 I lay awake at night and I worry about
21 losing our people to death as they're waiting on our
22 waiting list. I can -- I cannot -- I cannot find the money
23 to be able to hire more people. The need is there. We
24 have done so much educating, people are now saying, yes,
25 that's our -- that's my problem, I want to go in and I want

1 to get help. I cannot keep up with the demand. We cannot
2 keep up with the need to hire more counsellors.

3 **MS. CHRISTA BIG CANOE:** So let's talk a
4 little more about these barriers, and I know that -- I'm
5 going to ask you first in your capacity as the executive
6 director Ganohkwasra.

7 **MS. SANDRA MONTOUR:** Yes.

8 **MS. CHRISTA BIG CANOE:** And then maybe we
9 will move a little into the Aboriginal shelters of Ontario
10 perspective. But because these services are situated on a
11 reserve, an Indian reserve in Canada, I'm going to assume
12 there are some different funding issues, similar but
13 different, funding issues than we heard our other two
14 witnesses talk about today. Can you please help us
15 understand how funding works?

16 **MS. SANDRA MONTOUR:** Yes. Well, I've been
17 around for a while, I've been in this field for over 30
18 years now, and I have total respect for all the shelters
19 there are across the country, both mainstream and
20 Indigenous shelters. And I'm very grateful for the
21 mainstream shelters, they've been great supports.

22 The mainstream shelters we have close to us
23 around Six Nations have been very supportive, but there are
24 differences. And, you know, Josie talked about the funding
25 disparity, it is totally true. One of the statistics that

1 I read in this province was that Indigenous shelters
2 receive half the funding as mainstream shelters, half the
3 funding. And I that -- you know, I've thought a lot about,
4 as these ladies have, as all shelters have, murdered and
5 missing, because that's what we're trying to fight against,
6 right. That's our whole mandate. That's our primary
7 mandate, is to protect, to provide safety and protection to
8 women and children, and in our case to men who have been
9 impacted by family violence and abuse. So this whole issue
10 of murdered and missing is near and dear to our hearts
11 because we've all lost women, we've all lost children, and
12 it hurts.

13 So, you know, we think about funding and
14 my -- I guess my only thing that I can come up with is if
15 we had more resources, then we would do better. I'm
16 speaking now from the Aboriginal Shelters of Ontario hat
17 that I -- hat that I wear as the president. I know what's
18 going on in Ontario across that province. I know the
19 challenges of being on reserve, and being funded by one
20 funding source, INAC. Or I know the challenges of our
21 urban and -- and, oh, on -- on reserve, by the way, most of
22 us are not incorporated. Because to be incorporated, is --
23 is to -- it affects our sovereignty. So on reserve, they
24 don't want -- our Chief and council don't want us to be --
25 to be incorporated because we don't -- we don't want to

1 affect our sovereignty. So we don't have all the access to
2 the funding that -- that mainstream, or even urban shelters
3 have.

4 So for a long time, I was busy educating the
5 funders. They would say, "Sandy, how come you didn't apply
6 for this funding?" And I'd say, "Because your -- your very
7 first line says, 'Must be Incorporated.'" And I would say,
8 "You know what? Ganohkwasra is a 30-year organization that
9 never once -- never once have we ended a year in the red.
10 Never once. We're reputable and -- and we will do what we
11 say we can do, and then some. But your -- your line item
12 that states you must -- 'Thou Must be Incorporated,' it
13 eliminates First Nations shelters right away." So that was
14 one of the things that I've had to -- I tried my best to
15 educate funders about. And -- and that's changing slowly.

16 But also, you know, I think about our
17 northern shelters, the struggles that our northern shelters
18 face. They have -- their expenses are twice the expenses of
19 those in the south. And yet, they get the same funding,
20 right? Their transportation costs are through the roof.

21 And -- so there's so many barriers that
22 prevent -- prevent shelters from being the best that we can
23 be. And, you know, those -- the funding -- money is power.
24 And I can tell you right now that we're not going to be
25 using our power to abuse anybody. We're going to -- as a

1 shelter, as all shelters, we're going to use our power to
2 help our women, our children, and our men, our families.
3 We're not out to gain anything for ourselves. We're just
4 out to help our people and to save lives. And I truly
5 believe that. That's what -- and I -- I know our Ontario
6 shelters for sure, and meeting these lovely ladies here, I
7 can tell you I've met many women from across the country
8 that feel the same way. That we need help.

9 I'm really sorry that it's taken this long
10 for us to be sitting here, and -- and to be being heard
11 across the nation like this. I'm really sorry that it took
12 this long, and it took the lives of so many for somebody to
13 ask, "What do you think?" Because I know we've had these
14 thoughts all these years, many years ago. We need help. We
15 -- we need help. We need to be -- come together as a
16 collective voice, and that's what we did in Ontario. That's
17 why we formed Aboriginal Shelters of Ontario because we were
18 doing it by ourselves and we were getting nowhere. We were
19 competing against each other because that's what funding
20 sources tend to do, is become -- make us compete against
21 each other. We weren't sharing our -- our policies and
22 procedures. We weren't doing that.

23 And we decided, you know what, our women are
24 dying. Our people are dying, our children are dying. We
25 have to stop this. So we put all those aside, and we said

1 we're going to form this organization. And we're going --
2 we're going to get a voice. Somebody that can speak for
3 Indigenous shelters in Ontario, somebody that can advocate
4 for equal funding because we know it's just racism. It's
5 discrimination the fact that we're not getting equal funding
6 compared to mainstream shelters. We know that. And it --
7 the whole issue of injustice, I -- it really -- talk about
8 injustice. So the helpers of our women are also being
9 discriminated because shelters are the main helpers of our
10 women.

11 So, you know, there's many obstacles that --
12 that keep our funding on -- on -- imbalanced. And --
13 and -- it -- but I say that, but even our -- our shelters,
14 our mainstream shelters, even them, there's so much more
15 that they could do too with better funding. You know,
16 there's so much more resources there I want to see them have
17 as well, because our women are in every shelter across this
18 country. They're not just in Indigenous shelters. Thank
19 goodness those non-Indigenous shelters are there because
20 sometimes our women don't feel comfortable coming to on-
21 reserve shelters, or Indigenous shelters. They want to go
22 to a mainstream shelter to -- to feel safer so, you know, to
23 feel that their confidentiality is protected more.

24 So I'm really a strong advocate for all
25 shelters, but my heart and soul is with Indigenous shelters,

1 definitely.

2 **MS. CHRISTA BIG CANOE:** Sandy, there's a
3 document that you provided to us, it's the Aboriginal
4 Shelters of Ontario. It's called the MMIW Survey Report. I
5 would like to ask that this be entered because I understand
6 that you have a familiarity with it and can answer
7 questions. So first, I'll ask the Commissioners if we could
8 enter this as the next exhibit?

9 **CHIEF COMMISSIONER MARION BULLER:** Yes. The
10 Aboriginal -- Aboriginal Shelters of Ontario MMIWG Survey
11 Report is Exhibit 48, please.

12 --- **EXHIBIT NO. 48:**

13 "MMIWG Survey Report: National Inquiry
14 into Missing and Murdered Indigenous
15 Women and Girls," Aboriginal Shelters of
16 Ontario (21 pages)

17 **MS. CHRISTA BIG CANOE:** And before we get
18 into actual content of the survey, or why you undertook the
19 survey, because you've explained really well why Aboriginal
20 Shelters of Ontario was a network that needed to be created,
21 I wanted to draw your attention to page 19, where there's a
22 start of an Appendix A. And, essentially, what we see is
23 over the years, the membership of the network building as
24 well as the associates. So before we go through the years
25 or anything, what's the difference between a member

1 organization and an associate member?

2 **MS. SANDRA MONTOUR:** Member organization --
3 it's their -- it's their shelter, it -- actually, they don't
4 actually even have to be a shelter. But it's an
5 organization whose mandate it is to provide safety and
6 protection to Indigenous women, so anyone could be a member.
7 It -- so we have members that are non -- non-shelters, but
8 the majority of our members are shelters. But we also
9 wanted to include those -- because we know there's
10 territories out there that don't have shelters. They have
11 one family violence prevention worker. We want to be able
12 to include them as well. So we have some members such as
13 that. So there are First Nations in -- organizations that,
14 perhaps, only have one family violence shelter, or family
15 violence worker. So -- because we recognize that not every
16 territory has a shelter, right?

17 So -- and associate members are -- those are
18 usually mainstream shelters whose mandate it is to provide
19 safety and protection to women, not specific Indigenous
20 women, but to women.

21 **MS. CHRISTA BIG CANOE:** On a -- and is it
22 fair to assume that a number of your associate members,
23 though, are providing services to Indigenous women and
24 families, because they -- they are engaging as a partner of
25 sorts with the Aboriginal Shelters of Ontario?

1 **MS. SANDRA MONTOUR:** Yes. They -- our women
2 are across -- and in every shelter, I believe that. Our
3 women are, you know, utilizing all the -- the resources that
4 they can. And I know that for a fact, because the associate
5 members, many of them are, again, I know them as strong
6 women and strong allies and supporters of Indigenous
7 families. And we have -- we meet twice a year in -- in
8 Ontario with a group called Let's Talk. And what we do is
9 that -- we're shelters, and we talk shelter-talk. So we get
10 together and we just talk about shelter-talk. And it's
11 Indigenous and non -- non-Indigenous leaders that get
12 together. And it's usually the directors. So we're pretty
13 close. We're a pretty close group. And I'm honoured to
14 know them.

15 **MS. CHRISTA BIG CANOE:** Now, I notice on page
16 19, back in 2014, you had nine member organizations,
17 Indigenous organizations, and fifteen associates. And I
18 note the last stats you have that start on page 20 and go
19 over to 21, we see 23 Indigenous shelters or service
20 providers that protect Indigenous women, and 26 associate
21 members.

22 **MS. SANDRA MONTOUR:** M'hm.

23 **MS. CHRISTA BIG CANOE:** So it's fair to say,
24 when you were talking about funding, or the funding issues,
25 the perspective you have as the President of Aboriginal

1 Shelters Ontario is, you know, based on more than just your
2 experience as the Executive Director in your community
3 shelter. So you understand some of those differences in
4 terms of on-reserve, off-reserve, and urban.

5 **MS. SANDRA MONTOUR:** Right.

6 **MS. CHRISTA BIG CANOE:** And can contextualize
7 those, and are happy to answer questions that you can --
8 have knowledge on about?

9 **MS. SANDRA MONTOUR:** I would like to mention,
10 you mentioned about funding, the different layers of
11 funding. I need -- I need -- I'm hearing my members in my
12 head right now. You know, I need to speak about the for the
13 -- I'll say Ganohkwasra is a good example. We're very
14 fortunate that we were able to get funding from INAC, the
15 province, Aboriginal Healing and Wellness strategy. We're
16 able to get funding from all those different funding
17 sources, but I don't know why it was shortly after we were
18 able to do that, that they stopped doing that, the
19 government, the province. So then it became -- shelters
20 became only able to get funding from either INAC or INAC and
21 Oz (ph) if they were lucky. And then the Ministry started
22 -- I -- I just know of one on-reserve shelter that the
23 Ministry funds.

24 So it -- they stopped -- to me, they
25 stopped working together, and I don't know what that was

1 about, whether that was a cost-saving measure, I -- I want
2 to think -- I'm thinking it might be that, but, you know, I
3 wish that all shelters had access to all the funding
4 sources because, you know, at Ganohkwasra we're very
5 fortunate, and even though we're fortunate, like I said,
6 we're still lacking, there's -- we're still not able to
7 provide all the services that are needed there, but I also
8 -- I also know of shelters on reserve who, you know, who do
9 not have -- basically provide a facility -- a lot facility
10 at night that has security system. They don't have
11 counsellors, you know, they -- they just have one person on
12 the floor to tend to the needs of their residents to get
13 their medication, get their food, get -- you know, help
14 them cook, and don't have any of the -- all the amazing
15 resources that we heard from these ladies or that we have.

16 So there's a whole spectrum of services that
17 shelters provide and the root cause is the funding source.
18 If we were all able to have equitable funding, we could
19 save lives, I guarantee it. That's a no brainer, we would
20 save lives.

21 **MS. CHRISTA BIG CANOE:** Thank you. I'd like
22 to turn your attention back, now, to the content of the
23 survey. Can you please explain to the Commissioners and
24 everyone, what the survey was about and what you guys
25 learned from the survey.

1 **MS. SANDRA MONTOUR:** We sent the survey to
2 our members and we were -- we -- when we were -- actually,
3 Beverley Jacobs is our -- our legal representative, our
4 lawyer, and unfortunately she wasn't able to be here today
5 for family reasons, and I totally support, she's where she
6 needs to be today, but we were getting -- we were just
7 trying to get an idea of what shelter -- what the shelter
8 is seeing, like, the -- how other shelters were impacted by
9 murdered and missing Indigenous women and girls. And so we
10 did get ten responses and -- and again, there's many
11 differences. There's -- so the first -- there was only
12 three or four questions and has shelter been impacted by
13 MMIG, and again we had many responses. Some said yes,
14 definitely, 75 percent of our clients have been impacted by
15 MMIG. Some had said, you know, no, we don't -- we're not
16 aware of any. So it was just a spectrum across the board.

17 One of the things that I really wanted to
18 hear from them, though, was I wanted to know what the gaps
19 were. I wanted to know -- oh, another thing we asked too
20 was the number of women, men and youth or children who
21 access the shelter for support after the murder of their
22 loved ones. And usually, there you'll see in the survey
23 that again there's a spectrum of answers. Some people gave
24 numbers -- actual numbers that -- of -- of people who came
25 into their shelter or they're, you know, seeking services

1 because their family members were murdered. So that's a
2 spectrum across the board as well.

3 One of the -- the -- I think for me the
4 telling -- what I really wanted to know was the gaps and
5 the barriers. What did they perceive as the gaps and the
6 barriers, and I -- we heard from our members definitely,
7 you know, one of them talked about being short bed and
8 having a waiting list, having only an eight-bed shelter and
9 wishing they had more -- more beds because they would fill
10 it. So rather than having a waiting list or having to send
11 women away, they'd be able to provide more -- more family
12 violence more -- more beds to -- to these individuals
13 seeking -- seeking safety and support.

14 Another one talked about the duty to report,
15 and I -- and I understand what they're talking about there.
16 There's a lot of -- a lot of women and men that want to
17 come into shelter because they don't want -- they don't
18 want us to know that, yeah, my children did see this,
19 because then they -- then they know that we're going to
20 have to call Child Protection Services. I know many of
21 them have had such a negative, negative experience with
22 that. Who would want that, right?

23 Like, they -- that's an area -- I know these
24 ladies talked about the police and I support everything
25 they said, I agree with everything they said, but I really

1 think the child welfare system, that needs -- there needs
2 to be some serious work there because, you know, again, I
3 can't speak -- like, thinking of our members, some of our
4 members -- we all have collaboration agreements. Ministry
5 mandates, thou shall have collaboration agreement with your
6 CAS. We all have that. At least the Ministry fund that
7 shelters do. The INAC fund that shelters don't have to
8 have that, but I'll speak about that in a bit. But the --
9 but just because we have a collaboration agreement, doesn't
10 mean it's working. Or guess what, most of us shelters are
11 the ones that are held accountable to it. So every year we
12 have to report on it whereas they don't. Or we're the ones
13 writing it with no -- with very little to no help from
14 them.

15 So they are a legislated organization. They
16 have power, and we are not legislated. We're not -- we're
17 -- you know, I would like to see prevention services
18 legislated too. That would really put us in a much more
19 fair and equal footing, but they are legislated and
20 sometimes that power can get abused really badly, and so I
21 -- I totally understand why our women don't want to come
22 into shelters when they know their children have seen
23 violence because they know we have an obligation to report
24 and they -- that will take them through a whole turmoil of
25 problems that for -- for many of them, they'd rather face

1 the abuse. So that -- that is a barrier, I agree with
2 that.

3 So the days -- another barrier is the days
4 -- and I hate to say it like this, and I mean no
5 disrespect, but my mother was also -- she was also a victim
6 of violence and abuse her whole life, and those days of --
7 back in the '90s when a woman would come into the shelter
8 because she was beaten by her partner, those days are done.
9 So now, today, she's coming in, yes. She has an addiction.
10 Right. She has -- she has mental health problems. She's
11 -- CAS is in her life, maybe Corrections as well, but she
12 has nowhere to live, housing problems -- housing. Her
13 children are -- are, you know, need -- in need of mental
14 health support.

15 So the -- the resources that we need today
16 are so much different than 30 years ago, and so those --
17 those are a big gap. So like I said at the beginning, our
18 shelter staff are expected to be the -- everything. The be
19 all to end all, and that is so unfair, it's so unfair. And
20 the thing about it is, they -- they do it and they're paid
21 -- they're paid significantly less than mainstream shelters
22 or -- you know, so that's -- that's what's so upsetting
23 about this whole thing.

24 But they continue the transportation, again,
25 for the north. They talk about transportation and women

1 hitchhiking to go into shelter and, you know, afraid to
2 call the police because they don't trust, but -- so walking
3 to go into the shelter, hitchhiking, putting themselves at
4 risk.

5 There's just many gaps. And I know it was
6 already mentioned, the issue of residential school,
7 poverty, homelessness, mental health, addictions, spiritual
8 disconnection. So, again, that's another thing our
9 shelters staff are expected to be is we're expected to be
10 spiritual -- to provide that spiritual guidance as well,
11 right. I have to tell you, I can't, you know, for shelter
12 people that are out there, we're -- I just can say kudos to
13 you, you know, because your heart is in it. You're not in
14 it for the money, and I know that. All of us, we're not in
15 it for the money. We're in it because we love our people,
16 and that's -- that's what keeps us there and that's what
17 keeps us going every day is our commitment to the work and
18 to the people.

19 So there's just many gaps that are listed
20 here. Homeless is another issue. Sexual abuse. I'm very
21 -- like I said, I'm very proud of -- of us at Ganohkwasra
22 because it's almost impossible to tease apart that sexual
23 abuse and family violence. And by the way, we call it -- on
24 -- Indigenous shelters call it "family violence." We don't
25 say "domestic violence." I know mainstream shelters call it

1 domestic violence. And what I've found out is that's their
2 prerequisite for them to get into shelters in mainstream, is
3 you -- has to be "domestic." But for us, because we're so
4 communal, it's "family." It could be a neighbour. It could
5 be -- it could be a father or it could be a brother. You
6 know, it could be a -- a home -- a land situation, it could
7 be siblings, and it's family violence. So it's bigger. In
8 mainstream, they talk about only their mandate being only
9 domestic violence, so that's -- so even just with their
10 mandate being only domestic violence, those shelters are
11 still full. But we -- we take -- we're trying to take in
12 everything and everyone, including human trafficking.

13 So just -- I can't say enough about the
14 north. I can't say enough about their challenges, their
15 expenses. I do want to mention the good work that's being
16 done, though, by -- even though they have challenges, I
17 think of Dorothy McKay in Big Trout, who -- her land-based
18 counselling, what they do there is they -- I try to call her
19 and sometimes she don't answer, and -- and what happens is
20 they -- they just leave their shelter, take their residents,
21 and they go out on the land and they go hunting. And they
22 talk and they tell stories and they go hunting. I can't say
23 enough about what she's doing.

24 Margaret Kisik (ph), another one, is doing
25 some amazing work with -- with -- from Fort Albany. She's

1 doing some amazing work in her territory, going into other
2 territories, and she's -- she's gaining trust and she's
3 bringing the concept of high-risk -- a high-risk committee
4 to -- to her communities, and again, because this is too big
5 for one agency.

6 We need everybody working together,
7 especially in the north. So there's some good work being
8 done out there. So I just -- I just know that there are so
9 many gaps, and -- and they talk about the need for OPP
10 training. We've heard it already. They talk about that
11 need as well. They talk about some of the urban shelters,
12 the lack of mobile units to do street outreach, you know. I
13 -- I know that Ottawa is doing some amazing work. Mary
14 Daoust is doing amazing work in Ottawa at Minwaashin Lodge.
15 She's out there, they're doing some -- they're on the ground
16 doing some amazing work.

17 And -- and again, I'm so happy that they have
18 the resources to do that, and I just wish that all our
19 shelters had those equal opportunities to be able to do that
20 work that's needed in our communities. I know that at
21 Ganohkwasra, again, like I said, we have waiting lists. I
22 can't -- I -- I need to go back to that, that -- so we've
23 spent a lot of years, we spent 30 years educating our
24 community on what is family violence, what does healthy
25 relationships look like, what does abuse look like, all the

1 different many forms of abuse. And we've triggered our
2 people galore and then we made them realize, you know what,
3 I need help, my family needs help. And now they're coming
4 and we're saying, "sorry, we can't see you for six months."
5 That's just not acceptable. So I just, you know, we need --
6 we -- we need support. As shelters, we could save more
7 lives if we had support.

8 I heard somebody in one of the questions, I
9 was very honoured to listen to these wise ladies today, and
10 they talked about -- one of the things is, how are you
11 impacted, how are we? I -- we asked our participants, how
12 are we -- we impacted when there's a murder in our
13 community? We're all impacted. We're all, as a First
14 Nations community, we all knew that woman, we all knew those
15 children. We all get traumatized and we're all impacted.
16 So, you know, not just that family, but shelter -- us
17 shelter staff, we're impacted. We have to do our own self-
18 care. We have to take care of ourselves so we can take care
19 of our clients, right, our residents. And -- but we're all
20 impacted because we're all from the same community.

21 But I -- I do also need to say that there's
22 shelters with all the problems that exist in shelters, with
23 all the different needs of our -- our clientele. One of the
24 big issues that I have right now is our shelters are single-
25 staffed. No shelter should be single-staffed with these

1 problems. It's very scary. I have -- we have already
2 talked to the Ministry about this. Basically, I don't need
3 to say this, but we kind of threatened them, and we said,
4 "We've been telling you this for years. When -- if
5 something happens, not if something happens, but when
6 something happens, because it will, that we're taking you
7 down too." Because -- because we've been saying this so
8 long, that we're single-staffed, and with all these multi-
9 level problems, we should not be single-staffed. It's very
10 dangerous.

11 So these folks here should be getting danger
12 pay on top. They should be getting more, you know, more
13 money than -- they should be getting danger pay because
14 they're -- because it is dangerous work. When people are,
15 you know, detoxing in our shelters, the people are suicidal,
16 and our -- the police are bringing them to us because
17 they're suicidal. Because they know that we take our people
18 in. Right? So there's so many gaps. There -- there are so
19 many gaps that I can see why, you know, it's unfortunate,
20 the outcome, what's happened. And I don't want to see any
21 more women murdered.

22 I don't want to see that, and I don't want to
23 see our men murdered. And I need to say that too because at
24 Six Nations, we're taught to follow our traditional values
25 of our people. And we have our teaching, our traditional

1 teachings about Shogway'adihs'oh, the Creator, and the
2 Creator's brother. The good and the not-so-good twins,
3 right? And what we're told is if we're breathing, we have
4 those energies in us. I know I do. I do. I have that, my
5 good mind and my not-so-good mind, all the time, and I --
6 and they fight with each other. We all do. We all have
7 those, that duality of good and evil in us. So therefore,
8 it's not just women that get abused. It's not just men that
9 abuse. Women also can be abusive and men can also be
10 abused.

11 And I have to say that the last two murders
12 at Six Nations have been men. They have been -- our men
13 have been murdered, and, you know, so we're strong advocates
14 of our people. We want our people to live. You know, and
15 -- and I would like to see more shelters being concerned
16 about our men, too. And -- and right now, there's only a
17 few in Ontario that, you know, that, when a man's in
18 trouble, that we can send them to. And that's Akwesasne and
19 Atmunsì (ph) in Six Nations. So there's only a few of us
20 that have that philosophy. So I'd really like to see, if
21 we're going to do anything about this problem, we need to
22 heal the whole family rather than just the women, protecting
23 the women. We need to work with the whole family. I really
24 strongly believe in that.

25 **MS. CHRISTA BIG CANOE:** Thank you. And I

1 just -- I want to specify this particular survey was done
2 with members, particularly with the lens and the focus on
3 MMIWG, but there's another document that you've provided,
4 which is the Aboriginal Shelters of Ontario "Aboriginal
5 Family Violence in Ontario Needs Assessment." It's December
6 2014. It was written in -- sorry, December 2014, is that
7 true?

8 **MS. SANDRA MONTOUR:** Yes.

9 **MS. CHRISTA BIG CANOE:** And that -- that --
10 that one's way seems like a little -- a -- a while ago, but
11 in another way, very close. And before -- before I do
12 anything else, I'm just going to ask if we can enter it as
13 an exhibit. So you -- you're aware and have knowledge of --
14 of this report?

15 **MS. SANDRA MONTOUR:** Yes.

16 **MS. CHRISTA BIG CANOE:** Yes. On that basis,
17 can I ask that it be entered as an exhibit?

18 **CHIEF COMMISSIONER MARION BULLER:** Yes. The
19 "Aboriginal Family Violence in Ontario Needs Assessment,"
20 December 2014, is Exhibit 49.

21 --- **EXHIBIT NO. 49**

22 "Aboriginal Family Violence in Ontario
23 Needs Assessment (final version,
24 December 2014), Aboriginal Shelters of
25 Ontario (121 pages)

1 **MS. CHRISTA BIG CANOE:** And I mean, it's a
2 very large document in some respects, but I wanted to draw
3 your attention before we walk through some of the solutions
4 and recommendations, I did want to draw your attention to
5 two spots in this report. And the first one is on page 20.
6 And one of the -- the things is you know, we've heard and
7 the association -- the Aboriginal Shelters of Ontario is in
8 a whole lot of work in creating cultural specific training,
9 but also training for other organizations. And I note that
10 on page 20 of this report, there is a section on talking
11 about that same expertise. We heard Nakuset talk about this
12 this morning too, about being the people to teach and train
13 others how to do and work with Indigenous people.

14 So on page 20, there's a note that
15 "Aboriginal Shelters have developed a body of expertise and
16 knowledge that can be shared with other service providers."
17 I was wondering if you can speak to just some of the
18 knowledge that the Aboriginal Shelters share, and -- and why
19 it's important as knowledge holders that -- that they are
20 sharing it and teaching others?

21 **MS. SANDRA MONTOUR:** Okay. So first of
22 all, I -- I do want to say that we recognize as shelters in
23 our discussions that we're not perfect. That we could be
24 better. That we could do better. We can do better to
25 protect the lives of our women, you know? And -- and so

1 what we did though, is we thought about -- we put a lot of
2 thought into this Needs Assessments which was done by
3 Michelle Soux (ph) who's a consultant, as well as Jone Riggs
4 (ph). And there's -- there's certain expertise that we have
5 as shelter folks. And so one of the things that we thought
6 is how -- what we can share is the wisdom we have, is how to
7 work with Aboriginal men and in their healing and taking up
8 their responsibilities as healthy men in the family.

9 So many of our shelters are working, doing
10 that. They -- you know, we have some amazing programs that
11 are happening across the province, across the country.
12 I -- I'd like this all to you know, be nice to have more --
13 I -- I'd love to hear more about what's going on, 'cause I
14 know there's many gems across this country that aren't
15 sitting here today. But this is just for Ontario, so I know
16 -- so what we've done is we actually developed trainings for
17 our members. So we've been very fortunate to be funded by
18 the province and INAC to provide trainings to our members.
19 So we're -- we're providing -- we asked our members what
20 they wanted training in, and we are out there giving them
21 the training.

22 But one of the things that we're really good
23 at as shelter folks is how to navigate the system. How to
24 teach our women to navigate the system. So -- so we're good
25 at the journey beyond the shelter and how to navigate the

1 system. So we're good at that, so we teach people how to do
2 that. The mothering role in the community and the
3 responsibility it carries, how to create connections and
4 allies with funders and with other community organizations,
5 and with each other. So again, we know that we need each
6 other. This work is too big for just one organization. We
7 need each other and we're good at that.

8 We're -- I was telling, I -- I was telling
9 the ladies earlier, "We're really good at taking one dollar
10 and feeding five people." We've had to do -- we've had to
11 learn how to do that, and we're really good at that. So we
12 -- every dollar that we get from the funder, we make sure
13 it's used, and then some to -- to do exactly what we say.
14 So creating safety plans; we're expert safety planners. We
15 safety plan for everything: to get a woman out of the house
16 and into the shelter; to get her to go to get groceries, you
17 know? To -- to get -- we're -- we're experts in safety
18 planning.

19 So many of us have resources already
20 developed that are -- that help her to -- help individuals
21 to safety plan, and how to maintain culture in the shelter.
22 Respectfully reflect and celebrate different cultures in the
23 shelter. Again, we're a Haudenosaunee Shelter, however, we
24 have many women that come to our -- our -- our territory, to
25 our shelter. We've had women from China, we've had women

1 from New Zealand, we've had Inuit women, you know, we have
2 Haudenosaunee women. We -- we -- we have non-Native women
3 that just really like our holistic perspective. So we -- we
4 have to be good at knowing how to treat people respectfully
5 and inclusively.

6 And I give them so much credit to be able to
7 live communally. That's really -- that's got to be so hard
8 to do. To take your family and live with another family. I
9 -- I give them so much credit and respect to do what they
10 do, in order just to feel safe. So we -- we know how to
11 celebrate and acknowledge mixed race children. We know how
12 to do that. We -- we know how to -- and we -- we know how
13 to be inclusive. We also know how to do our ceremonies.
14 You know, as we did a survey before we talked about all the
15 things that our Indigenous shelters do that mainstream
16 doesn't do.

17 We're really good at doing feasts for people.
18 Doing ceremonies for people. Getting people lined up with
19 the right traditional knowledge holder. You know, we're --
20 we're -- we have to be good at these things. We don't
21 pathologize everything. So when our children start hearing
22 voices and we know that that's not them going psychotic. We
23 know that a feast needs to be done, right? We know that.
24 That's our first line of thinking is to go the traditional
25 route rather than thinking, okay, this woman is losing it.

1 We got to send her to the hospital. We don't do that. We
2 do ceremonies. We help them with ceremonies. And that
3 holistic perspective is -- is -- is very appealing to
4 people.

5 And I know a lot of people, non-Native people
6 have commented how much it's helped them. So
7 we're -- these are our -- and again, what -- what we've done
8 is, we -- we developed ASOO, or the Aboriginal Shelters of
9 Ontario has developed a comprehensive training program for
10 our members, so they learn things like reality therapy,
11 choice theory. They learn how to write proposals. We learn
12 how to -- how to develop these shelter standards, 'cause we
13 also create a Indigenous Shelter Standards for Ontario. We
14 -- that's what the Aboriginal Shelters of Ontario did as
15 well.

16 **MS. CHRISTA BIG CANOE:** And actually, at
17 the risk of flipping and flopping, we can talk about the
18 standards, but I just wanted to point out one more thing in
19 -- in this document, which are the recommendations that came
20 out of the Needs Review, that begin at page 56 of the
21 document. And there are a number of recommendations that
22 have been developed to reflect some Indigenous perspective.
23 I understand that the medicine wheel was one of the sort of
24 guiding means and mechanisms, but that the recommendations
25 that begin there, go a number of pages, at least three full

1 pages. And I -- if I understand correctly, that -- that the
2 recommendations in here, a number of them are still true
3 recommendations that --

4 **MS. SANDRA MONTOUR:** M'hm.

5 **MS. CHRISTA BIG CANOE:** -- haven't been
6 fulfilled --

7 **MS. SANDRA MONTOUR:** Right.

8 **MS. CHRISTA BIG CANOE:** -- that you from the
9 perspective of Aboriginal Shelters of Ontario would like to
10 see fulfilled?

11 **MS. SANDRA MONTOUR:** Definitely. Definitely.
12 Those recommendations, one of the things we are working on
13 is we are doing -- we want to do a -- we want to do an
14 actual research on the funding disparity between mainstream
15 and Indigenous shelters. We don't want to -- I don't want
16 to do that to shame out our funders. That's not the
17 purpose. But we need to -- we do need to be -- I think it's
18 -- it's our responsibility as -- as a responsible
19 association to -- to -- to know what's happening with our
20 members and our associate members. And to -- and so we can
21 then advocate for change.

22 Because you know, we're losing, we do lose
23 many good social workers from our sector, just simply
24 because they're not making -- they can make twice as much
25 money somewhere else. So we need to be able to support our

1 members to keep their -- their -- our -- our workers are our
2 main assets. And so we want to be able to keep that. So --
3 so as an association that's one thing we are working on, and
4 I know it's one of the recommendations in here.

5 **MS. CHRISTA BIG CANOE:** And then, I just also
6 want to point out one more thing in this document, because
7 this -- this document was pretty extensive. Obviously, the
8 research and work put into it. Appendix "D" which is
9 contained at page 100, actually does a preliminary review of
10 literature. And I just wanted to mostly point out that it
11 exists in the report, but would like to turn your attention
12 to what you were talking about, and how ASOO has actually
13 developed standards of -- for Ontario Indigenous Shelters.
14 And it's in the material. It's a document called, "New
15 Beginnings - Standards for Ontario Indigenous Shelters."

16 **MS. SANDRA MONTOUR:** M'hm.

17 **MS. CHRISTA BIG CANOE:** I see that you have
18 -- you have the pamphlet format of it. The -- the sort of
19 desk guide version. And oh, there you go.

20 **MS. SANDRA MONTOUR:** ASOO.

21 **MS. CHRISTA BIG CANOE:** It's up on the
22 screen.

23 **MS. SANDRA MONTOUR:** I don't think you
24 have --

25 **MS. CHRISTA BIG CANOE:** Can you tell me a

1 little bit about New Beginnings? Can you explain to us
2 how --

3 **MS. SANDRA MONTOUR:** Sure.

4 **MS. CHRISTA BIG CANOE:** -- how it came to be
5 these standards and how they were developed?

6 **MS. SANDRA MONTOUR:** Well, let me just read
7 to you the beginning of this document before all else.

8 "This document is directed to our
9 Indigenous women and girls that were
10 taken from their families, communities,
11 clans, and nations too soon. May all
12 shelters utilize these Indigenous
13 shelter standards to foster a new
14 beginning by creating a culturally
15 safe, responsible, and welcoming
16 environment that fosters protection and
17 healing for our Indigenous women,
18 children, and families from the
19 generations of colonized oppression and
20 abuse of our Indigenous peoples."

21 So this -- this was actually -- I need to
22 say the Ministry -- the Ministry of Community and Social
23 Services is the one who created Ministry shelter standards.
24 So I was a part of that, and as well as many of the
25 mainstream shelters. And so -- and a lot of work was put

1 into -- into that. And it was good. It was a good process
2 because we -- the Ministry was trying to say, okay, what we
3 want to do is we want to basically make a minimum
4 standards. We want to know what's your policy on, you
5 know, on -- on -- what's your policy on drugs and alcohol?
6 What's your policy on -- and what they also said is, "You
7 need shelters in Ontario, you should not be turning away
8 women who are coming to your shelter who are intoxicated."

9 So then we have this whole concept of harm
10 reduction, you know, which -- that has come into the
11 shelters about -- you know, so -- it's -- it's basically
12 the policies that -- you know, that every shelter should
13 have a policy on these things such as access to shelter
14 services, what's your person -- resident rights, and
15 shelter responsibilities. What's your program standards?
16 What's your length of stay? What's your intake and
17 assessment process like? Is your shelter at capacity?
18 What's your capacity? What are you going to do when you go
19 over capacity? Who do you work with? Who's -- who's your
20 main -- you know, so what we found was a lot of the -- and
21 that's where I got to see the differences in our shelters.

22 And that's when I got to see, by the way,
23 that many of the mainstream shelters -- and I'm not going
24 to say all because some -- many of them are not -- are
25 different, but some of the mainstream shelters, they

1 weren't even providing counselling. And I was shocked. I
2 was completely shocked at that because I'm an INAC-founded
3 shelter, and we have to provide counselling to our
4 residents. So I was shocked. So not only -- I thought,
5 okay. So wow. We're going to be -- we're making less
6 money and we're doing more work, you know, so -- and then
7 they got kind of teasing -- some of the shelters kind of
8 got teasing about it, but, you know, I really see the
9 differences. I really seen the differences in our
10 shelters. But anyways.

11 So what we do for -- we decided we were
12 going to be the first in Canada to make an Indigenous
13 shelter standard, so we did. We invited our northern
14 representatives and our southern representatives, about
15 eight of us, and we got together. And we -- we had these
16 discussions. And we talked -- and we had some really hard
17 discussions. We talked about our differences. And that's
18 when we came about that we didn't want to just say "women."
19 We didn't want it -- whereas the Ministry, it just says
20 "women." We didn't want to do that because not all of us
21 just work with women, right? We -- a lot of us work with
22 Indigenous families. And we didn't want to just call it
23 "domestic violence" because we knew that
24 Indigenous -- Indigenous shelters are working with more
25 than domestic violence. We're working with family

1 violence. We're working with communal -- communities. We
2 wanted to have something in here that supports -- that
3 helps to challenge murdered and missing Indigenous women.
4 How can we have shelter better?

5 We talk in here about serious occurrence
6 reporting. I know at Ganohkwasra, we report every time an
7 individual does not come back past curfew, we report it.
8 And now, the Ministry might get upset with me about that
9 because it's more work for them, but I say, you know what,
10 no, I'm reporting it because our people are so prone to get
11 murdered, you're going to know about it. As soon as
12 she -- as soon as she goes beyond curfew, I'm reporting it
13 as a serious occurrence. So we do. We -- and we feel that
14 that's our -- our part of being responsible as a shelter.

15 And so we talk about making sure that
16 shelters have collaboration agreements with the police
17 services, with their Child Welfare agencies because, like I
18 said, some of those on-reserve shelters don't have to have
19 that, but according to this, we want them to have that. So
20 what this is, is minimal standards that -- to operate a
21 shelter safely. So it's -- really, it's asking people to
22 have policies on, you know, what's your drug and alcohol
23 policy. You can't say zero tolerance anymore. You can't
24 say that because, you know, that -- the unfortunate reality
25 is many of our people are addicted. And -- and so we

1 can't. And so if we say, "No, you can't come in", well,
2 we're eliminating three-quarters of our population, so you
3 can't say that. So what's your -- just spell out what your
4 policy is around it.

5 So this -- it's a -- it's actually a really
6 good document that the Ministry has supported because
7 recently, I had to report on our shelter standards, and
8 they asked about this one. And I was so impressed that
9 they asked all the Ministry-funded shelters if they had
10 done this. So I was very impressed with that.

11 **MS. CHRISTA BIG CANOE:** Sandy, if I could
12 just point you to a couple parts in the document, as well?
13 And under the part 3 program standards, and so this would
14 be page 15, although page 15 itself isn't numbered -- 14
15 and 16 are -- there's culturally safe supports, and one of
16 the -- the standards that ESU is recommending is that all
17 shelters will have written policy and procedure that
18 outlines the supports that we'll provide to persons and
19 dependents accessing shelter services, culturally safe
20 supports. And then you give a list of things that may
21 include. And this is not something that would normally be
22 found in the -- in the Ministry's standards for all
23 shelters, is it?

24 **MS. SANDRA MONTOUR:** No. No, I think
25 they -- I can't really remember, but I do remember that the

1 Ministry standards has one paragraph for
2 Indigenous -- Indigenous residents. I remember that. So
3 no, this isn't in the Ministry -- this is ours. Like, we
4 added this. And that was just added by the -- the ladies
5 that helped us to create this. We thought -- again, our
6 thinking was hopefully all shelters would incorporate this.
7 And we know that Indigenous shelters, we usually just
8 naturally do this, but we thought about the mainstream
9 shelters, and we thought, how could we support the
10 mainstream shelters to help our women that are going in
11 there? So we just -- we came up with this list.

12 **MS. CHRISTA BIG CANOE:** So just a couple
13 quick points of clarification. When you say the
14 "Ministry", are you talking about the Ministry -- like, an
15 Ontario ministry or are you talking about a Canadian --

16 **MS. SANDRA MONTOUR:** Ontario.

17 **MS. CHRISTA BIG CANOE:** Ontario. Thank you.
18 And so the -- the shelters in Ontario, you identified this,
19 and you just said, "we do these naturally." So there's
20 nothing for your off-reserve members that requires that
21 they provide in standards these culturally safe supports,
22 but they do regularly? Do I understand that correctly?

23 **THE GUEST:** We do this regularly. These
24 ladies do, too. These people here, too, these folks,
25 they -- they -- I think Indigenous shelters just naturally

1 do these things. We just know how to do these things.

2 **MS. CHRISTA BIG CANOE:** And one -- and the
3 reason I asked this is because often, when you have to meet
4 a standard, when there's a standard or guideline set out in
5 policy, then usually funding dollars attach because you
6 have to meet a -- a minimum standard. So would one of your
7 recommendations to the Commissioners be that this is a
8 standard that should be adopted into ministry or provincial
9 or any of the funders' basic standards so that money could
10 then attach to the work, the good cultural work, that all
11 of Indigenous shelters are doing?

12 **MS. SANDRA MONTOUR:** Absolutely.

13 **MS. CHRISTA BIG CANOE:** One of the other
14 things I wanted to point to in this standards guide is under
15 Section 6, the service monitoring and evaluation. And it's
16 just two quick, you know, points that you're making in terms
17 of service review, that the shelter will provide persons and
18 dependents with opportunities to give feedback on whether
19 they were satisfied with the services and supports, and the
20 second part is the written policy. And before I ask my
21 question, I just -- throughout the part 1 hearings, our
22 Commissioners have heard a lot of testimony from women about
23 when they have had to access service or things, the same
24 things you've all spoken today. There's not enough beds,
25 I'm turned away. When I'm in a shelter, I don't have these

1 things. But one of the things we've heard quite a bit
2 is -- is no one asked me how my experience was. No one
3 asked me from an Indigenous perspective what could be done.
4 So, like, whether it's an exit survey or it's feedback, so
5 can you tell me a little bit why it's important to actually
6 have service monitoring and evaluation that is Indigenous
7 informed, that listens to Indigenous women's experiences?

8 **MS. SANDRA MONTOUR:** Okay. So I know that
9 the Ministry usually insists that all shelters have some
10 sort of evaluation done with every client that leaves
11 shelter. And I know we have client satisfaction surveys
12 that we have that the Ministry gets them to complete as
13 well. But what we do at Ganohkwasra, we do a little bit
14 more -- well, a lot more.

15 So what we do is we do an internal review.
16 I -- because I can't afford to pay an outsider to do that,
17 I do it, me and my manager. So what I do is I pull
18 residents aside and I ask them, because I believe
19 you're -- the best evaluation is storytelling, is
20 narrative. So I ask them, you know, what was your
21 experience like? Did you complete a -- you know, did
22 you -- how -- did you complete a plan of care and how many
23 plan of cares did you complete? Were you able to fulfill
24 your plan of care?

25 And what I always ask is what was it like

1 for you being in shelter where men were here, because I
2 always want to know that. My board is -- my board holds me
3 really accountable. And so I -- and I write these down and
4 I've never heard one of them say, Sandy, that was -- you
5 know, that was really tough, I didn't want to be in there
6 with men.

7 What I always heard them say was, you know,
8 it was a little uncomfortable at first, but after a while
9 they have the same issues as I do. Like, they're abused
10 too and we're the same, it's just a different gender. So
11 that's what I would hear from them.

12 And then what I would do is my manager, she
13 works with the shelter staff, and she asks them things like
14 this: How well do you know the standards? What do you do
15 if an intoxicated woman comes to the door? What are you
16 going to do? So she asks my staff, my shelter -- she wants
17 to know that my staff know their policies. And she -- and
18 so -- and then what I do is I look at the chart notes. So
19 I'll pick any chart notes and I evaluate that.

20 I make a report to my board of directors and
21 I give that to the board. And that's what I do. So I
22 try -- we try our best. I can't say enough, being
23 responsible, for me, is being traditional. That's part of
24 our traditions. We can't just start a ceremony in the
25 middle of the day because, right. We just -- we're held

1 accountable. We expect our clients to be accountable, I
2 have to be accountable. My board holds me accountable and
3 my staff hold me accountable, and I hold them accountable.

4 And so I just want to know, and again, we
5 take those serious. When we get a complaint we take those
6 serious, you know, and we do the best we can. We're not
7 perfect by no means, but this helps us to be better. So
8 that's -- I guess that's our own Indigenized evaluation
9 that I do and it's face to face.

10 It's face to face, and they talk to me and I
11 pull people out of the shelter and let them know they're
12 not in trouble because they're coming into the executive
13 director's office, you know, and we have a great
14 conversation. So --

15 **MS. CHRISTA BIG CANOE:** Thank you. Just as
16 a matter of housekeeping, I apologize, I don't recall if
17 I -- okay, thank you. Could I please enter as an exhibit,
18 the New Beginnings, the Standards for Ontario Indigenous
19 Shelters, as the next exhibit, please?

20 **CHIEF COMMISSIONER MARION BULLER:** Yes, New
21 Beginnings is Exhibit 50, please.

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

23 **--- EXHIBIT NO. 50:**

24 "New Beginnings: Standards for
25 Ontario Indigenous Shelters,"

1 Aboriginal Shelters of Ontario (27
2 pages)

3 **MS. CHRISTA BIG CANOE:** And just as another
4 matter of housekeeping, and earlier we heard Sandy talk
5 about the youth lodge, the youth lodge in terms of -- and
6 just in the materials there's just a pamphlet, just an
7 information pamphlet that talks about the services and
8 talks about the counselling, and so Sandy touched on these
9 briefly, but I would like to ensure that this actually also
10 makes it into the formal record, so I kindly ask that it be
11 made an exhibit, tendered to be made an exhibit as well.

12 **CHIEF COMMISSIONER MARION BULLER:**
13 Certainly. The youth lodge brochure is Exhibit 51.

14 --- **EXHIBIT NO. 51:**
15 Ganohkwasra Family Assault Support
16 Services Youth Lodge brochure: "My
17 Home on Turtle Island"

18 **MS. CHRISTA BIG CANOE:** So I was -- I
19 just -- I will repeat what I just asked. I asked if it's
20 okay to move to anything that's not already included in
21 recommendations because I'm cognizant of the time. So I'm
22 asking Sandy, I mean, we've pointed out a number of
23 recommendations that have been supported by studies, the
24 expertise and the knowledge, but I do also want to also
25 afford you the opportunity, you know, based on your

1 experience both with the three programs that are run out of
2 Ganohkwasra, as well as the president of the Aboriginal
3 Shelters of Ontario, what further or any other
4 recommendations would you have for the Commission?

5 **MS. SANDRA MONTOUR:** Well, I totally agree
6 and support the recommendations that these fine ladies have
7 shared. I really -- I really was encouraged when I heard
8 about the Inquiry. I was very happy to know that there
9 was -- the Inquiry was finally here, and I believe many,
10 many people across the country and across the territories
11 were praying for this.

12 All I can hope for is that I want our women
13 to be safe, just like you fine folks do. And I believe
14 that because providing safety and protection to Indigenous
15 women is a primary, the main primary focus of Indigenous
16 shelters across Canada, I believe that we should be stood
17 up as leaders in that movement. That's my personal
18 thoughts.

19 Not to downplay all the rest of the great
20 work that's being done. I look at and I know FIFC is here
21 and First Nations, you know, Independent First Nations is
22 here, and they do amazing work as well. But I just think
23 that, you know, our folks are living with these women, and
24 men, and I just -- I just know that we -- we're doing the
25 best we can. We're all doing the best we can, but I just

1 think if there's leaders to be stood up in this movement, I
2 think it needs to be the shelters. And Indigenous shelters
3 in particular.

4 I think we -- we know the work that needs to
5 be done, many of us are 20, 30, 40, 50 years' experience
6 doing specifically, specific shelter work, so there's a lot
7 of knowledge there. I love the idea of a national clearing
8 house so we can learn from each other. You know, I really
9 like that I had because I think that we can -- the Creator
10 gave us each other for a reason, right, to help each other.

11 If we were -- somehow if there was an infant
12 that was just left alone, that infant would die without
13 touch. We need each other, and we need each other now more
14 than ever. So I really -- I really am a strong believer of
15 support -- supporting the shelters.

16 There's a lot of good work being done there
17 and there's a lot more that we can do. Thinking of our
18 northern shelters, they need support. I'm very proud to
19 know these ladies, they're hard workers, they're fighters
20 and I want every shelter across Canada to have the
21 resources that us three shelters have, and I know we can
22 save lives.

23 We need to have community educators
24 educating our community, letting them know that, you know
25 what, you keep going on that path somebody in your family

1 is going to die. And those things need to be said. They
2 need to be said. So for people to say, gee, you know what,
3 I don't want this to happen.

4 So I guess that's just really what I want to
5 say, is I'm tired of being on the Island of Misfit Toys, as
6 I was telling -- telling these ladies. I feel like
7 shelters, we haven't fit in any box, especially us
8 Indigenous shelters. We've had to be out there
9 fundraising. Fundraising \$400,000, there's shelters that
10 are doing that. There's mainstream shelters that fundraise
11 \$400,000 a year, they have to to survive. That's
12 impossible for on reserve.

13 We come from poverty-stricken communities.
14 That's impossible, we can't do that. So we're doing it all
15 and we're tired and, you know what, I'm just waiting for
16 Santa to find the Island of Misfit Toys, I really am. I
17 just -- we don't fit into any box. But, you know what,
18 we're good at what we do. We're really good at what we do,
19 and I know that we can save lives. More lives than what we
20 do.

21 **MS. CHRISTA BIG CANOE:** Thank you, Sandy.

22 Commissioners, I take note of the time, that
23 it's 4:30. Generally following the examination-in-chief of
24 a panel we require a 30-minute break, and that's to verify
25 and calculate the process and order with the parties, the

1 representatives, the counsel that are in place. I just
2 want to, you know, take your instruction or your guide on
3 what you would like us to do: Have a half-hour break and
4 come back, or maybe have an earlier start tomorrow morning?

5 **CHIEF COMMISSIONER MARION BULLER:** I think
6 it's pretty much unanimous. We'll finish for the day. And
7 we will start with our witnesses tomorrow morning
8 immediately after our opening ceremony finishes.

9 **MS. CHRISTA BIG CANOE:** Certainly. And
10 before we formally adjourn, I would request kindly of the
11 parties, the representatives, have the one representative
12 or one counsel member attend the Silver Willow so that we
13 can do the verification process for cross-examination, and
14 we will open cross-examination in the morning.

15 **UNIDENTIFIED SPEAKER:** Okay.

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

17 **CHIEF COMMISSIONER MARION BULLER:** We will
18 close for the day.

19 --- Upon adjourning at 4:40 p.m.

LEGAL DICTA-TYPIST'S CERTIFICATE

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I, Krystle Palynchuk, Court Transcriber, hereby certify that I have transcribed the foregoing and it is a true and accurate transcript of the digital audio provided in this matter.



Krystle Palynchuk

May 31, 2018