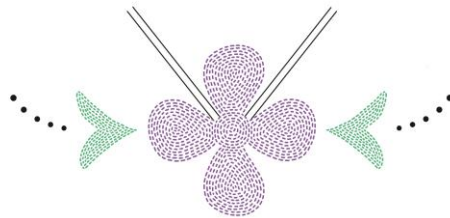


National Inquiry into
Missing and Murdered
Indigenous Women and Girls



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
Parts 2 & 3 Institutional & Expert/Knowledge-Keeper
“Child & Family Welfare”
Fort Garry Hotel, Grand Ballroom
Winnipeg, Manitoba**



PUBLIC

**Mixed Part 2 & 3 Volume 10
Monday October 1, 2018**

**Panel 1:
Cora Morgan, First Nations Children’s Advocate Office**

**Sarah Clark, Executive Director,
Arctic Children & Youth Foundation**

**Dr. Amy Bombay, Assistant Professor,
School of Psychiatry, Dalhousie University**

INTERNATIONAL REPORTING INC.

II

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Awo TAAN Healing Lodge Society	Darrin Blain (Legal Counsel)
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Winnipeg Police Service	Kimberly D. Carswell (Legal Counsel)

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First Witness: Cora Morgan, First Nations Children's Advocate Office

Counsel: Joëlle Pastora Sala, Assembly of Manitoba Chiefs

Second Witness: Sarah Clark, Executive Director, Arctic Children and Youth Foundation

Topic: "Family Supports & Domestic Violence"

Counsel: Lillian Lundrigan, Commission Counsel

Third Witness: Dr. Amy Bombay, Assistant Professor, School of Psychiatry, Dalhousie University

Topic: "Transgenerational Trauma and Resilience"

Counsel: Stuart Wuttke, Assembly of First Nations

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

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

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1

Winnipeg, Manitoba

2

--- The hearing starts on Monday, October 1, 2018 at 8:41

3

MS. SHAUNA FONTAINE: Good morning. Thank

4

you and welcome for coming today, and joining us this week

5

with the National Inquiry and our Knowledge Keeper and

6

Institutional Hearings on Family and Child Welfare through

7

our truth gathering process. First, I would like to

8

welcome up Stan LaPierre and Thelma Morrisseau to open us

9

up in a good way and provide us with a prayer.

10

MS. THELMA MORRISSEAU: (Speaking

11

Anishnabe). I want to -- before I offer my prayer, I just

12

would like to acknowledge today all of the families who

13

are here, I say, chi-meegwetch. I want to acknowledge the

14

elders and the knowledge keepers, and the community who

15

are here. I want to, of course, acknowledge the

16

Commissioners, meegwetch.

17

We had a -- we lifted our pipe this

18

morning. Actually, there were four pipes that were

19

lifted, so it is a good number, so I know things are going

20

to be good. And, as in the way of our people, that is

21

what we do. I am happy to welcome people here to this

22

Treaty 1 Territory and the homeland of the Métis people.

23

I come from Treaty 2 area. Did you want to say anything --

24

oh, okay. All right. So, with this tobacco that I hold

25

in my hand, in a good way, I want to say (speaking in

1 Indigenous language).

2 I am grateful, grandfather and grandmother,
3 to stand here, to hold this tobacco, this most sacred
4 medicine that has been given to our people. I want to
5 give thanks for this day, give thanks that Grandfather has
6 once again come over that eastern horizon, and give thanks
7 that all of us could be here today, could witness this
8 miracle of this life. I want to ask grandfathers and
9 grandmothers who walked before us, seven generations, to
10 look at us as we stand here, as we gather here in this
11 place.

12 And, knowing this week is -- it may be a
13 hard week, it may be a challenging week for many of us.
14 The issue of child welfare among our people is a painful
15 history, so we ask you -- because we are only human, we
16 are pitiful, we are asking you for your help, Creator,
17 Grandfather, help us to choose our words wisely. Help us
18 give us a little bit of wisdom, give us strength and
19 courage, help us to speak with only honesty. Guide this
20 process. Each and every one here is here for a purpose,
21 and it is not by chance that we have ended up here, but we
22 have been brought here.

23 So, in that way, all in the four
24 directions, the sky, that most beautiful gunaduwin gay
25 (phonetic) place, and the earth, I lift this tobacco in

1 honour, each and every one of you, and ask that you might
2 be taken care of on this day. (Speaking in Indigenous
3 language).

4 I have my niece here, Sarah; and Sarah
5 wants to offer a song. So, if it is okay with the
6 organizers -- is that okay? Yes? Okay. Sarah.

7 (MUSICAL PRESENTATION)

8 **MS. SHAUNA FONTAINE:** Meegwetch, Thelma,
9 Stan and Sarah, for opening us up in a good way. I would
10 now like to turn over to Annie Bowkett who is here to
11 light the qulliq for us, which will guide us in a good way
12 for the rest of this week. Annie.

13 **MS. LILLIAN LUNDRIGAN:** I will be
14 translating for Annie as she needs me to.

15 **ELDER ANNIE BOWKETT:** (Speaking Inuktitut)
16 for 10 days.

17 **MS. LILLIAN LUNDRIGAN:** Thank you for
18 inviting me to be part of this opening ceremony. I just
19 arrived back from Iqaluit, Nunavut the other day. I was
20 up in Iqaluit for 10 days.

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

22 **MS. LILLIAN LUNDRIGAN:** Thank you to the
23 Commissioners for inviting me and allowing me to be here.

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

25 **MS. LILLIAN LUNDRIGAN:** And, she just

1 thanked me for sitting here with her, to assist her as she
2 lights the qulliq. She speaks Inuktitut and English
3 fluently, but she is thankful that I am able to sit here
4 and assist her.

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

6 **MS. LILLIAN LUNDRIGAN:** As she lights the
7 qulliq, she will be explaining the important use and
8 symbol of the Inuit qulliq.

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

10 **MS. LILLIAN LUNDRIGAN:** I am a qulliq
11 lighter in training.

12 **ELDER ANNIE BOWKETT:** ((Speaking
13 Inuktitut)).

14 **MS. SHAUNA FONTAINE:** The qulliq has been
15 part of our history and our tradition for thousands of
16 years, it has many uses, to -- one being to keep our
17 families warm in the igloo. It has been passed down from
18 generations, from our mothers and grandmothers, to keep
19 moving forward to our generations ahead of us.

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

21 **MS. JENNY LAY:** There was a time in my life
22 that I lost the knowledge of traditions, such as lighting
23 the Qulliq, and the important, very useful aspects of our
24 Inuit traditional life due to having to leave home for TB
25 treatment, as well as residential schools. The trauma of

1 living those experiences unfortunately caused me to lose
2 some practices of our traditional way of life.

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

4 **MS. LILLIAN LUNDRIGAN:** I remember as a
5 child sitting in the igloo with my mother, watching her
6 sew, lighting the Qulliq in a very, very, very cold igloo.
7 She took care of the family, lighting the Qulliq, because
8 that was the woman's role, part of -- one of the woman's
9 role.

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

11 **MS. LILLIAN LUNDRIGAN:** The Qulliq is a
12 real thing for Inuit. It is not to be played with, it is
13 not a toy, it's a symbol. Each woman -- Inuk woman --
14 will have their own Qulliq, so the Qulliq will be to the
15 woman and speak to the woman that the Qulliq belongs to.

16 Annie mentioned this morning this is not
17 her personal Qulliq, so it's different for her to light
18 it. She's doing a wonderful job, but a Qulliq that
19 belongs to an Inuk woman is very personal to her, to her
20 being.

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

22 **MS. LILLIAN LUNDRIGAN:** In remembrance of
23 those before us and in the future ahead of us, and
24 acknowledging all the -- everyone that's travelled from
25 far away to be here, and her gratitude for being invited

1 to share this lighting of the Qulliq, she would also like
2 to share a prayer in Inuktitut.

3 And we'll stand.

4 **(PRAYER IN INUKTITUT)**

5 **MS. SHAUNA FONTAINE:** Thank you, Annie, for
6 lighting the Qulliq for us this week.

7 So good morning, Bonjour (Speaking
8 Indigenous language), Sagkeeng and (Speaking Indigenous
9 language). My name is Shauna Fontaine. I am from
10 Sagkeeng First Nation here in Treaty 1 territory.

11 I'm proud to be here today to offer my
12 support as master of ceremonies, MC, for the National
13 Inquiry this week, and I want to acknowledge and welcome
14 you all to Treaty 1 territory, which is the traditional
15 territory of the Anishinaabeg, Cree, Oji-Cree, Dakota and
16 Dene peoples, and the homeland of the Métis Nation.

17 So to start with, what we would like to do
18 is we would like to offer as opening remarks from some
19 local Indigenous women who are really strong and
20 empowering. So I'd like to welcome up Jenny Lay and
21 Isabel Daniels to come and share some opening remarks with
22 us.

23 **MS. JENNY LAY:** Good morning, everyone.

24 Tansi. My name is Jenny Lay. I'm from the
25 Nisichawayasihk (ph) Cree Nation. First of all, I'd like

1 to acknowledge and welcome all the family members and
2 survivors that are here today, as well as the Elders,
3 those who are watching online, the Commissioners behind
4 me, and everyone else who is a public.

5 As a family member, this has been a very
6 long and hard year for me. From having to find the
7 strength within to give testimony on my late mother and on
8 my own personal journey, and then having to recover and
9 heal from re-experiencing that trauma. It has been quite
10 the journey.

11 But I am here today not only to welcome
12 those who are attending this week's events but to offer my
13 strength and understanding to other family members and
14 survivors who are going through or who have gone through
15 the exact same thing that I have.

16 For those who are giving testimony as
17 witnesses today, I encourage you to share your truth and
18 to do it in a respectful and a good way. The despair of
19 losing someone so close to you can be overpowering. It
20 reaches all of your being to the core, and it does not
21 just go away, no matter how long ago the loss occurred.
22 I'd like to take the time to encourage all family members
23 and survivors to practice self-care, to love yourself the
24 way that you need to be loved in order to heal.

25 I would also like to thank those who work

1 or volunteer in positions that help family members and
2 survivors to take care of their well-being and to heal
3 from the trauma and losses, as well as those who advocate
4 on their behalf for the changes in this country that are
5 very much needed to keep Indigenous women safe.

6 I also would like to take the time to
7 remind those who are in positions of power and authority,
8 including the federal, provincial, and municipal
9 governments in Canada, of the importance of implementing
10 the recommendations that come from this Inquiry it should
11 be the political will of those in power to implement these
12 recommendations. Positive change does not happen by
13 simply researching the problem. It is your duty as
14 leaders to protect our women and girls from violence. All
15 Indigenous women and girls deserve to live their lives
16 free from violence. Thank you.

17 **MS. ISABELLA DANIELS:** Good morning.

18 (Speaking Indigenous language) and I am from the Sagkeeng
19 First Nation, Treaty 1 Territory. I would like to welcome
20 everybody here today who is taking part in this crucial
21 and important event that is happening throughout our
22 country. I also want to acknowledge the Anishinaabe and
23 Métis nations as well.

24 I stand here, along with my daughter, this
25 is Fatima (phonetic). She is 5-years-old. She is a

1 jingle dress in training -- jingle dress dancer in
2 training. My comments and -- I will wish everybody will
3 have a safe and -- safe journey throughout this week. I
4 also want to touch on the child welfare system, because
5 this is what we are here for this week.

6 We know that CFS isn't a system that works
7 for our people. The system that is currently in place,
8 the policies that are set out by the government do not
9 work for people, and we know that because the amount of
10 kids that we have in care and the amount of kids that are
11 returning home.

12 We know that the system is also a breakdown
13 after children are apprehended from the home. We know
14 that housing is taken away. We also know that their EIA
15 budget, if they are not working, is cut down to a single
16 person, and then they are expected to rebuild their lives
17 within six months, get their house back, get their kids
18 back. These are things that don't work for people that
19 are not dealing with the systemic issues that our people
20 are plagued with in this country.

21 We also know that there is a complete lack
22 in services that when our families are entrenched in
23 addiction or having other struggles, we know that the
24 timeline for accessing treatment, accessing parenting
25 courses can take longer than six months. So, if your kids

1 are in a six-month order, you have to go back to court,
2 and you are still on a waiting list to access any type of
3 service that is set out for you by your social worker, it
4 looks like you are not doing your part as a parent. Kids
5 are then taken away for another six months to a year,
6 stuck in a system being transferred from foster home to
7 foster home, sometimes even split up if they are siblings.

8 So, my hope for this week is that people
9 understand that the system and the policies that are in
10 play right now throughout this country do not work. We
11 are dealing with a system that was created solely to take
12 -- or not take, but to provide protection for a child. It
13 was not designed to provide supports to parents.

14 We know that social workers are overwhelmed
15 with the amount of cases that they have on their caseload.
16 Parents are not receiving the support that they need to be
17 able to reach that end goal, and that is to have their
18 kids at home and to be able to parent in a healthy way.
19 We need to take more action in terms of providing supports
20 to parents once their kids go in care.

21 My hopeful outcome from this Inquiry would
22 be that the recommendations that are -- an outcome, I
23 guess, of this Inquiry would be that politicians and
24 people that are in positions of power put these
25 recommendations into action. Aboriginal people have had

1 enough inquiries. We have had enough research. We now
2 need people to put these recommendations into action. We
3 don't want another 10,000-page Inquiry sitting on a shelf
4 just to say that something was done in order to help our
5 people.

6 We need action at this point in time. We
7 need a better future for our kids and for our children.
8 So, I would like to say meegwetch for having me speak
9 today. I would like to say meegwetch to having my
10 daughter who is always sharing love. She's standing there
11 like this; right? We always give hearts and love; right?
12 So, meegwetch again for having us here. I hope you guys
13 all enjoy your stay. Meegwetch.

14 **MS. SHAUNA FONTAINE:** Meegwetch. Thank you
15 very much, Jenny and Isabelle and Fatima for sharing your
16 love. Next, we would like to ask and invite up here two
17 beautiful women who have amazing voices. They are going
18 to sing a song for us. They live in Winnipeg, but they
19 are both from the Northwest Angle 33 of Lake of the Woods,
20 Ontario. Please welcome Jasmine and Shannon Paul up.

21 **MS. JASMINE PAUL:** Good morning. This song
22 is called The First.

23 (MUSICAL PRESENTATION)

24 **MS. SHAUNA FONTAINE:** Thank you, Shannon
25 and Jasmine for that. As part of the National Inquiry, we

1 have a very strong circle of internal advocates that work
2 with us to provide the Commissioners and the Inquiry some
3 advice and guidance in the work that they do, and they are
4 called the National Family Advisory Circle. And so, we
5 have a couple of their members here with us today, and I
6 would like to welcome them up to come and provide some
7 opening remarks. Lorraine Clements and Lesa Semmler
8 please.

9 **MS. LORRAINE CLEMENTS:** Bonjour. (Speaks
10 in Indigenous language). Fort William. My name is
11 Lorraine Clements. I was offered tobacco to speak on
12 behalf of the NFAC members, and some that couldn't make it
13 here today. So, I sent prayers to you, Myrna.

14 I'm honoured to be able to welcome you all
15 to our territories today. I'd like to acknowledge our
16 elders, our ceremonial people, our grandmothers, the
17 family members here today, the survivors, our
18 Commissioners, and all those that are working within this
19 Inquiry.

20 The purpose of NFAC is to provide advice,
21 lived experiences, and support the Commissioners in this
22 very important work, and promote the work of the Inquiry
23 to our communities and municipally, federally and
24 provincially across Turtle Island.

25 Today, we are here to witness the knowledge

1 keepers who will provide us with the expert testimony in
2 regards to the child welfare system. I thank you all for
3 coming today, and I only wish and hope that those
4 knowledge keepers, when they share today, that they share
5 in that good, kind way, with spirit and good intent, for I
6 am one of those survivors of the child welfare system.
7 Migwetch.

8 **MS. SHAUNA FONTAINE:** Thank you very much.
9 Before I ask and call upon the Commissioners to provide
10 some opening comments, I did want to just inform everybody
11 of a couple of technical things that are here. So, first,
12 there are some individuals in the room. They are wearing
13 purple lanyards. Those with the purple lanyards are our
14 health supports. They're our social supports here.

15 So, if you feel that you need any kind of
16 care or want to just talk to somebody, feel free. Please
17 reach out to those individuals in the purple lanyards.
18 You'll see them all over, and that includes health
19 supports and also those cultural supports as well.

20 Upstairs, there's also an elders' room.
21 So, just straight up the stairs here, the Selkirk
22 Ballroom. There are some traditional medicines in there
23 for your use, as well as there will be access to some
24 grandmothers in there.

25 We also have a family member, a local

1 family member, Gerry Pangman (phonetic) who is here, and
2 she is going to be set up in that room throughout the week
3 offering some beading for anybody who is wanting to do a
4 little bit of self-care.

5 We do have private rooms available as well
6 for anybody who wants to speak with a counsellor or
7 somebody one-on-one. So, in order to do that, just please
8 visit our registration table, and then they will be able
9 to book you that appointment to go and do that.

10 Every day we have a fire burning at the
11 Forks, at the monument for missing and murdered Indigenous
12 women and girls. So, that fire is burning. It should be
13 burning now from about 9:00 until sundown each day. There
14 is a shuttle or a bus that -- transportation that leaves
15 in front of the hotel every 30 minutes and will transport
16 you there. But, if you have any mobility issues, please
17 see one of the staff or the registration desk for support
18 in getting a ride there.

19 We have lunch served every day just outside
20 of the hearing room, and I just want to remind everybody
21 to please turn off your cell phones through this process.
22 And then the last thing is that we are going to have this
23 live streamed through our Facebook and our website via
24 CPAC. So, please encourage your friends and your families
25 and your colleagues to tune in or come on down. These

1 testimonies are public, and so people are more than
2 welcome to come through the week. So, I encourage you to
3 invite and share that on your social media.

4 So, I would now like to turn it over to our
5 Commissioners to provide some opening remarks for us. So,
6 first, I will call upon Commissioner Robinson.

7 **COMMISSIONER QAJAQ ROBINSON:** Bonjour.
8 Good morning. Ullaakuut. I would like to express my
9 gratitude and acknowledge that we are in Treaty 1
10 territory, the homelands of the Anishinaabe, Cree, Oji-
11 Cree, Dakota, Dene and the Métis peoples.

12 Manitoba has also become home to a number -
13 - a large population of Inuit who have had to leave the
14 north, either for education or for health services, and I
15 want to acknowledge that as well, because this is a
16 reality in many cities across this country.

17 I'd like to acknowledge the families and
18 survivors in the room, those watching on the live feed.
19 I'd like to acknowledge the members of the National Family
20 Advisory Circle, Lesa and Lorraine who are here with us
21 today, Myrna who will, because of the weather -- winter is
22 coming -- isn't able to join us, unfortunately, but I have
23 a feeling she's watching, as are many of the other members
24 of the National Family Advisory Circle, and many of the
25 families and survivors who have shared with us and now

1 follow this process.

2 I want to thank Thelma and Stan for opening
3 us and guiding us through ceremony this morning. I'd like
4 to acknowledge and thank your helpers.

5 I want to thank Annie for lighting the
6 qulliq, again, a source of light and warmth for all of us
7 here in the room.

8 Jenny and Isabella, for your words. It's
9 wonderful to see you again. Jasmine and Sharon for the
10 song; that was amazing. Thank you.

11 It's really important that we be here and
12 we talk about this. I think Lorraine hit the nail on the
13 head when she talked about being a survivor of the child
14 welfare system. This is what we've heard across the
15 country. The child welfare system, social services,
16 whatever acronym is used for it, when the states get
17 involved in families, those that go through that see
18 themselves as survivors. They don't see themselves as
19 supported. That is the problem. That is what we need to
20 turn on its head.

21 We heard and learned here in Winnipeg when
22 we were here last August for the knowledge keeper hearing
23 on Indigenous laws the importance of families, and the
24 importance of how we raise our children, and the
25 importance of grandmothers and grandfathers and aunties

1 and uncles in those processes.

2 We have heard from families how when
3 they've gone to the system, there were no services to help
4 them for the help that they needed. That they faced
5 racism, that it was a form of policing, that they were
6 punished for their poverty, punished for the challenges
7 that they faced that they desperately were seeking help to
8 overcome. None more significant than the disruption and
9 intergenerational trauma many families have experienced
10 from the residential schools, from the Sixties Scoop, from
11 the past system, from -- you name it. The list can go on,
12 and it does.

13 We also heard from the children; the
14 children who when they aged out after being separated from
15 their families and disconnected from their communities had
16 nothing, nothing but the streets, and we wonder why.

17 So, this week is going to be very
18 important. We must honour the truth that the families and
19 survivors have shared with us, and I'm looking forward to
20 hearing from our witnesses on how we are going to turn
21 this system on its head and how we are going to help
22 support children and families and communities do what
23 they've always done, which we heard from the elders in
24 August of last year, is how to raise happy, healthy,
25 thriving Indigenous women and girls.

1 So, I thank you all for being here. I'm
2 very eager to start learning, so I'm going to stop talking
3 and listen to the words of Thelma, "Time to listen".
4 Nakurmiik.

5 **COMMISSIONER BRIAN EYOLFSON:** Aning
6 (phonetic), good morning, bonjour. I would like to first
7 acknowledge that we are on the Treaty 1 territory and also
8 the homeland of the Métis. And, I want to start by, as a
9 guest, thanking the people of this traditional territory
10 and homeland for welcoming us here as the National
11 Inquiry.

12 I am a member of Couchiching First Nation,
13 which is in nearby Treaty 3, and I grew up in Fort
14 Frances, Ontario, which is not really too far from here.
15 And, I have Anishinaabe and Métis ancestry, and also
16 Icelandic Canadian ancestry. My father grew up in a small
17 town on Lake Manitoba, and then later grew up in Winnipeg,
18 so it is always a pleasure to be here. I spend a lot of
19 time in Winnipeg, in the surrounding area, growing up
20 because I have so many relatives from both sides of my
21 family here. So, it is really nice to be back.

22 I would like to start by acknowledging the
23 family members and survivors, and the others that have
24 joined us to honour the lives of missing and murdered
25 Indigenous women and girls. And, we are honoured this

1 week to join the families and communities uniting this
2 Thursday, October 4th, for Manitoba's Missing and Murdered
3 Indigenous Women and Girls Honouring Awareness Day, as
4 well as for vigils across the country.

5 And, before I go too far, I just also want
6 to acknowledge and thank our respected elders and
7 grandmothers who provide us with guidance and support. I
8 want to thank Thelma Morrisseau and Stan LaPierre for
9 their -- getting us started in a good way with their
10 prayers and ceremony. And, also Annie Bowkett for the
11 lighting of the qulliq.

12 I also want to recognize the contributions
13 of our National Family Advisory Circle who are committed
14 to working with us and advising us on our work as we move
15 forward, and I want to thank our members, Lorraine
16 Clements and Lesa Semmler who are here this week with us.
17 And, also Jenny Lay and Isabel Daniels, thank you very
18 much for your thoughtful words this morning. And, I also
19 want to say thank you of the beautiful songs that we heard
20 from Jasmine and Shannon Paul, and also from Sarah this
21 morning.

22 So, I would like to thank everybody who is
23 here as well, who has joined us to learn with us, whether
24 in-person or by webcast. And, I also want to thank,
25 again, the many parties with standing who are here again

1 and will contribute to the work of the National Inquiry as
2 they have done on an ongoing basis.

3 So, over the next few days, we are going to
4 hear testimony on the topic of family and child welfare,
5 family supports, or lack thereof, and domestic violence.
6 And, these are topics that have been identified as issues
7 that are significant to Indigenous families and -- in
8 Manitoba and throughout all of Turtle Island. So, we are
9 going to learn valuable information again this week on the
10 impacts of these issues, including child welfare systems
11 and how this affects the lives of Indigenous women and
12 girls, and their families. This will also add to the
13 important information and recommendations that we have
14 already heard from, from many family members and survivors
15 in our community hearings and through statements that we
16 have gathered that my colleague, Commissioner Robinson,
17 already touched on.

18 So, we will continue to learn how these
19 systems and these issues impact traditional family
20 structure and we will learn about further concrete
21 recommendations that can be included in the Inquiry's
22 final report to support and increase the safety of
23 Indigenous women and girls, and 2SLGBTQ people and to make
24 our communities more safe across the country.

25 So, thank you, I look forward to all the

1 work we are going to do this week together. Chi
2 meegwetch, thank you, merci.

3 **MS. SHAUNA FONTAINE:** Thank you. Next, we
4 are going to call upon Commissioner Michèle Audette.

5 **COMMISSIONER MICHÈLE AUDETTE:** I gave them
6 coffee to do that this morning. No, just kidding. Alors,
7 un gros merci à nos grand-mères, nos grands-pères pour les
8 belles prières de ce matin. Merci au Traité no. 1 du
9 Manitoba, le peuple Métis de nous accueillir sur votre
10 territoire, un territoire qui a beaucoup, beaucoup
11 d'histoire, qui a beaucoup de souffrances aussi, mais qui
12 a beaucoup, beaucoup de résilience, et je vous dirais de
13 solutions.

14 French 101, what I was saying, I want to
15 say thank you, like my colleague said, to the people of
16 this land. And, I learned this morning that we call the
17 center of the universe or center of the island. So, I am
18 on the east side. And, I was very proud to feel the love
19 since last night, the warmth from the people from here,
20 the Métis, First Nation, Treaty 1, friends, old friends
21 and new friends.

22 And, when I left my family yesterday on a
23 Sunday, usually I leave on Mondays so I don't take away
24 time from my kids and my partner, they were all happy, all
25 happy to see me happy to come here. But, behind the

1 happiness, I was hiding the frustration and the anger,
2 because all of you, we know what is going on in our
3 communities, we know what is going on in our cities. This
4 is not my city, but where we live, where so many times the
5 system failed us or still today in 2018.

6 And, that anger, I do not want that to take
7 control of my life and that it affect my family, so
8 ceremony is very important. Laughing, hugging and
9 learning is very important. So, this morning, the water
10 ceremony, the pipe ceremony help me to stay where I am
11 supposed to be, calm, and accepting your truth, and that
12 is my favourite part, of course.

13 And, from that, I do not want to repeat the
14 beautiful words of my colleagues, but I have a big favour,
15 a favour from friends who came from B.C., Vancouver, over
16 there, Carol, friends that I met here, that I love a lot,
17 that have a special place in my heart, and colleagues, and
18 you people from government who are here. And, of course,
19 the people who represent a party with standing.

20 Let's make this one different, because your
21 words were so powerful, same with Jen Lay this morning.
22 They said it all. They are the example that how the
23 system failed them and us -- it is either we are
24 witnessing -- and I do not want to be a witness, to become
25 an accomplice and say, aw, I will put a recommendation.

1 All of us here has the power. All of us. I do not know
2 which pair of moccasin I will wear after the Inquiry, but
3 one thing I know that all of us, even if we are not a
4 leader – I will be frank with you – even if we are not in
5 a position where we hold power, we have that power. We
6 have it and we have to honour that.

7 And, this week, my big favour for all of
8 you here, is that we do not put this on the hand of just
9 the government, but of the citizen of Mother Earth, as a
10 woman, a man, a grandmother, a sister, brother. Who we
11 are, let's make this one different, that we are all
12 accountable. And, when this journey is over, I do not
13 think it is over, but the mandate of this Inquiry, believe
14 me, that it is not only a few people, but all of us that
15 have to make sure that we will implement those
16 recommendations. Thank you so much.

17 **MS. SHAUNA FONTAINE:** Thank you very much,
18 Commissioner Audette. We would like to call upon Chief
19 Commissioner Marion Buller.

20 **CHIEF COMMISSIONER MARION BULLER:** Good
21 morning, everyone. I want to start by sharing a little
22 story of how you learn from elders. A long time ago it
23 seems, although it really wasn't, the Commissioners and I
24 were in Saskatoon just to learn from some elders as we
25 were starting out very early on. And, as elders often do,

1 I was corrected in a very not-too-gentle way. The elder
2 told me that it was important to always acknowledge the
3 land that you are on and the people who live there. He
4 said to me, "If you really are sincere about honouring the
5 spirits of missing and murdered Indigenous women, you say
6 that before you acknowledge the land." I haven't
7 forgotten that because, really, that is first and foremost
8 in the work that we do.

9 So, as the elder reminded me, in a very
10 not-too-gentle way, I want to start, as I always do, by
11 acknowledging the spirits of the missing and murdered
12 Indigenous women and girls, and I welcome them. I welcome
13 all of their spirits to join us during the hearings this
14 week. So, Elder, thank you for that lesson.

15 So, good morning, again. Bonjour. Tansi.
16 I want to acknowledge, now, that we are on Treaty 1
17 Territory. And, this is of course the traditional
18 homeland of the Anishinaabe, the Cree, Oji-Cree, Dakota
19 and Dené peoples. It is also the treasured homeland of
20 the Métis Nation.

21 Thank you, everyone, for joining us. We,
22 of course, start this journey this week in a good way.
23 And so, thank you, elders; thank you, speakers, fire
24 keepers and singers for starting us in the way that we
25 need to. Also, thank you to grandmothers; and also,

1 Annie, thank you, always, for keeping us warm and with the
2 light on. Thank you to the members of the National Family
3 Advisory Circle who are joining us this week. We will
4 call on them to help us, because we always need their
5 help, also from the grandmothers.

6 Welcome, honoured witnesses and also
7 welcome, parties. Again, very happy to see you all.
8 Families and survivors who are joining us, either in
9 person or electronically, welcome as well. We are always
10 happy to see you.

11 Of course, we are here to examine even
12 further issues raised by families and survivors. All
13 across Canada, families and survivors who have shared
14 their truths with us have told us about the experiences
15 that they have had, either as children or as parents with
16 the family welfare system, again, whatever name it is
17 called, because it has various names across Canada, but we
18 all know what it is. It is about policing, as one of my
19 colleagues said, and it is about oppression. It is about
20 colonization and racism. Let's name it.

21 Families and survivors, I want you to know
22 that we have heard you and the issues that you have
23 raised, and we have moved forward to looking in greater
24 detail into the issues that you have raised with us. What
25 I have learned personally, as we have heard from families

1 and survivors, and other witnesses who have talked about
2 family welfare issues, child welfare issues, that it is --
3 the answer is in all of us. We all have the strength,
4 love and wisdom to know what to do to raise our children
5 in a good way.

6 So, now, the challenge for the
7 Commissioners and I is to capture that strength, wisdom
8 and love, and put those qualities into recommendations in
9 our final report, because we know what is all there, we
10 know it is in our hearts, and we know we have the strength
11 and courage to move forward in a good way, because that is
12 what we have to do for our children. So, thank you all.
13 Let's proceed, let's learn, let's open our hearts, let's
14 open our minds, let's open our ears so we can learn more
15 about how we are going to do it right with strength, love
16 and wisdom. Thank you all, let's move forward in a good
17 way.

18 **MS. SHAUNA FONTAINE:** Thank you. Thank
19 you, Commissioners. We have two more things to do before
20 we start the testimonies today. So, first, what we are
21 going to do is I am going to call up little Fatima, Fatima
22 there. She is going to come up. She is going to do a
23 jingle dress for us and Ray "Coco" Stevenson, who, in this
24 area, really needs no introduction. You can often hear
25 his voice and his drumming at various powwows and

1 different events, and he emcee's quite a number of events
2 throughout Winnipeg and Manitoba. He is going to provide
3 them with a song as she sings. And then Coco is also
4 going to provide us with an honour song following that.
5 He is going to do a song in honour of all of the missing
6 and murdered Indigenous women and girls, and all of those
7 that have testified to date. So, thank you.

8 (MUSICAL PRESENTATION)

9 **MR. RAYMOND STEVENSON:** They were cute.
10 You know, for those of you that don't know, that
11 originally comes from Lake of the Woods area and it was
12 given to the Anishinaabe in a way of a dream, and it was
13 used for healing purposes when we needed that extra help,
14 and it came through a vision.

15 So, I was kind of -- a little lost at what
16 kind of song I wanted to sing. You know, I was going to
17 sing called The Ancestor Song, because when we have a
18 really hard time in life, a really hard time understanding
19 why things happen to us when they do, we need that extra
20 power, that higher power of our ancestors to ask us and
21 give us that extra strength that we need to overcome some
22 of these obstacles that we have in life.

23 I composed this song, oh, man, I don't even
24 know how many years ago. But, you know, one of the things
25 that we are taught in our traditional way of life is life

1 here on Earth is short, but it can be really tough. But,
2 there is going to come a time for us as Anishinaabe, as a
3 people, where we are going to be in that other place,
4 which we call the Spirit World. And, for us, there is no
5 way in any of the languages on Turtle Island to say "good
6 bye". It is always "until we meet again". And, one day,
7 we will meet up with our loved ones again.

8 And, that is probably what I leaned more
9 towards as a song that I wanted to sing because, you know,
10 compared to eternity, life here is short, but it really is
11 difficult. And, with the families that are dealing with
12 this situation that we are in right now in this crisis,
13 you know, there is hope that one day you will meet up with
14 your loved one. If it is not here, it will be at that
15 other place.

16 (MUSICAL PRESENTATION)

17 **MR. RAYMOND STEVENSON:** Meegwetch.

18 **MS. SHAUNA FONTAINE:** Meegwetch. Thank you
19 very much for the beautiful song and the dance from
20 Fatima.

21 Can I propose we take a 5-minute break?
22 So, if we can take a 5-minute break so that our panelists
23 can get ready? We are going to start our morning with
24 panelists called by Assembly of Manitoba Chiefs Cora
25 Morgan, as well as Sarah Clark and Dr. Amy Bombay. So,

1 I'll give you about five minutes, and then we'll get all
2 ready here. Thank you.

3 --- Upon resuming at 9:46 a.m.

4 --- Upon resuming at 10:04 a.m.

5 **MS. SHAUNA FONTAINE:** Okay, can everyone
6 please have a seat? We're going to get started.

7 **MS. MEREDITH PORTER:** Good morning. Good
8 morning, Chief Commissioner Buller, Commissioner Audette,
9 Commissioner Eyolfson and Commissioner Robinson. I am
10 Meredith Porter, and I am Anishinaabe from the Long Plain
11 First Nation here in Treaty 1 Territory, and I am
12 Commission counsel that will be leading the panel here
13 today.

14 And, it is the intention of Commission
15 counsel to call three witnesses. The witnesses will
16 include Cora Morgan, who is the First Nations Family
17 Advocate of the First Nations Advocate Office of the
18 Assembly of Manitoba Chiefs. She will -- her evidence --
19 on your consent, we have requested that her evidence be
20 led by Counsel Joëlle Pastora Sala, who is counsel for the
21 Assembly of Manitoba Chiefs.

22 And, Ms. Morgan will be speaking about the
23 work of the First Nations Family Advocate Office to
24 address the overrepresentation of children in care here in
25 Manitoba. And, she will also speak about some of the

1 direct links between systems, including the justice system
2 and the child welfare system, and its impacts on missing
3 and murdered Indigenous women and girls.

4 The second witness we intend to call is
5 Sarah Clark. And, Sarah Clark -- Ms. Clark is the
6 Executive Director of the Arctic Children and Youth
7 Foundation. She -- her evidence will be led by Commission
8 Counsel Lillian Lundrigan. And, Ms. Clark will be
9 speaking about child and family services from an Inuit
10 perspective. She will also speak about the work of the
11 Arctic Children and Youth Foundation and the Child
12 Advocacy Centre.

13 The third witness we will be calling is Dr.
14 Amy Bombay. And, Ms. Bombay is the Associate Professor of
15 Social Work at Dalhousie University. We are requesting
16 that her evidence be led by Commission -- or counsel for
17 the Assembly of First Nations, Stuart Wuttke. And, Ms.
18 Bombay intends to speak about some of the
19 intergenerational trauma that has resulted from the Indian
20 residential school system, from the Sixties Scoop and from
21 the child welfare system.

22 So, at this time, I will ask that -- the
23 request of Commission counsel to have the evidence of the
24 two witnesses, Ms. Morgan and Ms. Bombay, be led by the
25 two counsel as mentioned.

1 **CHIEF COMMISSIONER MARION BULLER:**

2 Certainly, that's fine.

3 **MS. MEREDITH PORTER:** Thanks so much. At
4 this time then, I will ask that Ms. Morgan be promised in.

5 **MS. JOËLLE PASTORA SALA:** Bonjour. Good
6 morning. Bon matin, Chief Commissioner, Commissioners,
7 family members and survivors who are here today, the
8 elders who are in the room. My name is Joëlle Pastora
9 Sala. I am counsel to the Assembly of Manitoba Chiefs,
10 and I would just like, before we affirm Ms. Cora Morgan,
11 to of course begin by acknowledging that we are gathered
12 here today in Treaty 1 Territory, the homeland of the
13 Métis Nation, acknowledge the sacred items that are in the
14 room. I thank the elders for the prayer, as well as the
15 dances and the songs this morning.

16 So, Ms. Morgan has been asked to be
17 affirmed, and I would ask Mr. Registrar to do that at this
18 time.

19 **MR. BRYAN ZANDBERG:** Good morning. Ms.
20 Morgan, do you promise to tell your truth in a good way
21 today?

22 **MS. CORA MORGAN:** I do.

23 **CORA MORGAN, Affirmed:**

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

25 **--- EXAMINATION IN-CHIEF BY MS. JOËLLE PASTORA SALA:**

1 **MS. JOËLLE PASTORA SALA:** Ms. Morgan, would
2 it be all right with you if I refer to you as Cora for the
3 rest of this morning?

4 **MS. CORA MORGAN:** Yes.

5 **MS. JOËLLE PASTORA SALA:** Cora, are you
6 able to tell -- to introduce yourself for the
7 Commissioners and members of the audience?

8 **MS. CORA MORGAN:** My spirit name is White
9 Wolf Moon Woman, and I am from the Turtle Clan, Sagkeeng
10 First Nation. I am also known as Cora Morgan, and I am a
11 mother, and the First Nations Family Advocate.

12 **MS. JOËLLE PASTORA SALA:** And, before being
13 the First Nations Family Advocate, you were the Executive
14 Director of Onashowewin Justice Circle; is that correct?

15 **MS. CORA MORGAN:** Yes, that's correct.
16 Prior to my role as the First Nations Family Advocate, I
17 was the Executive Director of Onashowewin, which was a
18 restorative justice program here in Winnipeg. And, my
19 role there is what prompted me to want to do the work of
20 advocacy for children and the child welfare system,
21 because I could see that our children had lost value for
22 life and I wanted to be able to do something greater to be
23 able to address issues.

24 **MS. JOËLLE PASTORA SALA:** And, in your role
25 as the First Nations Family Advocate, you have worked with

1 over 800 -- or over 900 families involved in the CFS
2 system; is that correct?

3 **MS. CORA MORGAN:** That's correct.

4 **MS. JOËLLE PASTORA SALA:** Is there any
5 other element of your employment experience at the First
6 Nations Family Advocate Office or otherwise that you would
7 like to highlight?

8 **MS. CORA MORGAN:** Not at this time.

9 **MS. JOËLLE PASTORA SALA:** In terms of your
10 formal education, you graduated in 1999 with a B.A. in
11 Native Studies; correct?

12 **MS. CORA MORGAN:** I attended the University
13 of Manitoba for those years, and I continued on after that
14 as well working towards -- my original goal was in
15 Community Economic Development.

16 **MS. JOËLLE PASTORA SALA:** And, in addition
17 to graduating with your B.A., you have also received a
18 number of different certificates and training since then?

19 **MS. CORA MORGAN:** I have. Yes, I have
20 numerous different programs that I have been a part of
21 over time. Yes.

22 **MS. JOËLLE PASTORA SALA:** And, that
23 includes a Fire Inside Youth At Risk Cultural Program?

24 **MS. CORA MORGAN:** That's correct.

25 **MS. JOËLLE PASTORA SALA:** And, the Early

1 Childhood Education Training?

2 **MS. CORA MORGAN:** Yes.

3 **MS. JOËLLE PASTORA SALA:** In addition to
4 the information that you outlined in your C.V., would it
5 be fair to say that you have done several media
6 interviews, as well as a number of presentations on the
7 topic of First Nation children and families in Manitoba?

8 **MS. CORA MORGAN:** That's correct.

9 **MS. JOËLLE PASTORA SALA:** And, I would like
10 to just briefly describe your -- the knowledge area
11 relating to the hearings -- or your knowledge area
12 relating to these hearings today. So, that would be the
13 work of the Assembly of Manitoba Chiefs relating to child
14 welfare, as well as the work of the First Nations Family
15 Advocate Office relating to the overrepresentation of
16 First Nation children in the CFS system in Manitoba?

17 **MS. CORA MORGAN:** Yes.

18 **MS. JOËLLE PASTORA SALA:** As well as the
19 impact on First Nation children, their families and
20 communities?

21 **MS. CORA MORGAN:** Yes.

22 **MS. JOËLLE PASTORA SALA:** As well as your
23 knowledge relating to First Nation approaches to bringing
24 First Nation children home in Manitoba?

25 **MS. CORA MORGAN:** Yes.

1 **MS. JOËLLE PASTORA SALA:** And, your
2 knowledge also relates to the direct link between systems,
3 such as the justice system and the child welfare system,
4 and the increased vulnerability of First Nation women and
5 girls?

6 **MS. CORA MORGAN:** Yes.

7 **MS. JOËLLE PASTORA SALA:** At this time,
8 Chief Commissioner, I would like to request that Cora
9 Morgan's C.V. be entered as an exhibit.

10 **CHIEF COMMISSIONER MARION BULLER:** Yes,
11 pages 1 to 3 only of her C.V. will be marked as Exhibit 1,
12 please.

13 **--- Exhibit 1:**

14 CV of Cora Morgan (four pages)

15 **MS. JOËLLE PASTORA SALA:** May I ask as well
16 that her personal address and phone number and contact
17 information be removed from the C.V.?

18 **CHIEF COMMISSIONER MARION BULLER:** We have
19 received redacted copies.

20 **MS. JOËLLE PASTORA SALA:** Okay. Thank you,
21 Chief Commissioner. So, Cora, before we begin in speaking
22 about -- to the substance of your testimony today, you
23 chose this morning to affirm to tell the truth on baby
24 moccasins and I see you are holding them. Are you able to
25 briefly explain why you chose to affirm on baby moccasins

1 here today?

2 **MS. CORA MORGAN:** Baby moccasins have
3 become quite important at the First Nations Family
4 Advocate Office. In the early days of the opening of the
5 First Nations Family Advocate Office, we had the
6 opportunity to attend a ceremony in Serpent River First
7 Nation. And, at the time, we had shared what our office
8 was attempting to do and the work that we were doing with
9 our families, and it was, kind of, the first of its kind
10 in Canada.

11 And, when we attended that ceremony, there
12 was probably over 200 people there, and there was about
13 100 women. And, when I shared about the work of the First
14 Nations Family Advocate Office, the women all stood up in
15 support. And, it was a ceremony with Isaac Murdoch and
16 Christi Belcourt. And, it was a very powerful moment,
17 that all of these women wanted to see something different
18 for the children and families, and had this -- showed this
19 unconditional love and support.

20 Coincidentally, or not coincidentally, in
21 Serpent River, they have petroglyphs. And, there is a man
22 with serpent arms, one arm is said to be government and
23 one arm is said to be church, and later on in the story,
24 or the petroglyph, there is a baby with feathers in their
25 hair, and it was said that any time a baby has feathers in

1 their hair, they will always return home.

2 And so, after the ceremony, and we were
3 getting ready to leave back to Winnipeg, a woman came to
4 me and she was asking about the office. And, you know, in
5 the early days of the office, it was really overwhelming
6 because every single day we would have mothers, and
7 fathers and grandmothers desperate to get their children
8 back. So, it was really tough in those days.

9 Anyways. There was moments of hopelessness
10 because it was so overwhelming at times. And, I said to
11 that lady that day, I said, at minimum, all we can do is
12 offer feathers for babies, then that is what we will do.
13 Anyways. That lady was Nancy Rowe and she was from New
14 Credit, Ontario. And, four days later, our office had
15 decided that we were going to -- and our office was two
16 staff, myself and an assistant advocate. We decided that
17 we were going to fast for four days and get direction on
18 what we needed to do. And, as we were preparing for that,
19 and four days after, returning from Serpent River, Nancy
20 Rowe drove over 21 hours to bring me -- bring us and bring
21 the babies eagle feathers. And so, that was, sort of, the
22 start.

23 And then what she continued to do was she
24 was working in classrooms with other teachers and they
25 started making baby moccasins. And so, they started so

1 they can go home, and they have brought us, our office,
2 hundreds of baby moccasins. And, every time there is a
3 mom whose baby is going to be taken at birth, we respond
4 to the hospital with baby moccasins. And, when we have
5 expecting moms in our office, we also provide those
6 mothers with baby moccasins and we start working on their
7 bundles. So, that is why I brought the moccasins today
8 and I would love to leave them with -- the bundle for the
9 Inquiry as well, once I am done here tomorrow.

10 I know that was a long explanation, but it
11 was important.

12 **MS. JOËLLE PASTORA SALA:** Thank you, Cora.
13 In preparation for your oral testimony today, you prepared
14 a summary of your anticipated evidence, as well as your
15 recommendations for the Commissioners; is that correct?

16 **MS. CORA MORGAN:** That is correct.

17 **MS. JOËLLE PASTORA SALA:** And, we will come
18 back to the recommendations of Cora Morgan at the end of
19 her testimony, but for now, I would like the document to
20 be entered as an exhibit, Chief Commissioner.

21 **CHIEF COMMISSIONER MARION BULLER:** Okay.
22 The recommendations?

23 **MS. JOËLLE PASTORA SALA:** The can say, as
24 well as the recommendations, please. It is one document.
25 Okay. Then, just the recommendations, please.

1 **CHIEF COMMISSIONER MARION BULLER:** Maybe
2 Commission counsel can help. I don't have a copy of the
3 recommendations.

4 **MS. MEREDITH PORTER:** Okay. Actually, the
5 recommendations that counsel is referring to is actually
6 on the last page of the can say document. So, I believe
7 the request of counsel is that that -- from the
8 recommendations and the last page down be entered.

9 **CHIEF COMMISSIONER MARION BULLER:** Yes.
10 The recommendations on page 3 of the anticipated evidence
11 will be Exhibit 2, please.

12 **--- Exhibit 2:**

13 Recommendations taken from the can-say
14 of Cora Morgan (one page)

15 **MS. JOËLLE PASTORA SALA:** Thank you. So,
16 Cora, as you indicated earlier, you are the First Nations
17 Family Advocate at the First Nations Family Advocate
18 Office of the Assembly of Manitoba Chiefs; correct?

19 **MS. CORA MORGAN:** Correct.

20 **MS. JOËLLE PASTORA SALA:** Before we talk
21 about the First Nations Family Advocate Office, which I
22 will refer to as the FNFAO, can you please briefly
23 describe the work of the Assembly of Manitoba Chiefs
24 affecting First Nations children and families in Manitoba
25 prior to the creation of the FNFAO?

1 **MS. CORA MORGAN:** The Assembly of Manitoba
2 Chiefs has been in existence -- celebrating 30 years this
3 year. And, during this time, there is several, several
4 resolutions over time where our First Nations leadership
5 have moved to having the ability to assert jurisdiction
6 over children and families. There has been a number of
7 resolutions where they have worked towards having more of
8 a say over the child welfare system, leading up to the
9 Bringing Our Children Home report.

10 **MS. JOËLLE PASTORA SALA:** And, have there
11 been other reports such as -- relating to missing and
12 murdered Indigenous women and girls?

13 **MS. CORA MORGAN:** So, additionally, the
14 Assembly of Manitoba Chiefs spent a couple of years
15 engaging with families all over the province on the issue
16 of missing and murdered Indigenous women and girls, it
17 precipitated a report, the Families First report, which
18 led to the creation of the Family First Foundation.

19 **MS. JOËLLE PASTORA SALA:** Thank you.
20 Before I ask you little bit to describe the FNFAO, are you
21 able to confirm whether or not the Families First report
22 contains recommendations relating to child welfare?

23 **MS. CORA MORGAN:** It does.

24 **MS. JOËLLE PASTORA SALA:** Thank you. At
25 this time, I would ask the Families First report, as well

1 as the appendices, to be entered as exhibit, please.

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

3 The Families First report and the appendices will be
4 Exhibit 3, please.

5 **--- Exhibit 3:**

6 "Families First: A Manitoba Indigenous
7 Approach to Addressing the Issue of
8 Missing and Murdered Indigenous Women
9 and Girls," prepared for the Assembly
10 of Manitoba Chiefs by Joëlle Pastora
11 Sala & Byron Williams / Public
12 Interest Law Centre, July 21, 2015 (85
13 pages)
14 "Appendix A: Questions for Families,
15 MMIWG Coalition, One-on-One
16 Interviews" (three pages)
17 "Appendix B: Acknowledging Past
18 Research and Initiatives" (13 pages)
19 "Appendix C: Who is Calling for What?"
20 (two pages)
21 "Appendix D: Overview of Other Process
22 Recommendations" (60 pages)
23 "Appendix H (sic): Summary of Selected
24 Processes" (four pages)
25 "Appendix F: Overview of Existing

1 Processes" (five pages)
2 Appendix G: Other Legal Tools (13
3 pages)
4 Appendix H: Relevant International Law
5 Sources (12 pages)
6 Families First Foundation article of
7 incorporation (three pages)

8 **MS. JOËLLE PASTORA SALA:** Thank you, Chief
9 Commissioner. Cora, are you able to describe for me the
10 reasons for the creation of the FNFAO and provide a little
11 bit of background about the context within which the
12 office was created?

13 **MS. CORA MORGAN:** In May 2014, the Assembly
14 of Manitoba Chiefs offered forums in Winnipeg and in
15 Thompson, Manitoba; and those were opportunities for
16 mothers, fathers, grandparents, children who had aged out
17 of the child welfare system or were currently in the child
18 welfare system to come forward and talk about their
19 concerns with the child welfare system.

20 At that time, I was the Executive Director
21 of Onashowewin and I attended, on that day, in order to be
22 able to bring forward the messages that we have been
23 hearing from the youth that we worked with at Onashowewin.
24 So, those would be young people that were currently in the
25 child welfare system and had outstanding charges with the

1 justice system. And so, in our office, we were finding
2 that close to 85 percent of the young people that we were
3 working with were children in care, and we started telling
4 that and looking at the types of charges that young people
5 were faced with, and a lot of those charges were that of
6 group homes. And, the commonality amongst a lot of these
7 young people were that they had lost value for life, and
8 that there was a strong sense of hopelessness and being --
9 and feeling like they have no control over their lives
10 while living under the child welfare system.

11 And so, on that day when the Assembly of
12 Manitoba Chiefs hosted that forum, I wanted, along with
13 the elders of our organization, we thought it was
14 important that we go there and speak to make sure that the
15 youth's voice was reflected in that engagement session.

16 Once those engagement happened in Winnipeg
17 and in Thompson, it generated the Bringing Our Children
18 Home report. There is 10 recommendations that were made,
19 and one of them was the need for advocacy. And so, not
20 even a year later, the Assembly of Manitoba Chiefs had
21 posted for a First Nations Family Advocate role, and at
22 the time, I was really satisfied with my role at
23 Onashowewin. But, the staff, when we saw the media
24 release and the story in the Winnipeg Free Press, what we
25 said, we felt that there was some hope for our young

1 people. And, the staff of the organization asked me to
2 pursue that role and I'm in that role now.

3 **MS. JÖELLE PASTORA SALA:** And, you've been
4 the Executive Director of FNFAO since its creation?

5 **MS. SARAH CLARK:** My title is First Nations
6 Family Advocate.

7 **MS. JÖELLE PASTORA SALA:** Thank you. At
8 this time, I would like to enter as the next exhibit the
9 Bring Our Children Home report which is found at Schedule
10 B, for the Commissioners.

11 **CHIEF COMMISSIONER MARION BULLER:**
12 Certainly. Bringing Our Children Home, report and
13 recommendations, June 2014, is Exhibit 4, please.

14 **--- Exhibit 4:**

15 "Bringing Our Children Home:
16 Report and Recommendations,"
17 Assembly of Manitoba Chiefs, June
18 2014 (17 pages)

19 **MS. JÖELLE PASTORA SALA:** Thank you, Chief
20 Commissioner. Cora, are you able to explain for us the
21 mandate and activities of the FNFAO?

22 **MS. CORA MORGAN:** Yes. Our office opened
23 June 1st, 2015. When we started with the office, we
24 opened -- we started in ceremony. There wasn't a frame of
25 reference in the beginning. We were just there to be able

1 to support families. By starting out in ceremony, we were
2 gifted a name, "Abinoojiyak Bigiiwewag", meaning "our
3 children are coming home". And, from that moment, one of
4 the main instructions that I was given when I first
5 started was that our role was not to empower the current
6 system, that we were to work outside of the system,
7 preventing children from going into the system, and
8 wherever possible, to be able to take children out of the
9 system.

10 And so, the moment our doors opened, we
11 were flooded with predominantly mothers coming for
12 support. And so, we had about -- in those days, we were
13 getting about 1,200 calls a week, and there was myself and
14 an assistant advocate doing the work. So, all day long,
15 it was moms who now had some mechanism of support to be
16 able to fight for their children that never existed
17 before.

18 And so, it was advocacy of all different
19 kinds on a daily basis. It was getting visits so mothers
20 could see their children. Sometimes they hadn't seen
21 their children for almost 10 years, and it was advocacy
22 too if they were treated unfairly or their children were
23 wrongfully apprehended, then we were listening and doing
24 what we could.

25 And, newborn babies, we were getting calls

1 from moms who, upon the discharge of their babies, they
2 were going to be apprehended. So, we started responding
3 at the hospital to try and prevent babies from being
4 taken.

5 And then we started trying to offer more.
6 We soon had the ability to offer moccasins, and over time,
7 our office has grown. We have -- I think the last count
8 was 30 staff working in our office, because for the first
9 two-and-a-half years, we -- there was only two of us
10 working at the advocate office, and now we have
11 approximately 20 staff working in the advocate office, and
12 then we have other staff that are working on reform for
13 the Assembly of Manitoba Chiefs.

14 **MS. JÖELLE PASTORA SALA:** Can you talk a
15 little bit about the prevention work that some of the
16 staff does in your office?

17 **MS. CORA MORGAN:** Now that we have a larger
18 team since last October, we have a prenatal support team.
19 And so, our prenatal support team works with expecting
20 moms or moms with babies, helps advocate if there's birth
21 alerts. They are there to work with moms and offer -- and
22 fathers -- traditional parenting programs. They also have
23 a Sacred Babies workshop, and they work with families to
24 build bundles for their family.

25 And then we also offer the Red Road to

1 Healing for women who have experienced violence more
2 recently, and that is a 10-week program that offers
3 ceremony teachings and ways for women to address things
4 that they've been carrying with them, and for healing.

5 We also have a grandmother's circle and
6 grandparents. We have a men's sharing circle as well. We
7 have the advocacy that we still offer through two -- three
8 assistant advocates. We have grandmothers that work with
9 our families for -- when women are struggling and
10 sometimes in order to be able to move forward, they need
11 to have -- to be able to have someone to talk to, and our
12 grandmothers contribute to all of the different workshops
13 that we offer.

14 We also have a unit that is working in the
15 largest agency in Canada right now, and it is a team of
16 five people that are helping to look at files within the
17 agencies that are ready for reunification. At present,
18 there's children that are sitting in the system because of
19 the onerous administrative requirements within the
20 agencies. And so, those are some of the things that we
21 offer on a daily basis.

22 We also offer child-minding. So, everyday,
23 we also have children in our office that are being cared
24 for by our staff to ensure that the families have the
25 opportunity to participate in well being. And, these are

1 -- our door is open to everyone, and everyone is able to
2 come and participate in our workshops and supports.

3 **MS. JÖELLE PASTORA SALA:** And, can you tell
4 me a little bit about some of the research or reports that
5 your office has produced?

6 **MS. CORA MORGAN:** We have -- in our first
7 year of the advocate office, we had the opportunity to
8 host Lifting Up Children, and that was a forum so that we
9 could hear about concerns of the current system. We had a
10 panel of youth who shared their experiences, and we had
11 several elders who came forward and spoke about the
12 connection between the current child welfare system and
13 the residential school. As well, we had Dr. Cindy
14 Blackstock and Negan Sinclair (phonetic) who came and
15 brought messages to the forum as well.

16 We have also, in 2017, there was an
17 opportunity from Canada to do engagement on child welfare
18 reform, and so we took -- the Assembly of Manitoba Chiefs
19 took the lead and we did the Keewaywin Engagement. We
20 utilized tools from the First Nations Caring Society, The
21 Touchstones of Hope, to do engagement.

22 And so we visited 23 of the 63 First
23 Nations in Manitoba, and we used the methods of The Path
24 and The Touchstones of Hope to engage with community
25 members in 23 First Nations. We also hosted four town

1 hall sessions. We hosted a grandmother and grandfather
2 gathering at the Turtle Lodge. We also met with youth in
3 a youth engagement as well.

4 And when we met with all of those
5 individuals, we posed the question: "Our children will be
6 living in dignity and respect when?" And then our
7 communities had the opportunity to identify what was
8 needed in order to be able to restore some of what's been
9 lost over time. And so a number of recommendations were
10 made, and one of the strong recommendations was for the
11 need of prevention services in our First Nation
12 communities.

13 **MS. JOËLLE PASTORA SALA:** And would it be
14 fair to say that you've also produced a report relating to
15 Jordan's Principle?

16 **MS. CORA MORGAN:** Yes. When we originally
17 pursued resources to do the engagement, it was our
18 intention to look at child welfare reform as well as
19 Jordan's Principle because they're so interconnected. And
20 one of the real challenges we have, particularly in
21 Manitoba, is that for children who have extra medical
22 needs and require extra supports, for the most part, many
23 of them are required to be put into the child welfare
24 system in order to address or get the supports that they
25 need.

1 And so when we were doing that engagement,
2 we were told that we could only do engagement on child
3 welfare reform. And so we went to Health Canada to get
4 added resources to be able to talk about Jordan's Principle
5 in these engagements as well.

6 And so originally, we were given resources
7 to only visit four communities, and we just kind of
8 stretched, and we made two budgets work to cover a broader
9 amount of people. And so while we -- when we talk and
10 when we asked, "Children will be living in dignity and
11 respect when?", it wasn't just to answer the issues with
12 child welfare, but it was to identify all the deficiencies
13 when it came to Jordan's Principle at the community level.

14 So in our -- in those recommendations,
15 there was a need for prevention and accessibility and
16 education, and there's a number of recommendations that
17 were made in that report, and there was a lot of
18 commonality. So although we have -- they are both named
19 to Keewaywin, which means "our way home", and our way home
20 was in order to bring our children home through Jordan's
21 Principle, in order to bring our children home through the
22 child welfare system.

23 **MS. JOËLLE PASTORA SALA:** Would it be fair
24 to say that one of the commonalities in those reports was
25 the importance of working outside of the systems?

1 **MS. CORA MORGAN:** And I think -- yes, it
2 would be fair to say that.

3 **MS. JOËLLE PASTORA SALA:** Can you explain
4 that a little bit?

5 **MS. CORA MORGAN:** Yes. For the most part,
6 many of the services and/or lack thereof service are
7 continually imposed upon us, and so there's always the
8 imposition of people believing what is best for our
9 communities, and very rarely do we have the resources to
10 do what we think are the priorities. And then there's a
11 hopefulness that with the Canadian Human Rights Tribunal
12 and all the work that has been done, this Inquiry and the
13 Truth and Reconciliation Report, that there's that hope
14 that we can do things our way and that we have the
15 answers.

16 And what was really important about the
17 Keewaywin Engagement, it wasn't just about going into our
18 communities and deriving information from them. It was
19 reminding our communities that there's things that we can
20 do right now that don't cost any money; we just have to
21 think differently, we have to reorganize and find our
22 voices because a lot of things have been lost.

23 **MS. JOËLLE PASTORA SALA:** At this time,
24 Chief Commissioner, I'd like to enter a few different
25 reports as exhibits.

1 So the first one is Schedule D, which is
2 the Grandmother's Council Statement of Action on Child
3 Welfare.

4 **CHIEF COMMISSIONER MARION BULLER:**

5 Certainly. That is Grandmother's Council Statement of
6 Action on Child Welfare, Exhibit 5 please.

7 **--- Exhibit 5:**

8 "Grandmothers Counsel Statement
9 of Action on Child Welfare" (one
10 page)

11 **MS. JOËLLE PASTORA SALA:** The Keewaywin
12 Engagement Manitoba First Nations Child and Family
13 Services Report of 2017, which is Schedule E.

14 **CHIEF COMMISSIONER MARION BULLER:** Yes.
15 Exhibit 6 is Keewayin: Our Way Home, Manitoba First
16 Nations Engagement Report 2018.

17 **--- Exhibit 6:**

18 Final report "Keewaywin
19 Engagement - Manitoba First
20 Nations Child and Family Services
21 Reform," prepared by the Assembly
22 of Manitoba Chiefs & First
23 Nations Family Advocate Office,
24 September 2017 (44 pages)

25 **MS. JOËLLE PASTORA SALA:** The Lifting Up

1 Children, Manitoba First Nations Open Forum on Child
2 Welfare Report, which is Schedule C.

3 **CHIEF COMMISSIONER MARION BULLER:** And then
4 Exhibit 7 is Lifting Up Children Report, and -- Lifting Up
5 Children, Manitoba First Nations Open Forum on Child
6 Welfare Report, Assembly of Manitoba Chiefs, and that's 7
7 please.

8 **--- Exhibit 7:**

9 Report: "Lifting Up Children:
10 Manitoba First Nations Open Forum
11 on Child Welfare" (12 pages)

12 **MS. JOËLLE PASTORA SALA:** The Keewaywin
13 Engagement Manitoba First Nations Jordan's Principle
14 Implementation Report of 2017, which is Schedule F.

15 **CHIEF COMMISSIONER MARION BULLER:** Jordan's
16 Principle, Keewaywin Engagement, Manitoba First Nations,
17 Jordan's Principle Implementation Final Report,
18 September 2017, is Exhibit 8 please.

19 **--- Exhibit 8:**

20 Final report "Keewaywin
21 Engagement - Manitoba First
22 Nations Jordan's Principle
23 Implementation," prepared by the
24 Assembly of Manitoba Chiefs &
25 First Nations Family Advocate

1 Office, September 2017 (36 pages)

2

3 **MS. JOËLLE PASTORA SALA:** Thank you, Chief
4 Commissioner.

5 Cora, I'd like to talk a little bit about
6 the critical number of children in the child welfare
7 system in Manitoba. Based on your experience and
8 knowledge, can you explain the reasons why there are such
9 critical numbers of First Nations children in the child
10 welfare system in Manitoba?

11 **MS. CORA MORGAN:** I think there's a lot of
12 contributing factors. I think that, you know, we have a
13 *Child Welfare Act* that is quite old, and even though --
14 like even if you read the current *Child Welfare Act* today,
15 you would think that it doesn't look quite so bad and it
16 doesn't explain why we have the critical numbers of
17 children in care that we do.

18 And I'm not empowering the current *Act* in
19 any way, but to explain that there is a funding model
20 behind our current *Child Welfare Act* that doesn't fund the
21 -- what little niceties there are of the *Act*. We have a
22 funding model that is focused on the apprehension of
23 children and doesn't really adequately allow for the
24 prevention of services, and I think that the -- of
25 prevention supports and services. And I think the

1 breakdown is about 90 percent of the \$514 million annually
2 is invested in the protection of children, and there is
3 10 percent that is identified for prevention services.

4 And so when you look at -- and this is just
5 a quick example: if you went into a mother's home, and in
6 the view of the worker that goes into that home, in her
7 view, if she doesn't believe that there are adequate
8 groceries or means to provide for the children, then those
9 children can be identified for protection, and that is
10 just a simplified version. But, instead those children
11 will come into care.

12 And, instead, we could have a support that
13 offers a mother \$200 worth of groceries to get her past or
14 some support services. You know, in our *Child Welfare Act*
15 it allows for homemakers to go into a home and support a
16 mom. And, in three years and over 900 families, I have
17 never heard of it being offered to anyone. And so, you
18 know, there -- any challenge that our families are faced
19 with, it is used against them instead of them being
20 offered support, and it victimizes our families.

21 You know, you have families who genuinely
22 think that the child welfare system is there to support
23 them, and they could go for something as simple as, you
24 know, help with a teenager, and the only option available
25 for that help is for the child to come into care. And,

1 you know, there are a lot of issues of -- and it is
2 incentivized; you know? If a community has 80 employees
3 and they need to have at least 500 children in care, but
4 if they have 900 children in care, then their budget goes
5 up.

6 And so, it is based on the commodification
7 of children. And, our children -- I talked about the
8 budget being \$514 million annually. That doesn't even
9 account for the costs in the court system and justice
10 system, and the children who are filling up our
11 psychiatric wards and, you know, the kids that are in the
12 justice system and, you know, they feed into homeless
13 situation.

14 So, you know, a lot of these things are
15 just perpetual. Like, you can find five or six
16 generations of family that their children have been taken.
17 And so, for that, it is kind of a vicious cycle as well.

18 **MS. JOËLLE PASTORA SALA:** Can you talk a
19 little bit about how poverty affects that vicious cycle?

20 **MS. CORA MORGAN:** Well, Manitoba has the
21 highest rate of child poverty for several years. We have
22 also the biggest riding in Canada which is, I believe, the
23 Churchill riding, and it has the highest rate of poverty
24 as well.

25 You know, when we look at the resources --

1 I have a mom. She has four children. All four of her
2 babies were taken at birth. And so, this past year, she
3 got her youngest baby back. And, she was on social
4 assistance. And, when she got her baby back, her budget
5 went up by \$18 a month. Meanwhile, according to our
6 provincial report that came out last week, they say that
7 the cost for a child in care is approximately \$46,000 a
8 year, and I know that our federal government has released
9 a stat of \$97,000 a year for a child in care. And so,
10 when you look at this disparity of what our families are
11 working with to provide for their children, it is
12 impossible.

13 And, you know, even our office, we work to
14 return children home and, you know, that is the best thing
15 about the work that we do, is seeing families reunited.
16 But, even when they are reunited -- and you can't help but
17 be happy, but you know that their life is still going to
18 be very challenging, because they don't have the
19 appropriate resources to -- and it is a real challenge to
20 live in that poverty. And, you know, they always seem to
21 be set up to fail. And so, you know, one of -- in
22 addition to the work of getting children home, we also
23 support families once their children have been reunified,
24 because they still have a tough road ahead of them.

25 And, I also wanted to mention our mothers

1 too, and the amount of hopelessness. You know, this -- we
2 speak to the poverty, but when our mothers have their
3 children taken, they are -- if they are on social
4 assistance, their budget gets cut, they likely lose their
5 home. And, if the child comes into care or off-reserve in
6 Manitoba, when her child tax credit dollars are taken from
7 her, they are going to our provincial government, and it
8 is called a CSA claw back. But, here in Manitoba, for the
9 number of kids in care, it is our provincial government
10 that is clawing back over \$40 million from our children.

11 And, we have these heightened rates of
12 poverty. We have a Canadian Human Rights Tribunal that
13 already ordered -- or our children are discriminated
14 against. And then additionally here in Manitoba, even
15 further, has -- is taken from them. And so, that poverty
16 is a real contributor of why our children are coming into
17 care.

18 **MS. JOËLLE PASTORA SALA:** You mentioned
19 CSA, that stands for Children Support Agreements; is that
20 correct?

21 **MS. CORA MORGAN:** Children's Special
22 Allowance.

23 **MS. JOËLLE PASTORA SALA:** Oh, Children's
24 Special Allowance, thank you. Are you able to talk a
25 little bit about the impact of the imposition of colonial

1 systems and laws on the critical number of children in
2 care?

3 **MS. CORA MORGAN:** Can you break that down?

4 **MS. JOËLLE PASTORA SALA:** So, you spoke
5 about the CFS Act in Manitoba and the need for the FNFA to
6 work outside of the systems. Can you talk a little bit
7 more about whether or not the laws imposed by the province
8 or federal government has any impacts on the critical
9 number of children in care?

10 **MS. CORA MORGAN:** Well, we have a *Child*
11 *Welfare Act*. We have the funding model behind that. We
12 also have a court system. And so, when we look at -- I
13 mean, in my opinion, the system is designed to keep our
14 children, and our families are set up at a disadvantage,
15 right from the get-go. The moment that a child is taken
16 into the child welfare system, it is automatically in a
17 legal process, and there are no mechanisms for appeal.

18 And, when you look at our system, a foster
19 parent has an ability to appeal if a child is being taken
20 from their home. In fact, they have five mechanisms of
21 appeal. And so, something new that has been imposed by
22 the Manitoba government just in the last three or four
23 months is that a person who is a -- taking care of a child
24 and deemed a place of safety, which isn't a full foster
25 parent status, after 30 days, they have an ability to

1 appeal the removal of a child from their home.

2 So, if you have a mother, and her child was
3 taken today, she has no opportunity to appeal. If her
4 child is placed in a place of safety, which is a temporary
5 placement, and that mother addresses any of the concerns
6 that brought her children into care to begin with, if she
7 addressed them within 40 days, which is impossible with
8 the way that -- but just giving the example, if she
9 addressed them in 35 days and the agency said, "Okay,
10 we're going to give you your children back," that
11 placement where the children are can say, "No, you're not
12 we're going to appeal this." And so, we're finding that
13 there's all these different mechanisms that are protecting
14 children to be removed from the family. And, you know,
15 over time, we have the Bringing Our Children Home report.
16 The Assembly of Manitoba Chiefs has gone to both the
17 provincial and federal governments several times asking
18 for the resources and the ability to implement. And, over
19 time, other political bodies in Manitoba have also
20 continually asked for change, and it's always fallen on
21 deaf ears.

22 And so, in these three years, three and a
23 bit years that I've been in the First Nations Family
24 Advocate Office, the Manitoba government has had
25 opportunity to implement bringing our children home.

1 There's been opportunities to do things that didn't cost
2 any money, just changes in the way processes are done, and
3 it would have real meaningful impacts for our families,
4 and those things have never been done.

5 And, our provincial government continually
6 sets the priorities for reform and, you know, they're
7 always missing the mark, and what happens is our numbers
8 of children continually grow. You know, we're at over
9 11,000 children in care in Manitoba, but they're not
10 counting everyone. They're not counting all the children
11 that are 18 to 21 years of age.

12 And, you know, every couple of years,
13 there's some proposed way of counting the children. And,
14 one of the new reforms that they're currently working to
15 enroll is to have our children in a subsidized
16 guardianship arrangement. So, in my view, that's like
17 adoption, and that's another form of permanency where our
18 children are taken on a more permanent basis, and it's
19 guaranteed income for whoever is caring for them.

20 And, don't get me wrong. There's people
21 that are out there that are fostering children and they're
22 doing it for all the right reasons, but there's also a lot
23 of people who are doing it for income. And so, there's
24 continued imposition. And, we have a system here that
25 required over 60 recommendations in the Phoenix Sinclair

1 Inquiry Report. We haven't even -- I shouldn't say "we".
2 Our government hasn't implemented those changes. And,
3 when I think about that, that itself is just a lack of
4 regard. And, even if they implemented those changes,
5 that's just keeping children physically alive. It's not
6 allowing for our people to -- for our children to grow up
7 in their identity. It's not allowing them -- for them to
8 feel loved or educated or -- you know?

9 Our stats on the care of the children in
10 this current system are deplorable, and the outcomes for
11 the children are terrible, you know? You only have a 25
12 percent chance of completing your Grade 12 education and,
13 you know, our largest shelter here in Winnipeg is the
14 Siloam Mission, and they reported a stat that 51 percent
15 of their clients, their homeless clients, are children who
16 have just recently aged out of the child welfare system.

17 And, you know, in 2016, there was a stat of
18 over 9,700 missing persons in Manitoba; 87 percent of them
19 were kids in care; 70 percent being girls. And, that's
20 astounding, you know? I'm not a -- I've never been a
21 believer in Facebook, but in this job, I wanted to be as
22 accessible to our families as I could and, you know, it's
23 depressing every single day. Like, I must have seen in
24 the last less than a week 25 missing people. And, we know
25 in these media stories that a lot of these kids are just

1 trying to go home.

2 And, they're put in at-risk situations, and
3 these kids in care are losing value for life. And so, it
4 doesn't matter some of the circumstances they find
5 themselves in. I'll always remember this one young girl.
6 She came into Onashowewin and she had a curfew, and she
7 had said that she had been in the Manitoba Youth Centre 17
8 times. And, she said that she didn't care. It didn't
9 matter whether she was in a group home or the youth
10 centre. And so, that spells out that the reality of her
11 life is so terrible that being locked up is the best thing
12 that she has going on.

13 And so, she had shared with me that on that
14 17th time, she had come to Onashowewin and she learned
15 about praying, and that 17th time she was in there, she
16 thought about praying, and then she tried to get up the
17 courage to pray. So, on her eighth night there, she
18 prayed to her grandfather, and then on the ninth night,
19 she prayed to Creator, and then on the tenth day, she got
20 let out 20 days earlier than she had expected.

21 And so, those are -- you know, some of
22 those realities that you see is these young people, you
23 know, they're so deprived of supports and services and,
24 you know, we -- this commodification of children is
25 brutal, because there's systems and there's people, and

1 you know, one of our grandmothers has said -- she shared
2 that one day, her grandmother had shared with her that
3 there would come a day that we would be eating our
4 children. And, the way this grandmother described it, she
5 said that, you know, the day is here. You know, these
6 industries are built on our children.

7 And, you know, the moment that you take a
8 child into care, they lose everything, you know? As
9 adults, people can recover from breakups or divorce or the
10 loss of a family member, and you think about what's
11 happening to these children. You know, they're taken at
12 young ages, and the moment they're apprehended, they lose
13 everything they know, and they're catapulted into grief
14 and loss, and there is no one there to support them or
15 help them recover.

16 And so, what happens is they react in their
17 behaviour. And, in our system, they level you up. And,
18 the more levels you have or the more suffering that you're
19 enduring, the more money you're worth per day. And, when
20 you get to a certain level and you max out at the top
21 level, how you become worth more money is by the amount of
22 medication that you're on.

23 And so, you know, when I first started, you
24 were seeing that anyone over the age of 12 was on
25 medication. And, now, you're hearing of, like, younger

1 children that are five, six, seven years old, and they're
2 medicated. And, what happens is when they get old enough,
3 then there's addiction issues. And, when you age out of
4 the system and you don't have ways to compensate for those
5 medications that you're now not getting, then, you know,
6 you're just catapulted into other despair.

7 But, you know, we're the poorest of the
8 poor, but we're rich in other ways. It's very bothersome
9 to know that our children are deprived of so many things.
10 And, there was as time when we were fasting at our office
11 —because every once in a while, we fast when we want to
12 seek direction — and this elder came up to me and she
13 said, "You know, what we have going on now is worse than
14 the residential school?" And, I said, "No. Well, why do
15 you say that?" And, she said, "Well, at least in
16 residential school, our children were with us for those
17 most fundamental years of life. But, when you look at the
18 system now and they're taking babies at birth and
19 toddlers, then we are further depriving them to be set up
20 in life and we are depriving them of that connection and
21 their identity, and all of those pieces that are so
22 important to our development. And so, you know, we look
23 at the economics of it and it is unfair. And, you know,
24 there is intentions of why things are done the way that
25 they are done, and there is not enough value placed on the

1 perspective of our First Nations people.

2 When we look at our stats, Manitoba has
3 four times the number of newborn apprehensions of Alberta.
4 And, Alberta has four times the population. We have just
5 over a million people in this province, Alberta has 4.5
6 million, and we have over 400 newborn babies taken each
7 year. And, they have a quarter of the number and four
8 times the population, they average about 115 babies a
9 year. And so, we know that we have something unique here
10 in Manitoba, we know that we have far more children coming
11 into care.

12 **MS. JOËLLE PASTORA SALA:** Can you talk to
13 us a little bit about whether the geographical -- any
14 geographical elements in Manitoba contribute to the high
15 number of First Nation children in care? So, for example,
16 the fact that we have First Nation reserves in Northern
17 Manitoba and people moving from northern to urban
18 settings?

19 **MS. CORA MORGAN:** I think we have more
20 apprehension that happens in Southern Manitoba, but we
21 still have a number of agencies in the north, agencies in
22 the south, and what is happening is that our children are
23 taken outside of our communities.

24 And so, you know, the original intent was
25 communicated to me a long time ago by some First Nations

1 leadership, that in the '80s, the idea of -- we have
2 always had our customary ways of caring for each other,
3 and so historically -- you know, if a family was
4 struggling, then family would step in and they would take
5 care of the children until the issue was addressed or it
6 could have been for life. But, we had our original ways
7 of doing that.

8 And so, the way that it was explained to me
9 is that government said, well, we will compensate for
10 that. And, the idea was just for families, if they were
11 taking care of additional children, that they would get
12 resources to adequately do that. There was never an
13 expectation that our children would be taken from our
14 communities permanently and placed in stranger homes or
15 non-Indigenous or non-First Nation homes, and that's what
16 the reality has become. A lot of times, there is not
17 adequate infrastructure or supports or resources, or
18 agencies don't -- or families can't meet the
19 qualifications and standards that are set out by the
20 province of Manitoba, the standards that they impose. You
21 know, if a family does not have an adequate sized bedroom
22 to keep the children, then they leave the community.

23 And, it has gotten to the point where, you
24 know, you keep hearing our government say, apprehension is
25 the last resort. Well, it is the first resort. It is

1 always the first resort. And, children are to stay within
2 family. And so, I have seen firsthand that, you know,
3 family steps up to care for children and they are
4 blatantly disregarded, and the children are going into
5 stranger homes that are not Indigenous, they are service
6 providers that -- 99 percent of their homes are not
7 Indigenous homes, where these children are placed.

8 And so, what happens, particularly for
9 children that are coming from the community, many of them
10 are being brought here to Winnipeg and they have never
11 left their community before. And, they are struggling
12 with grief and loss, and now they are in, you know, a
13 stranger's home or a strange group home, and there are all
14 these kind of dynamics that are just completely foreign to
15 them.

16 One of the young people I worked with when
17 I first started Onashowewin, he was in a customary
18 arrangement. His grandmother was caring for him. And
19 then when she passed away, he went into the child welfare
20 system. And, they placed him in Winnipeg, in a group home
21 facility. It was his first time ever coming to Winnipeg.
22 He had been like a role model in the community and he had
23 honour roll grades and, you know, I have not seen him in
24 about a year, but he is probably been in jail most of the
25 time since. And so, you know, the system just eats up our

1 children, to the point where they lose value for life.

2 And, you know, one of the things that I
3 learned earlier on, we had this elder -- and I was only on
4 the job for about a month and we had a chiefs assembly.
5 And, after we gave our short presentation of the work that
6 we were doing, the elder said, you know, the most violent
7 act you can commit to a woman is to steal her child. And,
8 it is. When you take people's children, it is the most
9 violent act. And, it takes your hope away, it takes your
10 purpose away.

11 And so, when we think about -- our office,
12 when Canada was celebrating its 150th birthday last year,
13 you know, people were talking about resistance, 150 in
14 resilience, 150 -- and what we decided to do was, on the
15 eve of July 1st was have ceremony and commit that. After
16 150 years of stolen children, we are going to bring our
17 children home. And, it is not just children under the age
18 of 18, it is all of us. When we were gifted that name,
19 Abinoojiyak Bigiiwewag, it means that we all have to come
20 home. No matter what our physical age is or whether we
21 are male or female, we have to come home to where -- who
22 we are.

23 And, the reality is, is that that has to be
24 more accessible to a greater amount of people and we have
25 to be able to do that for all of our people, because 150

1 years has brought us to now, where we have thousands of
2 missing and murdered women and girls, and thousands of
3 children who are, you know, not in their homes, and our
4 children need to come home and we need to be able to do
5 that.

6 And so, I think that -- and we have to
7 address that grief and loss, and all of the things that we
8 have lost over time. You know, it has created this
9 darkness in our communities that needs appropriate address
10 and, you know, we need to be able to find that purpose.
11 And, you know, for all of our mothers -- in our office, we
12 had two women that we were working with, one had her
13 children, but CFS was harassing her; and another mother
14 was fighting to get her children back. And, they were
15 murdered. And, that was within, like, three months of
16 each other. So, we have seen mothers who have been
17 murdered, we have had several grandmothers who have come
18 to us because they want to get their grandchildren out of
19 the system after their daughter has been missing or
20 murdered.

21 We have, or I have heard of 16 mothers in
22 the last 3 years that have taken their lives because their
23 children became permanent wards. And there has to be an
24 account and an acknowledgement of that quality of life
25 where, you know, women are so hopeless, and that

1 permanency.

2 You know, here in Manitoba, one of the
3 women spoke to it earlier, how hard it is to get in these
4 programs to be able to get your kids back. Well, for some
5 of these children, your children can become permanent
6 wards within a month of their life. And there's
7 prescribed timelines for it, but people are bypassing
8 them.

9 And you know, when our mothers hear that
10 permanency -- that their child is permanently gone, it's
11 very challenging for them to overcome that. It's one
12 thing to walk around without your children, but to know
13 that you'll never get them back or you think that you can
14 never get them back, it's hard. And that hopelessness
15 sets in. And I think that, you know, these women are
16 losing their lives because the system is stealing their
17 children.

18 **MS. JOËLLE PASTORA SALA:** I'd like to ask
19 you a little bit more about the direct link between the
20 child welfare system and missing and murdered Indigenous
21 women and girls. And I know you also have a few stories
22 that you'd like to share with us today.

23 **MS. CORA MORGAN:** M'hm. When I was in
24 university, and that's over 20 years ago, I had a job at a
25 house here in Winnipeg, and it was a safehouse for girls.

1 And so back then I had no idea how cruel the world was,
2 and I couldn't believe that young women were being
3 exploited.

4 And so in the first month that I was
5 working in this role, I kept hearing about this kiddie
6 track, and I never knew what that meant. And it was for
7 girls that were between 11 and 16 who were sexually
8 exploited. And I didn't believe it until one morning I
9 got early -- to work early and I went to go get a snack at
10 the corner store and then I was approached. And then I
11 realized that many of the young women that I worked with
12 were exploited.

13 And I didn't have an ability to do anything
14 back then because I wasn't -- I was a student and I didn't
15 feel that I had much of a voice. But what I offered was I
16 had some favourite kids, and whenever they would call me,
17 I would go, and I would drop everything to do whatever
18 they needed. and I always thought if all I could do was
19 just offer them a break from their reality I would.

20 But I had this favourite girl and I did a
21 lot of things with her over the years, and then we kind of
22 lost touch. And then I talked about getting Facebook in
23 this role, and so within a week of getting that Facebook
24 she reached out to me.

25 And now she's a mom and she has twins, and

1 you know, she, you know, still struggles a lot in life
2 because of her experience in child welfare. But she
3 offered to help our office because she knew how busy we
4 were. So she was coming in to be our receptionist three
5 days a week.

6 And one day we were doing something at the
7 AMC, and we were talking about missing women and girls,
8 and we had the website up and we were looking at the women
9 that were missing or murdered from Manitoba. And she
10 counted seven of the women as being the girls that she
11 grew up with in the system. And they lost their lives.

12 And you know, one of our mom's that we work
13 with, she's like -- she's got the story -- her story is
14 the epitome of all that is wrong. When she was a little
15 girl, her grandmother was murdered, and when her
16 grandmother was murdered, her mom didn't handle it very
17 well. And what ended up happening was she ended up in
18 care at 4 years old. And when she ended up in care at
19 4 years old, she just went from hotel, to group home, to
20 shelter, to foster home. And she said it's well over 30
21 different placements she was in.

22 And you know, I'm not going to go into all
23 the details of things that -- the way that she was
24 treated, but she was exploited, and she almost lost her
25 life on multiple -- multiple times.

1 And she got pregnant at 15 and they told
2 her that she could parent her baby. And so she was
3 excited. She had her baby and they told her that they
4 were just going to clean the baby up and that they'd bring
5 her to the room and just go to the room and wait for your
6 baby.

7 And so she went to her room and she waited
8 for her baby, and she said she felt like she waited for a
9 long time, and then she went to go check. And they held
10 her down and they told her, you know, we're taking your
11 baby.

12 And then at 17, she had another baby. And
13 that baby was taken at birth. And then at 19, she had
14 another baby, and she was still pushing and they were
15 there already waiting for her to -- waiting to take her
16 baby.

17 And a year ago, in September, she came to
18 our office and she was pregnant a fourth time, and she
19 asked us to advocate that she can spend one day with her
20 baby before they take her baby. And so, you know, she has
21 her baby home now, and she has a commitment to bring her
22 other three babies home.

23 But it's hard, and she's had a tough, tough
24 life. And you know, you can see the system doesn't raise
25 parents because they don't -- the system doesn't know how

1 to take care of these children because they're on the
2 streets, they're missing, they're -- you know.

3 And so she'll come into our office, and we
4 were having a little graduation, and we were like give
5 your baby some banac (ph). She's like, "no", she says.
6 And she does everything by the book. She reads the book.
7 If it's not in the book then she doesn't do it. She's
8 never been shown that parenting, she's never had someone
9 care for her.

10 She did an interview last week, and in her
11 interview, they said, you know, "No one's ever cared for
12 me; no one's ever supported to me." She says, "Not until
13 I came to this office, and they do -- they help me here."

14 And you know, that's a very wonderful
15 compliment, and everything, but it's a really discourse
16 that you've had to wait over 20 years for someone to show
17 you some sort of kindness or support.

18 And so when you think about all of these
19 other kids that are aging out of the system and they have
20 nothing in this world, it's very, very sad.

21 And I wanted to -- I talked about that CSA
22 earlier when I had this other mom. She has four kids and
23 she's a wonderful mother, but she grew up in the system,
24 and you know, she was sexually exploited for years. From
25 the time she was 12 until the time she was 18, she was

1 only provided one pair of shoes, a pair of pantyhose, a
2 pair of underwear and a dress, and she was exploited so
3 that she could get her most basic needs.

4 And we know that, you know, these kids are
5 being deprived, but someone is collecting on their behalf.
6 And you know, we need to end that. We need to look at,
7 you know. If my children were taken into care, someone is
8 going to get paid about \$1,800 a month to care for them.
9 And if I was a single parent on social assistance, I would
10 be getting about \$320 a month, and those disparities have
11 to be looked at. It can't always be seen that, give
12 someone else the money to take care of, you know, the
13 First Nations. You know, there has never been that
14 opportunity to have our free will when it comes to caring
15 for our children and families.

16 **MS. JOËLLE PASTORA SALA:** Along that same
17 vein, are you able to talk about why it is so important
18 for First Nations to assert their own jurisdiction over
19 child welfare?

20 **MS. CORA MORGAN:** Well, the Assembly of
21 Manitoba Chiefs has been doing an enormous amount of work
22 in the last couple years and signed a Memorandum of
23 Understanding with Canada in December 2017, and is
24 currently developing legislation, federal legislation that
25 will empower our family laws. And so, we are also working

1 with First Nations to start capturing those laws, because
2 we have our inherent ways of caring for each other. And,
3 we know that those ways are more optimal, that we have to
4 go back to, you know, taking care of the children in a
5 community, and that any child of a community is all of our
6 responsibility, and that there is the adequate supports
7 and resources to be able to focus on prevention.

8 You know, if I had a wish today, I would
9 replace all of the agencies in Manitoba with family
10 support centres and changing the roles of our social
11 workers to be helpers in our community. And, that is the
12 direction that our First Nations -- or are Chiefs in
13 Assembly have chosen to go and inserting our jurisdiction,
14 and being able to change what has been happening for the
15 last 150-plus years. We are going to bring our kids home,
16 and we have our ways of caring for each other, and that we
17 need the support and the resources to address all of the
18 harm that has happened from this continued theft.

19 **MS. JOËLLE PASTORA SALA:** I only have a few
20 more minutes with you, so I am going to give you the
21 choice of two questions that you can answer, and then we
22 will go quickly to your recommendations, either to address
23 -- or you do both, if you are able to just talk about some
24 of the achievements of the FNFAO or -- and/or talk about
25 your hope for the future of the child welfare system in

1 Manitoba.

2 **MS. CORA MORGAN:** I would like to talk
3 about the hope. You know, every day my prayer is for the
4 children to feel love and have good lives before them, and
5 every child deserves that. Every single child. And so,
6 what frustrates me is that, you know, the system doesn't
7 see it that way and so many of our children are deprived
8 of those ways.

9 And, you know, every single day for
10 probably a year-and-a-half, I would hear from mothers,
11 "They are breaking the bond, they are breaking the bond."
12 And, you know, there is a design to the system that breaks
13 that bond. A mom gets three visits a week, then it is two
14 visits a week, then it is one visit a week, and then it is
15 once every two weeks, then it is once in a month. And
16 then once your child is a permanent ward, it is four times
17 a year. And, you know, my dream would be to bring our
18 children home.

19 You know, I think about my own First Nation
20 of Sagkeeng. If, tomorrow, we could bring all of our
21 children home and figure out the mechanisms that we needed
22 to adequately -- to provide for them, and support them,
23 and the safety measures that we can put in place as a
24 community, it can be done.

25 And, I think about -- you know, the

1 resources need to be there. We need to have our little
2 girls dancing jingle dress. I mean, we saw Fatima this
3 morning. Like, all of our children need to have that
4 investment. You know, every -- years ago, a grandmother
5 or elder had shared with me that each of us are born with
6 gifts and talents. And, when a baby was born, the midwife
7 would read the water and say, "This child is going to be
8 an artist," or an educator, or -- they would foretell what
9 that child was -- gifts and talents would be.

10 And, from that minute, it was the
11 responsibility of parents, aunts and uncles, and
12 grandparents, and community to make sure those children
13 had the tools that they needed to be the best that they
14 could. And, all of our children deserve the exact same
15 thing and there has to be the adequate investment to start
16 from that early age to be able to provide our children
17 with everything that they need.

18 And, I know that the resources are there,
19 because there are resources to do all kinds of crappy
20 things to our families. And, you know, we have to change
21 the focus. And, I think someone else said this morning
22 that we need to flip things. And, if I think about \$512
23 million in stealing our children? Let's change the
24 investment in investing in our children and our families.

25 **MS. JOËLLE PASTORA SALA:** Chief

1 Commissioner, recognizing that I am a few seconds
2 overtime, I would like to ask for your permission to ask
3 Cora just to highlight a few of her recommendations that
4 she has provided to you.

5 **CHIEF COMMISSIONER MARION BULLER:** Yes,
6 please, go ahead.

7 **MS. JOËLLE PASTORA SALA:** Thank you. So,
8 the parties with standing, as well as the Commissioners
9 will have Cora's recommendations which are outlined in her
10 can say. And, Cora, would you like to highlight any of
11 the recommendations that are outlined in this list?

12 **MS. CORA MORGAN:** Yes, I would like to --
13 the first recommendation, support First Nation
14 institutions and initiatives which aim to bring children
15 home that are rooted in First Nation ways of being and
16 knowing, including revitalizing and codifying First Nation
17 laws. Our children are running home, because they are
18 lonely and longing for their parents and family
19 connection. The reality is, many children may not be able
20 to go home immediately or at all, because their parents
21 still have to work in terms of healthy living. However,
22 agencies should be required to arrange more than the four
23 parent-child visits a year required in the CFS standards
24 manual giving children in care to run home out of
25 loneliness.

1 Hold third party providers accountable.
2 There must be oversight of their operations to ensure our
3 children are safe and being well cared for; keep the
4 children -- the federal Children's Special Allowance in
5 trust for children in care until they age out; establish
6 an independent complaint process that lies outside the
7 provincial system, including outside of the Children's
8 Advocate Office, to create a fair, more transparent and
9 effective complaint process; examine the legality of birth
10 alerts and the practice of birth alerts and newborn
11 apprehension; stop penalizing victims of domestic violence
12 by apprehending their children; stop -- and that one is
13 important to me, because any woman who in -- here in
14 Manitoba, any woman or under particular urban centres, if
15 you report a domestic violence, the child welfare system
16 automatically responds. And so, we know that there is an
17 enormous amount of mothers who aren't reporting violence,
18 because they know that their children will be taken, and I
19 think that they shouldn't be further penalized from being
20 a victim of violence to losing their children.

21 Stop the practice of voluntary placement
22 agreement to access provincial health care services for
23 children with special medical needs and where medical
24 services are unavailable on-reserve. This is a human
25 rights violation. Instead, direct these children to

1 disability services. First Nations do not trust the CFS
2 system, support the First Nations Family Advocate Office,
3 an advocate service independent of the provincial system.
4 And, there's other recommendations found in the other
5 reports, but this is an example of some of the key
6 recommendations we've heard.

7 **MS. JÖELLE PASTORA SALA:** Thank you so
8 much, Cora. Before we take, I assume, a morning break,
9 I'd like to enter two more documents as exhibits, and
10 those are the
11 -- it's found in Schedule G, which is the First Nations
12 Family Advocate Office Annual Report.

13 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
14 9 is First Nations Family Advocate Office Annual Report
15 2017.

16 **--- Exhibit 9:**

17 First Nations Family Advocate
18 Office report, 2017 (eight pages)

19 **MS. JÖELLE PASTORA SALA:** And, the last
20 document is the Setting the Foundation for Change - A
21 Strategy Towards First Nations' Jurisdiction of Child
22 Welfare in Manitoba from 2018, which is Schedule H.

23 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
24 10 is Setting the Foundation for Change - A Strategy
25 Towards First Nations' Jurisdiction of Child Welfare in

1 Manitoba, Assembly of Manitoba Chiefs Women's Council,
2 Final Report March 2018.

3 **--- Exhibit 10:**

4 Final report "Setting the
5 Foundation for Change: A Strategy
6 towards First Nations'
7 Jurisdiction of Child Welfare in
8 Manitoba," Assembly of Manitoba
9 Chiefs Women's Council, March
10 2018 (24 pages)

11 **MS. JÖELLE PASTORA SALA:** Thank you, Chief
12 Commissioner. Thank you so much, Cora, for sharing so
13 openly with all of us here, and that completes my direct
14 examination. Thank you.

15 **MS. MEREDITH PORTER:** Thank you very much,
16 counsel, and thank you very much, Ms. Morgan.

17 At this time, Chief Commissioner and
18 Commissioners, I'm going to request a very brief break.
19 We have our next witness who will be giving testimony, and
20 I would like to give her an opportunity to relocate to the
21 front of the panel, and also an opportunity for parties to
22 take a moment after the very heartfelt testimony we've
23 received already to get a drink of water, gather
24 themselves, and let's reconvene on your direction in five
25 minutes?

1 **CHIEF COMMISSIONER MARION BULLER:** Five,
2 please. Thank you.

3 --- Upon recessing at 11:35 a.m.

4 --- Upon resuming at 11:50 a.m.

5 **MS. MEREDITH PORTER:** Okay, welcome back.
6 The next witness we will be hearing from this morning is
7 Sarah Clark, Ms. Sarah Clark. And, as mentioned
8 previously, Ms. Clark is the Executive Director of the
9 Artic Children and Youth Foundation, and her testimony
10 will be led by Commission counsel Lillian Lundrigan.

11 **MS. LILLIAN LUNDRIGAN:** (Speaks in
12 Inuktitut). Thank you. I'm Lillian Lundrigan, Lillian
13 Aglukark Lundrigan, originally from Nunavut, Commission
14 counsel. I will be sitting here with Ms. Sarah Clark, who
15 resides in Nunavut. Before we start, I would like to ask
16 the Registrar to affirm her, please.

17 **MR. BRYAN ZANDBERG:** Good morning, Ms.
18 Clark. Do you promise to tell your truth in a good way
19 today?

20 **MS. SARAH CLARK:** I do.

21 **SARAH CLARK, Affirmed:**

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

23 **--- EXAMINATION IN-CHIEF BY MS. LILLIAN LUNDRIGAN:**

24 **MS. LILLIAN LUNDRIGAN:** (Speaks in
25 Inuktitut). Thank you, Sarah. Is it okay if I call you

1 Sarah?

2 **MS. SARAH CLARK:** Of course.

3 **MS. LILLIAN LUNDRIGAN:** Okay. To start, if
4 you can please introduce yourself to the Commissioners and
5 to the audience in attendance this morning?

6 **MS. SARAH CLARK:** Yes, of course. Hi, my
7 name is Sarah Clark. I am the Executive Director of
8 Arctic Children and Youth Foundation. I have lived in
9 Nunavut for three years. I came up to visit a friend, and
10 I fell absolutely in love with the land.

11 In the past -- should I talk more? Before
12 I was the Executive Director of Arctic Children and Youth
13 Foundation, I was a case worker with Makigiarvik, the
14 correctional centre. I was a youth worker and program
15 coordinator and assistant manager of Illagiitugut Youth
16 Home, which unfortunately was closed down in 2016. And,
17 now, I am the Executive Director. On the side, I am a
18 program coordinator for Tukisigiarvik Wellness Centre,
19 offering parenting programs.

20 **MS. LILLIAN LUNDRIGAN:** Sarah, what is your
21 experience in the area of child advocacy and wellness in
22 the communities specific to Inuit and Nunavut?

23 **MS. SARAH CLARK:** So, along with the work
24 that I did at Illagiitugut Youth Home, where I worked with
25 Inuit girls who had been taken from their communities and

1 become permanent wards of the Child and Family Services, I
2 have also worked as the Executive Director and we do lots
3 of community programming for mental health wellness in the
4 community, mostly to do with recreation, music, art,
5 photography, things like that. And, we also are working
6 on a Peer Leader Mental Health Program, which teaches
7 youth about the history of Nunavut, and how that
8 contributes to the issues we see today in the communities
9 and how to take care of yourself and your friends. And, I
10 am also working on the Umingmak Child and Youth Support
11 Centre, which is a child advocacy centre. And, along with
12 that, we have done many, many studies and focus groups,
13 and key stakeholder consultations along with that.

14 **MS. LILLIAN LUNDRIGAN:** Okay. What other
15 considerations, if any, or life experience are important
16 in understanding the work that you do with the Arctic
17 Children and Youth Foundation in child advocacy, wellness
18 and healing?

19 **MS. SARAH CLARK:** I can't think of any at
20 the moment.

21 **MS. LILLIAN LUNDRIGAN:** Okay. Can we --
22 can you just discuss your C.V. for a few minutes? You
23 have a Bachelor of Science in Biology?

24 **MS. SARAH CLARK:** Yes.

25 **MS. LILLIAN LUNDRIGAN:** As well as a B.A.

1 in Anthropology from the University of Victoria?

2 **MS. SARAH CLARK:** Yes, I attended
3 University of Victoria from 2011 -- no, 2007 to 2013. I
4 got a Bachelor of Science in Biology and a Bachelor of
5 Arts in Anthropology, as well as a minor in Philosophy.
6 Yes.

7 **MS. LILLIAN LUNDRIGAN:** Okay. Looking at
8 your C.V., and you mentioned earlier, you have been living
9 in Iqaluit, Nunavut for over three years now?

10 **MS. SARAH CLARK:** Mm-hmm.

11 **MS. LILLIAN LUNDRIGAN:** And, your C.V.
12 outlines the work and experience that you have gained
13 since living up in Nunavut and working with Inuit children
14 and youth?

15 **MS. SARAH CLARK:** Mm-hmm.

16 **MS. LILLIAN LUNDRIGAN:** The C.V. outlines
17 that; is that correct?

18 **MS. SARAH CLARK:** Yes, I have mentioned
19 that I was the case worker with Makigiarvik. This was
20 with male inmates who are in a correctional centre,
21 working with them to identify their areas of work they
22 would like to work -- areas that they would like to work
23 on. And, concurrent with that, I was a youth worker and a
24 program coordinator with Inuit girls. This was a group
25 home. And then I was the executive director.

1 **MS. LILLIAN LUNDRIGAN:** Okay. And, you are
2 still the executive director?

3 **MS. SARAH CLARK:** I am still the executive
4 director, yes.

5 **MS. LILLIAN LUNDRIGAN:** Is it safe to say
6 your C.V. outlines clearly your experience and knowledge
7 with your work with Arctic Children and Youth Foundation
8 in Iqaluit the last number of years?

9 **MS. SARAH CLARK:** Yes.

10 **MS. LILLIAN LUNDRIGAN:** Okay. I would like
11 to ask the Commissioners to enter Sarah Clark's C.V. as an
12 exhibit.

13 **CHIEF COMMISSIONER MARION BULLER:** Ms.
14 Clark's C.V. is Exhibit 11, please.

15 **--- Exhibit 11:**

16 CV of Sarah Clark (three pages)

17 **MS. LILLIAN LUNDRIGAN:** Okay, thank you.
18 Sarah, I understand your presentation today will be based
19 on the work that you have done specifically with the
20 Arctic Children and Youth Foundation. The acronym we will
21 use, ACYF. And, there are some several reports that you
22 have knowledge and have worked with during your work with
23 ACYF. Can you please identify some of these reports?

24 **MS. SARAH CLARK:** Yes. The first would be
25 the Needs Assessment. In 2014, we were approached by a

1 group of frontline workers who were very concerned at the
2 response to child abuse that children and families had to
3 go through, and they wanted to change the way the system
4 worked for those children and families. And, the way that
5 they researched and found out was to create a child
6 advocacy centre, and they wanted to include non-profit and
7 community groups in this effort. So, they approached us,
8 and we created, first, the Needs Assessment.

9 **MS. LILLIAN LUNDRIGAN:** Okay, thank you.
10 Commissioners, I would like to ask that the Needs
11 Assessment Report in Ms. Clark's binder, Schedule B, be
12 entered as an exhibit.

13 **CHIEF COMMISSIONER MARION BULLER:** Okay. I
14 have that as a cover page for Umingmak Child and Youth
15 Protection Centre?

16 **MS. LILLIAN LUNDRIGAN:** That's correct.

17 **CHIEF COMMISSIONER MARION BULLER:** Okay.
18 And, that is by the Arctic Children and Youth Foundation,
19 2014-2015. That is Exhibit 12, please.

20 **--- Exhibit 12:**

21 Umingmak Child and Youth Protection
22 Centre needs assessment report,
23 Arctic Children and Youth Foundation,
24 2014- 2015 (41 pages)

25 **MS. LILLIAN LUNDRIGAN:** There are a couple

1 of other reports that you will be referring to during your
2 presentation?

3 **MS. SARAH CLARK:** Yes. The study that I
4 will be most referring to is the Feasibility Study. This
5 was conducted in 2015, and it is also a study on Nunavut's
6 -- the feasibility of a child advocacy centre serving
7 Nunavummiut.

8 In this Feasibility Study, we go over
9 promising practices of other child advocacy centres and
10 responses to child maltreatment. We do a data analysis of
11 rates of child abuse in Nunavut with a focus on child
12 sexual abuse. We did site visits to other child advocacy
13 centres in Canada and elsewhere, and web-based and
14 telephone surveys, as well as three community roundtables
15 in three different communities with youth, elders,
16 frontline workers and parents.

17 **MS. LILLIAN LUNDRIGAN:** Okay, thank you.
18 Commissioners, I would like to request that the
19 Feasibility Study Report under Schedule C be entered as an
20 exhibit.

21 **CHIEF COMMISSIONER MARION BULLER:** Yes, the
22 Feasibility Study Report, June 2015, will be Exhibit 13,
23 please.

24 **--- Exhibit 13:**

25 "Umingmak Child & Youth Protection

1 Centre - Feasibility Study Report,"
2 June 2015 (173 pages)

3 **MS. LILLIAN LUNDRIGAN:** The next report,
4 Sarah, that you also will be referring to during your
5 presentation is the Peer Leader Mental Health Training
6 Program; is that correct?

7 **MS. SARAH CLARK:** Yes. So, the -- out of
8 the Feasibility Study, the youth had overwhelmingly been
9 asking for help on learning how to help their friends
10 after they disclose. It was found that due to lack of
11 community resources, youth often turned to other youth
12 when things happen that are -- yes, when bad things happen
13 to them. So, out of the Feasibility Study, we started to
14 create a program called Peer Leader Mental Health, and
15 this report is an evaluation of what we have so far. And,
16 it does facilitator interviews, participant interviews and
17 a review of the documents.

18 **MS. LILLIAN LUNDRIGAN:** Thank you.
19 Commissioners, I would like to request that the report
20 named Peer Leader Mental Health Training Program be
21 entered as an exhibit. It is under Schedule D.

22 **CHIEF COMMISSIONER MARION BULLER:** The full
23 title is Peer Victim Support Training Program/Peer Leader
24 Mental Health Training Program, Program Evaluation,
25 December 2017 will be Exhibit 14.

1 reference, version 1.0 dated March 15,
2 2018 (eight pages)

3 **MS. LILLIAN LUNDRIGAN:** Thank you. Ku-ya-
4 na-mik (phonetic). Lastly, you will be -- as part of your
5 -- in preparation for your presentation today, you have
6 prepared a PowerPoint presentation which you will be
7 sharing after the lunch break that includes
8 recommendations for the Commissioners today; is that
9 correct, Sarah?

10 **MS. SARAH CLARK:** That is correct.

11 **MS. LILLIAN LUNDRIGAN:** A copy of Sarah's
12 PowerPoint presentation is in Schedule H within the
13 materials, so I would like to request that her
14 presentation be entered as an exhibit.

15 **CHIEF COMMISSIONER MARION BULLER:** The
16 PowerPoint is Exhibit 16, please.

17 **--- Exhibit 16:**

18 PowerPoint presentation of Sarah Clark
19 to the Commissioners on October 1,
20 2018 (23 pages / slides)

21 **MS. LILLIAN LUNDRIGAN:** Ku-ya-na-mik
22 (phonetic). At this point, Chief Commissioner and
23 Commissioners, based on the knowledge and skills as
24 described by Sarah Clark, I am tendering Ms. Clark as an
25 institutional witness with knowledge and skills in the

1 area of child advocacy and wellness specific to Nunavut
2 children and youth.

3 **CHIEF COMMISSIONER MARION BULLER:** And the
4 work of the organization as well.

5 **MS. LILLIAN LUNDRIGAN:** Yes. Correct ---

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

7 **MS. LILLIAN LUNDRIGAN:** --- and the work of
8 the organization, Arctic Children and Youth Foundation.

9 **CHIEF COMMISSIONER MARION BULLER:** Sure, it
10 is agreeable. Certainly. Ms. Clark is so qualified.

11 **MS. LILLIAN LUNDRIGAN:** Thank you. I'm
12 looking at the time, Commissioner, I would like to request
13 a lunch break -- it's 12:03 -- before we continue with the
14 PowerPoint presentation by Sarah Clark, if that is ---

15 **CHIEF COMMISSIONER MARION BULLER:** I think
16 it is unanimous. We will stop for lunch and we will
17 reconvene at 1:00.

18 **MS. LILLIAN LUNDRIGAN:** Thank you.

19 **MS. MEREDITH PORTER:** Our rules of
20 procedure prevent any discussion of the evidence with the
21 witnesses over the lunch hour. Certainly welcome to say
22 hello and talk about anything other than the evidence that
23 they have shared or they intend to share later on this
24 afternoon. Thanks very much.

25 --- Upon recessing at 12:05

1 --- Upon resuming at 13:12

2 **MS. MEREDITH PORTER:** We are going to get
3 started again, so if everybody could take their seats.
4 And, just a reminder, if you had turn the ringer on your
5 phone back on over the lunch hour, if you could just
6 ensure that it is once again turned to mute for the
7 duration of the afternoon, that would be greatly
8 appreciated. And, with that, we will continue with the
9 testimony of this witness. Ms. Clark and Ms. Lundrigan.

10 **MS. LILLIAN LUNDRIGAN:** Qujannamiik. Thank
11 you. Commissioners, this afternoon, Sarah is going to
12 continue with her testimony and she is going to begin with
13 her PowerPoint presentation at this point. If we can have
14 the PowerPoint put up onto the screen, please. Thank you.
15 (Speaking in Indigenous language).

16 **MS. SARAH CLARK:** All right. Thank you
17 very much, I hope you all had a great lunch. First of
18 all, I would like to say how honoured I am to be here. I
19 will do my best to do justice to the work of the people
20 that I work with and for all the work that you guys are
21 doing right now.

22 That being said, I would like to
23 acknowledge the limitations of my knowledge and
24 experience. So, you know where I am coming from, I am
25 here to present the work of my organization, Arctic

1 Children and Youth Foundation, as we strive to address the
2 needs of Nunavut's children and youth. I do not have
3 experience living as an Indigenous person and I have only
4 lived in Nunavut for three years.

5 Nunavut, in my opinion, is in a very unique
6 and challenging position. While the government was
7 created as a mechanism for Inuit to take back control of
8 their lives and their land, the reality still does not
9 match. As a non-Inuit person working on Inuit land with
10 Inuit people, we are in a very crucial position with every
11 interaction and every decision to seek to achieve
12 reconciliation. Next slide, please.

13 Just a brief overview of what I am going to
14 speak about. I am going to do a quick history of the
15 colonization of Nunavut as a background for the work that
16 we are doing and where Nunavut is today. I will then
17 speak about our work with the Umingmak Centre, the child
18 advocacy centre that we will be opening next year, and the
19 trauma awareness workshop, Peer Leader Mental Health.
20 Most of the information I talk about today will come from
21 the feasibility study that we entered into evidence under
22 Tab C. Next slide.

23 To talk about the history, I am going to
24 use something called the Inuit Power Curve which was
25 developed by Nunavut Sivuniksavut. We were given

1 permission to use this in our peer leader program, which
2 we use to give youth context on the issues they see today.
3 I think it is very important to work contextually in the -
4 - sorry, I think it is very important to provide context
5 when talking about these issues. As you can see on the X-
6 axis, we have time starting in the 1500s onwards, and on
7 the Y-axis, we have independence and control of Inuit
8 people over their own lives and their own land. Important
9 to note here is pre-contact at the top.

10 You can say that pre-contact, Inuit had a
11 thriving and holistic society, where they met all their
12 needs and survived in a land that was incredibly harsh for
13 a long, long time. They had their own economic, social
14 and spiritual organization. And, the curve shows that
15 Inuit power, and control and autonomy declined after
16 contact with non-Inuit society. Next slide.

17 The first contact was with explorers who
18 created maps to allow other people to be able to -- that
19 were non-Inuit to be able to contact Inuit. Interactions
20 with explorers were very brief, as explorers were trying
21 to find other lands. The next, as Nunavut Sivuniksavut
22 says, the wave of qallunaat, which are non-Inuit -- the
23 next wave was with whalers. And, the interactions with
24 whalers had a bigger impact on Inuit as the whalers came
25 every year and they drew on Inuit knowledge and they

1 employed, traded and socialized with Inuit.

2 Later in the 1800s, missionaries came to
3 the north to spread the word of God. In the beginning,
4 missionaries travelled between Inuit camps to spread the
5 word of God and did not stay long. This was confusing to
6 many of the Inuit as they did not fully understand
7 Christianity and they did not have a way to learn more
8 after the missionaries had gone. The first church was
9 built in Pangnirtung by Edmund James Peck who also created
10 the Inuktitut Writing System to translate the Bible into
11 Inuktitut.

12 At this time, there was a split in families
13 due to the Catholic and Anglican divide. As a result,
14 some family members would not even talk to each other.
15 Missionaries introduced the days of the week and stressed
16 that Sunday is the day of rest, so there was to be no
17 hunting or work of any kind to be done. This was a
18 drastic change as Inuit did not have a concept of time,
19 only seasons. Also at this time, missionaries tried to
20 ban practices and beliefs such as shamanism, drum dancing
21 and throat singing. And, even now, today, people who try
22 to take up drum dancing face adversity from their own
23 communities. Also at this time, missionaries tried to
24 convert the population by offering certain things that
25 Inuit could not provide for themselves such as metal pots

1 and pans, flour and sugar, and thereby creating a power
2 imbalance in a coercion.

3 The next wave of people that came up were
4 traders. Eventually, there were over a hundred trading
5 posts in the Northwest Territories. And, the impacts of
6 this were that Inuit started hunting for trade and not
7 just for food, so they changed the economy and people grew
8 more dependent on trade goods such as flour and tobacco.
9 This caused families to become more individualistic all
10 around the north and was the beginning of a money economy.

11 After the trading boom, Inuit were left
12 without an income which they had become dependent on for
13 their needs. There were even stories of hunger as a
14 result of the bust in the fur trade. So, the beginning of
15 a dependency there you can see. The next slide, please.
16 Oh, sorry. So then we'd get into the government era,
17 starting in the 1900s. I will only speak briefly about
18 six of these that are specific to the North.

19 The first being the RCMP, who came up to
20 the North over threats of Canadian Arctic sovereignty.
21 They started to travel to the communities to enforce
22 Canadian law.

23 Where Inuit already had their own way of
24 dealing with troublemakers or individuals that were a
25 threat to others -- they made that decision within their

1 own societies -- now, there was another force saying that
2 they had the ability and the control to make those
3 decisions. So there was confusion and a breakdown in
4 social organization.

5 Next slide. Next slide. Thank you.

6 There was also relocations that happened.
7 You can see that Nunavut is a very vast territory and is
8 very different in many different areas. At the time of
9 the Cold War, many things changed. Countries fought for
10 sovereignty to claim the North and Canada sent a military
11 to the North to claim the land. The federal government
12 thought that if they put Inuit in certain areas it would
13 be considered Canada's land because it had Canadian
14 Aborigines there.

15 At first, Inuit that moved from the Baffin
16 region to higher latitudes thought that they could come
17 back to where they had been from, but often that was not
18 the case. They were often taken from places where they
19 completely understood how to survive and thrive and were
20 put in places that were completely different and suffered
21 much hardship due to not understanding the weather,
22 hunting patterns, and foreign land. Many of these
23 relocations later became communities.

24 Next slide, please.

25 An ancient practice that is still used

1 today in Inuit society was naming. A child named after a
2 respected Elder that may run in the family, or someone in
3 the family that the child will take after would be given
4 that name. These names were very difficult for the RCMP
5 to pronounce and write, and so in order to be able to
6 receive social assistance, Inuit had to be counted and
7 identified for government records. So they were given
8 numbers called Eskimo Identification tags.

9 Even today, if you -- some people still
10 have their Eskimo Identification tags as their last name,
11 and you have to pay a fee to change that.

12 Next slide, please.

13 Tuberculosis in the North. Annie spoke
14 about this this morning, about how the breakdown of
15 culture and the loss of skills happened because you were
16 taken from your community. And this is another example of
17 the government trying to address a health issue and
18 causing more harm due to not working with Inuit to come up
19 with solutions.

20 In the 1950s -- 1940s to 1960s, there was a
21 -- an outbreak of tuberculosis, and a medical patrol ship
22 was sent to the North to screen Inuit for TB and other
23 infectious diseases, and they would remove the sick and
24 infected without notice and/or send them south.

25 So children were essentially orphaned at

1 southern tuberculosis facilities and disciplined in
2 foreign ways. Some parents were taken away, grandparents
3 taken away, and people didn't know where they went, and
4 sometimes they never returned. Some people don't know
5 where their family is buried; and therefore, have never
6 visited their graves.

7 Next slide, please.

8 New communities were created based off of
9 the relocations. And also, in order to get employment,
10 healthcare or low rent housing, some Inuit moved in
11 voluntarily to get those advantages, others moved to avoid
12 separation from children attending school, or to join
13 family members who had already moved. Still, others were
14 coerced or forced to relocate by government authorities.

15 The decision to give up traditional way of
16 life was almost never easy, and once made was
17 irreversible. Cultural and personal sacrifices were made,
18 and many found that the promise of a better life was not
19 kept and lives were made worse.

20 Settlement life imposed a new form of
21 poverty, lack of access to the land, and the concentration
22 of population in one area made obtaining country food more
23 difficult. Along with a dependency on the government, all
24 aspects of Inuit daily life and relationships changed.

25 Next slide, please.

1 The next -- the last one I'll talk about is
2 dog slaughter. Successful care and management of dog --
3 of sled dogs has been an integral part of Inuit culture
4 for countless generations. Sled dogs allowed Inuit
5 independence and self-reliance, and were important for
6 survival, hunting, travel, and protection.

7 Settlement life threatened the dog -- the
8 lives of the dogs, and they were shot by hunters moving
9 into settlements who thought they were not allowed or no
10 longer useful. They were abandoned by owners working in
11 settlements who didn't have time to hunt or care for dogs,
12 and they were abandoned and they died from disease, and
13 hundreds of dogs were shot by the RCMP because non-Inuit
14 were afraid of loose dogs and feared the diseases that
15 they may cause.

16 Beyond the impact of having your means of
17 transportation, and therefore, independence taken away, if
18 any of you have worked with animals and have been
19 dependent on them for your survival, you understand that
20 these dogs would have been like family, and to see them
21 slaughtered would be horrifying.

22 Next slide, please.

23 To show where Nunavut is today, I want to
24 talk about the right side of the curve, which you can see
25 is swinging up. In the 1960s, Inuit resiliency was

1 gradually restored through the development of
2 representative Inuit organizations, and after 13 years of
3 negotiations with the federal government, Inuit settled
4 the Nunavut Land Claims Agreement in 1933 -- 1993, excuse
5 me, and the creation of Nunavut happened in 1999.

6 This had many impacts. One -- I'm going to
7 speak about four:

8 Politically, we have devolution happening
9 where Ottawa is transferring ownership and control of the
10 Crown's 82 percent of lands in Nunavut to the territorial
11 government. Economically, we can -- Nunavut continues to
12 expand Inuit businesses. In education, it raises the
13 graduate -- the goal is to raise the graduation rates in
14 high school and develop more relevant curriculum and
15 increase training opportunities. And socially, the goal
16 of Nunavut is to improve the health and well-being of
17 Inuit communities and families that are still recovering
18 from the shock of rapid social change and residential
19 school experiences.

20 Next slide, please. Next slide, please.
21 Sorry.

22 So while you can see from the last slide,
23 on an institutional level, power begins to be taken back,
24 but on an individual and family level there are still many
25 challenges. The trauma experienced firsthand by Inuit

1 during this government era has had an immense impact on
2 all following generations. Many Inuit from this era were
3 not able to properly heal, and this unresolved trauma
4 compromised the ability of many -- compromises the ability
5 of many to cope with the stress in a healthy manner.

6 Do you want to say this in Inuktitut?

7 **MS. LILLIAN LUNDRIGAN:** (Speaking in
8 Inuktitut language.)

9 **MS. SARAH CLARK:** So that is -- translated,
10 is trauma experienced by generations past having an effect
11 on their descendants. That's correct. Which is
12 historical trauma.

13 So historical trauma is cumulative and
14 intergenerational in its impacts, meaning its cumulative
15 effects are passed on. These various sources of trauma
16 that originated from outside Indigenous communities that I
17 just discussed generated a wide range of dysfunctional and
18 hurtful behaviours, such as physical and sexual abuse,
19 which is recycled generation after generation within the
20 community. As a result, we see negative behaviour, such
21 as alcohol abuse, sexual, physical and emotional abuse,
22 child neglect and violent crime. The link between the
23 effects of past events like these and adverse outcomes in
24 the present have been well-documented.

25 The flow chart at the bottom of this slide

1 is from Allison Crawford and Jack Hick's paper on Early
2 Childhood Adversity as a key mechanism by which
3 colonialism is mediated into suicidal behaviour. You can
4 see just below the part about colonization it says,
5 "Cultural Disruption", and that can also be flipped to
6 culture as a protective factor, as Cora talked about
7 today. The story struck me because it really showed --
8 she talked about the young lady who learned prayer while
9 in the youth centre, and it really shows the power of
10 gaining strength from your culture. Next slide, please?

11 These are some of the effects of this
12 historical trauma we can see in the high rates of child
13 abuse in Nunavut. I don't want to read these out, so I
14 would just invite you to read them for yourself. As you
15 can see, we have a very high rate of child abuse in
16 Nunavut. In doing research for our centre, we took stats
17 from the RCMP division in Iqaluit. There were -- in 18
18 months, there were 278 occurrences of child abuse in
19 Iqaluit that were investigated by the RCMP, so we have a
20 lot of work to do. Next slide, please.

21 In our study, we found that along with the
22 numbers and the stats that were consistent with the high
23 levels of child -- or high rate of child abuse, we also
24 learned that there is a high level of underreporting of
25 child abuse. This indicates that there is a lack of trust

1 in the ability of the authorities to do anything about
2 this issue. You can see the answers at the bottom of why
3 people didn't want to report.

4 So, there is a sense that people in
5 decision-making roles are not aware of this widespread
6 nature of child abuse, and thus are not putting strategies
7 in place to respond. But, the reality is that people are
8 well aware and that it occurs, that it is a significant
9 taboo topic and considered none of your business to
10 discuss. To open up the wound requires protective
11 measures for those brave enough to shed light on the
12 truth, including safe housing, a proactive criminal
13 justice system to charge and prosecute offenders and a
14 robust coordinated suite of clinical mental health and
15 community programming to support children, youth and
16 families moving forward. Next slide, please?

17 When asked -- this is from our Feasibility
18 Study. When asked what would help reduce stress on the
19 child and youth or family after disclosure of abuse, the
20 following were recommended. The first being, have a
21 child-friendly facility in communities for immediate
22 protection, forensic interviewing and trauma services.
23 Really key here is having 24/7 safe spaces for children
24 and youth to go to across Nunavut. To ensure -- along
25 with the first recommendation, you -- they also want to

1 ensure there is a strong organizational delivery, strong
2 staff training and clearly defined and safe traditional
3 healing approaches for this vulnerable sector.

4 Number two is have more mental health and
5 trauma counselling supports for the child and family.
6 Number three is reduce the number of people the child
7 needs to retell his or her story to directly. By
8 retelling or re-disclosing to people, having to keep
9 telling that story, you cause more damage to that child as
10 they have to go through it again and again. And, also, it
11 can change their story. So, by retelling their story,
12 they can actually change it and it may create problems for
13 the prosecution.

14 Four, have more rehabilitative programs for
15 the abuser to heal the community. People would like to
16 invest in restorative justice models for offenders and
17 victim families. And, they also would like to have more
18 therapeutic programs for adult offenders, as well as young
19 offenders.

20 Number five is have a zero-tolerance
21 approach to community retaliation and harassment of child
22 and youth victims of abuse, and this requires more
23 training for frontline people and the community. Six,
24 train law and medical personnel in each community in the
25 collection of forensic evidence. Seven, include

1 traditional healing and elders in rehabilitation programs.
2 Next slide, please.

3 So, taking all of these into account, I am
4 going to talk about what a child advocacy centre is. In
5 1985, in the States, a district attorney in Alabama noted
6 the challenge of child abuse cases for social services and
7 the criminal justice systems, and the impact on the child
8 victims. There was little collaboration or effectiveness
9 between the key actors in child abuse cases. The result
10 was that children were being re-victimized. Children's
11 emotional distress was high and the segmented, repetitious
12 and often frightening experience of the criminal just
13 system and receiving the necessary supports for children
14 and their families was weak.

15 As a revolutionary idea, he brought
16 together law enforcement, criminal justice prosecutors,
17 child protective services, medical and mental health
18 workers into one coordinated team to service child victims
19 of crime. A child advocacy centre brings together the
20 organizations that provide services to children and youth
21 and their families who disclose abuse in one centralized,
22 child-friendly location.

23 It provides a child advocate whose purpose
24 is to support the child and family. The child-friendly
25 approach used by CACs helps reduce the emotional and

1 mental harm to children and youth by reducing the need to
2 retell their story. This improves the quality of
3 evidence, conviction rates and the development of a joint
4 care plan. It also helps link those children and youth to
5 services immediately after disclosure and into long-term
6 treatment. As I said before, there is not a lot of trust
7 in the system. And, in order for us to address this issue
8 properly, people need to feel safe enough to speak up.
9 Next slide, please.

10 So, the needs that a child advocacy centre
11 addresses. So, common issues and gaps that have been
12 identified by our Feasibility Study are having no child-
13 friendly locations; having multiple interviews happen; a
14 lack of coordination between all the services that provide
15 services to the child and family after they disclose
16 abuse; a lack of timely access to health and mental health
17 care, and other supports; a lack of support for parents
18 and guardians; and case management that is inconsistent
19 and fragmented.

20 So, the child advocacy centre -- sorry.
21 With having no child-friendly locations -- in Nunavut, we
22 have the RCMP detachments, which have interview rooms that
23 are designed for adults and usually those who are
24 suspected of crime. That is not a place for a child who
25 has been through abuse. As I talked about before, the

1 multiple interviews cause re-traumatization for the child
2 and it also decreases the integrity of the child's story.

3 Without us and regarding the lack of
4 coordination, without a child advocacy centre, each agency
5 that serves a child and youth post-disclosure are working
6 within a silo and are asking the question, "What do I need
7 from this child and family for my case or my agency?"
8 After a CAC, due to the collaboration between
9 professionals, it decreases their burden and the question
10 becomes, "What does this child need in order to thrive
11 after this?"

12 In terms of access to health and mental
13 health care, the importance of having a medical
14 consultation whether or not it is needed for evidence
15 collection has been proven. Children want to know that
16 they are okay and that they can still lead a normal life.
17 If it was sexual abuse, they want to know that they can
18 still have kids. So, in terms of a medical consultation,
19 it doesn't necessarily have to be for evidence collection.

20 Lack of support for parents and guardians.
21 It has also been shown that children and youth that have
22 parents who feel well-informed and supported will have a
23 highly-increased ability to heal. In Nunavut,
24 specifically, we have a lack of culturally appropriate and
25 bilingual services. In Nunavut, this centre can also

1 address that gap. With the partnerships that we have
2 created with NTI and other community groups in Iqaluit, we
3 can increase this culturally-appropriate service. Next
4 slide, please.

5 Our methodology. In 2014, I mentioned that
6 ACYF was approached by a group of frontline workers and
7 community members who were struggling with the way that
8 the system worked for those who disclosed abuse and wanted
9 to improve it. Through their research on best practises
10 around the world, they came up with the Child Advocacy
11 Centre. I would like to take a moment here to thank them
12 for their passionate work and donation of time. Most of
13 them did this off the side of their desk.

14 These people became the first working
15 group. So, that's the first of our guiding inputs. The
16 working group is made up of all the representatives from
17 each of the required partners. So, right now at our
18 table, we have Nunavut Tuungavik Inc., the Government of
19 Nunavut Departments of Family Services, Health, Justice,
20 Education and the RCMP.

21 We rely on NTI's social and cultural
22 department to guide the formation of the centre in an IQ
23 informed way.

24 **MS. LILLIAN LUNDRIGAN:** IQ is the Inuit
25 Qaujimaqatuqangit, Inuit traditional knowledge.

1 **MS. SARAH CLARK:** The process of creating a
2 child advocacy centre is not well mapped out and is not
3 one size fits all. In order to create a centre that fits
4 the need of Nunavummiut, we have gone through many steps
5 and pulled from various resources.

6 We have sought guidance from the well-
7 established National Children's Alliance in the United
8 States, and we have followed the Alaska Children's
9 Alliance Guide to developing tribal children's advocacy
10 centres and the Child Abuse Protocol Development Guide,
11 which serves predominantly remote Indigenous populations.

12 We have done our own consultations through
13 our needs assessment and our feasibility study. In the
14 feasibility study, we did visit Iceland and Greenland. In
15 Greenland, they had the first CAC serving Inuit.
16 Unfortunately, that did close down in 2014, but it's being
17 redeveloped. So, we're learning from all of their work as
18 well.

19 In addition to what we've done before, I
20 also visited Alaska to visit three CACs, each having been
21 identified as having the closest demographic and geography
22 to what we will serve in Iqaluit. And, we have set up a
23 strong mentoring relationship with those CACs, so we can
24 draw on their knowledge and experience.

25 We also have focus groups pulling on

1 lessons learned from the Greenland CAC. We have done a
2 lot of focus groups with organizations and individuals who
3 will work at the centre, and intend to continue and create
4 a mechanism for community inputs, likely through an
5 advisory committee.

6 Evaluation is a very key point in this as
7 well, and we have put a lot of resources into making sure
8 that we collect data and evaluate our process along the
9 way, and make sure that we address or we consult with our
10 communities. Next slide, please.

11 So, the choice for the name Umingmak Child
12 and Youth Support Centre, Umingmak is a muskox, in
13 Inuktitut is a muskox. And, when muskox are threatened
14 and their children are threatened, they create a circle
15 around their children with their horns facing outwards to
16 protect them. And so, we chose that as our logo.

17 As you can see, we have all these different
18 services that will work at the centre. So, we have one
19 child-friendly and culturally-specific location, that big
20 red circle there. This is in Iqaluit. And, all the
21 service providers and frontline workers will come to this
22 centre. In one appointment, we'll do the interview,
23 medical consultation, mental health assessment, crisis
24 intervention, and referrals and support.

25 There will be an advocate who will speak

1 Inuktitut and have lived experience as an Inuit person
2 there to welcome and explain what will happen and support
3 the child and the family throughout the process of
4 disclosure, court and healing.

5 We are hoping to create our own mental
6 health services and healing. This will be one of the
7 first non-governmental mental health services in Nunavut
8 specific to children and youth. We are going to hire a
9 mental health counsellor with specialization in child
10 trauma. And, we are currently working to combine the
11 service with Inuit counselling from Ilisqsiq or
12 Meeaniksagit (phonetic 1:47:27). And, we would also like
13 to, in the future, create a more -- a better healing
14 pathway with traditional land activities for families that
15 are ready to heal together.

16 In a presentation that Tanya Talaga
17 recently did on the Sami people in Norway, they have a
18 mental health healing centre that is completely built on
19 the land, and that's what we would like to model ours
20 after.

21 We also have accommodation for one single
22 family to stay. So, we have a safe space for families
23 that need to come in from other communities or need to
24 stay in a safe place in Iqaluit.

25 We also hope to be a centre of best

1 practice. So, we will be able to do the trainings that I
2 mentioned before, ensure that our teachers and those who
3 are disclosed to on a consistent basis by children and
4 youth, that they have the right information and they know
5 where to go. They follow the correct protocols. And, any
6 professionals that serve children and youth would have an
7 opportunity for extra training in response to child abuse.
8 We will increase the specificity and the quality of data
9 collection for our evaluations, and, therefore, get a
10 better picture of what child abuse is in Nunavut today.

11 Due to our formal MOU between all the
12 services that will work at the child advocacy centre,
13 information has to be shared between all of them. So, we
14 increased the amount of information sharing, and there
15 will be no more silos of information, and this
16 collaboration will also happen at a managerial level. So,
17 this decreases the burden of the workers as well. Next
18 slide, please.

19 Through our feasibility study, it was shown
20 that youth are looking for more help in helping their
21 friends when they disclose abuse to them. Many youth --
22 youth explained that more and more, they are turning to
23 each other within their own peer group for help, because
24 they know that their friends have experienced harm and are
25 trying to get information on what they should do.

1 Youth are assuming responsibility for the
2 trauma of the adults, and trying to fix deep-rooted pain,
3 and being subjected to highly volatile situations. This
4 is not their responsibility and can have physical and
5 significant mental health impacts on them as youth having
6 to hear and process the harm being experienced among their
7 peers. They remain in harm's way, and we all must act to
8 help and protect them.

9 In the meantime, children and youth are not
10 -- okay, sorry. Sorry. During the Feasibility Study, we
11 identified that youth have a lack of awareness and
12 knowledge, and that they are generally unaware and unsure
13 of how to respond to disclosures of harm by their peers,
14 and they are unaware of the historical context of trauma
15 in Nunavut and how it manifests in modern society in the
16 territory.

17 They identified the need for more community
18 supports. Youth noted that there a lack of crisis and
19 post-trauma supports in their communities, and they often
20 want to start making those services and supports for
21 themselves. They want a better understanding of trauma
22 and how it affects them and their family, and a better
23 understanding of self. Next slide, please.

24 So, in order to address those needs, we
25 developed the Peer Leader Program, which is still under

1 development as we speak. In development, we are still
2 trying to build in more skills that allow youth to respond
3 to disclosures and how to bridge that to a safe adult.
4 Youth are often unaware of the additional positions or
5 skills that these individuals hold. Sorry.

6 **MS. LILLIAN LUNDRIGAN:** Are you okay? Do
7 you want to take a break?

8 **MS. SARAH CLARK:** I am just losing my spot
9 here, sorry. Sorry. The first goal of this program is to
10 equip youth with the tools to respond safely to
11 disclosures by other youth. In this program, we also give
12 referrals to other training programs for crisis de-
13 escalation and, yes, youth need actual skills in order to
14 respond to peer disclosures.

15 The second goal of the program is to help
16 youth become familiar with resource people in their
17 community who can aid when they receive disclosures of
18 harm from their peers. So, we actually bring in all the
19 adults that are identified as safe and respected, and in a
20 helping profession into the program. And, they meet the
21 youth and they are able to brainstorm with the youth ways
22 to create programs and what -- they learn from the youth
23 what things are needed in their community.

24 The third goal of the program is about
25 developing coping supports for self and youth. We are

1 working on building skills and not just giving
2 information. We are also working on giving information on
3 healthy relationships and consent.

4 While I was working in the youth home with
5 the girls, almost every single one would tell me about an
6 unhealthy relationship or men that would approach them on
7 Facebook and told them that they loved them, and then
8 would immediately not treat them very well. These are all
9 examples of unhealthy relationships, and the information
10 needs to be passed onto youth what is healthy and what is
11 not.

12 The fourth and final goal of the program
13 was to enable youth to understand the context of
14 historical and ongoing trauma in Nunavut, and that is
15 very, very important. I had a youth say to me after
16 learning about the Inuit power curve that they were very
17 happy that they learned this, because they used to think
18 that Inuit were bad and that they were alcoholics, and
19 learning this gave them a reason for what they see in
20 their communities, and that is really important. Next
21 slide, please.

22 The challenges we face in creating this
23 program is having trained facilitators, people who are
24 healthy enough to -- sorry, our facilitators are Inuit,
25 and we are trying to build capacity in making more

1 facilitators to go around Nunavut. But, we have a
2 challenge in terms of finding someone who is healthy and
3 willing to go over this information with youth. It is --
4 it can be very difficult.

5 We are also trying to find ways to support
6 the youth after they take the program and try to mentor
7 them after that. It is hard to do in Nunavut, because we
8 are in a very widespread territory, and it is hard to
9 support people in different communities when you are not
10 there. And, next slide, please?

11 So, here are the recommendations from all
12 of our studies. I think the top three needs are
13 overcrowded housing, food and security, and lack of access
14 to culture and language. You can't start to heal and
15 become healthy if you don't have access to safety. In all
16 the discussions I have had with numerous groups, this is
17 very clear, and the culture and language access is a part
18 of this for Nunavut.

19 Number two is the education on Nunavut's
20 history and effects of colonialism. All literature points
21 to needing an understanding of the history of colonization
22 and its impacts in order to heal. Our work has also
23 pointed out the same. One youth pointed out to me that
24 the schools only spend one week on the Nunavut Land Claims
25 Agreement. It is a very important part of their history

1 and it is very empowering as well.

2 It is also very important for all people
3 who work in Nunavut to have an understanding of Nunavut's
4 history and the effects of colonization on Inuit. It is
5 crucial that this information is taken from the reports
6 that have already been made. In particular, mental health
7 and child protection, if you can frame your work within
8 the context, it can greatly benefit your clients.

9 Number three, there are very limited
10 resources for children and youth in Nunavut. The only
11 organizations that provide mental health services is the
12 GN and some private counsellors. There are some youth
13 centres, but the reality is many communities do not have
14 the resources for children and youth who need help, which
15 is one of the reasons why they turn to one another. We
16 need more organizations and services dedicated to children
17 and youth, and we need to determine how to properly mentor
18 youth.

19 Number four is parenting skill building.
20 There are good programs that help build simple skills to
21 help parents and youth communicate better, understand
22 boundaries, et cetera. A lot with my work with
23 Tukisigiavik, many of the women I worked with were there
24 because their children had been taken away and they were
25 trying to learn to be better parents in order to get their

1 children back, but there are not often many programs that
2 are consistently offered in our communities. And so, how
3 are they supposed to do these programs in order to get
4 their children back if the programs aren't offered?

5 The fifth one is the most important, I
6 think, the true integration of IQ principles and not just
7 lip service. This requires a full participation and
8 collaboration with Inuit organizations. It seems that the
9 Government of Nunavut is still based on the values of non-
10 Inuit society, and I think this is one of the biggest
11 problems.

12 **MS. LILLIAN LUNDRIGAN:** Tay-mok-be
13 (phonetic). That is the end of your presentation?
14 Qujannamiik. I just have one question for you, Sarah. To
15 go back to the Peer Leadership Program, I don't know if
16 you mentioned this, but I just want to clarify. The
17 program is existing; right? You offer training to youth?

18 **MS. SARAH CLARK:** Right now we are still --
19 we have delivered, but we are in the development process
20 again. After evaluation ---

21 **MS. LILLIAN LUNDRIGAN:** Okay.

22 **MS. SARAH CLARK:** --- we are going to start
23 delivering pilots again.

24 **MS. LILLIAN LUNDRIGAN:** Okay. And, what
25 locations in Nunavut did you deliver the program to?

1 **MS. SARAH CLARK:** We delivered in Baker
2 Lake, Rankin Inlet, Cambridge Bay, I think in Tuktoyaktuk
3 and -- I cannot remember the other one.

4 **MS. LILLIAN LUNDRIGAN:** Okay. And, what
5 was the response from the youth?

6 **MS. SARAH CLARK:** All the youth -- well,
7 not all the youth. The resounding response was that they
8 want to talk about these topics and that no one is doing
9 it. They want a safe place to be able to learn about
10 these things, because they see it every day in their
11 communities and they do not want to be treated like they
12 are fragile eggs that will break. They need to know this
13 information.

14 **MS. LILLIAN LUNDRIGAN:** Okay. So, it is
15 safe to say that the program such as that one are very
16 important for our youth to move forward in a healthy way?

17 **MS. SARAH CLARK:** Yes.

18 **MS. LILLIAN LUNDRIGAN:** Okay. Thank you.
19 Looking at the time, I do not have any further questions
20 for Sarah and this concludes Sarah's evidence at this
21 point.

22 **MS. MEREDITH PORTER:** Thank you. Thank
23 you, counsel, and thank you, Ms. Clark. Chief
24 Commissioner and Commissioners, we have one last witness
25 to call this afternoon. I would request, although --

1 before we hear from that witness, that we take a 5 minute
2 break in order to, again, shuffle the panel tables around
3 and to give everyone an opportunity to grab something to
4 drink and take a breath. 10 minutes -- 5, 10 minutes.

5 **CHIEF COMMISSIONER MARION BULLER:** Let's
6 aim for 5.

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

8 --- Upon recessing at 14:02

9 --- Upon resuming at 2:14 p.m./L'audience est reprise à
10 14h14

11 **MS. MEREDITH PORTER:** So the next witness
12 that we have scheduled to call is Dr. Amy Bombay, who is
13 an Associate Professor of Social Work at Dalhousie
14 University. Leading her evidence will be Stuart Wuttke,
15 counsel for the Assembly of First Nations.

16 **MR. STUART WUTTKE:** Good afternoon, just
17 brief introductions. My name is Stuart Wuttke. I'm
18 general counsel for the Assembly of First Nations. I'd
19 like to recognize first and foremost that we're in
20 Treaty 1 territory. Being a Manitoba person myself, it's
21 good to be back home.

22 We do have a witness today, Dr. Bombay.
23 Before we get started, though, I'd ask the Registrar to
24 swear in the witness.

25 **MR. BRYAN ZANDBERG:** Yes. Good afternoon,

1 Dr. Bombay. Do you promise to tell the truth in a good
2 way today?

3 DR. AMY BOMBAY: I do. I do.

4 MR. BRYAN ZANDBERG: Thank you.

5 AMY BOMBAY, Sworn:

6 --- EXAMINATION-IN-CHIEF BY MR. WUTTKE:

7 MR. STUART WUTTKE: Good afternoon,
8 Dr. Bombay. Can you please state your occupation?

9 DR. AMY BOMBAY: I'm -- so that was a bit
10 of a mistake. I'm actually an assistant professor in the
11 Department of Psychiatry in the School of Nursing at
12 Dalhousie.

13 MR. STUART WUTTKE: Okay. I have provided
14 -- I provided your CV to the Commissioners, also to the
15 parties at -- with standing.

16 We would like to have Dr. Bombay sworn in
17 as an expert or -- and I'll just provide a synopsis of
18 what that is.

19 Dr. Bombay is being put forward as a
20 psychological expert on the effects and transmission of
21 stress and trauma on well-being, including the
22 intergenerational transmission of trauma among the
23 offspring of Indian residential school survivors in the
24 application of the concept of collective and historic
25 trauma.

1 So with that, I'd like to turn to
2 Dr. Bombay's qualifications, and I ask that you turn to
3 her CV.

4 Starting with your education, Dr. Bombay, I
5 notice that you have a PhD. Can you describe the
6 coursework that you undertook?

7 **DR. AMY BOMBAY:** Yes. After my Master's, I
8 did my PhD, which was 4 years, and throughout that time, I
9 focused a lot of my research -- my dissertation was a
10 series of five studies look -- taking different angles,
11 looking at different research questions around the
12 intergenerational transmission of trauma and resilience in
13 -- among those affected by the residential school system.

14 **MR. STUART WUTTKE:** And can you also
15 describe for us the difference between neuroscience and
16 the relationship -- I should say the relationship between
17 neuroscience and psychology?

18 **DR. AMY BOMBAY:** I guess -- so yeah. My
19 Master's was in psychology, my PhD was in neuroscience.
20 Neuroscience is really more looking at how the brain's
21 involved in various processes, and my work focuses on
22 psychological outcomes. So it's kind of looking at how
23 the brain's involved. But really, a lot of my research in
24 this context has not looked -- has not been really kind of
25 neuroscience research, it's been more just psychological

1 research, looking at psychological outcomes.

2 **MR. STUART WUTTKE:** Thank you. And can you
3 tell us a little bit about your PhD dissertation?

4 **DR. AMY BOMBAY:** Yeah. So as I already
5 just kind of alluded to, my dissertation work was focused
6 on the intergenerational transmission of trauma in the
7 children and grandchildren of those who attended. It was
8 a series of studies, many of which I'll be talking about
9 in my presentation today in terms of the findings. And we
10 were really looking at how having a parent or grandparent
11 who went to residential schools associated with various
12 and physical health outcomes.

13 **MR. STUART WUTTKE:** Thank you. And also on
14 your CV, under education, you have a postdoctoral
15 fellowship at the University of Ottawa. Can you please
16 provide some information about that?

17 **DR. AMY BOMBAY:** Yeah. So after my PhD, I
18 spent 2 years working as a postdoctoral fellow at the
19 Royal Ottawa Institute of Mental Health Research. And
20 during that time, I spent a lot of my research time
21 working with the Aboriginal Healing Foundation doing a
22 study that was commissioned by then focusing on student to
23 student abuse in residential schools and how that's
24 contributed to lateral violence. And I'll also be talking
25 about findings from that study in my presentation today as

1 well.

2 **MR. STUART WUTTKE:** Thank you. And the
3 next section in your CV is on research grants. While you
4 have received over 30 research grants, I want to note
5 three in particular. The CHIR Operating Grant of 2011 to
6 '13; the Shirk (ph) Grant of 2017 to 2028 with the
7 Department of Psychiatry; and the Psychiatry Grant of
8 2018-'19. If you can just sort of describe those?

9 **DR. AMY BOMBAY:** Sure. The earliest one
10 that you mentioned, the CHIR Operating Grant from 2011 to
11 2013, that was during my postdoctoral studies with
12 Stephanie Friedberg (ph) and Jake Brac (ph), and they - we
13 doing work looking at different aspects of cultural
14 identity in First Nations youth and how that is associated
15 with various mental and academic outcomes in youth.

16 **MR. STUART WUTTKE:** Okay.

17 **DR. AMY BOMBAY:** The other -- the Shirk
18 Grant you mentioned, which was 2017 to '20, so still
19 ongoing, is a study kind of following up on that project I
20 did with the Aboriginal Healing Foundation on student to
21 student abuse. We are kind of continuing on with that
22 work and looking at different ways for knowledge
23 translation and getting those research findings out there.

24 And then the third grant that you mentioned
25 for the Department of Psychiatry Research one at

1 Dalhousie, that was a grant exploring the cumulative
2 effects of the familial residential school attendance in
3 relation to age of onset for suicidal ideation and
4 attempts among Indigenous youth. And so that was a grant
5 that provided us with funding to do analyses of the First
6 Nations Regional Health Survey. And so some -- again,
7 some of the -- a lot of those findings I'll be also
8 presenting today.

9 **MR. STUART WUTTKE:** All right. Thank you.
10 Moving on to your related professional experiences, you --
11 I'd like to highlight a couple of your past roles.

12 You mentioned that you've done... ..work
13 for the Truth and Reconciliation Commission?

14 **DR. AMY BOMBAY:** Yes. During my graduate
15 studies, I worked with the TRC in developing their
16 statement taking protocols, and I also worked at a -- as a
17 statement gathering -- as a head statement gatherer at
18 several of the TRC events.

19 **MR. STUART WUTTKE:** And, moving onto your
20 section that you see under Publication, we note there are
21 references to peer reviewed journals, peer reviewed
22 reports and chapters, and peer reviewed concer -- I mean
23 conference papers. You have identified close to 30 peer
24 reviewed publications and 17 non-peer reviewed works, can
25 you provide us with some description of the significance

1 of peer reviewed research?

2 **DR. AMY BOMBAY:** Sure. In academia, you
3 know, we go about our research. And, in general, before
4 it gets accepted for publication in an academic journal,
5 it needs to go through a peer review process by which your
6 peers review it anonymously, and basically assess the
7 scientific approach and the methodology to determine the
8 findings are valid and reliable and should be published.

9 **MR. STUART WUTTKE:** Thank you. And, just
10 to highlight some of your research in the past, I would
11 like to focus on three papers that you have written. The
12 first one is the twelfth research paper, and I believe it
13 is about the fourth one down on the fourth page entitled -
14 - it is a 2017 paper with the Canadian Journal of
15 Psychiatry on suicide ideation.

16 **DR. AMY BOMBAY:** Yes. That was a paper
17 where we used data from the First Nations Regional Health
18 Survey, to look at how having a parent who went to
19 residential school was associated with suicidal ideation
20 and attempts. And, specifically, we wanted to look at how
21 having, not just a parent who went, but how having
22 multiple generations in your family attend. So, we wanted
23 to look at the cumulative effect of having a number of
24 generations in their family attend.

25 And, we did find that having the more

1 generations in -- who attended residential school, the
2 greater the risk for suicidal thoughts and attempts. And,
3 I will be showing some -- a graph from that in my
4 presentation.

5 **MR. STUART WUTTKE:** All right. Thank you.
6 And, halfway down the page, there is another study that
7 was published in the Transcultural Psychiatry in 2014
8 dealing with intergenerational effects of Indian
9 residential school implications.

10 **DR. AMY BOMBAY:** Yes. That paper was
11 basically a review paper reviewing much of the evidence
12 that was existing at that time. I think we probably wrote
13 it in 2013. It usually takes about a year to get it
14 published, so -- but at the time, it was a review of the
15 research that has looked at the intergenerational effects
16 of residential schools.

17 **MR. STUART WUTTKE:** And, the last published
18 work is on the top of the fifth page, it is from the
19 Aboriginal Healing Foundation.

20 **DR. AMY BOMBAY:** Yes. That was the report
21 and study I had mentioned that I worked on during my post-
22 doctoral fellowship, that was commissioned by the
23 Aboriginal Healing Foundation that explored student-to-
24 student abuse in residential schools.

25 **MR. STUART WUTTKE:** All right. Thank you.

1 And, can you briefly describe some of the work and
2 collaboration you had with the Assembly of First Nations?

3 **DR. AMY BOMBAY:** In the past, I worked with
4 the AFN in serving as an expert witness in the Human
5 Rights Tribunal for child welfare. I have also helped
6 them in some of their research in conducting the bio-
7 monitoring study, looking at things -- contaminants in the
8 water and how it is related to health outcomes. Those
9 were my two major...

10 **MR. STUART WUTTKE:** All right. Thank you.
11 And, finally, have you ever been an expert in a court or
12 in any tribunal?

13 **DR. AMY BOMBAY:** So, with AFN, I was an
14 expert witness in the Human Rights Tribunal on child
15 welfare. I was also an expert witness for the
16 parliamentary committee on Indigenous suicide.

17 **MR. STUART WUTTKE:** At this point, Chief
18 Commissioner and Commissioners, we would like to have Dr.
19 Bombay sworn in or acknowledged as an expert.

20 **CHIEF COMMISSIONER MARION BULLER:** At the
21 beginning, you went way too quickly for me, Mr. Wuttke.
22 The areas again, in which you want her qualified to give
23 opinion evidence?

24 **MR. STUART WUTTKE:** Sure. It would be on -
25 - so you will be put forward as a psychological expert on

1 the effects and transmission of stress and trauma on well-
2 being, including the intergenerational and transmission of
3 trauma among the offspring of Indian residential school
4 survivors.

5 **CHIEF COMMISSIONER MARION BULLER:**

6 Certainly. We will mark the CV, redacted to exclude the
7 e-mail address, as Exhibit 17. And, certainly, this
8 witness has the requisite skills, knowledge and experience
9 to give opinion evidence in the areas as set out by
10 counsel. Thank you.

11 **--- Exhibit 17:**

12 CV of Dr. Amy Bombay (19 pages)

13 **MR. STUART WUTTKE:** Thank you. We will
14 move into the main evidence being provided by Dr. Bombay.
15 Just to provide a notation to the Commissioners, there are
16 two copies of the PowerPoint. One was an earlier copy and
17 that was circulated to the parties. We have also
18 circulated an updated copy. So, the updated PowerPoint is
19 actually Schedule H to Dr. Bombay's list of materials and
20 we would like to have that entered as an exhibit.

21 **CHIEF COMMISSIONER MARION BULLER:** The

22 updated PowerPoint will be Exhibit 18, please. And, just
23 for the ease of reference, it is at Tab H.

24 **--- Exhibit 18:**

25 Powerpoint of Dr. Amy Bombay

1 "Transgenerational Trauma and
2 Resilience: Understanding the Root
3 Causes of Contemporary Health and
4 Social Disparities Facing Indigenous
5 Peoples in Canada" (84 pages / slides)

6 **MR. STUART WUTTKE:** Yes. And then in Dr.
7 Bombay's upcoming testimony, she will refer to a number of
8 research papers that she has conducted in the past.
9 Rather than having them entered as exhibits later on, I
10 would like to do it now, if it pleases you. So, the first
11 one would be -- it is attached as Schedule C to Dr.
12 Bombay's materials, it is a 2018 paper on Suicidal
13 thoughts and attempts in First Nation communities. We
14 would like to have that as an exhibit.

15 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
16 19 is Suicidal thoughts and attempts in First Nations
17 communities: links to parental Indian residential school
18 attendance across development from the Journal of
19 Developmental Origins of Health and Disease by Dr. Bombay
20 and others. And, I am just looking for the year. I am
21 sorry, I do not see that.

22 **--- Exhibit 19:**

23 "Suicidal Thoughts and Attempts in
24 First Nations Communities: Links to
25 Parental Indian Residential School

1 Attendance across Development," by
2 Bombay et al in *Journal of*
3 *Developmental Origins of Health and*
4 *Disease*, article accepted May 6, 2018
5 (nine pages)
6 Counsel

7 **MR. STUART WUTTKE:** That is 2018.

8 **CHIEF COMMISSIONER MARION BULLER:** 2018,
9 thank you.

10 **MR. STUART WUTTKE:** The next document will
11 be Schedule D, 2014 paper entitled the Origins of Lateral
12 Violence in Aboriginal Communities: A preliminary study on
13 student-to-student abuse in residential schools, published
14 by the Aboriginal Healing Foundation.

15 **CHIEF COMMISSIONER MARION BULLER:** Thank
16 you. Yes, Exhibit 20 is Origins of Lateral Violence in
17 Aboriginal Communities: A preliminary study of student-to-
18 student abuse in residential schools, a report from the
19 Aboriginal Healing Foundation by Dr. Bombay and others,
20 2014.

21 **--- Exhibit 20:**

22 "Origins of Lateral Violence in First
23 Nations Communities : A Preliminary
24 Study of Student-to-Student Abuse in
25 Residential Schools" report for the

1 Aboriginal Healing Foundation by Amy
2 Bombay, 2014 (210 pages)

3 **MR. STUART WUTTKE:** The next exhibit would
4 be Schedule E, a 2014 publication entitled The
5 intergenerational effects of Indian Residential Schools:
6 Implications for the concept of historical trauma, it was
7 published in the Transcultural Psychiatry journal.

8 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
9 21 is The intergenerational effects of Indian Residential
10 Schools: Implications for the concept of historical
11 trauma, in Transcultural Psychiatry, 2014, by Dr. Bombay
12 and others.

13 **--- Exhibit 21:**

14 "The intergenerational effects of
15 Indian Residential Schools:
16 Implications for the concept of
17 historical trauma" by Bombay, Matheson
18 & Anisman in *Transcultural Psychiatry*,
19 Volume 51(3) 2014, online version
20 published May 22, 2014 (pp. 320-338)

21 **MR. STUART WUTTKE:** The next exhibit is
22 Schedule F in the materials, a 2017 paper entitled,
23 Suicide Ideation and Attempts among First Nation Peoples
24 living On-Reserve in Canada: The Intergenerational and
25 Cumulative Effects of Indian Residential Schools,

1 published in the Canadian Journal of Psychiatry.

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

3 Exhibit 22 is Suicide Ideation and Attempts among First
4 Nation Peoples living On-Reserve in Canada: The
5 Intergenerational and Cumulative Effects of Indian
6 Residential Schools in the Canadian Journal of Psychiatry.

7 --- Exhibit 22:

8 "Suicide Ideation and Attempts among
9 First Nations Peoples Living On-
10 Reserve in Canada: The
11 Intergenerational and Cumulative
12 Effects of Indian Residential
13 Schools," by McQuaid, Bombay, Arilla
14 McInnis, Humeny, Matheson & Anisman in
15 *The Canadian Journal of Psychiatry*,
16 2017 (pp. 1-9)

17 **MR. STUART WUTTKE:** Thank you. And, the
18 last exhibit would be listed as Schedule G, and it is the
19 2011 paper, *The impact of stressors on second generation*
20 *Indian Residential School survivors*, that was published in
21 the *Transcultural Psychiatry* journal.

22 **CHIEF COMMISSIONER MARION BULLER:** Exhibit
23 23 is *The impact of stressors on second generation Indian*
24 *Residential School survivors*, by Dr. Bombay and others, in
25 *Transcultural Psychiatry*, 2011.

1 --- Exhibit 23:

2 "The impact of stressors on second
3 generation Indian residential school
4 survivors," by Bombay, Matheson &
5 Anisman in *Transcultural Psychiatry*
6 48(4), 2011 (pp. 367-391)

7 **MR. STUART WUTTKE:** And, Dr. Bombay, in
8 reference to the exhibits we just published, you were an
9 author in all of these papers?

10 **DR. AMY BOMBAY:** Yes, that is correct.

11 **MR. STUART WUTTKE:** Before -- Dr. Bombay,
12 before getting into the body of your opinion, can you
13 explain your research approaches and the information data
14 sources for your research?

15 **DR. AMY BOMBAY:** Sure. We have done a
16 number of studies, so -- and we have used various
17 approaches depending on the research question. Some of
18 the research I will be presenting is of quantitative
19 survey data. Some of that has been collected by ourselves
20 by our research team. Other -- a lot of the time, we will
21 be presenting data from the First Nations Regional Health
22 Survey, which is the only nationally representative survey
23 looking at health outcomes among First Nations living on-
24 reserve.

25 And then we also do qualitative research,

1 including things like focus groups, and interviews, and
2 sharing circles. And so, I will be also sharing some of
3 our research -- some of our qualitative research of our
4 narrative findings. Yes.

5 **MR. STUART WUTTKE:** All right, and thank
6 you. And, before we get into the detailed content of your
7 opinion, can you provide us with a summary of your
8 opinions on the issue of intergenerational impacts?

9 **DR. AMY BOMBAY:** Yes. I think we have been
10 working on this for over 10 years now, and there are a lot
11 of others who have also contributed to this body of
12 research. And, in general, there is consistent evidence
13 showing that the children and grandchildren of those
14 affected by residential schools are at risk for various
15 negative mental, physical and social outcomes. At the
16 same time, our research also demonstrates the enormous
17 amount of resilience in those affected and showing that
18 factors related to culture and cultural identity are
19 particularly protective in buffering against those
20 negative effects of residential schools and other aspects
21 of colonization.

22 **MR. STUART WUTTKE:** All right. At this
23 point, we will ask that Dr. Bombay's PowerPoint be posted.
24 So, moving on to your PowerPoint, I note that your
25 evidence will focus in seven areas. The first one being

1 racism in Canada as root causes for health and social
2 inequities.

3 **DR. AMY BOMBAY:** Next slide.

4 **MR. STUART WUTTKE:** Next slide? I just
5 wonder if you can just delve into your PowerPoint.

6 **DR. AMY BOMBAY:** Sure. Next slide? So,
7 this is the outline. I will be touching on kind of a
8 number of different points. The first one focusing on
9 just racism in Canada and the importance of understanding
10 the root causes of the health and social inequities that
11 exist today facing Indigenous peoples.

12 I will also be talking about our research
13 that has looked at the long-term effects of residential
14 school survivors who attended themselves. We also show
15 some of those effects. We would be looking at some
16 neuroscience research that was done in non-Indigenous
17 populations who have undergone various childhood
18 adversities to show the potential long-term effects of
19 adverse childhood experiences.

20 I will then move on to talking about the
21 long-term effects of Indian residential schools on the
22 children and grandchildren of those who attended. Our
23 research also looks at the pathways by which that happens,
24 so I will also be talking at some of those pathways
25 involved in the transmission of trauma and resilience

1 across generations.

2 We have kind of moved on to trying to look
3 at linkages between residential schools and other aspects
4 of colonization and historical trauma, so I will be
5 touching on that. And, in ending with our evidence from
6 our work, just emphasizing the importance of culture and
7 cultural identity, and healing and wellness, and the
8 inherent strength in that within communities. Okay, so I
9 will go the next slide.

10 So, I guess I wanted to start with this.
11 As you will see when I get into talking about our
12 research, I wanted to explain that one of the main reasons
13 that we do our work is so that people can understand the
14 root causes of the health and social disparities that are
15 facing Indigenous peoples today. Because without that
16 understanding, people have a tendency to blame Aboriginal
17 peoples for their social and health inequities and resist
18 policies addressing them.

19 And, this has been shown -- this is
20 research -- I am citing research from my colleague, Dr.
21 Jeff Dennis, at McMaster University who has looked at
22 different forms of racism in Canadian society, and he has
23 identified this type of laissez-faire racism to be
24 particularly prevalent. And, I think it is important to
25 acknowledge the importance of understanding these root

1 causes. Next slide.

2 This is just a slide from research done in
3 Winnipeg -- researchers who did work in Winnipeg looking
4 at this type of -- different types of racism within the
5 health care system. And, just to point out kind of what I
6 mean, you know, the first quote is of a health care
7 provider who said, "It was interesting you are targeting
8 the Native population, because my first thought, to be
9 honest with you, was that, 'Here we go again. We are
10 going to do more for the Aboriginals again.' What about
11 just doing it across the board for everyone? Why do we
12 have to target these people so much?" So, obviously, that
13 health care provider is not aware of the root causes of
14 the health -- of colonization and of historical trauma.
15 And so, just to show that, that, you know, these attitudes
16 within people working in these systems have a big impact.
17 Next slide.

18 We have also seen these types of attitudes
19 in our former Prime Minister and politicians. We are
20 currently seeing, perhaps, a rise in these types of
21 attitudes. And then this also applies to understanding
22 the issue of missing and murdered Indigenous women. This
23 is a quote from our Prime Minister who said that "this
24 issue isn't a sociological phenomenon," but that is
25 completely against all evidence we have, and so I will be

1 talking about some of that evidence today. Next slide.

2 So, I just want to point out work by some
3 of my colleagues talking about some of the factors that
4 contribute to this issue. A lot of it has to do with
5 racism in Canada and how that influences our systems, the
6 justice system. This is a paper from Pamela Palmater, who
7 -- this article seeks to highlight the lesser known
8 problem of police involved racialized and sexual abuse and
9 the violence against Indigenous women and girls as a root
10 cause of the large numbers of murdered and missing
11 Indigenous women and girls in Canada. Next slide.

12 So, there is that aspect to it. So, today,
13 I am not going to be focusing on that aspect in terms of
14 the sociological factors. I am more going to be looking
15 at the sociological and -- factors related to violence and
16 family violence, and just the intergenerational adverse
17 childhood experience.

18 **MR. STUART WUTTKE:** Sorry, can you halt? I
19 believe there is a problem with the translation.

20 **DR. AMY BOMBAY:** Okay. Absolutely. A bit
21 nervous, thanks. So, today, I am going to be -- this is
22 just from the Centre for Disease, Control and Preventions
23 in the United States. Just one example of the many models
24 of sociological, ecological models of violence that
25 emphasize the social determinants of health and it

1 influencing violence. And, not only looking at individual
2 factors, but relationship factors, community factors and
3 these societal factors as well. Next slide.

4 This is just another example. This is a
5 research review paper that look at longitudinal -- so,
6 again, this is a non-Indigenous population looking at
7 longitudinal predictors of domestic violence, perpetration
8 and victimization. And, this summary kind of emphasizes
9 the distal proximal risk factors, things like childhood
10 abuse, family origin risks, behavioural problems and
11 sociodemographic risks. And, the more proximal risks it
12 identifies are behavioural problems in adolescence
13 substance use, peer risks, adolescent abuse. And, in
14 turn, we know that all of those factors are linked with
15 victimization and perpetration in adulthood. Next.

16 And, just to emphasize that this research
17 has done among non-Indigenous population. So, for
18 Indigenous peoples, it is also layered with these various
19 aspects of colonization that you put them at even further
20 risk. Next slide.

21 So, I think one of the big, kind of, things
22 that I want to emphasize is, you know, what we have all
23 been saying here today and what was emphasized by Justice
24 Murray Sinclair in the Truth and Reconciliation Commission
25 is that Canadians must acknowledge that for generations,

1 their public schools have fed them misinformation about
2 Aboriginal people and that we really need to learn about
3 colonization in our history and how that contributes to
4 the situation that we are -- some of the situations we are
5 managing today. Next slide.

6 So, not only is it important for non-
7 Indigenous peoples to learn about this history of
8 colonization, but it is also important for us as
9 Indigenous peoples and for our young people to understand
10 why these -- you know, their families and communities are
11 being affected. This was shared by a participant in our
12 research that emphasizes the importance of learning about
13 this.

14 He shared, "I found out when I was 27 that
15 my father attended residential school. My sister told me.
16 My father has never spoken to me about it. I read his
17 court statements without his knowledge, and this is where
18 I learned about the sexual, physical, emotional and
19 cultural abuse he endured. I was deeply saddened, but it
20 gave me an understanding of why my father behaves the way
21 he does. It helped me understand the cycle of abuse,
22 because, in turn, he abused my mother and I. He learned
23 behaviours in residential school and could not cope, so he
24 turned to alcohol, and so did I. But, at the moment, I am
25 in treatment and dealing with these issues. I can break

1 the cycle.”

2 And, these are kind of a really good
3 example of many of the stories, similar stories we heard
4 about the importance of people learning about their family
5 and community history and how that has often served as
6 kind of a spark for healing and seeking out healing. Next
7 slide.

8 For me, I'm Anishnaabe from Rainy River
9 First Nations, but I grew up mostly in Ottawa. And, I
10 remembered growing up wondering, you know, when I went
11 downtown why there were so many Indigenous peoples on the
12 street, wondering why things -- you know, my one side of
13 the family had certain -- my grandmother had certain
14 issues that I couldn't understand. And, it was in my --
15 yet, growing up, I was -- my family really emphasized
16 cultural pride, but we didn't talk very much about
17 history.

18 And, it was in my undergrad -- in high
19 school, my mother encouraged me to do a project on
20 residential schools, and that was the first time I really
21 learned about it. And, for me, it was like a lightbulb
22 went off in explaining many of the things, you know, that
23 I had been thinking about growing up. And, in university,
24 I came across Dr. Maria Yellow Horse Brave Heart who
25 coined the term "historical trauma". And, again, for me,

1 that kind of really explained a lot of things. And, she
2 described that -- defined that as the cumulative,
3 emotional and psychological wounding over the lifespan and
4 across generations, emanating from massive group trauma.

5 And, as some of our former speakers have
6 also raised this concept, some of the important things
7 about it is that -- kind of the defining kind of concepts
8 around historical trauma, that it affects a large
9 proportion of the population. A key one is to emphasize
10 the cumulative effects that were transferred across
11 generations, and that it interacts with contemporary
12 stressors and aspects of colonization like racism.

13 And so, this really kind of resonated with
14 me and we kind of sought out to conduct research to help
15 people understand these effects better. Next slide.

16 **MR. STUART WUTTKE:** So, we've touched upon
17 that first part. The second part of the presentation
18 deals with the long-term effects of Indian residential
19 schools on former students. Can you please continue?

20 **DR. AMY BOMBAY:** Next slide, please. So,
21 basically, I think what a lot of people who kind of have
22 those *laissez-faire* attitudes, like, racist attitudes, are
23 missing that historical piece: so, the *Indian Act*
24 relocations, the Indian residential school systems, the
25 Sixties Scoop. So, I wanted to emphasize that all of

1 these things contribute to negative outcomes together, but
2 our research has focused just specifically on looking at
3 some of the long-term outcomes of the residential school
4 system.

5 And, other research before us had already
6 provided evidence showing that residential school
7 survivors are more likely to suffer various physical and
8 mental health problems compared to those who didn't
9 attend.

10 At the bottom is some more recent research,
11 again, from that First Nations Regional Health Survey. In
12 the most recent surveys, we still show that residential
13 school survivors today are more likely to report higher
14 levels of psychological distress, poorer self-rated health
15 and being more likely to be diagnosed with various chronic
16 health conditions.

17 **MR. STUART WUTTKE:** Dr. Bombay, you
18 mentioned the Regional Health Survey. Can you please
19 describe what that is?

20 **DR. AMY BOMBAY:** Yes. So, the first -- the
21 RHS there, it's the First Nations Regional Health Survey,
22 and it's the only nationally representative survey looking
23 at health and social outcomes among First Nations
24 children, adults and youth living on reserve. And, it's
25 kind of run by the First Nations Information Governance

1 Centre, which is a First Nations run organization. They
2 have a national steering committee, and they work with
3 regional communities who collect those data, and their own
4 communities across Canada. And, it's probably, yeah, one
5 of our most reliable data sources for First Nations on
6 reserve. Next slide.

7 So, again, this is from the most recent
8 Regional Health Survey in 2015 and 2016, and this is just
9 to emphasize the numerous childhood adversities that
10 children who went to residential school were exposed to.
11 And, I'd like to also point out that this question was
12 asking survivors about these different experiences, and if
13 they felt these experiences had a negative impact on them.
14 So, it's not actually the proportions who experienced it,
15 it's only if they said yes if they felt it had a negative
16 impact. So, it's kind of an underestimation of the
17 experience of these things.

18 But, we see that, you know 80 percent
19 perceive negative impacts associated with isolation from
20 violence, 70 percent verbal or emotional abuse, 70 percent
21 loss of cultural identity, physical abuse, harsh
22 discipline, and you can see a number of these adverse
23 childhood experiences that were very common in residential
24 school. Next slide.

25 This is the same kind of question that was

1 asked to residential school survivors in the previous
2 Regional Health Survey, and I just wanted to show it
3 again, because in this graph, we differentiated between
4 those who spent zero to two years there versus three or
5 more years, and just showing that the longer that
6 residential school survivors spent there, the more
7 negative impacts they perceived from all of these
8 different experiences. Next slide.

9 So, here, I'm going to be talking about the
10 research that has been done in non-Indigenous populations,
11 emphasizing also the negative effects of childhood
12 adversities. And, one of the largest, kind of the biggest
13 landmark studies that have provided a lot of information
14 in relation to this was the Adverse Childhood Experiences
15 Study in the United States in which they asked middle-
16 class and middle-aged Americans about 10 different adverse
17 childhood experiences before -- that they would have
18 experienced before the age of 18. And, they found that 1)
19 the amount of childhood adversities are extremely
20 prevalent in the general population, and that the more
21 number of childhood adversities that you're exposed to,
22 the more likelihood you are at risk for various health and
23 social outcomes. And, graded relationships have been
24 found between the number of adversities and negative
25 outcomes in adulthood in a range to a number of various

1 health and social outcomes. Next slide.

2 These are just a list of the research that
3 has been done in relation to physical and mental health
4 outcomes. So, adverse childhood experiences have been
5 linked with depression, suicide attempts, heart disease,
6 liver disease. It's also associated with various social
7 and behavioural outcomes, including risk for perpetration
8 and for victimization of intimate partner violence, as
9 well as a number of -- kind of any outcome you can think
10 of, negative one, you can probably link it to childhood
11 adversities. Next slide.

12 Again, this is research summarizing work in
13 the non-Indigenous population, just emphasizing that the
14 previous slide I was showing adult outcomes associated
15 with childhood adversity, and this is research emphasizing
16 that the effects of childhood adversities can begin to
17 start to manifest themselves right then in childhood.
18 And, that in addition to being linked with various mental
19 and physical health outcomes, it's linked with aggression,
20 anger, inter-personal violence, and that increasing
21 exposure is also associated with a range of symptoms.
22 Yes, so next slide, please.

23 So, here, I just wanted to talk a little
24 bit about some of the research questions that we addressed
25 in our research project with the Aboriginal Healing

1 Foundation in looking at student-to-student abuse in
2 residential schools. And, basically, this study came
3 about because survivors were coming to them saying that
4 they felt that this was an issue that needed to be talked
5 about that hadn't been talked a lot about, and that -- in
6 the past. And at the time, there was some news articles
7 coming out about reports of student to student abuse in
8 the independent assessment process and the Truth and
9 Reconciliation Commission.

10 And some of the -- the way it was kind of
11 discussed in the media was that this was surprising or
12 unexpected, but what our research really showed was that
13 those outcomes of student to student abuse is actually an
14 expected outcome when you put children in the context of
15 something like the residential schools. And so that's
16 kind of what I'll be talking about.

17 And to do this study, we decided -- because
18 it hadn't been a topic that had been discussed a lot, we
19 decided to talk to -- to not talk with survivors right
20 away about it, and we instead decided to talk to service
21 providers. We talked to 43 health service providers who
22 had worked extensively with communities affected by
23 residential schools or with residential school survivors
24 and their children.

25 Two of the questions that we wanted to

1 address, and I'll talk about right now, was looking at the
2 nature and prevalence of student to student abuse and the
3 factors that contributed to student to student abuse in
4 residential school.

5 Next slide.

6 And in relation to the nature and
7 characteristics, the service providers basically said --
8 about 80 percent said that they heard reports of student
9 to student abuse from clients, and many revealed it was
10 equally likely to be raised than it was staff to student
11 abuse. The physical and emotional abuse was described in
12 the context of kind of daily bullying, and sexual abuse
13 between students was described as occurring less often,
14 but that it wasn't too uncommon.

15 Next slide.

16 And I'd also just like to again emphasize,
17 using research in non-Indigenous populations, and these
18 are reviews. The first one on the left is a review
19 looking at bullying and peer violence among children and
20 adolescents in residential care settings. And so this
21 study reviewed a number of studies looking at this and
22 determined that bullying and peer violence among
23 institutionalized children are widespread phenomena; peer
24 hierarchies are associated with bullying and peer
25 violence; poor social bond with professionals and anti-

1 (indiscernible) culture, increased bullying and peer
2 violence; and polyvictimization increases risk for
3 behavioural and psychological problems.

4 In the paper on the right, it's more
5 focused on sexual abuse in residential care settings, and
6 again, it also emphasizes that histories of sexual abuse
7 are very pervasive in these institutional settings.

8 Next slide. Next slide, please.

9 **MR. STUART WUTTKE:** So moving onto your
10 third -- oh. Sorry. Put on the next slide. There you
11 go.

12 **DR. AMY BOMBAY:** Well, I guess I'm still
13 going on this.

14 **MR. STUART WUTTKE:** Yeah.

15 **DR. AMY BOMBAY:** Okay.

16 So our next question within this study was
17 looking at the contributing factors. And so we heard a
18 lot of stories from service providers who described that
19 their clients talked about the -- being removed from their
20 communities and their traditional teachings. And so,
21 Step 1, you know, they isolated children from their normal
22 socialization processes.

23 Next. Next, please.

24 They then also with -- created punitive and
25 deprived living conditions in residential schools. So we

1 heard stories of arbitrary unpredictable sexual,
2 emotional, and physical abuse; stories of using
3 humiliation and denigration of cultural values and
4 explicit racism; deprivation of food, clothing basics, so
5 severe neglect. So we heard all of these things. And we
6 know from, again, the non-Indigenous literature that all
7 of these factors are associated with aggression and acting
8 out in children.

9 Next, please.

10 The service providers also emphasized the
11 lack of safety and powerlessness in residential schools.
12 One service provider described when they saw the staff
13 physically abusing another student, at first, they would
14 tell other staff, but then nothing would happen so they
15 had no one to tell. So they would just stop trying to
16 tell other people. They would go to the head of the
17 school and they were told that they were lying and that it
18 was not true and that the staff wouldn't do that. A lot
19 of them were told that when they tried to tell someone
20 about it. So we heard, you know, a lot of just this
21 constant lack of safety and powerlessness among these
22 children at residential school.

23 Next slide.

24 So the next kind of part of it was actually
25 fostering aggression -- factors that fostered aggression

1 between children at residential school. Part of this was
2 taking away the protective factors of having a positive
3 cultural identity that they felt proud of through explicit
4 cultural shaming and racism.

5 Next.

6 We also heard stories of how those who
7 worked at residential schools actually encouraged
8 aggression between students in some cases and that there
9 was a division between those perpetrators who were often
10 tied to residential school staff and the victims. This --
11 one service provider was quoted as saying:

12 "Because of the restrictive and abusive environments in
13 the schools, the kids were often forced to identify with
14 their aggressors and displace -- and release their hurt
15 and anger on their younger and weaker peers. They would
16 hit them or steal their stuff so they could feel like they
17 were in control of something." (As read)

18 Next slide.

19 Other service providers emphasized how the
20 conditions in residential schools and the number of
21 adversities that children were exposed to constitutes
22 complex trauma, and they emphasized how one of the
23 outcomes of complex trauma is re-enacting their traumatic
24 events. They described:

25 "Young children were processing a traumatic event, they

1 process information by playing it out and re-acting it.
2 So with young kids that are abused, the percentage of
3 re-enacting on other students is very high. It was common
4 in residential school, and I think it was typically a
5 traumatic re-enactment. This is how children react to
6 trauma." (As read)

7 Next slide.

8 Another big thing was -- that was
9 emphasized was the modelling and normalization of abuse
10 within residential schools. I'll just read one of these
11 quotes, who described that:

12 "Being chronically abused at a young age tends to make
13 people think that it's normal. I think that some men
14 simply thought, 'Well, that is what you do with people',
15 and this effect is amplified when witnessing of student
16 abuse was part of the normal childhood experience in
17 residential schools." (As read)

18 Next slide, please.

19 We also heard stories where children were
20 actually taught or encouraged by students to abuse other
21 students at residential school. Several shared stories
22 about how staff gave the student abuser permission to
23 handle or deal with children in any way to maintain
24 control over the student. Another described how some were
25 given encouragement by staff to ask -- to act as

1 enforcers. This is described both in relation to
2 bullying, as well as to sexual abuse. For example, one
3 counsellor described how kids were taught in residential
4 school that in the absence of having loving and caring
5 parents you can substitute it for sexual things with each
6 other, and that this was condoned or even taught to them
7 at school.

8 Okay. Next slide.

9 Lastly, and part of this process, after
10 generations of children were -- experienced these -- this
11 residential school context, children went back to their
12 community with neither traditional skills nor access to
13 dominant group resources. Victims and perpetrators were
14 sent back to the same communities, and the effects of
15 trauma and altered social norms also contributed to
16 ongoing these cycles that were catalyzed in residential
17 schools.

18 Next slide.

19 So just to emphasize, because this happened
20 over generations children then were going to school after
21 having their parent gone to residential school. And so
22 this was just emphasizing the inter -- how this happened
23 over generations of children going to residential school
24 coming back into the community, and I think slowly over
25 time those social norms would have changed more and more

1 as time went on.

2 Next slide.

3 This is -- we also -- in terms of looking
4 at some of the unique consequences of student to student
5 abuse, versus just being abused by staff, we found that
6 they reported that it seemed to have a particular effect
7 on trust and social relationships within the community,
8 and that was a unique effect of the abuse by other
9 students. Next slide.

10 Again, in terms of looking at -- one of the
11 research questions was looking at the effects on survivors
12 who actually perpetrated abuse within residential school.
13 And, many of the service providers emphasized how this
14 contributed to the normalization of abuse. One person
15 said they were taught that in school -- they were taught
16 that in the school, but they didn't really believe what
17 they said, because they were being abused by the staff at
18 the same time. Now, they are out of school and are being
19 apprehended for the very same behaviours as the staff did.
20 It was very difficult for them. They didn't understand
21 why that happened to them. Next slide.

22 In terms of the effects on survivors who
23 were perpetrators, service providers also emphasized that
24 for many of them that they were the ones who contributed
25 to continue perpetration of abuse in communities. One

1 said that some men simply thought that, well, this is what
2 you do with people. We have a pool of older men who were
3 mistreated as children, grew up as teens doing the same
4 thing to other kids in residential school, and now they
5 have become abusers. Next.

6 So, I think it is clear the negative
7 experiences of residential school survivors -- and this is
8 just to look at the proportion of the First Nations
9 population living on today who actually attended
10 residential school themselves from the most recent
11 Regional Health Survey. If we look at the total sample of
12 adults, it is about 15 percent. But, if we look at the
13 older age groups, for example those 60 or older, we see
14 that it is about 40 percent. So, it is a large proportion
15 of the population. We still have many survivors alive
16 today who are in need of continued healing. Next slide.

17 This is just to emphasize -- this is the
18 same thing, looking at different age groups, the
19 proportion of adults who attended residential school, but
20 just looking at the past two Regional Health Surveys just
21 to show that the number of survivors hasn't actually
22 decreased that much in the past 20 years. So, again,
23 emphasizing the continued need for healing. Next slide.

24 Again, this is another graph showing the
25 proportion of various Indigenous populations who attended

1 residential school. So, on the left-hand side, it is,
2 again, focusing on First Nations on-reserve, but the rest
3 of them are looking at using data from the Aboriginal
4 People Survey, which is focused on Indigenous peoples
5 living off-reserve. And, if you look at the status, First
6 Nations and the Inuit populations, we see it is not far
7 off from the number of -- the proportion living on
8 reserve. It is slightly less in non-status First Nations
9 and Métis, but they were also affected. Next slide.

10 **MR. STUART WUTTKE:** So, this will bring us
11 to the third part of your presentation. You are going to
12 be dealing with some issues with respect to studies that
13 happened on non-Indigenous populations and negative
14 effects of -- on early life adversity, you know, on both
15 the brain and how it has manifested in psychological and
16 physical health. If you can continue?

17 **DR. AMY BOMBAY:** Next slide, please? So,
18 basically, you know, we -- I think we all know stress is
19 bad. It is not meant to always be bad. It is meant to
20 allow us to respond to things in our environment. But,
21 when it becomes way too much to handle, it causes our body
22 systems to kind of break down and puts us at risk for
23 various health conditions. And so, we refer to that as an
24 allostatic load when you have so many stressors that your
25 body can't handle that. Next slide.

1 And, we know that cumulative adversity is
2 particularly likely to have negative and long-term
3 consequences if it happens early in life. And, the
4 earlier in the life, the more -- the greater the risk. We
5 know that cumulative or chronic exposure to adverse
6 childhood experiences may lead to allostatic overload
7 causing neurobiological responses to become pathogenic
8 rather than protective. So, basically, again, just saying
9 how too much stress can cause systems to not function
10 properly. Next slide.

11 This graph -- or that picture is from a
12 study that was done among children raised in Romanian
13 orphanages in the 1980's and '90s. And, it is depicting
14 on the left the brain of someone who did not spend their
15 time growing up in this orphanage. And, the one on the
16 right is showing a brain of a person who was taken as a
17 baby and put into an orphanage. And, this is a PET scan
18 which just shows different activities in different brain
19 regions.

20 And, you see in the abused brain who spent
21 time in the orphanage from an early age certain parts of
22 their brain aren't functioning in the same way as those
23 who had -- or did not have that negative experience
24 growing up. And then I just have some other research,
25 kind of, articles that have -- that we know that this is

1 the case, and there has been so much research in non-
2 Indigenous populations looking at this.

3 **MR. STUART WUTTKE:** Dr. Bombay, the
4 contrast between the two brains, the PET scans, is quite
5 striking. As far as someone that has been in an abusive
6 relationship, like on the right side, what are the long-
7 term impacts that that would have on the child?

8 **DR. AMY BOMBAY:** So, it really -- for a
9 child who is taken from an early age, it can have a range
10 of negative outcomes that I showed earlier. Any type of
11 health and social outcomes, cognitive outcomes, we know
12 that that is associated with childhood adversity and is
13 associated with -- and this is kind of a picture of what
14 is happening in the brain to show that.

15 **MR. STUART WUTTKE:** And, if -- what are the
16 long-term effects, especially if the child stays in that
17 environment and goes into adulthood? Can they basically
18 be cured later on?

19 **DR. AMY BOMBAY:** That is -- in some cases.
20 You know, that is why we emphasize the earlier the
21 intervention, the better. I think it is hard to say. I
22 think we know that there are long-term consequences that
23 in some cases certain factors can be protected, but in
24 some cases not always and we can't always completely
25 repair the damage done early in life. Next slide.

1 **MR. STUART WUTTKE:** So, that brings us to
2 the next section of your presentation that deals with the
3 impacts of former students and what impact it has on their
4 children and families.

5 **DR. AMY BOMBAY:** Next slide? This is using
6 data from the First Nations Regional Health Survey, and
7 this is where we really wanted to start looking at the
8 effects not only survivors, but on their children and
9 grandchildren. So, on the left, you see -- so it is
10 depicting the proportion of adults who are reporting
11 moderate or high levels of psychological distress. And,
12 when I say "psychological distress", it was a score of
13 people's ratings on 10 items assessing symptoms of anxiety
14 and depression.

15 And so, we compared those from the Regional
16 Health Survey to the non-Indigenous population on the
17 left. And, the four groups on the right, we split those
18 who took part in the Regional Healthy Survey into those
19 who were not affected by residential schools, those who
20 attended residential school themselves, those who had at
21 least one parent who went to residential school and those
22 who had at least one grandparent who went to residential
23 school. And, we show that those who either went to
24 residential school or had a parent or grandparent were at
25 the greatest risk compared to those First Nations adults

1 who did not attend.

2 But, even still, in those not affected by
3 residential schools, we still see higher levels of
4 distress compared to the non-Indigenous population. And,
5 I will get to that a bit later, but it is because of other
6 aspects of colonization and the collective effects we see
7 in communities. Next slide, please.

8 I am not going to spend too much time just
9 showing, kind of, the same effects, but in relation to
10 different health outcomes. This is looking at the
11 proportion of adults and youth reported seriously
12 considering suicide at some point in their life. And,
13 again, in adults and youth, we see that having a parent
14 and a grandparent puts them at risk for reporting suicidal
15 thoughts. Next slide?

16 And, this is another set of analyses we did
17 with the 2008 and 2010 First Nations Regional Health
18 Survey, and we wanted to look at how some of these effects
19 might vary among male and female youth, and among younger
20 and older youth. When we looked at the total sample of
21 youth, we found, again, parent -- having a parent who went
22 to residential school was related to suicidal thoughts.
23 But, when we broke it down by male -- by gender, we found
24 that it was females who we are really seeing these
25 intergenerational effects in relation to suicidal

1 ideation. Whereas for the males, it wasn't nearly as
2 strong.

3 Another thing was that we are -- the
4 effects -- the intergenerational effects seem to be
5 particularly pronounced in the younger age group leading
6 us to wonder whether there is something about
7 intergenerational trauma and early onset of these
8 symptoms, and really just emphasizing the importance of
9 intervening very early in life and as early as possible.
10 Next slide.

11 Again, this is just looking at other
12 outcomes, the same comparisons between those not affected,
13 having a grandparent who attended, at least one parent who
14 attended in relation to binge drinking, cannabis use and
15 use of other non-prescription drugs, and again we see
16 these very strong effects of familial residential school
17 attendance. Next slide.

18 Again, I always just want to emphasize,
19 this is not just the case in Indigenous peoples, there is
20 a growing literature that has established in other groups,
21 like the Holocaust and other groups affected by major
22 collective traumas, that these transgenerational effects
23 are real. And, we have also seen that in relation to the
24 intergenerational transmission of violence in non-
25 Indigenous populations. Next slide.

1 Another thing -- and this was relating back
2 to that concept of historical trauma which emphasizes the
3 cumulative effects of historical trauma across
4 generations. And so, we used the regional health survey
5 and compared those, again, who were not affected by
6 residential school, so they did not attend or did not have
7 a parent or grandparent who attended; we compared them to
8 those with a parent or a grandparent, so one previous
9 generation who attended; and to a third group who reported
10 that their parent and their grandparent attended, so they
11 had two previous generations in their family that
12 attended. And, we found that those who had more
13 generations in their family who attended residential
14 school were more likely to report psychological distress.
15 Next slide.

16 We found those same cumulative patterns
17 again in relation to suicidal ideation and attempts. Such
18 that the more generations who attended, the greater the
19 risk. Next slide.

20 Again, speaking to the proportion of the
21 population that has been affected. When we looked at the
22 proportion of First Nations children, youth and adults who
23 either attended residential school or had a parent or
24 grandparent attended, we found that in the most recent
25 survey was about three-quarters of the First Nations

1 population on-reserve who had been intergenerationally or
2 directly affected, and that this has not changed very much
3 over the past 20 years, again emphasizing the need for
4 continued resources for healing and wellness. Next slide.

5 **MR. STUART WUTTKE:** So, this brings us to
6 your fifth heading under your presentation, dealing with
7 the intergenerational effects of residential schools.

8 **DR. AMY BOMBAY:** So, yes, this -- a lot of
9 our research focus not only on looking at the outcomes,
10 but trying to understand the pathways involved. So, when
11 it says, mediator variable, so that is just talking about
12 -- we are using our statistical techniques to find what
13 seemed to be the pathways between having that family
14 history of residential school attendance and any kind of
15 health or social outcome. Next slide.

16 So, the first, I think, most obvious thing
17 we looked at was at adverse childhood experiences in the
18 children of residential school survivors. And, as
19 expected, we found that those who had at least one parent
20 who went to residential school were more likely to report
21 exposure to those same childhood adversity categories that
22 the adverse childhood experiences study used in the U.S.
23 And, we found that those with at least one parent who
24 attended experienced on average of five childhood
25 adversities; those with no parent reported an average of

1 three. And, when we looked at the childhood adversity
2 study in the U.S., the mean was still lower than three, it
3 was about two, so again emphasizing it is still likely
4 higher than the non-Indigenous population, even among
5 those not affected. Next slide.

6 This is just to emphasize that we are not
7 the only ones doing this work, and that there are other
8 researchers who are also showing similar findings in
9 relation to the links between -- sorry, the greater
10 exposure to adverse childhood experiences among those
11 affected by residential schools. Next slide.

12 We also wondered whether those affected by
13 residential schools were more likely to experience traumas
14 not only in childhood, but throughout their lifetime.
15 And, this is based on research showing stress
16 proliferation, how stress in one area of your life or
17 early in life can put you at risk for encountering more
18 and more stressors. And, again, we found that those who
19 had a parent who went to residential school reported more
20 traumatic experiences throughout their lifetime, and this
21 was also found by other researchers as well. Next slide.

22 Again, just -- this is just, kind of,
23 various research showing the links between childhood
24 experiences and adult partner violence in adulthood in
25 non-Indigenous populations. And so, it is very well

1 established, those links. Next slide.

2 We also wondered about racism and
3 perceptions of discrimination, and how that might
4 contribute to the increased risk for depressive symptoms
5 in those affected by residential schools, and we did find
6 that those with a parent who went to residential school
7 were more likely to perceive discrimination from non-
8 Indigenous peoples. Next slide.

9 So, when we did our, kind of, fancy
10 mediation statistical analyses, we found that having a
11 parent who went to residential school was linked with more
12 adverse childhood experiences, which in turn put them at
13 risk for continuing to experience traumas in adulthood and
14 also put them at risk for perceiving higher levels of
15 discrimination. And, in turn, all three of these
16 experiences were accounted for the differences in
17 depressive symptoms between those affected by residential
18 schools and not. Next slide. Next. And, next. And,
19 next slide.

20 So, in addition to encountering more
21 stressors, we also found that children of survivors seemed
22 to be more vulnerable to their effects in relation to
23 their mental health. So, I will explain the graph on the
24 left that looks at the relationship between adverse
25 childhood experiences and depressive symptoms, and we

1 compared that relationship between those who had a parent
2 who went to residential school, so that was the solid line
3 to those not affected, which is the dotted line. And, we
4 see that those with that family history were -- when they
5 experienced childhood adversity, their depressive symptoms
6 shot up much higher compared to those not affected.

7 And, just on the right is a graph that was
8 done by other researchers in the context of the Holocaust,
9 and they showed kind of a similar pattern showing that
10 when those with a Holocaust background were exposed to a
11 stressor of being diagnosed with cancer, their depressive
12 symptoms shot up more compared to Jewish adults without
13 that Holocaust background. Next slide. And, just to show
14 we saw that same pattern in relation to number of traumas
15 experienced in adulthood and in relation to perceived
16 discrimination. Next slide.

17 Another thing we wanted to look at was
18 communication between -- within families about the
19 residential school system and learning about residential
20 schools and how that might have contributed, and not
21 learning about it. So, here, we asked a sample of 99
22 children of survivors and we asked them how old were they
23 when they first learned that their parents went to
24 residential school, and about a third said they learned
25 about it in childhood, and another third said they learned

1 in adolescence, and the remaining third said that they did
2 not learn that their parents actually attended residential
3 school until they were adults. Next slide.

4 We also heard that this was really
5 significant for a lot of people, and that despite not
6 really knowing what residential school was or that their
7 parent attended, they could pick up on trauma and non-
8 verbal communication around their parents' experience that
9 affected them. This person described it, "I do not think
10 my parents ever really talked about it while I was growing
11 up. My older siblings would talk about residential school
12 and how our grandfather and father attended, though I
13 never really heard any details until early adulthood. I
14 think at some point as a child, I understood my father
15 acted in such a way with us, emotional harsh punishments,
16 due to his upbringing and I had some vague idea that it
17 related to residential school. I do not think I truly
18 understood how large of an impact it has had on my life
19 until the last six to seven years." Next slide.

20 We also heard about over sharing and that
21 was also not a good thing. And so, one of our papers, we
22 emphasized it is important to teach children about this
23 history while also emphasizing their cultural pride and
24 not -- and dealing with it in an age appropriate manner
25 and not being -- overemphasizing too much trauma. One of

1 the negative outcomes that people shared a lot was that
2 this experienced impacted how they felt about their
3 cultural identity. This person shared that their mother
4 was taught to be ashamed of their Aboriginal identity, and
5 this caused them to struggle for some sense of belonging.
6 She even talked down about Aboriginal people because of
7 their misfortunates. And, as a kid, I remember being
8 ashamed when my mother came to school because I was often
9 called names such as "wagon burner" and "savage". Today,
10 I'm so ashamed of the shame I experienced as a child, and
11 I'm so angry that my parents never taught me to be proud
12 of who I was." Next slide.

13 And, again, I'd like to emphasize, of
14 course, not everyone who takes part in our studies are
15 struggling. Many people have demonstrated extreme
16 adversity, despite their experiences, and we often found
17 that it was those who shared stories of holding onto their
18 traditions and their identity and their pride growing up
19 were the ones who were more likely to not report these
20 negative outcomes.

21 This person shared, "I think my mom showed
22 me more than she told me. She's very traditional and has
23 practised our culture in front of me when she could. My
24 mother remained a very traditional woman and has
25 maintained her language. My mother has always been a very

1 proud Native woman." Next slide.

2 So, again, I want to come back to our study
3 that we did on student-to-student abuse, because another
4 research question within that report was looking at some
5 of the collective effects. So, a lot of our research
6 looks at these individual effects on individuals, but
7 service providers emphasized that it's larger than that,
8 and it affects communities at a collective level. Next
9 slide.

10 And, one of the kind of main collective
11 outcomes that was identified by service providers of
12 student-to-student abuse in residential schools
13 specifically was silence regarding residential school
14 experiences and silence regarding some of the consequences
15 of residential school, including things like violence and
16 abuse that are happening in communities.

17 This person shared, "It's not been safe for
18 people to make these kinds of disclosures in their own
19 families and communities for fear of being ostracized and
20 being told that they are lying and to stop making
21 trouble." So, that, again, sounds very familiar to how
22 the students felt in residential school, and that when
23 they went back to their communities, they felt the same
24 way, and a lot of women today, we heard, are feeling that
25 same way, that they have no one they can go to.

1 Another person described how they wouldn't
2 name the person because they were afraid of retaliation,
3 because their abusers are now in leadership positions or
4 in a head of a program that the individual happens to use.
5 So, again, emphasizing the need for safe places for people
6 to talk about these things.

7 Another collective effect that was
8 identified was the effects on community violence and
9 childhood abuse. This service provider said, "I think
10 what is important to ask is how many abusers being
11 students went home into communities thinking that because
12 they were allowed to at residential school that they could
13 continue abusing their loved ones at home, and how this
14 cycle of hurting one another has been passed on for
15 generations."

16 The other collective effect that was
17 identified was specifically on community relations and on
18 this notion of lateral violence. This person described,
19 "It was part of the systematic way that people in power
20 used to teach us. They were abusers and they had to make
21 sure we also knew how to be abusers, not only of other
22 people, but to have hatred against ourselves. Abuse begat
23 more abuse, and bullying was only one form of it, and
24 today, we see this in First Nations schools."

25 **MR. STUART WUTTKE:** Dr. Bombay, I would

1 like you to touch upon the proportion issue. For
2 instance, not all First Nations children went to Indian
3 residential schools. How did the communities become so
4 impacted?

5 **DR. AMY BOMBAY:** Right. So, I think for a
6 lot of communities, it was a majority. But, even for
7 those who managed to, you know, not go, they were affected
8 by these collective effects. You know, they were affected
9 by these abusers coming back into their community, by the
10 lack of continued promotion of traditional teachings and
11 approaches that would, you know, teach people not to do
12 this. And, there was also this, you know, altered social
13 norms around whether it's okay to talk about this. I
14 think one of the norms was that silence is the only thing
15 that you can do. And so, that really encourages people
16 not to talk about this, and for that to be -- and for
17 abuse just to be thought of as something that's normal.

18 **MR. STUART WUTTKE:** Thank you.

19 **DR. AMY BOMBAY:** And, again, just to
20 emphasize, this is not a phenomenon that only exists
21 within Indigenous communities. I think it's particularly
22 pronounced because of the unique aspects of colonization.
23 But, we do see in a number of different oppressed groups
24 these same effects in terms of really kind of leading to
25 internalized depression and lateral violence between

1 members within that group. Next slide.

2 **MR. STUART WUTTKE:** So, we're moving onto
3 the sixth heading of your presentation dealing with
4 historical trauma. Please continue.

5 **DR. AMY BOMBAY:** So, another question that
6 was brought to us that a lot of -- in presenting our work
7 that was brought to us by communities and organizations
8 was looking at the link between residential schools and
9 the Sixties Scoop, and ongoing removal of children from
10 their homes.

11 This is a quote from Dr. Laurence Kiramyer,
12 his report on Indigenous suicide, and him and his
13 colleagues wrote that, "Many have argued that the child
14 welfare system through its large-scale removal of
15 Aboriginal children from their families, cultures and
16 communities," he considered a continuation of the policies
17 of forced assimilation of the residential school system.
18 And so, we wanted to look at our research, if we could
19 show that. So, next slide.

20 And so, this is actually data. Because the
21 First Nations Regional Health Survey currently doesn't ask
22 about experiences in the child welfare system, which we're
23 currently working with them. I think they are going to
24 include that in the next one, but we collect -- so, we
25 ended up collecting our own data with Indigenous peoples

1 living across Canada.

2 And, we found that, again, having a parent
3 who went to residential school was linked with more
4 reports of cumulative exposure to various childhood
5 adversities, and we found that that, in turn, kind of was
6 a pathway leading to people being more likely to have
7 spent time in foster care.

8 So, we did find that those with a parent
9 who went to residential school were more likely to spend
10 time in foster care, and that those adverse childhood
11 experiences were a key factor in that cycle across
12 generations. Next slide.

13 Again, to emphasize that residential
14 schools was not the only harmful aspect of colonization,
15 this is the work of my colleagues Dr. Melissa Walls and
16 Les Whitbeck. Their research is with Anishinaabe in the
17 U.S. and Canada, and they've done work looking at the
18 intergenerational effects of relocation policies on
19 Indigenous communities. And, like our work, they've
20 showed that having a familial relocation experience was
21 linked with problems in their grandparents, in their
22 parents, and, in turn, affected the depressive symptoms
23 and delinquency in youth.

24 **MR. STUART WUTTKE:** Dr. Bombay, on this
25 issue, with respect to the impacts of children that were

1 taken away in the Sixties Scoop, also current child
2 welfare, do you see -- in your opinion, are those children
3 likely to have the same impacts or outcomes as those that
4 attended residential schools?

5 **DR. AMY BOMBAY:** I think that for those in
6 the Sixties Scoop who were in homes that were not -- you
7 know, a lot of Sixties Scoop survivors do describe having
8 similar experiences of children in residential schools.
9 And, certainly, for those who experienced a lot of those
10 same adverse early life experiences, we would expect the
11 same similar or negative health outcomes with some
12 different, kind of, probably, flavours to it, but,
13 generally, would absolutely expect more risk for health
14 and social outcomes.

15 **MR. STUART WUTTKE:** Thank you. So, we're
16 moving on to the last section of your presentation, and
17 really, you described how former students, their families
18 and communities were affected by Indian residential
19 schools, also in some ways the Sixties Scoop and child
20 welfare, and what those long-term impacts are. Do you
21 have any recommendations, what can be done to stop this
22 cycle from occurring in the future?

23 **DR. AMY BOMBAY:** Yes. I think from what
24 our research has shown, a couple of things. We need to
25 intervene at various points across development, and a lot

1 -- and those interventions need to be rooted in local
2 traditions and cultures and community contexts, because
3 these are different across the country for different
4 Indigenous populations.

5 But, in general, much of our work has shown
6 the importance of a positive cultural identity and
7 opportunities to re-engage with culture as a particularly
8 effective approach for those affected by various aspects
9 of colonization.

10 **MR. STUART WUTTKE:** Thank you.

11 **DR. AMY BOMBAY:** And so, that's kind of
12 what this last couple of slides are about, is just
13 focusing on the research that has emphasized the
14 importance of culture. This is just some work. We
15 recently did a literature review in which we showed that
16 those affected by residential schools are more often
17 likely to draw on Indigenous healing practices and that
18 residential school survivors were more -- were likely to
19 report that that was one of the most important things in
20 their healing journeys. And a lot of that work was --
21 that was reviewed was from the Aboriginal Healing
22 Foundation and looking at people who were involved in
23 their Aboriginal Healing Foundation programming.

24 Next slide.

25 Again, I already read this quote, so I

1 won't say it again, but just research emphasizing the
2 importance of understanding the historical context, and
3 again, why the health and social experiences that we see
4 today do exist, and emphasizing that once we can identify
5 these things we can break these cycles. So it's about
6 understanding first.

7 We also -- our research has really
8 emphasized trying to emphasize the importance of cultural
9 pride. Here, we looked at in the graph the relationship
10 between perceptions of discrimination and depressive
11 symptoms in Indigenous adults, and we found strong
12 relationships. But when we separated them between those
13 who reported high cultural pride, which was those in that
14 pink dotted line, and we compared them to those with low
15 cultural pride, who are represented by that blue solid
16 line, we see that those who had high cultural pride were
17 buffered against these negative effects of discrimination
18 in relation to their depressive symptoms, so they could
19 kind of brush it off. Whereas those without that cultural
20 pride were very much affected in terms of the depressive
21 symptoms when they reported perceived discrimination.

22 And we also heard this in the stories of
23 many -- of people who took part in our research. This is
24 just one quote of a woman who shared:

25 "I was ashamed growing up, but I've since reclaimed my

1 identity. Now that I'm on my own, I have more pride and
2 I'm learning to love my identity. I gave my son a
3 traditional Ojibwe name and I vow to raise him to be proud
4 of who he is." (As read)

5 Next slide.

6 And again, just to emphasize the resilience
7 and the healing that's happening in communities, you know,
8 we are -- there is a lot of good work going on that we
9 need to keep supporting. This is from the First Nations
10 Regional Health Survey, again looking at some positive
11 outcomes. So this is the proportion of adults, youth and
12 children who reported taking part in culture -- community
13 cultural events at least sometimes or almost always versus
14 never or rarely. And we found that -- those -- with
15 survivors, those who had a parent who went to residential
16 school, and for children and youth, those with a
17 grandparent who went to residential school were more
18 likely to report participating in these cultural
19 activities. And again, we are kind of assuming that
20 that's a way for them to reconnect with culture and heal
21 from their experiences.

22 Next slide.

23 Again, we found just the same findings in
24 relation to First Nations adults reporting whether or not
25 they felt like they belonged in their community. And

1 again, it was those who were actually affected by
2 residential schools who reported stronger feelings of
3 belonging in their community.

4 Next slide.

5 Right. So -- yeah. That was my last
6 slide, and so I wanted to just emphasize that, you know,
7 while there is a lot of work to do, I think we know a lot
8 of the things that are helpful. Right now, in the past,
9 we had the Aboriginal Healing Foundation which evaluations
10 showed was a really effective way to allow communities to
11 come up with their own ways to address their unique
12 contexts and needs, yet it closed in 2014 and there has
13 been nothing to replace it. And so there's a huge gap in
14 allow -- in providing resources to communities to learn
15 about the history and to find ways for their community to
16 draw on their traditions to find ways forward.

17 So I think -- I really want to emphasize
18 the continued need, the continued need for resources, and
19 the continued need for resources specifically for things
20 that promote culture and positive cultural identities.
21 Thank you.

22 **MR. STUART WUTTKE:** All right. Thank you,
23 Dr. Bombay. And that concludes our examination in-chief.

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

25 At this time, I'm going to suggest that we

1 take a break so that we can complete the verification
2 process for the cross-examination of the witnesses that
3 have provided their testimony up until now. So I will
4 request that we adjourn for 15 minutes. That's what I'm
5 told is the period of time that it will take to complete
6 that verification process.

7 And I'll ask, and of course on your
8 direction, Chief Commissioner, that the parties attend the
9 parties with standing room on the upper level and complete
10 that process with Commission counsel who are in attendance
11 there. And if we do take a 15-minute break, that brings
12 us back shortly before 4:00, at which time we can commence
13 the process of cross-examination.

14 **CHIEF COMMISSIONER MARION BULLER:** Okay.
15 Fifteen (15) minutes please.

16 **MS. MEREDITH PORTER:** Thanks very much.

17 And just before we do adjourn, I do want to
18 remind that at this point in time the rules of procedure
19 sort of reverts the obligation for the parties with
20 standing not to converse with the witnesses now on counsel
21 not to discuss elements of the evidence with the witnesses
22 until the completion of the cross-examination. Thanks
23 very much.

24 --- Upon recessing at 3:36 p.m./L'audience est suspendue à
25 15h36

1 --- Upon resuming at 16:08

2 **MS. MEREDITH PORTER:** Okay, thank you. So,
3 we are going to begin the process of cross-examining the
4 witnesses. And, I just wanted to explain very briefly
5 before we get started how the clock over here between the
6 monitors works just for those of you who have not engaged
7 in a process of cross-examination in the Inquiry to date.

8 The period of time -- I will introduce the
9 parties up to either one of the two podiums here at the
10 front of the room. You are more than welcome to go to
11 either one, and -- in order to pose your questions to the
12 witnesses.

13 Before you begin your questioning, the
14 clock between the monitors will read the maximum amount of
15 time that you have been allotted for your cross-
16 examination. For example, if you are allowed 13-and-a-
17 half minutes for cross-examination, the clock will read
18 13-and-a-half minutes, and it will count down from 13-and-
19 a-half minutes to zero, and you will note that the light
20 at the top, the green light, will be on.

21 Once you reach zero, once the time is done,
22 I will let you know. But, as the witness -- if the
23 witness is still finishing -- giving the answer to
24 whatever the last question was, it may go beyond zero, and
25 then the clock starts to count up again, but the red light

1 will be on.

2 And, what it does, it starts to count up,
3 and it will may seem like you actually have time left,
4 that, with the red light on, the amount of time, is
5 actually the amount of time you have gone beyond your
6 allotted time for cross-examination. So, although it may
7 seem like you have time left, if the red light is on, your
8 time is actually ended just so you know, because it can be
9 a bit confusing when you look at the clock and you see
10 time on there. You may think that you have time left, but
11 you don't.

12 So, with that, I will invite the first
13 party up to the podium. And, the first party is the
14 Downtown Eastside Women's Centre. And, cross-examining
15 for the Downtown Eastside Women's Centre is Carol Martin,
16 and the party will have 13-and-a-half minutes for cross-
17 examination.

18 **--- CROSS-EXAMINATION BY MS. CAROL MARTIN:**

19 **MS. CAROL MARTIN:** My name is Carol Martin.
20 I work in a Women's Centre in the Downtown Eastside. I
21 don't really like the word "cross-examination". I am from
22 the Nisga'a Nation, Gitanyons. My father originates from
23 Alaska, so this is very comforting here. Thank you for
24 putting that there.

25 I was really impressed with the

1 presentation. But, like I say -- I have to tell you
2 something though, first. A lady came to me and she said
3 we were to pick numbers. So, I looked in the basket and I
4 see number three, and I thought, oh, my God, I don't want
5 to be that close to number one. So, I closed my eyes and
6 I stirred the pot up, and what came up? Number one.

7 I like -- I am really honoured to be here.
8 As you know, we did a lot of pushing from the Downtown
9 Eastside for this to happen. And, I am also part of the
10 Feb 14th Memorial March, so it is very -- it holds a lot
11 in my heart, because I hold a lot of those women close to
12 my heart, and I still carry them with me.

13 You know, I heard -- I was really impressed
14 with what you were talking about, you know, with the
15 moccasins and the children. Was that you that -- I'm
16 sorry, I didn't write names beside where I made comments
17 here -- I mean I wanted to ask questions about, how we
18 have to invest in our people. Well, you know, what you
19 are doing is a lot of investment towards our future, but I
20 don't see this Canadian government investing a lot in
21 anything that has a positive outcome for our people. So,
22 I am just wondering, how can we change this?

23 **MS. CORA MORGAN:** Meegwetch for the
24 question. I think that it has to be a culmination of
25 things that we need to keep advocating and telling the

1 stories. When we started, there was only two of us in the
2 role providing advocacy to families. And, our families
3 are what championed added resources. And, because we were
4 able to have a clearer picture of what was happening,
5 because before our office, there was very little mechanism
6 for families to be heard.

7 So, I think with them speaking out about
8 what is happening and providing an opportunity for their
9 voice to be shared, I think, is important and that could
10 garner that added support that we need. I think the
11 education of people understanding and knowing that we are
12 in the midst of something similar to residential school
13 and keep making sure that people are aware, that will also
14 add to support. And, I think just empowering our people
15 to have -- to use their voice.

16 One of the things that we were able to do,
17 we went from two staff to I think it is around 20 staff.
18 So, we have grown significantly, but the issue is
19 humongous. Like, it is huge across the country. And so,
20 I think, you know, as individuals, we have to keep on
21 pushing for more resources to be able to help.

22 One of the things that we are working on
23 right now is capturing our family laws in our province.
24 So, for the Dené, the Cree, the Oji-Cree, the Dakota, the
25 Anishinaabe and the Dené, we are -- we received resources

1 so that we can look at those original ways, how we cared
2 for each other and work to bring that back. So -- and
3 then we also signed a Memorandum of Understanding with
4 Canada to work towards our jurisdiction so that way we
5 take back our families and our original ways of caring for
6 each other. I hope that answered a little bit of your
7 question.

8 **MS. CAROL MARTIN:** As you are talking, a
9 lot more questions pop up in my head here because, you
10 know, I work where we are deep in the trenches of poverty
11 and the social problems that take place with our people:
12 residential school, child apprehension, missing and
13 murdered women. We spend so much time, you know, fighting
14 against the system for our families, we forget to look at
15 the flipside of how effective -- some women are working
16 within the system where they are standing up for
17 themselves. I think we need to focus more on us finding
18 our voices even within the court systems.

19 **MS. CORA MORGAN:** Absolutely. The system
20 is -- you know what? Here, in Manitoba, we have so many
21 people that have gone into the child welfare field,
22 because they want to help our people. And, the reality
23 is, is that there are so many protections of the system
24 that they are prevented from being able to do what they
25 originally set out to. And, the system is designed to

1 really protect itself. There are all these levels of
2 confidentiality, and those levels of confidentiality don't
3 work in the favour of our children or our families. They
4 work to protect the system itself.

5 **MS. CAROL MARTIN:** That is so true. I was
6 going to talk about the policies and procedures, and the -
7 - you know, lawyers and families and stuff, and how we
8 fall into it all, into their law system. Like, when you
9 walk into a court system -- like I am witnessing what is
10 happening here, but when you walk into a courtroom, all of
11 a sudden, you are -- it is like you get binded by their
12 laws, and their procedures and their policies. I can't
13 work like that.

14 What you were saying, we need to start
15 investing in our people and our children. Do you know?
16 Last summer, I had four social workers and five policemen
17 show up at my door to apprehend my children. And, when I
18 said no, they called for more policemen. So, what
19 happened was we put all the five children into the
20 backroom and my daughter stood there, and she said, "Mom,
21 I heard you at the front door," and she said, "If they got
22 through you, they would have to get through me."

23 But, I fought the system from outside the
24 courtrooms where I really watched what they did and I made
25 them change things that they produce and brought to the

1 courtrooms. I made them change it outside the courtrooms.
2 And, I would say a week before they were going to court, I
3 told them -- I was waiting to go and speak to the judge,
4 and I was going to talk about how much they commit
5 perjury, writing inaccurate reports, they mislead and they
6 misinformed. And, I said, "I have documents. I have
7 documented everything I have said here," and I was really
8 fighting for my grandchildren and I refused to let them
9 take them. So, a week before court, they withdrew from
10 court. So, you know, we can work outside their system.
11 You can't put a circle in a square and expect it to work
12 effectively, because if we can -- as you can see, it is
13 not working for our people.

14 And, I am really impressed with the work
15 you did with the -- we need more of that done with finding
16 out, you know, the effects of residential school. We need
17 to know what we are dealing with. Did you actually
18 collect that raw data, or did you do focus group, or did -
19 - I was just -- like that was kind of flying through my
20 head when I was listening to a lot of your presentation.

21 **DR. AMY BOMBAY:** Sure. So, the various
22 kind of findings I presented were from a number of
23 different studies. And so, we collected data in a number
24 of different ways. A lot of the -- probably most of the
25 graphs I presented with the -- you know, the fancy graphs,

1 they were usually analyzing data from the First Nations
2 Regional Health Survey, and so that's a national survey
3 that is run by the First Nations Information Governance
4 Centre, and so anyone can apply -- you have to go through
5 a whole thing and -- to use and analyze that data.

6 We also -- the drawback of using that data
7 is that you are limited to the variables that they
8 measure, and so we also collected some of our own data.
9 It is not as good, kind of, quality because it is not a
10 representative sample. Some of our own research, we just
11 invited any Indigenous person to participate. There are
12 some drawbacks, but it still emphasizes the associations
13 between these things.

14 And then in addition to the quantitative
15 data, we wanted to make sure that all of the quantitative
16 graphs were contextualized in the right way. So, we also
17 did interviews, sometimes with service providers,
18 sometimes with survivors and their children, and that was
19 -- so we used different ways of trying to find different
20 types of information to tell the same stories.

21 **MS. CAROL MARTIN:** I was thinking about,
22 when you were doing your research there, how much -- I
23 thought there was still something missing from that. The
24 brainwashing, the conditioning, the -- you know, like the
25 self-sabotaging, self-hatred part of that was not part of

1 that research that was done. And, that is something that
2 we deal with, that still resonates from the residential
3 schools.

4 **DR. AMY BOMBAY:** I touched on that
5 briefly ---

6 **MS. CAROL MARTIN:** I must have missed it.

7 **DR. AMY BOMBAY:** --- just about the
8 internalized shame that a lot of survivors reported and
9 that their children also reported experiencing. And so,
10 absolutely, that is something that came across in our
11 work.

12 **MS. CAROL MARTIN:** You know, when I am
13 sitting here, thinking about a lot of the moms and
14 grandmothers who really fight for their grandchildren,
15 there is not a lot of support out there for them. And, as
16 I am saying this now, I am thinking of a grandmother in
17 Vancouver who fought for two years for her grandchild.
18 She finally got him, but there is no financial help for
19 her out there. So, more focus needs to be on
20 grandparents, taking their children. And, I play a really
21 strong role with my grandkids. I dare them to come look
22 at my grandchildren.

23 And, also, my thoughts on this whole
24 process of what is happening in everything that is being
25 collected -- I know how strategic this Canadian government

1 is and I am not afraid to speak up against the government
2 because everything that we have done, they have somehow
3 turned it around and used it against us. Like, I went to
4 two meetings so far on -- that had to do with the
5 ministry, and what they are trying to do is work with
6 specialized services -- and I am considered specialized
7 services, I work as a victim service worker, and then
8 there is a stopping violence -- their whole idea is to
9 work with specialized services and the police to work
10 towards what I thought was more apprehension of our
11 children.

12 So, how do we stop things like that from
13 happening or occurring within our communities when we know
14 -- we work so hard to make those changes and all of a
15 sudden it is -- they use it -- like, it is there and it is
16 right in front of us, and now we are having to deal with
17 it.

18 **MS. CORA MORGAN:** Me? I think exactly what
19 you did, you shared that you said no. And, in my
20 experience, a lot of times, our people do not know what
21 their rights are and the measures of recourse that they
22 actually do have.

23 It is really challenging though, because --
24 you know, we have had a couple of families, that when they
25 went outside of Legal Aid to get lawyers, even though they

1 could not afford it, they got their children returned
2 because the court process all of a sudden changed for
3 them. And, I think that there is a lot of power in just
4 saying no and knowing what your rights are.

5 So, when there are workers that are trying
6 to coerce you into signing a VPA or manipulating you and
7 saying, well, you will get more visitation with your kids
8 if you just sign this, or we are going to take them --
9 like, it is just about education, and our families knowing
10 what their rights are and knowing that there are things
11 that they can say no to.

12 And, you know, in the beginning, when our
13 office was so, so busy and we could not see everyone, one
14 of my messages was, whatever you have in you, just stick
15 up for yourself. And, if you are in court, make sure that
16 everybody knows how much you love your children. Because
17 we could not get to everyone, and I think those are some
18 of the messages that, you know, our families need to do,
19 to start standing up for themselves and taking the stands.

20 **MS. CAROL MARTIN:** Just one question, I
21 guess it's across the board, how do we -- how are we going
22 to address and make changes to poverty? And, I am
23 thinking about ---

24 **MS. MEREDITH PORTER:** Excuse me. Sorry,
25 the time is up.

1 **MS. CAROL MARTIN:** Yes, (indiscernible)
2 seconds.

3 **MS. MEREDITH PORTER:** Pardon me? No, no.
4 It is the right ---

5 **MS. CAROL MARTIN:** Oh.

6 **MS. MEREDITH PORTER:** No, that is fine.
7 That is fine. It happens all the time.

8 **MS. CAROL MARTIN:** It's okay. Okay.

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

10 **MS. CAROL MARTIN:** I really appreciate your
11 time ---

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

13 **MS. CAROL MARTIN:** --- thank you for having
14 me here.

15 **MS. MEREDITH PORTER:** Thank you. The next
16 party I would like to invite up is from the Battered Women
17 Support Services. And, appearing for the Battered Women
18 Support Services is Summer-Rain Bentham.

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

20 **MS. SUMMER-RAIN BENTHAM:** So, I want to
21 start with acknowledging that -- and raising my hands and
22 saying (speaking in Indigenous language) to the Treaty 1
23 territory of the Dakota, Dene, Oji-Cree, Anishinaabe and
24 Métis nation. I would like to thank and acknowledge the
25 elders for their work and support here; the drummers,

1 singers and dancers who opened the day; the sacred items
2 placed in front of us; the family members and survivors
3 who are watching and who are in attendance; the
4 Commissioners for all of their work throughout this
5 process and the experts who have testified here today.

6 My name is Summer-Rain, I am Gitxsan from
7 Kitwanga on my mother's side and Coast Salish from the
8 Squamish Nation on my father's side. I come here from
9 Vancouver, B.C., which is the Coast Salish territories,
10 and I am the manager of Indigenous women's programs at
11 Battered Women Support Services, so I am not legal
12 counsel.

13 I am speaking on behalf of Battered Women
14 Support Services today and I just want to let you know who
15 we are. So, Battered Women Support Services is located in
16 Vancouver, British Columbia, on the traditional Coast
17 Salish territories of the Squamish, Musqueam and Tsleil-
18 Waututh nations.

19 BWSS contributes to the freedom and
20 liberation of girls and women from violence and to empower
21 our community through training and education programs.
22 Since 1979, we have been providing counselling and healing
23 spaces for those who have experienced abuse, to help women
24 build strength and resiliency. We work on institutional
25 and systemic advocacy, legal advocacy and law reform,

1 youth engagement and we operate two social enterprises.

2 BWSS is a feminist organization, we believe
3 that violence against women and girls does not take place
4 between two people individually in isolation, but in a
5 social context and is rooted in the oppression of women
6 and girls. Further, we believe that violence against
7 women and girls is as a result of a world view which
8 supports the rights of some people to oppress others, that
9 right is granted by the privilege of status against with
10 gender, race, religion, class, sexual orientation, age and
11 physical ability.

12 I would like to start my questions today to
13 Ms. Morgan. My first question is, throughout your
14 testimony today, you stated that women are penalized for
15 experiencing domestic violence by having their children
16 removed, mothers are having their children removed at
17 birth, and that 70 percent of the 9,600 missing persons
18 reports in Manitoba are girls from the child welfare
19 system. Based on this evidence, would you not say that
20 the child welfare system in whole is inherently sexist and
21 racist towards Indigenous, Métis and Inuit women and
22 girls?

23 **MS. CORA MORGAN:** Yes.

24 **MS. SUMMER-RAIN BENTHAM:** Thank you. Would
25 you agree that the mere fact being born an Indigenous,

1 Métis or Inuit girl, you are flagged by the system to have
2 your child removed at birth? And, are you aware of any
3 research, policy or recommendations that, as Indigenous,
4 Métis and Inuit women, ensure our sovereignty over our own
5 bodies and our children?

6 **MS. CORA MORGAN:** Can you repeat? That was
7 kind of...

8 **MS. SUMMER-RAIN BENTHAM:** Long?

9 **MS. CORA MORGAN:** Yes.

10 **MS. SUMMER-RAIN BENTHAM:** Yes. Would you
11 agree that the mere fact of being born an Indigenous,
12 Métis or Inuit girl, you are flagged by the system at
13 birth to have your child removed? And, are you aware of
14 any research, policy or recommendations that, as
15 Indigenous, Métis or Inuit women, ensure our own
16 sovereignty over our own bodies and of our children?

17 **MS. CORA MORGAN:** For the first part of
18 your question, I do agree that women are flagged. One of
19 my co-workers just went -- is having her second child, and
20 because she was Indigenous in appearance, the doctor
21 automatically made an assumption that she -- there was a
22 potential of a birth alert on her baby.

23 For the second part of your question, I
24 know that there is some older research, but not to the
25 extent of what needs to be looked at, and particularly the

1 human rights violation of the practise of these birth
2 alerts particularly.

3 **MS. SUMMER-RAIN BENTHAM:** Thank you. The
4 Commission has heard throughout the expert hearings and
5 through the family and survivor testimony that colonial,
6 patriarchal -- and patriarchy has created the condition
7 where men target Indigenous, Métis and Inuit girls and
8 young women, often out of group homes, foster homes,
9 juvenile detention centres, while in the care of the child
10 welfare agencies across Turtle Island, specifically to
11 impart violence and exploitation. Would you agree with
12 this?

13 **MS. CORA MORGAN:** Absolutely.

14 **MS. SUMMER-RAIN BENTHAM:** Thank you. In
15 your testimony and in your recommendations, you stated
16 that children are running away to return home. Yet,
17 throughout the evidence that has been gathered across the
18 country through this Inquiry, we have heard testimony that
19 young women and girls are forced to flee their home
20 communities and their homes to escape physical and sexual
21 abuse, often from family members and men with power in
22 their home communities.

23 Would you agree that young women and girls
24 are experiencing forced displacement from their homelands
25 due to horrific levels of violence and lack of adequate

1 services that support young women and girls in their own
2 communities?

3 **MS. CORA MORGAN:** The work that we do is
4 more focused on children who are removed from communities
5 due to apprehension and the child welfare system. So, I
6 don't feel qualified to respond.

7 **MS. SUMMER-RAIN BENTHAM:** I'll pose the
8 same question to the other two experts.

9 **DR. AMY BOMBAY:** Could you just repeat it,
10 just to be -- so I'm sure?

11 **MS. SUMMER-RAIN BENTHAM:** Yes.

12 **DR. AMY BOMBAY:** Sorry.

13 **MS. SUMMER-RAIN BENTHAM:** Throughout this -
14 - throughout the truth-gathering process and throughout
15 the expert testimony across the country through the
16 Inquiry, we have heard testimony that young women and
17 girls are forced to flee their home communities and their
18 homes to escape physical and sexual abuse, often from
19 family members and men with power in their home
20 communities.

21 Would you agree that young women and girls
22 are experiencing forced displacement from their homelands
23 due to horrific levels of violence and lack of adequate
24 services that support young women and girls in their own
25 communities?

1 **MR. STUART WUTTKE:** I'm going to have to
2 object to the question. I believe it is outside of my
3 witness' expertise.

4 **MS. SUMMER-RAIN BENTHAM:** Okay, I will move
5 on. Back to Ms. Morgan.

6 **MS. MEREDITH PORTER:** I should stop the
7 clock. Could we put 20 seconds back on the clock? So, up
8 to 7:22, please. Perfect. Thank you.

9 **MS. SUMMER-RAIN BENTHAM:** This is, again,
10 to all experts who testified today. Are you aware of any
11 current research policies, practises or recommendations
12 that specifically address the unique vulnerabilities of
13 physical violence, sexual abuse and exploitation of girls
14 and young women in the child welfare system?

15 **CHIEF COMMISSIONER MARION BULLER:** Just
16 before you answer that, I think you've withdrawn that
17 question, the original question? Yes? Okay. So, the
18 question is withdrawn. Thank you.

19 **MS. MEREDITH PORTER:** So, that last -- the
20 question previous to the one you just asked is withdrawn.
21 We're just clarifying that. So, perhaps -- I'd hate to
22 ask you to do this again. We're stopping the clock. The
23 question you just asked, do you want to just pose it
24 again? Because there's a bit of confusion.

25 **MS. SUMMER-RAIN BENTHAM:** Sure.

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

2 **MS. SUMMER-RAIN BENTHAM:** Are you aware of
3 any current research policies, practises or
4 recommendations that specifically address the unique
5 vulnerabilities of physical violence, sexual abuse and
6 exploitation of girls and young women in the child welfare
7 system?

8 **MS. CORA MORGAN:** Services and supports for
9 young women who are vulnerable in the child welfare
10 system?

11 **MS. SUMMER-RAIN BENTHAM:** I'm looking for
12 specific research or policies that speak directly to at-
13 risk and vulnerable girls in the child welfare system.

14 **MS. CORA MORGAN:** I'm not aware of any
15 policy or research personally. I do know that there are
16 community supports that are in urban centres here in
17 Winnipeg, but not to the extent to fully address the
18 issue, and not always in the most culturally-appropriate
19 manner, and they certainly don't come close to addressing
20 the need. And, the research is required in this province.

21 **MS. SUMMER-RAIN BENTHAM:** Thank you.

22 **DR. AMY BOMBAY:** I'm not aware of any, but
23 child welfare is not really my main thing, so I wouldn't
24 say that -- should say that there's not some out there.

25 **MS. SARAH CLARK:** I can say that the child

1 advocacy centre we're trying to set up is directly serving
2 children and youth that have disclosed abuse, but it's not
3 within that same specificity that you're talking about.

4 **MS. SUMMER-RAIN BENTHAM:** Thank you. Ms.
5 Clark, in your testimony, you talked about the child
6 advocacy centre and about programming and peer support for
7 children and youth who have experienced violence and
8 sexual abuse. What about gender-specific opportunities
9 for girls to talk without boys or young men -- potentially
10 boys and young men who are also offenders in their
11 communities?

12 **MS. SARAH CLARK:** At this time, the centre
13 doesn't offer safe spaces for youth to come to speak about
14 things. It's more immediate services for those who
15 disclose who have to go through the system. I do know
16 that in Alaska, they are starting to determine whether or
17 not they can serve the victims of abuse, and also the
18 offenders, and whether or not they can do earlier
19 interventions on children and youth that are offenders as
20 well. Does that answer your question? Okay.

21 **MS. SUMMER-RAIN BENTHAM:** Thank you. My
22 last question is for Dr. Bombay. We heard in your
23 testimony earlier in the -- sorry, we've heard in
24 testimony earlier in the Inquiry and that -- in
25 particular, in the family hearings that specific acts of

1 violence and violation to our young girls in residential
2 schools was pertinent.

3 In your testimony today, you spoke about
4 the negative impacts of the residential school system.
5 You didn't speak about forced abortions on our young girls
6 in the residential school system, which is a gender-
7 specific act of violence that occurred, and I'm curious to
8 know if there is a reason for that, or if it's ---

9 **DR. AMY BOMBAY:** I was just presenting my
10 own -- a lot of the research that I had conducted, and
11 that just happens to not be a particular issue that came
12 up in our own research. Yes.

13 **MS. SUMMER-RAIN BENTHAM:** Thank you.
14 That's all I have. (Indigenous word).

15 **MS. MEREDITH PORTER:** Thank you. The next
16 party I'd like to invite up to pose questions to the
17 witnesses is from the Inuit Tupiriit Kanatami. Appearing
18 for ITK is Ms. Elizabeth Zarpa and Ms. Zarpa will have
19 13.5 minutes for questioning.

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

21 **MS. ELIZABETH ZARPA:** Good afternoon. My
22 name is Elizabeth Zarpa. I'm counsel representing Inuit
23 Tupiriit Kanatami. Inuit Tupiriit Kanatami is an
24 organization that's national in scope and represents
25 65,000-plus Inuit in four Inuit regions, and also in

1 southern urban settings.

2 I want to thank the Indigenous people of
3 Treaty 1 for allowing me to be here on your territory this
4 week. I acknowledge the families and the loved ones of
5 the missing and murdered Indigenous women and girls who
6 are with us here today, and also here with us virtually.
7 I want to also acknowledge the work of the staff of the
8 Inquiry, my colleagues, and also the Commissioners.

9 My questions will be for you, Ms. Sarah
10 Clark. Is it okay if I call you Sarah? Okay.

11 In your presentation, there was a stat that
12 Nunavut has the highest rates of sexual assault in Canada.

13 **MS. SARAH CLARK:** In the feasibility report
14 and most other research that has been done, the average of
15 child abuse in Nunavut is 10 times the rate of the
16 national average, specifically sexual abuse if I think
17 that is also the case.

18 **MS. ELIZABETH ZARPA:** Okay, thank you.
19 And, in your experience of working within child, youth and
20 family programming within Nunavut communities, and
21 predominantly within Iqaluit, where can one find the stats
22 on the number of Inuit and child and family care systems?

23 **MS. SARAH CLARK:** The last report that I
24 know of is the Auditor General report done on social
25 services in Nunavut. After that, I'm not sure.

1 **MS. ELIZABETH ZARPA:** And, does that look
2 at specifically Inuit populations?

3 **MS. SARAH CLARK:** It was done on Child and
4 Family Services in Nunavut. So, I'm not sure if it was
5 specific to Inuit, but I know that it gives you a good
6 picture of what's happening in Nunavut.

7 **MS. ELIZABETH ZARPA:** So, I'm going to kind
8 of flesh out, sort of, the complexities involved with,
9 kind of, the national, sort of, scope of Inuit from the
10 other regions as well outside of Nunavut, and you can
11 agree or disagree or add your opinion if you feel it is
12 within your scope of testimony.

13 Would you agree with the recommendation
14 that each of the responsible child welfare institutions
15 within each of the four Inuit regions, and the provincial
16 institutions that are responsible for child and welfare,
17 to come together and collaborate a unified statistical
18 data system that looks at the number of Inuit within the
19 child welfare systems within Inuit Nunangat?

20 **MS. SARAH CLARK:** Sorry, can you explain a
21 bit further?

22 **MS. ELIZABETH ZARPA:** So, basically looking
23 to see if we can have a unified statistical data system,
24 that is Inuit-specific, for Inuvialuit, Nunavut, Nunavik,
25 Nunatsiavut, to look at the number of Inuit children and

1 youth who are within those child and family systems.

2 **MS. SARAH CLARK:** I do not feel qualified
3 to answer that. I can only speak for Nunavut. I know
4 that, within our Child Advocacy Centre, we are going to
5 try and collect data that will give us a better picture.
6 And, we are working with -- there is a National Children's
7 Advocacy Network that will work with the southern
8 Canadian. I also know that there are no other
9 organizations doing similar work, except maybe in Nunavik.
10 I think there was an initiative to start something
11 similar, and in that case, then we can work with them to
12 gather stats and give us a better picture with the two of
13 us. But, at this point, I am not sure how we would do
14 that.

15 **MS. ELIZABETH ZARPA:** So, the Child
16 Advocacy Centre, which will come into effect in 2019, that
17 is the only one within Inuit Nunangat; correct?

18 **MS. SARAH CLARK:** Mm-hmm.

19 **MS. ELIZABETH ZARPA:** Okay. Thank you.

20 **MS. SARAH CLARK:** Except for Nunavik. I am
21 not 100 percent sure where they are at. I know they were
22 attempting to start one, but I am not sure where their
23 progress is at this point.

24 **MS. ELIZABETH ZARPA:** Thank you. And,
25 throughout your work experiences in Nunavut, have you come

1 into contact with any traditional Inuit adoptions?

2 **MS. SARAH CLARK:** With the people that I
3 have worked with?

4 **MS. ELIZABETH ZARPA:** Within your lived
5 experiences, work experiences, being in Iqaluit for three
6 years.

7 **MS. SARAH CLARK:** I do know some of the
8 youth that I worked with were custom adopted to their
9 grandparents. That is the only -- yes.

10 **MS. ELIZABETH ZARPA:** And, do you know if
11 the legislation currently recognizes traditional Inuit
12 adoptions as something that is, sort of, relevant within
13 the child and family welfare legislation?

14 **MS. SARAH CLARK:** I know that the social
15 workers that I speak with would prefer to put children
16 with their families, but I do not know about the
17 legislation surrounding custom adoption.

18 **MS. ELIZABETH ZARPA:** Okay. Thank you.
19 So, on page 10 of the Umingmak Child and Youth Protection
20 Feasibility report, it outlines that to, sort of, bypass
21 the re-traumatizing experience of a child who has
22 disclosed that they have experienced an assault or a
23 sexual assault, that they want to decrease that level of
24 re-traumatizing of the child by introducing RCMP, Child
25 Protective Services, prosecution, medical professionals,

1 mental health professionals, Victim Services and the CAC
2 staff member within, sort of, one institution.

3 And, throughout testimony from other Inuit
4 or Inuit and also Inuit from Nunangat and people who work
5 up in the North, it is a common theme that service
6 providers, like counsellors, are not permanent, and that
7 is a very difficult experience for somebody who is trying
8 to establish a good connection with, say, a counsellor.
9 Do you know, in the implementation of this new CAC in
10 Iqaluit, if these professionals will be permanent or will
11 they be, sort of, fly-in, fly-out, or will that be
12 something that is important for this moving forward?

13 **MS. SARAH CLARK:** So, in terms of who is
14 working at the centre, it will -- anyone who is taking the
15 disclosure from the child, doing the interview, doing the
16 medical consultation, all of those things will remain
17 within the government. So, we are not actually hiring
18 more people to do those jobs, it will be those same
19 service providers doing the job in the centre. So, that
20 will remain the same in Iqaluit.

21 We will be hiring the advocate though, and
22 that person will be as permanent as we can make it in
23 terms of the funding that we have. And, we also will be
24 hiring a mental health professional, combined with Inuit
25 counselling, and that will also be as permanent as we can

1 make it.

2 **MS. ELIZABETH ZARPA:** And, will these
3 positions be Inuit? Will there be sort of, like, a push
4 to make sure that Inuit are hired within this process?

5 **MS. SARAH CLARK:** So, the advocate will be
6 Inuit and the mental health professional could be Inuit,
7 but -- the Inuit counsellor would also be Inuit. We are
8 not sure who those will be yet. That is the push, yes.

9 **MS. ELIZABETH ZARPA:** Okay. Thank you.
10 And, for these important areas of work that goes into all
11 these institutions or systems that come into play when a
12 child discloses, these individuals say they are coming up
13 from Southern Canada, moving up to Nunavut, do they have,
14 sort of, cultural training about Inuit-specific ways of
15 being or...

16 **MS. SARAH CLARK:** So, that is something
17 that I touched upon, I think, in my recommendations. I
18 think that is incredibly important. We do have quality of
19 life that does Indigenous cultural competency with an
20 Inuit focus, and my hope is to have staff that are --
21 either have been born in Nunavut or are Inuit, so they
22 would have that inherently, but also we would like to do
23 formal training as well.

24 **MS. ELIZABETH ZARPA:** Okay. Thank you.
25 And, you highlighted a little bit earlier around, it

1 depends on where the funding comes from for CAC. And, I
2 just wanted to know if the CAC, Child Advocacy Centre, is
3 this legislated or is this, sort of, a program that is,
4 sort of, just going to be funded?

5 **MS. SARAH CLARK:** Yes. So, the funding is
6 something that my organization is responsible for. We --
7 the model is for a sustainable Child Advocacy Centre to
8 have 75 percent of your funding coming from the
9 territorial government and 25 percent coming from other
10 sources. It is not a legislated body, but our memorandum
11 of understanding between all of our partners will be going
12 through cabinet to get signed by our ministers, so it is
13 coming from our ministers down, so -- that we have to work
14 together.

15 And, right now, our funding does come from
16 ITK -- we got some funding from ITK, and the Department of
17 Justice Canada and the Department of Health from the
18 government of Nunavut. So, that is where our funding is
19 right now.

20 **MS. ELIZABETH ZARPA:** So, majority of the
21 money, the core -- there is core funding coming from GN?

22 **MS. SARAH CLARK:** Mm-hmm.

23 **MS. ELIZABETH ZARPA:** Okay. Thank you for
24 that. And so, I am really intrigued by this Child
25 Advocacy Centre, and is this going to have -- we have

1 heard in testimony about, it has to be a whole family
2 healing thing.

3 **MS. SARAH CLARK:** Mm-hmm.

4 **MS. ELIZABETH ZARPA:** Will this Child
5 Advocacy Centre be, sort of, child focused or will it be,
6 sort of, family focused?

7 **MS. SARAH CLARK:** The goal is to heal
8 families in the Child Advocacy Centre, that will depend on
9 that specific family at the time, who the safe adult is to
10 be with that family. It could be a grandmother, it could
11 be a grandfather. But, the idea is to support both the
12 child and the family, and the safe adult who will be
13 caring for that child and, in long-term, healing the
14 family if it is safe. So, it is along that continuum.

15 **MS. ELIZABETH ZARPA:** And, in your
16 experience, and knowledge and work, what are the things
17 that are needed to support whole family healing in this,
18 sort of, context? Where are the gaps?

19 **MS. SARAH CLARK:** I do not feel qualified
20 to go there yet, that is something that we are working on
21 right now. The models that we have worked off of have
22 been more child focused and so this is something new for
23 us going forward. But, I do know that, in terms of best
24 practices with mental health, it is important to treat the
25 whole family, not just the child. So, you would have one-

1 on-one with the child, as well as with the safe family
2 members as well.

3 **MS. ELIZABETH ZARPA:** Okay. And so, you
4 mentioned earlier that Nunavik has something similar to a
5 Child Advocacy Centre but it's probably really, really
6 different. And this is unique because it's the first one
7 in Inutinunlat (ph).

8 And so for other sort of individuals who
9 live in northern regions, who are Inuit or Northerners,
10 would you make any sort of suggestions or ideas around
11 best practices to float through the processes smoothly in
12 order to create their own child (indiscernible) centre?

13 **MS. SARAH CLARK:** Yes. I think it requires
14 non-governmental organizations and requires Inuit
15 organizations to push it through and make it specific to
16 your region. And it just requires people being willing to
17 work together. So find -- it's really about finding
18 individuals that are passionate enough to work on this on
19 their own.

20 **MS. ELIZABETH ZARPA:** Okay. And what about
21 the smaller communities in Nunavut, the hamlets?

22 **MS. SARAH CLARK:** M'hm.

23 **MS. ELIZABETH ZARPA:** Is there any sort of
24 push or any kind of -- anything -- is there something
25 happening there? Is there -- would you like to highlight

1 that a little bit?

2 **MS. SARAH CLARK:** Our goal with this is to
3 start in Iqaluit because we need to start small in order
4 to be -- to get our process down. But the idea is any
5 children that need services that would be flown to Iqaluit
6 -- in Nunavut -- sorry -- this only in Nunavut. Any child
7 that would have to be flown to Iqaluit to receive health
8 care would come to our centre in terms of if they had
9 disclosed abuse and then needed healthcare. So in that
10 way we're trying to serve the fly-ins.

11 But in the future, we would like to be able
12 to provide training to other communities in order to
13 create what we call a multi-disciplinary team, which is
14 the group of people that will be working in the centre to
15 serve a child. But it wouldn't have to -- wouldn't
16 necessarily be in a centre, it would just be that team
17 would be working together.

18 So we're trying to create our hub in
19 Iqaluit, and then also train teams in communities to serve
20 and be more specialized towards children.

21 **MS. ELIZABETH ZARPA:** Thank you. That's my
22 time.

23 **MS. SARAH CLARK:** Thanks.

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

25 Chief Commissioner, we are now at 10 to 5.

1 I would just like to seek your direction with respect to
2 how many more parties. The next two parties that are
3 scheduled for questioning, each are allocated thirteen-
4 and-a-half minutes.

5 **CHIEF COMMISSIONER MARION BULLER:** We'll
6 hear from one more please.

7 **MS. MEREDITH PORTER:** From one more? Okay.
8 Thank you.

9 Then in that instance, I will call up the
10 next party who is from NunatuKavut Community Council, and
11 appearing for them is Roy Stewart, and Mr. Stewart will
12 have thirteen-and-a-half minutes for questioning.

13 **MR. ROY STEWART:** I thought I was going to
14 get away with it until tomorrow.

15 **(LAUGHTER/RIRES)**

16 **MS. MEREDITH PORTER:** Sorry. Sorry.

17 **--- CROSS-EXAMINATION BY MR. STEWART:**

18 **MR. ROY STEWART:** First, I'd just like to
19 thank everybody for being here today. The Elders, all the
20 witnesses, the families, Commissioners.

21 So I'd just like to introduce myself first.
22 Roy Stewart. I'm lucky enough to be counsel here on
23 behalf of the NunatuKavut Community Council, which is the
24 representative organization for approximately 6,000 Inuit
25 in NunatuKavut, that being the south and central part of

1 Labrador.

2 And in some of your testimony this morning,
3 it was just causing me to relate the communities in
4 NunatuKavut. And you know, them too, many of the children
5 in NunatuKavut were forced to attend residential schools.
6 Many of the communities in NunatuKavut are geographically
7 bound, and an implication of this is community members'
8 exclusion from required culturally-appropriate services,
9 including that for residential school survivors.

10 So today, NunatuKavut is sort of forced
11 into this situation where, you know, they were Indigenous
12 enough to be sent to residential schools, yet not
13 Indigenous enough to be considered in dire need of the
14 assistance required.

15 And then I was reading on CBC last night,
16 and it triggered, you know, a feeling of how these views
17 are continuing amongst the population. So Dr. Bombay, the
18 one specific news article, it was in yesterday's CBC news
19 online, it's titled, "Myths of Residential Schools Author
20 Stands By Article Despite Controversial Radio Ad". Are
21 you familiar with what I'm referring to?

22 **DR. AMY BOMBAY:** (Non-verbal response).

23 **MR. ROY STEWART:** Okay. I guess just so --
24 because others here may not be, at issue is a
25 controversial radio ad claiming to debunk the myths of

1 residential schools. The ad labelled many of the well-
2 known traumatic impacts of residential schools as myths.

3 The ad was based on a 2018 document written
4 by Mr. Mark DeWolfe, and his document is titled, "Myth
5 Versus Evidence: Your Choice".

6 And in his article, he says:
7 "Blaming the Indian residential school system deflects
8 attention from far more damaging and continuing government
9 policy action and inaction." (As read)

10 I mean, if you stop there, you know,
11 there's some rationale behind that statement, but he
12 continues and says:
13 "In this panoply of possible causes, how significant was
14 the residential school system?" (As read)

15 And the radio ad building on his article
16 says:
17 "There is little evidence that abuse that was suffered by
18 a grandparent in a residential school had any effect on
19 the academic success of the generations that followed, and
20 that former students of residential schools are nearly
21 twice as likely to have retained more of their language
22 and traditional culture than those who did not attend and
23 are more likely to provide leadership in preserving their
24 culture than those who did not." (As read)

25 Now, Mr. DeWolfe was interviewed about

1 this, the radio ad that aired his writing, and in response
2 he said:

3 "I remain open to any credible evidence that residential
4 school enrollment harmed Indigenous families more than
5 enrollment in a day school, enrollment in a white public
6 school, or no education at all." (As read)

7 And you were interviewed as well,
8 Dr. Bombay about this, and in response to DeWolfe's
9 article you're quoted as saying that:
10 "He did not consider the larger academic literature and
11 he's really picking a few findings and not contextualizing
12 them." (As read)

13 So I think my first question is just, you
14 know, how in the heck does this even get on the radio on
15 an airspace in the first place? Like do you have any idea
16 what the purpose of this was?

17 **DR. AMY BOMBAY:** I think it -- it's -- in
18 my testimony, I spoke about this type -- specific type of
19 more modern racism called laissez-faire racism, and --
20 which is -- has been shown through sociological research
21 to be particularly prevalent in contemporary society
22 compared to, you know, old forms of more blatant racism.
23 And one of the kind of key aspects of that is that it --
24 it's people who want to blame Indigenous peoples or
25 whatever oppressed group it is for their misfortunes.

1 I think this goes hand -- it goes along
2 with that. They're trying to deny that there are root
3 causes -- that the residential school is a root cause of
4 today's inequities, you know, just -- it's the same thing
5 as Holocaust deniers.

6 And I'm afraid right now with what's going
7 on in the U.S., some of these voices are being more
8 emboldened, just within the past year. I think it's
9 always been a problem, but I think it might be coming out.
10 So I think continuing -- it shows the need for continued
11 research, continued evidence to show these things.

12 **MR. ROY STEWART:** Yeah, your last point was
13 -- just ties in with my next. So I keep thinking about,
14 you know, Inuit youth back in NunatuKavut. So if they're
15 listening to radio ads such as this, you know, what
16 impacts do you think that would have on them in their, you
17 know, reporting to their peers or to any other person on
18 abuse that may be suffered, you know, by themselves or
19 family members?

20 **DR. AMY BOMBAY:** Sure. Like as an
21 Indigenous person myself, hearing that elicited
22 significant anger and emotion as someone who has worked on
23 that issue for 10 years, and so I can imagine young people
24 being exposed to that. And I think a lot of young people,
25 it -- they are more aware of colonization. We still have

1 a lot of work to do, but I think it -- I think it just is
2 confusing and makes them not trust mainstream media.
3 Again, it contributes to the lack of reconciliation. I
4 think it could make them angry, sad, confused, so many
5 negative things for to come across and read that.

6 **MR. ROY STEWART:** Just -- I guess just the
7 mere fact, you know, that it's able to get that far, you
8 know, it's given, you know, this platform, do you foresee
9 that, you know, as giving it, you know some validity or,
10 you know, if an Indigenous youth hears it. You know, if
11 it is on the radio -- you know, sometimes if I am
12 listening, I'm just like, "It's on TV, it's got to be
13 true," right? Do you see, you know, that impact?

14 **DR. AMY BOMBAY:** Potentially. Particularly
15 in families who maybe aren't talking about these things,
16 which we know is still very common. You know, there has
17 been a lot of healing, but there are also a lot of
18 families that still haven't gotten there, where they can
19 even talk about it. So, I -- particularly for those
20 youth, it is going to be potentially confusing; reinforce,
21 potentially, internalized racism, because we know that
22 without those contexts and the context of colonization and
23 understanding the real reasons behind those things, it can
24 absolutely have those types of negative outcomes.

25 **MR. ROY STEWART:** Okay. My last question

1 is for Ms. Clark. It just links into something Dr. Bombay
2 said about, you know, needing more research, you know,
3 especially to address issues such as what we were just
4 discussing. You explained earlier that the lack of
5 culturally appropriate support health, the lack of crisis
6 and support services in the communities that is discussed
7 in -- I think it is labelled Exhibit 12. It is the Needs
8 Assessment Report that was admitted.

9 Now, I was just trying to reconcile two
10 seemingly different views regarding the approach to
11 research and, I guess, community capacity building. And,
12 it is from two quotes that were given by participants or
13 respondents. I can read them for you. One is on page 16
14 and it says it is from a participant.

15 It says, "We have few resources in our
16 communities. Professionals working in our communities are
17 often imported extraterritorially so aren't always aware
18 of the cycles of abuse, the peculiarities inherent in the
19 Inuit culture." And, you know, this -- that statement
20 aligns with some of the evidence we have heard at this
21 Inquiry that, you know, witnesses have said that the
22 knowledge is already there in the communities, the
23 communities need to be the leaders in, you know, driving
24 the research.

25 But, then I read another quote on page 24

1 from -- it is identified as being from a respondent. And,
2 it states that, "People who are in complete denial about
3 how common abuse is, people will stress that it has to be
4 all about Inuit culture. It is important that support and
5 treatment be founded on recognized national and
6 international methods of addressing this issue. Inuit
7 culture pretends that the abuse isn't happening and focus
8 on forgiving and forgetting above all else."

9 So, I was just wondering -- I know these
10 aren't your statements, but how do you sort of reconcile
11 these two statements or views on how the communities
12 address, you know, the intergenerational trauma?
13 Because ---

14 **MS. SARAH CLARK:** Well, I think ---

15 **MR. ROY STEWART:** --- I sort of had
16 something formulated, but I was just wondering your
17 thoughts.

18 **MS. SARAH CLARK:** Well, I think this brings
19 up the very important point where we have two very
20 different cultures that need to figure out how to move
21 forward, and there are two different views on how to do
22 that. And, I think with the education and the cultural
23 competence, people start to learn how to be an ally
24 instead of imposing their views on other people. So as a
25 non-Inuit working in Inuit territory, learning how to

1 listen and do what is asked of you rather than saying, "I
2 know what's best." And so, I think that is where a lot of
3 communities are at right now, is figuring out what is the
4 best way to move forward, and I think community-led is the
5 way to go, for sure. I don't know -- could I add anything
6 to that for you?

7 **MR. ROY STEWART:** I agree with that, your
8 final point. I think that is a good way to end the day.
9 I have no more questions. Thank you all.

10 **MS. MEREDITH PORTER:** Thank you. So, Chief
11 Commissioner, I will ask then if -- seek your direction on
12 adjourning for the day and reconvening tomorrow morning.
13 And, I will leave it to Ms. Fontaine to inform the parties
14 with standing about the conclusion of the day and the
15 start tomorrow morning?

16 **CHIEF COMMISSIONER MARION BULLER:** Yes, we
17 will adjourn for the day and we will start again tomorrow
18 morning at 8:30, please. Thank you.

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

20 **MS. SHAUNA FONTAINE:** Thank you very much
21 for joining us today either in person or via webcast to
22 listen to our first day here in Winnipeg on our expert and
23 institutional -- our Expert/Knowledge and Institutional
24 Hearings on the Family and Child Welfare. I want to also
25 just say thank you to Cora Morgan, Sarah Clark and Dr. Amy

1 Bombay for sharing their truths with us today. It was
2 really hard to listen to, but something that we did have
3 to hear, so thank you very much for that.

4 As it was difficult to hear, I just want to
5 remind everybody here to take care of themselves this
6 evening. I remind you that there is a fire happening over
7 at the Forks at the Missing and Murdered Indigenous Woman
8 and Girls Monument. And so, you can certainly go down
9 there and you can offer some tobacco to the fire if you
10 like or find something that you can do to take care of
11 your spirits this evening.

12 I would like to call upon Thelma and Stan
13 to come and provide us with a closing prayer so that we
14 can leave this room in a good way.

15 **MS. THELMA MORRISSEAU:** That's good, that's
16 good. Bonjour. (Speaking Indigenous language). Yes,
17 today was a really full day and lots of really important
18 information was shared. And, clearly, child welfare is at
19 the heart of many of our people, Indigenous people in
20 Manitoba and right across Canada, across Turtle Island.

21 And, because it talks about our children,
22 and we know culturally, traditionally how important our
23 children are to us from the time in memorial, from the
24 beginning, our children tell us who we are, and gives us a
25 sense of purpose in life and they teach us. And, we don't

1 have our children in our community, we no longer have
2 laughter. And, mothers and fathers, and grandparents, and
3 aunties and uncles, the whole community no longer has a
4 purpose.

5 And so, the words that were spoken today
6 were very extremely important. And, I thank everyone who
7 presented today. I thank, again, wanting to acknowledge
8 the families who are here, to thank you for taking the
9 time out of your busy day to be here today and knowing
10 that it was probably hurtful at times. But, I want to say
11 I lift you and want you to be well, to be strong.

12 And, when you go home tonight, it has been
13 suggested that we need to do things to take care of
14 ourselves. Whether it is sitting down with your children,
15 your grandchildren and having that bowl of soup and fried
16 bannock, yummy, whatever that is, spending that time,
17 reading that book to your grandchildren or your child,
18 tucking them into bed, giving them an extra hug, I think
19 we never take anything for granted. I think we live every
20 day to the fullest and always remembering to tell our
21 children and our grandchildren how much they mean to us,
22 how much we love them.

23 And so, I say meegwetch to (speaking
24 Indigenous language) for hearing us today, for standing
25 with us, for being in the very centre of this room with

1 all of us, guiding so that the truth can be told, and that
2 it can be heard in the way that it should be heard.
3 Conversations are hard, but we must have them, and we ask,
4 Grandfather and Grandmother, that you always guide us,
5 because we are but simple people, and we don't know much.

6 So, we need your wisdom, we need your
7 guidance to show us how to do this work, how to make
8 things better for our children, for our communities, for
9 our nation, so that we can be strong. I'll say those
10 words and say meegwetch (speaks in Indigenous language).

11 (MUSICAL PRESENTATION)

12 **MS. SHAUNA FONTAINE:** I would now like to
13 ask Annie Bowkett if she would please extinguish the
14 qulliq for us?

15 (QULLIQ EXTINGUISHED)

16 **MS. SHAUNA FONTAINE:** Thank you. Thank you
17 very much. We will reconvene here tomorrow at 8:30.

18 --- Upon adjourning at 5:13 p.m.

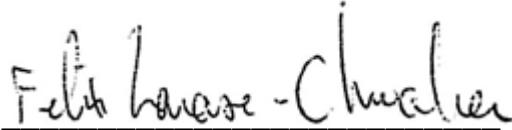
19

20 --- Upon adjourning at 16:56

21

LEGAL DICTA-TYPIST'S CERTIFICATE

I, Félix Larose-Chevalier, 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.

A handwritten signature in cursive script that reads "Félix Larose-Chevalier". The signature is written in black ink and is positioned above a horizontal line.

Félix Larose-Chevalier

Oct 1st, 2018