# INQUIRY RESPECTING THE TREATMENT, EXPERIENCES AND OUTCOMES OF INNU IN THE CHILD PROTECTION SYSTEM

English Transcript Volume 29

*Commissioners: Retired Judge James Igloliorte, Dr. Mike Devine and Anastasia Qupee*

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**COMMISSIONER IGLOLIORTE:** Nice to have such a excited and happy crew here this morning. I think everyone's quite prepared to get going today and anxious to get started, so I will ask Anne and Charlene to translate, not simultaneously, but consecutively after I speak.

So, the first thing I want to say is the coffee is here so now we can begin.

Good morning, everyone. Welcome to all of you and thank you so much for being here as part of your duty, but also representing your clients. Thank you for joining us.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** I want to especially thank the interpreters for their role in this Inquiry. We do not speak Innu-aimun in this Commission, only Anastasia. So, it's so very important that we have what is being said to us translated into the dialect for the community of Sheshatshiu and Natuashish.

I want to remind the lawyers, especially, that using plain language, whenever possible, allows the interpreters, the translators, to do the best job to deliver the message in Innu-aimun. So, the fewer legal phrases you use, the fewer legal concepts that you use, but still get the message across to Innu people, would mean that you've done a very good job.

We want to thank the Elders who make the effort to be here for our benefit, to understand the value of Elders in the Innu culture. We want to thank community leaders, community healers, who are here as well and we want to thank you, the community, for welcoming all of us back to your community.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken] – I can't find the word.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Thank you.

Charlene, we appreciate your work. Just be comfortable, you're doing a fabulous job for us.

Also, in welcoming the community, I want to say thank you to my fellow Commissioner, Nastash, for the great job she did on delivering the message about what's happening this week on CBC this morning. Thank you very much, Anastasia.

And, as always, we're so grateful to Eastern Audio for the technical service that they provide at such a high level to allow everyone, people not present even in this room, to be part of how the Inquiry information is getting out to the community.

At this time, I'd like you to stand as we invite our beautiful Elder, Tshaukuesh Penashue, to say a prayer for us.

**ELDER PENASHUE:** [Sheshatshiu-aimun spoken.]

**COMMISSIONER QUPEE:** Good morning. My name is Anastasia Qupee.

My throat is a bit dry this morning. I was at the volleyball tournament cheering on.

I'd like to thank Aunt Elizabeth Penashue, Elder, for always – and Penote – for always attending the sessions that whenever we come to Sheshatshiu.

I'd like to begin by saying that the Innu called for this Inquiry to help us understand what has happened with our children. For many years, Innu have not had control over what happens with our children and many have been taken out of the communities.

This Inquiry seeks to understand the story of our communities, our families and our children, so that we can move forward in a good way towards Innu laws.

We are here this week to listen to some invited speakers who will help us understand the story: Mary Pia Benuen, Helen Aster, Janet Bellefleur and Nykesha Gregoire, Jack Penashue, Lyla Andrew and Jennifer King.

We aren't able to hear from other community members this week; however, if you want to tell us your story, please see Paula Battcock, sitting over on my right, and she will put your name on your list and call you next time we're holding community meetings.

**COMMISSIONER IGLOLIORTE:** Do you want to translate yourself?

**COMMISSIONER QUPEE:** Yeah.

[Sheshatshiu-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Turn off your speaker now.

**COMMISSIONER QUPEE:** Yup.

**COMMISSIONER IGLOLIORTE:** Again, I'll ask Anne and Charlene to translate what I'm saying.

So, one year ago, we came here to this community, and started up the Inquiry. At that time, we heard from Innu Elders, we heard from ordinary people telling us their life histories, their experiences, and that was from both communities. They talked about Innu history, Innu culture, and the way that Innu view the world.

Fifty-one people from this community have presented to the Inquiry and 36 people from Natuashish have already spoken to us and there are more to come.

These individuals told us what we're required to hear, according to the Inquiry's terms of reference. They talk about their lives, their struggles, their experiences, especially with child protection services, and we learned about how resilient the Innu have been over all of these years.

So, today, we move to another part of how the governments and the Innu leadership have wanted us to proceed. And that is by allowing practitioners, experts in the community, speak to us about what they do, what they have learned about the child protection system and the impacts on their community.

So, the people we are calling this week are very familiar to the Innu communities. You heard Anastasia say it'll be Mary Pia, it'll be Helen, Janet and Nykesha, Jack, Lyla. All these individuals are being invited this week to tell us about their experiences.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Thank you, Charlene. You're doing a great job. Keep it up.

Also, it is my pleasant task, great honour, to have all the lawyers introduce themselves. We'll start in just a moment. But even before we do, let us recognize that Jolene Ashini has taken the next step in her education and training and she has been called to the bar. Everyone is so very proud of her.

So, I'll begin over on this side, and you can see the lawyers are seated in a semi-circle in the room. Please state your name and who you're representing. We are very pleased and proud to have you all here.

[No audio recorded from 03:10:48 to 03:12:12.]

**UNIDENTIFIED SPEAKER:** (Inaudible) federal government.

**COMMISSIONER IGLOLIORTE:** (Inaudible.)

**UNIDENTIFIED SPEAKER:** I just want to make it clear.

**J. ASHINI:** Jolene Ashini, counsel for the Innu. Also, I'll be called in February, just to clarify.

**UNIDENTIFIED SPEAKER:** (Inaudible.)

**COMMISSIONER IGLOLIORTE:** Close enough for a government worker.

**B. BROOKWELL:** Benjamin Brookwell, also counsel for the Innu.

**COMMISSIONER IGLOLIORTE:** Thank you.

(Inaudible) anyone who's part of the Inquiry out of St. John's office, starting with Lynn.

**L. MOORE:** My name is Lynn Moore and I'm counsel to the Commission.

**C. URQUHART:** Caitlin Urquhart, also counsel to the Commission.

**P. RALPH:** Peter Ralph, as well Commission counsel.

**COMMISSIONER IGLOLIORTE:** Thank you.

The other members of our team are not lawyers specifically, but they assist us in many ways, starting with Louise.

**L. BRADLEY:** Hi, I'm Louise Bradley and I'm the healing services consultant with the Inquiry.

**COMMISSIONER IGLOLIORTE:** Paula.

**P. BATTCOCK:** My name is Paula Battcock and I'm hearing Clerk this week.

**COMMISSIONER IGLOLIORTE:** Thank you.

Brian.

**B. HARVEY:** Good morning, Brian Harvey, the executive officer with the Inquiry.

**COMMISSIONER IGLOLIORTE:** Thank you.

And I know Ruth is here somewhere.

**UNIDENTIFIED SPEAKER:** In the back rooms.

**COMMISSIONER IGLOLIORTE:** Well, you can't miss Ruth. She's –

**P. RALPH:** (Inaudible) here before we see her.

**UNIDENTIFIED SPEAKER:** Ruth is in the kitchen.

**COMMISSIONER IGLOLIORTE:** Yeah, that's right. She's the chief cook and bottle washer. She does all of that work for us.

Who've I missed? Peter, have I missed anyone?

**P. RALPH:** Curtis and Andy.

**COMMISSIONER IGLOLIORTE:** Take again?

**P. RALPH:** In the Broadcast Centre is Curtis and Andy, Eastern Audio (inaudible).

**COMMISSIONER IGLOLIORTE:** Yeah.

But, also, we have Mr. Penashue, he's here somewhere. Nathan is one of our team as well, we wanna thank him for everything he does to make sure things –

**P. RALPH:** Thank Nuna. I think I did see her earlier.

**COMMISSIONER IGLOLIORTE:** Okay.

**UNIDENTIFIED SPEAKER:** (Inaudible.)

**COMMISSIONER IGLOLIORTE:** Fabulous.

**P. RALPH:** (Inaudible.)

**UNIDENTIFIED SPEAKER:** And Sean.

**P. RALPH:** And Sean Allen.

**COMMISSIONER IGLOLIORTE:** And Sean, exactly.

Thank you all so much for being here today, being part of what we do. I've already thanked the translators, that they've done a wonderful job.

I'll hand it over now to Commissioner Mike Devine.

**COMMISSIONER DEVINE:** Good morning, everybody, and welcome.

This week we're hoping to learn more about the Innu communities. We know hearing these stories may be triggering for people this week. So, we encourage each of you to think about how you will practice self-care. That may simply mean going to the tent, which is just outside the building here, deep breathing, talking with family or friends for comfort, or sitting with a member of the healing services team.

Today, we have healing services team lead, Edward Nuna; clinical support from Sean Allen, who was just introduced; our healing support services worker, Zach Michel, who's here; and our consultant, Louise Bradley. They'll be here today so if you need any support or someone to talk to, simply contact one of them.

Particularly for those who will be here all week, we'll be repeating this message every morning because some of the audience does change, so we want to make sure that people know that the service is available.

Thank you.

**COMMISSIONER IGLOLIORTE:** Thank you, Commissioner, thank you so much.

Now let's allow everyone to get a coffee so that we can get started and then I'll hand it over to Mr. Ralph.

Five minutes, please.

**Recess**

**CLERK (Battcock):** The Inquiry is now open.

Please be seated.

**P. RALPH:** Thank you, Commissioners.

Three brief points before I start asking Ms. Benuen questions. The first, it's came to our attention today that, I think, one of the last times we were in Sheshatshiu, an Elder was participating and I think someone in the centre took video of the Elder while she was – they were participating and put that on Facebook, which I think the Elder considered to be disrespectful. And so, we'd ask people who are here in the centre not to use their own phones to record things.

And the two other matters –

**COMMISSIONER IGLOLIORTE:** Let the translator (inaudible).

**P. RALPH:** Yes.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**P. RALPH:** The second issue I wanted to raise is exactly how we're gonna proceed with Ms. Benuen. There was a transcript of an interview sent out to the parties this weekend and the parties had difficulty accessing the transcript.

The – I guess the solution we've come up with is that for those parties that wish to perhaps do the cross-examination of Ms. Benuen at a later date, that I'll ask the Commissioners to grant them that right, that they can do that later if they believe that's necessary, and I suspect it likely will be necessary for most, if not all the parties that have the right to cross-examine here today.

The final issue, I should say, before we start asking question of Ms. Benuen, is that we'll be asking the Commissioners to qualify Ms. Benuen as an expert in Public Health nursing. However, that can be a timely – a

lengthy exercise and so the parties, the Government of Canada, Newfoundland and also the Innu Nation, have decided to do that at a later date.

**COMMISSIONER IGLOLIORTE:** Thank you.

Both those points are acknowledged by the Commission of Inquiry and we will permit them.

**P. RALPH:** Thank you.

Ms. Benuen, nice to see you again and thanks for coming today.

Would you prefer to give your evidence in Innu-aimun or in English?

**M. BENUEN:** English.

**P. RALPH:** Okay.

I understand, Ms. Benuen, that you are a Public Health nurse.

**M. BENUEN:** Yes.

**P. RALPH:** And currently – oh, I'm sorry, Paula.

Grab the Bible, right there, Ms. Benuen.

**CLERK:** Please take the Bible in your right hand.

Do you swear that the evidence you shall give to this Inquiry shall be the truth, the whole truth and nothing but the truth, so help you God?

**M. BENUEN:** Yes, I do.

**CLERK:** Please state your name for the record.

**M. BENUEN:** Mary Pia Benuen.

**CLERK:** Thank you.

**P. RALPH:** Ms. Benuen, I understand you're a Public Health nurse and have been a Public Health nurse since 1990.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** Is that right?

**M. BENUEN:** Yeah.

**P. RALPH:** And, I guess, was the first nurse in the first clinic – health clinic that was established here in Sheshatshiu in '97?

**M. BENUEN:** Yes.

**P. RALPH:** Anne, you want to go – you want to translate?

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**P. RALPH:** And I understand, I think currently your position is primary health care director?

**M. BENUEN:** Yes.

**P. RALPH:** The – and I guess even before you became a Public Health nurse, you were employed at the clinic in North West River. Is that right?

**M. BENUEN:** Yes, I was working there from 1984 until 1987 when I went to nursing school.

**P. RALPH:** Right.

So, I guess some people may wonder why we're having you here as a Public Health nurse and what does that have to do with the child protection inquiry, but the Commissioners believe that you can't look at child welfare in isolation. That it's important to look at the health of Innu children, families and communities.

**M. BENUEN:** Yes, with the Public Health office, we, the nurses, myself and I look at a person as a whole, not just the elements and for health protection and health prevention. We look at the person and families as a whole, as a community.

**P. RALPH:** Yes.

So, Ms. Benuen, we're – the Commissioners are really looking forward to your perspective on the development of health services in this community, but also the health challenges that have been experienced, are still being experienced by this community.

But I guess another important part of your testimony, I think, is your own personal journey and perhaps we can start there.

Can you tell the Commissioners where you were born and when you were born?

**M. BENUEN:** Mm-hmm. Okay.

I was born in Sheshatshiu on June 21, 1960, and I am the third oldest of 11 children. My parents moved from Davis Inlet to Sheshatshiu just before I was born, so I was born in Sheshatshiu. The other two of my older sisters were born in the interior of Labrador, near Davis Inlet.

**P. RALPH:** So that would have been old Davis Inlet, right?

**M. BENUEN:** Yeah.

**P. RALPH:** Ms. Benuen, when you were a child, what did you wanna be?

**M. BENUEN:** I wanted to be a nurse as long as I can remember. I remember playing with my little friends. I always wanted to be a nurse. I even gave them a needle with a safety pin.

**P. RALPH:** And can you describe what your childhood was like?

**M. BENUEN:** Okay.

When we first moved to Sheshatshiu – my grandparents first moved here in Sheshatshiu and then my parents followed later. And when we arrived here, we stayed in tents and with my grandparents, at first, and then, later on, we had our own tent. But we camped side by side with them.

I think the reason why we moved to Shesh is because my oldest sister had a heart condition and my grandma took her to Sheshatshiu because the hospital was across the river.

[Dialogue between M. Benuen and Interpreter Nuna in Sheshatshiu-aimun.]

And that's what was – like, I remember when I was growing up, I might have been about four. That's when I realized our family life was being controlled by the missionary – the priest that was here at the time. We had no – we were not able to do anything without him interfering in our lives or telling my parents what to do: You should do this, you should do that and – or bring the kids to church, and don't – they need to put on a scarf when they come to church, or – it was then I realized that this is – doesn't seem right.

It seems as though my parents lost control over us and over themselves because the priest took over of our lives, and my parent's lives and everybody's lives in the community. I realized then that it wasn't the life that we're used to, or we were – 'cause we were free when – before we came to Sheshatshiu. We were able to play outside and we were able to run around like little kids normally do, but we were chased by the priest to get home.

Even when were, like, sick and didn't go to school, they – he drag us to school even though we were not well. I remember one time I had mumps, and I was swollen all on my throat there, and I was in bed and the priest came and caught me and took me to school and told me I had to learn. But, later on, that evening my parents took me to the hospital across the river in a canoe, and the doctor admitted me for a couple of days 'cause I was full of infection.

**P. RALPH:** Ms. Benuen, I understand that your family eventually moved into a house. Is that right?

**M. BENUEN:** Yeah, we stayed into the tents. My grandparents first got their house and then two years later, in 1966, we moved

into a house. My parents and my siblings moved into a house and we were happy to get – to have a roof over our heads. But at that time, I didn't realize a house needed a toilet and a running water and a bathtub. It was almost just like a shelter kind of building. Although it had rooms, there was no heaters and it was really cold. In the wintertime, we had to – my dad had to make fire all night long to keep us warm. We didn't use the rooms. We slept in the kitchen by the woodstove.

We were happy to get a house, but it wasn't until later I realized that it was just a dwelling to cover – keep us in the house.

And it seemed like in the tent, we were all together and it was really warm. People were interacting with each other, but it seemed as though in a house everybody went in their separate ways. There was no family interaction, just coming from school, going to your room, if it's not too cold.

And it was then that my parents started to drink a lot. And we – us older siblings ended up looking after our younger siblings. And there was – we'd been exposed to neglect and we've seen family violence and we've seen child abuse and there was hardly anything to eat in the house, while my parents go off drinking with their friends.

But we were always taught by my parents to lock the doors and not let anybody in. And it was around that era, too, where Social Services was taking kids out – the children out of their – like, out of the parents' care. And I know maybe my parents were fearful that the Social Services might come and take us and maybe that's why they told us to lock the doors when they left partying.

And at one point, when my parents were home, they were home that day and that was a very first time that I had encountered with Social Services. They knocked on the door and – with the police. That was the first time I've seen police. I must have been about six years old or seven. They knocked on the door and my dad looked out the window in his drunken state and wouldn't open the door and said to the Social Services and the police that he wasn't going to open the door and that he – that they were not gonna take his children away unless he's not able to look after them.

He said: I may be drunk but I can still look after my children. And he wouldn't open the door for them and he kept yelling at them to go away and to leave us alone. And then they left. Even though they – he just told us to hide in the room because he was under the impression the police would break the door down, but they didn't. They left because he said: I'm gonna start – I'm gonna shoot you if you come in and take my children away. They left after that.

And there's been a couple instances throughout my childhood where Social Services and police came and wanted to take us. Even though my dad was a drunk, both my parents were drunks and alcoholics, but they did care for us and they looked after us, even with the little that they had. They never gave up on us. They looked for us if we didn't come home from school, being fearful that Social Services might take us from school or from the road or something. But he was a good man. He was a man with a good heart and cared for his children.

People in the community – I know people in the community looked at my dad as a drunk. But I believe we were the ones that – we weren't taken into care. There was a couple of families from Davis Inlet – there was three families who were – three or four families came into Sheshatshiu around the same time my parents did. Their kids were taken away only because they drank.

**P. RALPH:** Ms. Benuen, was there something else you'd like to add, or do you want me to do another question?

**M. BENUEN:** It doesn't matter.

**P. RALPH:** Okay.

The – what difference do you think it made in your life that your father, I guess, wouldn't let you be taken by Social Services?

**M. BENUEN:** I think it had a lot to do with fighting for me, because he fought for – my dad fought for us, and I think that's the reason why I'm fighting every struggle that I have encountered in my life.

Also too, that during – in the school system we were okay, but we were still controlled by our teachers and our – people in the schools. I remember one time when I was in – when I was about 10 years old, my mom used to send me to the school with braids. I used to have long, long hair, and I used to have really nice braids every day.

And there was a public health nurse at the school that was doing needles and looking for lice in our heads. And she grabbed my braid and cut it, and – both my braids and she cut it. And then when I went home, at home, and I cried and I told my parents what happened. I said: I ran away from the nurse because she was trying to take out my braids and wanted to look for lice. And she caught me and then cut my braids off. But my dad went to the school with scissors and said: I'm gonna find that nurse and I'm gonna cut her hair. But the nurse hid away from her.

That's one of the other things that kind of struck out when I think about that. I knew my dad tried to fight for us and did his – well, he showed how he was wanting to stand for his children. And it was then that my dad told me to never, ever give up – give in to the white people because if you let them do whatever they want to you, then you'll be there to be stepped on all through your life.

Those were the words that my dad said to me that I have carried with me in my heart. Every day when I feel like I'm being put down, his words keep haunting me and say: Never let the white people walk all over you. If you let that, you not gonna get anywhere.

So, during my school years in Sheshatshiu, it was okay. I learned a lot and I was – considered myself to be smart in school.

And it's around 1970s that the Band Council got people to go to the country, out in Nutshimit, and I always looked forward to those because in Nutshimit we are free. We can eat whatever we want. My dad go and hunt what – to feed us. There was no drinking. My parents worked together. They – my dad made us sleds and snowshoes. My mom made us mitts and moccasins and a lot of stuff that you use in Nutshimit. Three or four months we were there. We'd go in September, come back in December, and then go for spring again until June.

So, this went on for a couple of years until the government said to my parents: We – you can't take them anymore. They gotta go to school. Your family allowance will be cut off if they don't go to school.

So, I think we went for about a couple of years, only me and my older sister were left behind in 1973. That's when the government told my parents: You cannot take the children anymore. But we were looked after by my aunties to go to school. The government gave them a piece of paper to go and get food for us across the river at the Hudson Bay store, and they looked after us while my parents and my other siblings were out in the – in Nutshimit. And we really missed that. We missed our family; we missed our parents.

But – and that – there were – they threatened they would take us if we didn't go to school, so we had to go to school. We stayed with my aunt who was a teacher at the Peenamin McKenzie School, so we had to go every day.

I know back when we used to go to the country, it was very – like, it was so calming in the country. There was nobody to tell you what to do, none – no government officials can come and say: You can't do this, you can't do that; you've got to look at – after your children, kind of thing.

And we did go to school and it was always good to see them back, my parents. But where they were alcoholics, their first stop is – when they come in from the bush, their first stop is the liquor store or the beer store. By the time they make it to Shesh, they were already drunk. My and my sister

waiting to see them and we ended up taking care of our little siblings.

Alcohol took a big part of my parent's family. They couldn't stop it because they were not scared when they're drunk. It seems as though they are really scared of the government officials if they're not drinking because the doors are always locked at the house, afraid they might take us or take my younger siblings.

**COMMISSIONER IGLOLIORTE:** So, in order to give our interpreter/translators a health break, we'll take 10 minutes at this time.

Thank you.

**Recess**

**P. RALPH:** I guess we're ready to continue. I understand Charlene is coming back after lunch. And certainly, we can send the copy of the – a recording of the – to someone to be translated? Later on? Okay.

Okay, Ms. Benuen, so you – growing up, you saw some children I guess that weren't as fortunate as you that were taken out of their homes?

**M. BENUEN:** Yes, I've seen children taken out of their homes. And we would have been some – we would've been us, too, taken away from our home. But, like I said, my dad fought the system the way he knows how. And when my parents were in the bush all the time, they came back and our house was vandalized.

So, from then on, my parents moved back into the tent and that's where they had – they looked after my siblings. And it was around that time that my parents were not home and my – the babysitter that was looking after my younger siblings, my two younger brothers, were there and Social Services came and took my little brothers with them to their office, going to take – going to apprehend them.

But when my parents came back from Goose Bay, the babysitter told them Social Services took your boys. And, at that time, my dad was mad and, I guess, he was still a little bit drunk at the time or been drinking. Not to the point where he's so intoxicated that he doesn't know what he was doing, but he went to the Social Services office and he – they locked the door on him with my two little brothers in there, my two youngest brothers.

And they wouldn't open the door for him, but he kicked the door down and took his boys out of the office and took them back home. But they didn't do anything; they just let him take them again. And it's – I'm surprised they didn't have the RCMP come after him after that. But he went and got his boys.

And it was around that time, too, that my other sister was taken into care. She wasn't taken into care, but she was brought to the Social Services office, and I don't know where my parents were at that time, but my grandma – my late grandma went and got her and said: You're not taking my grandchild. So, she took my sister back from them and brought her home. My grandparents, even – when my parents were not able to look after us, my grandparents took over. And there's so many times that Social Services have wanted to take us and my siblings – we were a little bit older then, 13 and 14.

So, up until 1990, my parents lived in the tent. Just stay in the community or sometimes out in – on the road, or up North West Point. But they did look after my younger siblings in the tent. They were always drinking and drunk, but they did look after them and made sure they're not taken into care. And I was – when I went to school here, I went as far as Grade 10, so I had to go away to finish my high school in St. John's, in Newfoundland.

**P. RALPH:** Before you get to that, can I ask you a couple of questions?

**M. BENUEN:** Okay.

**P. RALPH:** Okay.

**COMMISSIONER IGLOLIORTE:** Get Anne –

**P. RALPH:** Yes.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**P. RALPH:** Ms. Benuen, did you know children in the community that were taken away by Social Services?

**M. BENUEN:** Yes, I do know. Some of them were my friends that were taken away. When I said earlier there were a few families came to Sheshatshiu from Davis Inlet, those were the children. They were our friends, but they were taken away and they were sent out of the community into – in Newfoundland, I believe.

And when they were – became of age to come home, they did come home, but they were lost in the community. They couldn't function in the community and they turned to alcohol and drugging and some other bad stuff. They were never the same after. They were our friends. We grew up with them because we were a small family that came from Davis Inlet and these friends were – have long since died after being in the system for a long time.

And they left the community after they were returned into – when they were released from the system. When they became of age, they came back to Sheshatshiu, but they couldn't stay here any longer because maybe they didn't feel like they belong here and they moved away and they died outside of our community. There's three friends that I known that have died really young in the last, maybe, 15 years.

**P. RALPH:** Ms. Benuen, you were, I guess, fortunate to spend quite a bit of time in the country with your family, in Nutshimit. Do you think that's made a difference in your life?

**M. BENUEN:** Yeah, it does make a lot of difference in my life. Spending time and learning from my parents when I do watch them work their hardest in the country, in Nutshimit, and learning from them and them teaching us how to live out in Nutshimit. And I'm happy to say that I did live through Nutshimit life with my parents. I have learned a lot from them and I did learn a lot from my grandparents, too, whom we always went with every fall, every spring. In the bush they taught us a lot and they teach – taught us how to clean that animals and how to prepare food.

It seemed the reason why I'm still sewing a lot of – I still do a lot of sewing. And I did learn that when I was young from both my mom and my grandma. And it makes me look at two worlds. One world that is very, very happy and free, we can roam around free in the Nutshimit; can do – can eat whatever you want because food was always plentiful.

In Sheshatshiu, outside Nutshimit, everything is a struggle. You struggle everyday of how are you going to deal with what's being thrown at you; what your experiences are. You're never in a perfect harmony in Sheshatshiu. Whereas, in Nutshimit, there is no worries, life is beautiful out there.

**P. RALPH:** Ms. Benuen, I understand eventually you had – you went away for school?

**M. BENUEN:** Yes, when I was 16, I was going into Grade 10. There was no Grade 10 here, or Grade 11. Our school only went as far as Grade 9, and then those of us that wanted to continue were sent out to St. John's. And that's where I went to do my high school.

At times – sometimes I struggle with what I try to – when I try to think about what had happened – what had expired, the time I left until the time I came back from school, because I do regret, in a way, of leaving for school. Only because I have left my younger siblings in a house of violence, abuse and hunger for them to fend for themselves. I felt like I have neglected them in a way because it was after I left for school that I realized later that my younger siblings experienced sexual abuse from my parents'

drinking buddies. And that's why I feel like sometimes I have neglected them.

But in a way, I have – I'm able to come to peace with myself now that I have finished what I had wanted to do, was to finish my high school. But even to this day, it still bugs me as: Why did I leave when my parent – my younger siblings were so vulnerable to that kind of abuse?

And yes, I did go to school and I was – it wasn't a really good experience, but I kept to myself. I had – in high school, in St. John's, I experienced a lot of racism, a lot of name-calling, and people making fun of me. And the whole year, the whole two years – the whole year I was there, I never got to sit on a bus in school – like, a seat on the bus, 'cause none of the other students would let me sit with them. I don't why, maybe because of the way I looked, I don't know.

But it was hurtful and it was painful. But that didn't bother me, 'cause I was determined to do what I meant to – why I went there for. I went to school and the boarding house where I stayed wasn't all that great either. Because I was only fed peanut butter and jelly sandwiches every day for lunch. And at that time, when – back in 1976 and '77, the government only gave me spending money, $30 a month, to buy whatever I need for school. But I managed.

I didn't spend anything, 30 – like, $30, I tried to make it last, 'cause I couldn't go anywhere and there was nowhere to go. I was too scared to go, it was a big city, and it was a great culture shock for me when I got there. All I did was went – go to school and back to the boarding home.

It wasn't a nice experience. But if I wanted to finish my high school, I had to stick it out. Then the following year for – back then, they didn't have Grade 12. That was my last year of high school in Grade 11, I moved to another boarding house. That was good. That was okay. I had – the people that I stayed with were really nice to me and they bought me stuff and they made sure I didn't go out on weekdays, just to go to school, do my homework and, in the wintertime, they bought me a bus pass so I don't have to walk to school.

But in the fall, it was a 45-minute walk and it was okay. I didn't – I wasn't scared or – and it wasn't cold. But when winter came, they did buy me a bus pass so I can go to school on a bus.

So I did my high school –

**P. RALPH:** Can I ask –?

**M. BENUEN:** – finished my high school –

**P. RALPH:** Can I ask you one question?

**M. BENUEN:** Yeah.

**P. RALPH:** So, were you homesick?

**M. BENUEN:** Very lonesome. I cried all the time. I wanted to come home. I have no way home. I didn't have no money, and my parents were drunks, so they don't have money to bring me home.

And I get to go home – I came home on Christmastime, but I did go back because it was something I wanted. I wanted my high school. Because without – I always believed without education, you're going to stay in the community forever.

**P. RALPH:** And so – I'm sorry, let Anne translate.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**P. RALPH:** Now, Ms. Benuen, I understand – I think you went to – was it Beaconsfield?

**M. BENUEN:** Beaconsfield High School.

**P. RALPH:** And when you attended Beaconsfield, did you have any friends there?

**M. BENUEN:** Yes, I did have friends. I went to school with two other girls from Sheshatshiu, but they quit. They couldn't stand the bickering and the fighting – the kids fighting us. They quit just before – one

quit in April and one quit in May, before they finished for the first year.

**P. RALPH:** Right.

**M. BENUEN:** Yeah.

**P. RALPH:** And what was the bickering and fighting? What was going on?

**M. BENUEN:** They're just making fun of us, calling us: One little, two little, three little Indians. And saying that when we talked to each other in our language, they make fun of it and said that: What kind of language – are you guys from space? Aliens, they called us. And we need to wash our faces and stuff like that. Those were the kind of things that they said.

One time I got into a fight with a big boy, though. I beat him up. Like, he was about six feet; I was little.

**P. RALPH:** And so was there much fighting between you three?

**M. BENUEN:** He was my good friend after.

Yeah, there was a lot of fighting, pushing us and the other people – the other girls were in another boarding house.

**P. RALPH:** Yes.

**M. BENUEN:** I was by myself in Kilbride.

**P. RALPH:** Mm-hmm.

**M. BENUEN:** And they were in – on Topsail Road.

**P. RALPH:** Right.

**M. BENUEN:** Yeah, so we didn't really, kind of, be together.

**P. RALPH:** Right.

And they left at the end of the first year?

**M. BENUEN:** Almost. Yeah, they almost finished.

**P. RALPH:** Right.

**M. BENUEN:** Yeah (inaudible).

**P. RALPH:** And so you were there one year or two years?

**M. BENUEN:** Two years.

**P. RALPH:** And the second year, were you there by yourself?

**M. BENUEN:** No, there was another girl came in, but she was a grade behind me.

**P. RALPH:** Right.

**M. BENUEN:** So, yeah, and she –

**P. RALPH:** Yeah.

**M. BENUEN:** – left too.

**P. RALPH:** So, did you have any non-Innu friends?

**M. BENUEN:** Yes, I did. I had one non-Innu friend the whole two years I was there.

**P. RALPH:** Right.

**M. BENUEN:** Yeah.

**P. RALPH:** So, you did – you eventually graduated.

**M. BENUEN:** Yeah, I eventually graduated and I came home and work –

**P. RALPH:** What year was that? Can you remember what year you graduated?

**M. BENUEN:** 1979. I came home, work at odd jobs. I was babysitting and I was working in the community. I worked with Anne one year, we did some newspaper stuff, yeah, and then got myself a job at the clinic.

**P. RALPH:** Which clinic is this?

**M. BENUEN:** It's in – the North West River Clinic in North West River. I worked as a nurses' – a Public Health aide, which

involved helping the Public Health nurses with their appointments and stuff and helping them with a lot of community health activities like getting them appointments and helping them do their direct observe TB therapy and doing home visits with them. So, I worked at that up until August 1987.

But in between that time, between before I went to work there in 1982, I – no, I went to university first at MUN.

**P. RALPH:** Was that (inaudible)?

**M. BENUEN:** It wasn't by my choice. It was kind of – the principal here at the Peenamin McKenzie School kind of pushed me into it and said, you can go to university, you did well, you're a smart girl and that you can become a teacher and come and teach at the school here.

I went to university; it wasn't what I wanted. I quit, came home and applied for a job here and then it was – then I decided I think it's time to pursue my dream of becoming a nurse. Of course, in my thought, the nearest place to apply for a nursing school is St. John's, so close to home. And that didn't work out.

**P. RALPH:** Why is that?

**M. BENUEN:** There were many people doubted me. They doubted my dreams. They made – they think that – I think – I'm not sure what they thought but they said she's never gonna make it through nursing school.

So, I applied for a nursing school in St. John's. I got accepted. I was so happy. This was my dream come true. I went, got there, my dream fell apart.

**P. RALPH:** Why? How's that?

**M. BENUEN:** Because they said, the acceptance letter that was sent to me was by mistake. The – my last name was supposed to have been somebody else's last name, like Benuen and Benoit, and I was devastated. I was sad. It was painful and I cried.

And I said – then she said: English is your second language, so you might have a problem doing the nursing studies here. I didn't say anything, got up and left, came back home, felt embarrassed because I was telling people I was going to nursing school. And then I worked, but I didn't stop there.

Throughout my job, between 1984 and 1987, I did a lot of work. I did a lot of searching across Canada, looking for nursing schools of whom they might be able to take me. Where I was thinking maybe where I'm from outside – in Labrador, the other provinces might not be able to take me.

So, by the beginning of 1987, I had a letter from Northern Ontario asking if I was still interested in their nursing program and I said yes. This was like January or February. And I did say yes, and that I was being sponsored by my Band Council.

And from April on until the end – I mean, in August, I've gone to the Band Council asking for a sponsor letter, saying that they would sponsor me to go to nursing school. But that took a long time to get it. So, by the end – by the beginning of August, I was more determined and I said to myself I was going to go there every single day until I'm being sponsored, because this is what I really want to do with my life.

**P. RALPH:** Go to Band Council every day?

**M. BENUEN:** Yeah.

**P. RALPH:** Yeah.

**M. BENUEN:** I did, and I went there and I asked, and we're still looking for funds; we don't know when we're going to consent you; we're not even sure if we're going to send you; there is no monies, too. All that kind of stuff. And I said: Maybe if I went to the bank, they might give me money to go to nursing school.

So, this one day, I walked into the Band Council – like in August – because I was getting anxious and I wanted to go to school so bad. I went to the Band Council and I

was gonna ask and the secretary told me there's a meeting happening there and that I can wait in the hallway, which I did. But the door was a bit ajar, and I can hear what was said – what was being said inside that room. And I believe that the secretary called them and said: Mary Pia is still waiting to be seen, waiting for you guys; are you still in a meeting?

And there was another downfall, because these were the people that I wanted to look up to for help; these were the people that I trusted, my own leadership, mickering [read: bickering] and laughing about me. Basing me on family history. I heard them – they're talking in Innu language, and I heard them say: She's been coming here for money so she can go to nursing school. I guess we'll just send her because she'll be back in no time; she'll never get through nursing school because her parents are drunks.

That broke my heart, because it wasn't my parents that were going to school; it was me. I wasn't gonna use their brains; it was my brains I'm gonna use to get to what I wanted to get to. My own leadership said that to me, make me more determined. And I said to myself, in the back of my mind: I'm coming back here in Shesh, and I'm gonna prove them all wrong, even I'll prove the province wrong because they thought I couldn't go to nursing school because second – Innu was my first language.

And I went in and they say: Okay, we've got monies for you. You can go to school. When do you want to leave? I said: Next week.

I was happy. In a way, my heart was broken because of what was said to me – said about me. They didn't know I heard anything. I didn't wanna say anything because I didn't want them to back out and say: You heard us so you're not gonna go. I was happy to go, and I left for school.

My own people, my own leadership putting me down like that hurt the most. But I came back as a nurse, when I came back three or four years later.

Even though it is a sad story, but it still – it paid off on my own determination, my own willingness to prove people wrong that have doubted me in my life. I don't give up. I never do. My dad told me never to give up. Always believe in yourself and always work towards your goals, even if it's a small goal, you'll get there if you work hard enough.

It was hard in nursing school, though. It is true when they said English is you second language, you will have a hard time with your studies. I did have a hard time. I struggled every day with the medical terminology, but I got through it with determination and willingness to learn throughout my years of nursing school.

**P. RALPH:** Ms. Benuen, perhaps you can describe for the Commissioners the education that you received in Ontario. I understand you got your RN first; is that right?

**M. BENUEN:** Yeah, I got my RN first and then I went to Lakehead University for 18 months to get my public health nursing. I got my degree then. And then, I also went to University of PEI, doing my leadership and management training since I took over the health director position in Sheshatshiu in 2010. I was hired as a health director then, and it was then that I decided that I have been offered a leadership and management training and that was 18 months. It was through University of PEI.

And over the last 33 years since I have graduated from nursing school, my nursing education is never-ending. I always take courses throughout the 33 years. Small courses here, and there is small diplomas here and there throughout my years of nursing.

**P. RALPH:** Commissioner, is it time to break now for lunch?

**COMMISSIONER IGLOLIORTE:** Yeah, 1:45, please.

**Recess**

**COMMISSIONER DEVINE:** Okay, welcome back, everyone, for the afternoon session as we continue on.

So, the first thing I just wanted to highlight again the healing services team. Our team lead, Edward Nuna, clinical support, Sean Allen, who's – here he is. And the healing support services worker this afternoon is Tiffany Nuna, and of course our consultant here is Louise Bradley.

Just wanna mention also that, as I'm sure everybody recognized, we don't have much heat here today, so feel free to put on your heavy coats if you get feeling a bit too cold. Nobody's gonna fall asleep with the heat this afternoon, for sure.

Okay, thank you.

**P. RALPH:** Good afternoon, Ms. Benuen.

**M. BENUEN:** Mm-hmm.

Good afternoon.

**P. RALPH:** Just, from this morning, is there anything that you've kind of reflected upon and would like to have talked about that you didn't speak about this morning, of the things we were talking about?

**M. BENUEN:** I'd like to share at this time that, in my earlier life, when I was younger a bit, I used to abuse alcohol. I used to drink and I used to do a lot of stuff that the drunk people do. And I did drink for many years up until about 20 years ago. And I didn't really went to treatment, but there was one wake-up call that got me to thinking to quit my addiction.

I have one child and she's 28 now and, when she was younger, when I used to drink a lot and I used to leave her with babysitters – mostly my sisters looked after her. And during her first years of life, first eight years of her life, she only saw me drunk once. And it was – that was a wake-up call for me when she knew I was drinking. She smelled the alcohol on me. She seen the beer bottles and beer cans on the table at my house.

And my sister had to go somewhere, so she brought her early in the morning, 'cause normally I wouldn't – I would go get her after my drunk and when I sobered up. And I don't think she knew I was drinking. I had been drinking all this years.

So, this one morning, my sister brought her home and the house was in a mess; there was beer bottles everywhere, bad hangover and smelling of beer. She comes into the kitchen and says: Mommy, what's going on here? Were you drinking? I can smell beer on you. And I said: Yes, I was drinking. I've been drinking all this time but, she said, I never seen you drunk or drinking before.

At that point in time, that little voice woke me up and said: Mary Pia, this is it. There's no need of this. So then – it was then I decided I wasn't going to drink anymore. I didn't tell anybody that I was gonna quit drinking. I had it in me to believe in myself that I will stop this before I expose my daughter to this unhealthy lifestyle. That's when my healing journey began. It was hard, but I had to work really hard not to run to the bottle every time a bad thing happens, or run to the bottle when I'm down in the dump, or if I ran out of food I don't run to the bottle.

But I was still working – even all those years I was drinking, I still went to work as a nurse. And I think each and every one of us, there comes a time in your life when you realize to give up what bad habits you have. And that was the point in my life when I no longer want to be part of the addiction world. I plan my journey then to be free of alcohol.

I used to be a bad drunk. I used to fight a lot. I used to steal for beer. I used – everything. But the only thing I never did was do drugs. I spent all my hard-earned money on alcohol first, before I buy anything in the house or food.

So that's the life that I left behind almost 21 years ago. And I wanted to share that

because I have endured a very long, complicated lifestyle, all the stuff that I have gone through trying to get where I was, where I am now. I decided then that this isn't the life I want to show my child. I only have one child and I want to give her the best life that I never knew, the life that I never had growing up 'cause I was brought up in poverty, hunger, abuse, neglect, everything that comes with being a neglected child.

I been through a whole lot of neglect throughout my life, but it is then that I decided that my daughter is not gonna be exposed to that kind of life that I was going through and that I was gonna try to make life good for her.

I wanted to share that because it's not – I didn't have a – adult life was also problematic for me, because I put it on myself to drink and be a drunk and abused alcohol.

**P. RALPH:** Thank you for sharing that, Ms. Benuen.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** I think it shows a lot of courage to share your healing journey with the Commissioners and it's certainly their hope that this Inquiry will bring some healing and so, I think, it's important for them to hear the stories of people who are perhaps further on down their journey than others. So, thank you for sharing that.

**M. BENUEN:** You're welcome.

**P. RALPH:** Go back now, I guess, to where we left off in the morning and I think we were at the point where you graduated with your Public Health nurse degree?

**M. BENUEN:** Mm-hmm.

**P. RALPH:** And what did you do after that?

**M. BENUEN:** After that, I came home to Sheshatshiu and I worked at the hospital – at the old Melville Hospital – as a staff nurse. And I worked in different departments. I worked at emergency, I worked at outpatients and obstetrics and pediatrics, med surge and ICU, and I did some medevacs, where a nurse goes on a plane to pick up a patient up North – mostly up North.

And I stayed there for seven years. I worked at the hospital for seven years and I did see a lot of my people there. They were happy to see me at the hospital because I spoke the language and I did – I can relate to them 'cause I know their culture and language; I know their family dynamics because I knew everybody in Sheshatshiu because I grew up here and a lot of the people I grew up with. So that was a really good experience and I loved working at the hospital because I was – it was the beginning of my dream to help my people.

And I did get along with the other nurses and I helped them. During my time in the hospital, I worked with some of the doctors because the Melville Hospital was a teaching hospital, so (inaudible) is at the Labrador-Grenfell. I worked alongside with one of the senior doctors and they usually have a family residents and nurse – medical students come to the – to Goose Bay.

So I did a lot of teaching at the hospital, too, like cultural sensitivity workshops at the hospital, and I taught some of the doctors the simple Innu language so they can converse with the Elders that were not able to speak English. And I spent a good seven years – I mean, seven years – and it was a very good experience. I was able to do hands-on nursing.

Then, in January of 1997, at the time Chief Paul Rich was the Chief, and he called me up and said, we have applied for funding through the federal government to have our own clinic – our own public health nursing in the community and, he said, it's going to be advertised soon if you're interested. And I said, of course, I'm interested, and it's one of – it's a – it's my dream to come to the community and provide services to our community members – to our people.

And, he said, the ad is gonna come out in next day or two and I said, okay. And he came up to the hospital and gave me – showed me the ad. Looked at it, and in the ad said: Innu is a must. I said, that's a given. I'm getting that job 'cause I'm the only nurse in town.

So, I applied and came and work here. We used to work out of one of the rundown buildings – a house. It was rundown but it got renovated and it has a three – it's a three-bedroom house that belonged to my uncle at one point. So, on January 13, 1997, I started my services in Sheshatshiu, and I've been here since.

And we had to start from scratch. There was nothing there. There was nothing to be – to work with. But at that time, I asked the public health nurses in North West River that had Innu charts, I ask if I can have them and I'll work from up here in my community. That was okay, but I had to go through red tape to get to that. So, when it was done, that's when I – that's when we start, me and my co-worker, Lorraine Rich. She's still here with me, after all that time, 26 years. And we started from scratch.

Back then, there was maybe – the population was 500? Between 500 and 600, in 1997. And I was the only nurse. I was looking after everything, like diabetes, home care, immunizations for children, everything. And then April of that year, we hired a nurse from Goose Bay. She came to work with us. There was only me for about four months, trying to look after a small community. Now, 33 years later, I have five nurses under me that's looking after a population of 2,300.

So, it grew and with a lot of work for the community and a lot of negotiating with the government, we had enough funding to provide our own services to the community.

**P. RALPH:** Ms. Benuen, you worked at the hospital for about seven years?

**M. BENUEN:** Yeah.

**P. RALPH:** And during that time, you would have seen many Innu patients at the hospital.

Can you describe what you saw in terms of the treatment that Innu people received at the hospital?

**M. BENUEN:** At the hospital back then, the people were treated okay at that time, that was like in the 1990 to 1997. And – but when I do see mistreatment of the Innu, I always stood up for them. I always told the doctors that – when I know the mistreatment has been happening and I tell them that: Why is it that they're treating this person this way, when the others are not treated rightfully – right?

There's been – I've been – I'm a fighter. I fight for my people, when I see some people not being treated right, 'cause there was one time this young baby was brought into emergency with seizures and he was admitted and then started having seizures again and they were gonna keep him there. And I went to the medical officer of health, I said: If this was your child, that child would be out on the plane in no time. Since it's an Innu child, you guys are wasting a lot of time. And that boy is still alive but he's – he had brain damage because of the long wait in Goose Bay at the hospital.

And there was a time, one time, when one of the psychiatric patients took off and nobody was going to go and find him. He was on the base in Goose Bay in the middle of the night. There was only three of us working that night, plus a security and the doctor on call. And I went out and looked for this guy because he was Innu and nobody else would want – nobody else want to look after – look out for him and just said: He'll come back or let him be, we can't force him to come back. But I went and looked for him and brought him back.

So, when I see stuff not being done right at the hospital while I worked there, I tried to correct it appropriately and going through the appropriate personnel so that I don't cause too much trouble in there.

**P. RALPH:** And so since you left, is – you know, are you able to say whether you think Innu and non-Innu are treated the same at the hospital, or is there a sense among the Innu that they don't get the same treatment?

**M. BENUEN:** I know the Innu people don't get proper treatment up at the hospital. I know that. I've seen it many times over the years since I've come to work here in Shesh. And I do see a lot of people going for second opinions to St. John's when they think they're not being treated properly here in Goose Bay. People go to the hospital in Goose Bay on numerous occasions and different times with the same problem over and over again and it's – it seems as though nothing is being done. But I can only talk about from personal experience.

Just recently, in the last couple of years, my aunt was very – my aunt was sick all the time. She was a breast cancer survivor for 16 years. And then, we went on a trip – but she's been going to the hospital prior to her trip for a long time. For about two or three years, I believe, she went back and forth to the hospital and there was nothing – was told nothing was wrong and the cancer never came back yet.

And we went on a trip, me and her and our families went on a trip to Quebec. She got really, really sick while on our trip. I took her to Saint – in hospital in Quebec City and then to Sept-Iles. So, we were driving; we were on a road trip. And when we got to the hospital, she got admitted right away 'cause she was very sick. So, I said to her that she needs to stay there and she needs to come back in on the plane and I will drive her truck home, which I did.

But before I went on my ride home, I went to see her at the hospital. And it was around 11 o'clock in the morning that the doctor came and talked to her and said you're full of cancer. So, I told her she's gotta go back to Goose Bay on the plane and I was going to drive that afternoon to drive her vehicle home. She left that evening with her son, while I drive the other people back home.

I called my co-worker, Lorraine. I said: Can you wait for my auntie at the airport and take her straight to the hospital? She did. The doctors saw her, sent her on home. I was on the way home; I was still driving home. Got home the next day, drove her vehicle to her house and she's sitting at the table crying. I said: Why are you not at the hospital? Because they sent me home. Come on, we're going up back to the hospital, I said. So, we went up, back to the hospital. And they admitted her at that time. And I said that she's very sick, she can't – she's crying a lot at home all the time. So, she needs to be kept in the hospital and looked after.

And I told her I'm gonna to go home. She told me to spend the night at the hospital with her. And I said okay, I'm gonna go home and pick up some stuff so I can come up. And I wasn't even home and she called again and she said, they're sending me in St. John's but you got to come with me. I said: Okay. I said: I'll grab a few things at home and I'll be up shortly.

We went to – she went on a medevac and then we had a problem again, the medevac plane wouldn't take me and told me to go on a commercial flight. And, she said, she wasn't gonna go until I was allowed to go on the plane, so I was allowed – we were.

We went there and got there in St. John's and got treatment right away. They were gonna do stuff to her and they knew that she was sick with – she had cancer, like she was full of it. And when we got there, like, very sick and the doctor told her she was gonna die but he wasn't sure when. And she took that really good and said she knew she was gonna – she knew cancer was gonna come back at some point in her life and that she was ready to go when her time came.

Like, all those – all that years she's been going back and forth to the hospital trying to figure out what was wrong with her and it was too late already when we got to St. John's. I took her to St. John's and she was really sick. I got her family to come out when I knew – when the doctor told us that

she wasn't going to live, that she was gonna die.

I don't know if she had had an earlier diagnosis and treatment a year before that, if things would have turned out positive. We left on August 7 to St. John's and she died on August 19. I brought back my auntie in a casket on August 20th. I'm not sure if things would have turned out for the better if she had treatment a year earlier, not two weeks before she died.

**P. RALPH:** Ms. Benuen, when Chief Rich approached you about setting up the clinic, did he discuss with you why he thought a clinic was necessary?

**M. BENUEN:** Yup. He wanted our community to have our own clinic because people had to go across the river, in North West River, to seek services and that he thought if people – if the clinic was in the community, people would be more willing to seek services in their community. Like, where it's in the community, it's not far to walk.

**P. RALPH:** Yes.

**M. BENUEN:** Because over across the river there was – back in that time, people hardly had any vehicles and a lot of time they had to travel by Ski-Doo across the river –

**P. RALPH:** Yes.

**M. BENUEN:** – to get to the clinic.

**P. RALPH:** Right.

And was there also a sense that Innu would be more comfortable going to a clinic where there were Innu people working?

**M. BENUEN:** Yes, a lot of people – yeah, people were also expressing that it's easier to come to this clinic in Sheshatshiu because we all spoke Innu there, and that when we do have a doctor we – there was an interpreter there all the time.

**P. RALPH:** Yes.

**M. BENUEN:** Eventually, we had a full-time doctor there.

**P. RALPH:** So, when the clinic was set up, who started working there? You said Lorraine Rich?

**M. BENUEN:** Myself, Lorraine and Agatha Pone, my sister. She was our receptionist for many years. She just retired last year; I think.

**P. RALPH:** Right.

**M. BENUEN:** Yeah.

**P. RALPH:** And you say there was a doctor at that time?

**M. BENUEN:** Yeah, the doctor came sometime in the spring of '97 and she also had to start from scratch to start her charting system, when she saw clients.

**P. RALPH:** Yes.

**M. BENUEN:** Yeah.

**P. RALPH:** And so, you were the only nurse working at the clinic at that time.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** I guess, Anne, do you wanna – should we keep going, Anne, or you wanna chance now to translate?

**M. BENUEN:** Huh?

**P. RALPH:** I was talking to Anne.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**P. RALPH:** Ms. Benuen, in 1997, perhaps you can describe what your nursing practice was like. How was – what was the health of the community like at that time and what were the kinds of illnesses that you were dealing with?

**M. BENUEN:** Back then when we started, we – I just started with Public Health nursing, doing immunizations on the babies

and the school immunizations and I also seen the pregnant moms and the new mothers with their new babies.

And at that time, back then, there was a lot of tuberculosis so – and people – the Innu people were non-compliant to the medication regime. So, I had to start direct observed therapy. I had to watch the clients take their medications, watch them swallow them so that they will have adequate treatment from their – from the tuberculosis.

Tuberculosis had been around for so many years. I remember my dad had TB. I think I may have been six or seven. Around that time, too, that he had TB of the lungs, and he was non-compliant, he wouldn't go into the hospital to get treatment. And tuberculosis is a reportable disease. So, if not wanting to take medicine, they'll take – they'll report you to the authorities, like, the police. And my dad didn't want that treatment, he didn't want to go into the hospital.

The police picked him up in a Ski-Doo, handcuffed him, put him in a sleeping bag, put him in a komatik and took him across the river at the North West River hospital.

**P. RALPH:** Did you see that happen?

**M. BENUEN:** Yes, I saw it. I was a little girl and still in my mind a lot when I seen it. They came in Ski-Doo and took him in a Ski-Doo in a sleeping bag, handcuffed him. I never seen my dad again until 18 months later. They sent him to TB sanitorium in St. John's; that's where he spent getting treatment for his TB.

**P. RALPH:** How did you and your family (inaudible)?

**M. BENUEN:** We didn't know where he went. We figured he might have gone to St. John's – I mean, to jail or somewhere. Nobody told us he was sent to the hospital for his TB. And we had thought maybe they had him in the hospital there in North West River. And my mom went to see if he was there, he was going to go visit, but he wasn't there and then she went to the priest and the priest asked about him, I guess, and the told her he is gone to St. John's for TB treatment.

Back to 1997, at the clinic, there was a lot of – I did a lot of stuff that I – that were – I was asked by the medical officer to – medical officer of health to do, like provide direct observe therapy and I also had to do the direct observe therapy on the STDs. So, I did a lot of that when we first opened the clinic here.

**P. RALPH:** Sexually transmitted diseases.

**M. BENUEN:** Yes.

And I did a lot of – also, I went to the school a lot, at least once a week, to do some health teachings to different grades at the school. Like, I'd go in and do the kindergartens in handwashing and stuff like that. Maybe do safety in Grade 1, do road safety or stuff like that. I was doing a lot of health teaching, more so health promotion to the school.

**P. RALPH:** And, I guess, how long after you started, do the council hired another nurse?

**M. BENUEN:** Maybe four months.

**P. RALPH:** Four months?

**M. BENUEN:** One nurse after.

**P. RALPH:** Four months after?

**M. BENUEN:** Yeah.

**P. RALPH:** And that was Leila Gillis?

**M. BENUEN:** That was Leila Gillis, yeah.

And after that, I live – I asked Leila to look after the preschoolers, like, children from newborn up until school age –

**P. RALPH:** Yes.

**M. BENUEN:** – while I look after the rest. And she did the pre-natals and the postnatals and the new babies.

**P. RALPH:** And at that point, how were the accommodations of the clinic? How were the – how was the office?

**M. BENUEN:** It was a house; it was homey.

**P. RALPH:** What kind of shape was the house in?

**M. BENUEN:** It wasn't in a good shape. We had to do some kind of renovations along the way. Like, it was a three-bedroom house and we used the living room as a waiting area. So, one was my office and Leila had the office and the doctor had the other, I mean, the bedrooms. The three bedrooms we used as offices.

**P. RALPH:** Yes.

**M. BENUEN:** And we were able to get an examining table donated from the hospital to our clinic.

**P. RALPH:** I'm gonna ask now that the Clerk can bring up – Madam Clerk can bring up P-019. And you have it in front of you there, I think, Ms. Benuen.

**M. BENUEN:** Yeah.

**P. RALPH:** Yeah, one of those.

**M. BENUEN:** Which one?

**P. RALPH:** Tab 4.

**M. BENUEN:** Four?

**P. RALPH:** Yeah.

**M. BENUEN:** Yeah.

**P. RALPH:** It's a document –

**M. BENUEN:** P-019 or P-018?

**P. RALPH:** P-019.

**M. BENUEN:** Oh, okay.

There is no P-019.

[Dialogue between M. Benuen and Interpreter Nuna in Sheshatshiu-aimun.]

It's P-018.

**UNIDENTIFIED SPEAKER:** (Inaudible.)

**M. BENUEN:** Oh.

**UNIDENTIFIED SPEAKER:** (Inaudible.)

It's mixed up.

**M. BENUEN:** Okay, yeah.

**P. RALPH:** Do you recognize that document?

**M. BENUEN:** Yes, that's my creation.

**P. RALPH:** And perhaps you can read the cover of it?

**M. BENUEN:** Huh?

**P. RALPH:** Can you read the cover?

**M. BENUEN:** It's *Sheshatshiu, Labrador Community Needs Assessment*.

**P. RALPH:** And can you recall why this assessment was done?

**M. BENUEN:** Okay. When we first got that house to use as a clinic and a public health office, we found it was too small and that it couldn't accommodate everybody and the waiting area was too small. It was a small living room.

**COMMISSIONER IGLOLIORTE:** Could I just interrupt? That was a lot to translate, but when this translation is done, we'll take a 10-minute break.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Thank you.

I am going to ask that we give a 10-minute break to give the interpreters/translators a chance to have a breather. See you in 10 minutes.

**Recess**

**COMMISSIONER IGLOLIORTE:** [Inquiry in progress at start of recording] – and, Mr. Ralph, please continue.

**P. RALPH:** Yes, Ms. Benuen, we've got Exhibit P-019 now we're looking at, P-019, and you indicated that you were responsible for the creation of this report?

**M. BENUEN:** Yes, I was.

**P. RALPH:** And can you tell the Commissioners why this report was done?

**M. BENUEN:** Okay.

We asked Paul Rich to apply for funding through the feds for a new health centre and he said that we need to do some groundwork to put forth towards Health Canada in order for us – to put in a proposal and hope for – hope to get a new health centre for Sheshatshiu.

Okay, and then Health Canada turned around and said: This is what we need. You have six weeks to come up with a full report and it's going to be called community needs assessment.

So, myself; Leila Gillis; my co-worker, Lorraine Rich; and I worked together day and night for six weeks to get this – the report – the assessment done. And we had to do a lot of digging through all the charts and we asked health Labrador if we can use their charts to do our chart audit so that we can get all the information needed by Health Canada.

They were very pacific [read: specific] in what they needed. So, the three of us put our heads together and tried to come up with this document.

At the end of six weeks, we got it all done, we hand it to Paul Rich and he took it to Ottawa, I believe, for – to apply for the new health centre.

And about two, three months later down the road, we were told our proposal was approved and we were gonna get a new health centre. And we got it and it's the health centre down there by the RCMP station. It's a big health centre. It's very nice and we were so happy to get it, moving from one three-bedroom house to a 20-office facility, which was a milestone for the community. And we were happy.

Even though every time we put in something, Health Canada comes back: This is what we need. So, we try to do it the best that we can, as fast as we could, because if we didn't meet the deadline, we'd have to wait another three years, we were told. So, we did that and we were approved for the health centre and we moved into the health centre in 2000.

**P. RALPH:** The –

**M. BENUEN:** A very, very happy day for us.

**P. RALPH:** At that time, I don't think that people in the community were registered under the *Indian Act* and –

**M. BENUEN:** No, they – we weren't registered. I think they may have had some kind of a special funding for unreserved communities.

**P. RALPH:** Yes.

**M. BENUEN:** And that's where that pot of funding came to get our centre.

**P. RALPH:** Right.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** Anne, do you wanna translate that part, although Charlene is gone?

Yeah, go ahead.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**P. RALPH:** Ms. Benuen, the first part of this report is a description of the history and the structure of the Band Council and then some information about housing, water, water disposal. I think, at this point, it said 1990 – is this '97 or '98? I can't remember exactly.

**UNIDENTIFIED SPEAKER:** (Inaudible.)

**P. RALPH:** Ninety-eight?

That, at this point, there was 98 per cent of the homes had electric heating systems and that all the homes, except for one, had a bathroom. And can you recall when that would have happened in the community? I think when you were growing up, there was no water and sewage?

**M. BENUEN:** No, there was no water and sewage in my house when I was growing up. Even when I left in – for high school, there was still no water and sewage then.

**P. RALPH:** And what did you do for bathing and –?

**M. BENUEN:** There was a shower program at the school. It used to be run by my auntie, Mary Jane, that died there a couple of years ago and my sister, Agatha. All the kids used to have shower at the school and, for drinking water, there was a well at the priest house down the hill by the church. That's where we used to carry our water from.

**P. RALPH:** Yes.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** You can go to page 13, that's exhibit, page 13 and it indicates there what the population was at the time in 1998. Can you see that? That little box there?

**M. BENUEN:** Yeah.

**P. RALPH:** And what does it say?

**M. BENUEN:** Sheshatshiu Population: 1017; Status Population: 1148.

**P. RALPH:** And I think you mentioned earlier that the population you think was – I can't remember what year that was – would have been –

**M. BENUEN:** Five or 600.

**P. RALPH:** Five or 600.

**M. BENUEN:** That was like in 1997.

**P. RALPH:** Right.

So, the population is increasing quite dramatically.

**M. BENUEN:** Yeah, there was a lot of teenage pregnancies back then, too.

**P. RALPH:** Yes.

**M. BENUEN:** And there wasn't very many – we didn't have that much deaths around that time. People didn't die like they do now today.

**P. RALPH:** And I think the – that's indicated on page 15 of this. So, I think in the time period there was 114 births and 14 deaths, so the population increased by a hundred. Do you see that?

**M. BENUEN:** Yeah.

What happened, too, was there was a lot of people were moving in and out of Sheshatshiu from Natuashish – I mean from Davis Inlet, 'cause those of us that have relatives in Davis Inlet, some of our relatives came and stayed for a couple of years at a time kind of thing.

**P. RALPH:** Yes.

**M. BENUEN:** Yeah.

**P. RALPH:** Right.

And maybe we can go back to page 13 for a moment. Yes, go down to the bottom of the

page. And do you see the age or the population distribution in terms of age?

**M. BENUEN:** Mm-hmm.

**P. RALPH:** Zero to four is 152; five to nine, 156. So, it's a very young population.

**M. BENUEN:** Yeah, it's very young population. I think our under, maybe under 25, 30s are 60, 70 per cent of the – it's the total population of the –

**P. RALPH:** Right.

**M. BENUEN:** – community now.

**P. RALPH:** And so that is the same situation now?

**M. BENUEN:** Mm-hmm. Yeah.

**P. RALPH:** And, right now, I think the population is, you say, 2,100?

**M. BENUEN:** Twenty-three hundred –

**P. RALPH:** Twenty-three hundred.

**M. BENUEN:** – as of December, this past December.

**P. RALPH:** Right.

So back to page 15 again – jumping all over the place here – the bottom there, Cause of Death and Specific Death Rates. Do you see that table?

**M. BENUEN:** Yeah.

**P. RALPH:** And I guess you had collected this information yourself, I believe, is that right?

**M. BENUEN:** Yes.

**P. RALPH:** And do you want to go down through it and what you've been – it strikes me that there are – that this is not – this is very different from the rest of the Canadian population or the Province of Newfoundland, in terms of –

**M. BENUEN:** Yeah, these –

**P. RALPH:** – causes of death.

**M. BENUEN:** – numbers were five years prior to –

**P. RALPH:** To that?

**M. BENUEN:** – like, the numbers is five years prior –

**P. RALPH:** Yes.

**M. BENUEN:** – to the date of this report.

**P. RALPH:** Right.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** And –

**M. BENUEN:** So you want me to go through all of them?

**P. RALPH:** Yes, sure.

**M. BENUEN:** In male, age 49, like the – when they died, I guess they were –

**P. RALPH:** They – that was their age?

**M. BENUEN:** Yeah.

**P. RALPH:** Yeah.

**M. BENUEN:** And then another male at 94, age 94; male, 25; female, 63; another male, 46.

**P. RALPH:** So, I'm gonna stop you there. So MVA, is that motor vehicle accident, the 25-year-old?

**M. BENUEN:** It's motor vehicle.

**P. RALPH:** And what's MI?

**M. BENUEN:** Myocardial infarc.

**P. RALPH:** That's like a stroke?

**M. BENUEN:** That's a heart attack.

**P. RALPH:** Heart attack, okay.

**M. BENUEN:** Mm-hmm.

So you want me to go across here? Male, 46 with congestive heart failure.

**P. RALPH:** Yes.

**M. BENUEN:** Male, 66, cancer and alcoholism.

**P. RALPH:** Yes.

**M. BENUEN:** Male, 63, is COPD, heart attack; male, 65, COPD – it's chronic obstructive pulmonary disease; male, 17, suicide; male, 40, CVA – it's cardiovascular accident, a stroke; female, 46, COPD, congestive heart failure; male, 50, diabetic ketoacidosis; male, 16, suicide; male, 14, accidental shooting; male, 17, suicide.

**P. RALPH:** So, when you look at that, those statistics, what are you – what do you think about the health of the population at that time?

**M. BENUEN:** At that time –

**P. RALPH:** Mm-hmm.

**M. BENUEN:** – you can tell, like, at that time, that we were heading towards the worst. Like, people were starting to get sick, people were starting to get into a distressed state, why the suicides were happening and people were more inactive because of heart – like, people are ending up with heart attacks and strokes. That might have been the time when the community was starting to get all these diseases from improper eating and alcoholism taking over, and drugs taking over for our community members.

**P. RALPH:** Yes. And so, I guess we don't have statistics for that, but when you were a child, do you think that the statistics would have been very different in terms of –

**M. BENUEN:** I think they would have been different. I didn't – growing up in Sheshatshiu, I hardly see any – I don't think I ever saw suicide when I was small and was growing up. I didn't even see suicide when I left to go to school. There was hardly any people sick; people were more active. There was hardly any vehicles to be driving around in your vehicle. People were active. People were eating healthy because they spent a lot of time in the bush, in Nutshimit. And there wasn't much alcoholism, but there was some alcohol. Like, there's certain families that were more up to drinking a lot and stuff.

**P. RALPH:** Yes.

**M. BENUEN:** And those are the ones – one of us, I guess, me – my parents were drinking, I think. I remember my parents first started drinking when I was five. So, I guess it's that – those families that was into alcohol abuse when we were small.

**P. RALPH:** Yes.

**M. BENUEN:** Yeah. It wasn't really that much of a alcoholism when I was growing up. There was a few scattered here and there, kind of thing. But my parents were drinkers.

**P. RALPH:** We'll give Anne a chance now to translate that.

**M. BENUEN:** Mm-hmm.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**P. RALPH:** Ms. Benuen, on that – on page 15 as well, there is a little – some statistics there about infant mortality. See that, and it says 114 live births, nine [read: four] non-hospital deliveries, four stillbirths and one infant death.

Any sense if that's – it seems to me that that's quite high. Is that, do you think, higher than the – sort of – the rates you'd see in Canada or the province?

**M. BENUEN:** I think it's more higher in Sheshatshiu, and I think it's due to people not getting the pre-natal care that they need. And like, sometimes people don't want to – like I said before, don't wanna – don't even like going across the river for examinations and for care.

**P. RALPH:** And why is that?

**M. BENUEN:** People used to say it's too far to walk and that they just didn't – they had to go to Goose Bay for ultrasounds and get doctors' appointments 'cause up – in – at the clinic, there was hardly any doctors here; there was only regional nurses.

**P. RALPH:** Yes.

**M. BENUEN:** And if they had to go and get doctor assessments, they were sent up to Goose Bay in a medical van.

**P. RALPH:** Right.

**M. BENUEN:** Because nobody had their own vehicles –

**P. RALPH:** Right.

**M. BENUEN:** – there was a medical van provided for them. Used to go twice a day in the morning and in the afternoon.

**P. RALPH:** The – on page 16, there's a discussion about risks in pregnancy. And there's sort of an astounding statistic at the bottom of the page there, which is 50 – 55 per cent of all pregnancies over the past three years were high risk.

**M. BENUEN:** Yeah, that's what – that's why people were not taking care of each other during – I mean, them – being taken care of during their pregnancy. Because they were either doing – they were either drinking or not looking after themselves or their diet. Some could be high blood pressure and others could be gestational diabetes type diabetes during pregnancy.

**P. RALPH:** Yes.

**M. BENUEN:** And the younger – there were some younger girls were pregnant, like 12-, 13-year-olds. So, their bodies are still growing and they're growing another person in them. So, they are at risk for a high-risk.

**P. RALPH:** Anne, do you want to translate?

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**P. RALPH:** I'm going to ask you to go now to page 19 and in the middle of the page there it says: Health Problems/Needs/Priorities."

Actually, before I get to that, I'm going to ask you one other question. So, it's interesting, 'cause you've said today that when you were a child, you don't recall suicides being a thing. That there was – alcohol was an issue, but it wasn't a big problem in the community, that people were active and their diets were pretty good. So, I guess there wasn't – can you remember when diabetes first was diagnosed?

**M. BENUEN:** Our first diabetic was diagnosed in the summer of 1976. Our first diabetic who was insulin-dependent diabetic.

**P. RALPH:** Yes.

**M. BENUEN:** That was the very first case that I remember.

**P. RALPH:** Right.

**M. BENUEN:** It was the first – I know it was the first.

**P. RALPH:** So, this is –

**M. BENUEN:** Because everybody was scared when they know of this person having it, diabetes. Everybody was scared and wanted to be tested and all that stuff.

**P. RALPH:** Right.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** So that seems to be a very different picture –

**M. BENUEN:** Mm-hmm.

**P. RALPH:** – of the health of the community 60 or 70 years ago, compared to now.

**M. BENUEN:** Mmm.

**P. RALPH:** And from a public health perspective, what would be your explanation for what happened?

**M. BENUEN:** I think it's lack of exercise and improper intake of healthy foods. I mean, they don't eat healthy, inactivity and people are not looking after themselves as they used to at one point.

**P. RALPH:** And why is that? Why do you think that's the case?

**M. BENUEN:** Too much going on in their lives now, then they were 'cause back then, when that – back then in the early '70s, there wasn't – or late '70s, there was hardly any people sick. People were not sick because people were all healthy. They were all doing things in the community and they were eating properly. Mostly nutshimit-mitshim is what the people consume in their daily lives and it's at the point where the government is – wasn't providing funds anymore to go to the country for long periods of time, that people were more so eating the store-bought stuff, the processed foods and canned stuff at the – in the stores. While back then it's just Nutshimit food: fish, all the wild meats, they were healthy. They were prepared healthy by the people, by the Innu.

**P. RALPH:** Right.

I'm going to give you a quote now from *The Innu Healing Strategy*, which you and I will probably spend a lot of time with tomorrow, but I just want to –

**M. BENUEN:** Mm-hmm.

**P. RALPH:** – read one sentence and get you to comment on it. And it says – this is at page 5 of Exhibit P-016: "There is consensus that forced transformation of the Innu from nomadic hunters into sedentary residents of communities within one generation is the starting point for most of the social and health ills of the Innu."

Do you want to find that sentence?

**M. BENUEN:** Which one is that?

**P. RALPH:** Page 5, Exhibit P-016.

**M. BENUEN:** [Sheshatshiu-aimun spoken.]

You're talking about the transformation?

**P. RALPH:** No, no, I'm sorry, Healing Strategy. Let's see, there we go.

**M. BENUEN:** Oh, it's a different one.

**P. RALPH:** Yeah. Is it – ah, there it is. Do you want to just read that sentence?

**M. BENUEN:** Mm-hmm.

"There is consensus that the forced transformation of the Innu from nomadic hunters into sedentary residents of communities within one generation is the starting point for most of the social and health ills of the Innu." Do you want me to – ?

**P. RALPH:** Yeah, do you want to comment on that sentence? That the –

**M. BENUEN:** That sentence or quote is very true. Because I know for a fact that my parents who were nomadic hunters that were – lived most of their lives in Nutshimit. They did not have diabetes. They did not have heart disease. They were not overweight. But I can honestly say my parents were killed by alcoholism. Because once they were – they live in the community – when they moved from nomadic life into the community, the drinking starts, they neglect their health, they neglect their proper eating and they neglect exercise. While out there they were busy. They

weren't drinking. They had good food to eat, always on the go and working. And we learned that from them.

But when we came – when they came to the community and they bring us back to the community, we see that they are destructing their lives through alcohol and improper eating, inactivity and violence. And we, in my generation, learned that from our parents. And I think that's why we took that on. When we're not in Nutshimit, we're – I guess we normalize it by saying Nutshimit is a good place to be and it's a fun place and a happy place to be. Coming to Sheshatshiu into the community, we're lost. We got no where to turn to. Parents are out drinking; no food in the house.

So, I think it has – it's very true to what this says. And it does not only reflect my family, it was all families that was – they was spending a lot of time in Nutshimit and then coming back to destruction in the community of Sheshatshiu. So, I think we – in my generation, my parent's generation, it's intergenerational because we follow what we see and we do what we see amongst our parents that we have to learn from.

What happened in Nutshimit was good; what happened in Sheshatshiu was bad. We know that later on in life, that it wasn't the route we're supposed to take. But since it was taken by our parents, then I guess we felt it was okay to follow down that route.

**P. RALPH:** But even at that point, when you're a child, it's quite remarkable that your family were still spending a lot of time in Nutshimit and doing very well when they were there, and the family was doing well when they were there.

Do you think that's the case? Isn't that – it's kind of interesting that they were – did so poorly in the community in terms of drinking, but when they were in Nutshimit, they were quite healthy – had pretty healthy lives.

**M. BENUEN:** Yes, a whole different world out there. Nutshimit is a free country. It's a free place to be. The food is free. The land is free. And when you – when we come here, we have to struggle to get what we have to do in order to survive in Sheshatshiu. While in the community, [read: in Nutshimit] everything is free to us. We can take whatever we want off the land, do whatever we want and be happy.

Coming into the community has brought us into destructive behaviour towards everybody, amongst ourselves, then we're all unhappy. There is no happiness in the community once we have inherited the destructions from our parents, the people around us. And we learn from what we see and what we hear. I think that is why the intergeneration trauma continues on to destruct our communities, our people and our children.

**P. RALPH:** Anne.

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**P. RALPH:** Ms. Benuen, on – we're going back now to the last exhibit we were looking at, the *Community Needs Assessment*.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** Page 19, middle of the page there talks: Health Problems, or – it states: Health Problems/Needs/Priorities.

**M. BENUEN:** Page 19?

**P. RALPH:** Yes. The Inquiry page 19.

**M. BENUEN:** Yeah.

**P. RALPH:** And it said, "The number-one group of health issues, as reflected by the number of annual physician visits are those which are directly related to lifestyle."

And the main one here – the top one here is "Upper and Lower Respiratory tract infections surpasses all other acute illness for the position of number one health issue."

**M. BENUEN:** At that time, it was the COPD, chronic obstructive pulmonary disease. A lot of people had that and there was a lot of babies and children that had upper and lower respiratory tract infections. And when I – when – we were talking about that when we found out after the doctor's visits, when we went through the chart audit, it seemed like it was – a lot of people smoked in their homes at that time.

**P. RALPH:** Yes.

**M. BENUEN:** But you don't see that now.

**P. RALPH:** Right.

**M. BENUEN:** The – that's why I think a lot of the babies and the kids were always ending up with chest infections and pneumonia and asthma and that kind of illnesses.

**P. RALPH:** Right.

**M. BENUEN:** Mm-hmm.

And usually the older generation that has COPD are long-time smokers.

**P. RALPH:** Yes.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** The – I'll just keep reading down through here: "There was a total of 467 physician visits which is 41.8% of the total population. Along with this category it was decided to include skin disorders/infections (25.8%), Gastro-intestinal complaints (19.2%), ear infections (13.6%), eye infections (2%) and iron deficiency … as lifestyle related."

And I'm gonna go to the next page, and the third bullet down there, it says that: "The Mani Ashini Health Centre estimates a total of 60 … cases of diabetes" –

**M. BENUEN:** Mm-hmm.

**P. RALPH:** – "in the community at the present." So, it's – so that's 60 people.

And I guess I'm just curious now in terms of priorities and I'll – I'm sorry, I'll go back to one last other paragraph at the top of the page there. It says: "There are multiple Psycho-Social areas that are of statistical significance when looking at health priorities. The total physician visits for alcoholism for a one year period was 38, and for mental health issues was 36. The Innu …" – could you pronounce that word for me, the alcohol treatment?

**UNIDENTIFIED SPEAKER:** Uauitshitun.

**UNIDENTIFIED SPEAKER:** Uauitshitun.

**P. RALPH:** Uauitshitun.

**UNIDENTIFIED SPEAKER:** (Inaudible.)

**P. RALPH:** I'm not even close – "… was identified as 225 as the number of clients seen for Alcohol, Drug, Suicide intervention, relationship problems, victim and justice issues."

I guess, if you're looking at the largest issues, health issues that are confronting the community in Sheshatshiu today, has it changed a great deal?

**M. BENUEN:** It changed a fair amount. It's probably doubled or tripled since then. I know back then, when we did this health needs assessment, there was only 60 people that were diabetics and we're now 300 or 400 now.

**P. RALPH:** Right.

**M. BENUEN:** And we have 14 people on dialysis that does their dialysis three times a week in Goose Bay. But there's also maybe at least 14 that have died – the dialysis client that have died, related complications to diabetes.

**P. RALPH:** Yes.

**M. BENUEN:** So that has dramatically increased. And the social issues like alcoholism and drug addictions have dramatically increased in the last – since this report.

And at the time, there was one alcohol treatment centre, the Innu Uauitshitun, which translates into Innu helping Innu. And they – the people that worked there have all passed away. And there were great, great people with addictions training that have dealt with the people back then. And now we do have more updated training for our addiction's counsellors now in the community. The drug and addictions problem is rampant –

**P. RALPH:** Yes.

**M. BENUEN:** – in the community.

**P. RALPH:** Uh-huh.

**M. BENUEN:** It's so high.

**P. RALPH:** And how about the high-risk pregnancies? Has that changed?

**M. BENUEN:** It did. Yeah, it change because since I've had Public Health nurses, that I've hired three Public Health nurses that are doing pre-natal classes and they're teaching the pregnant moms how to look after each other and themselves.

We used to have a program – we're going to start that up again. We used to have a program that we get the pre-natals –

**P. RALPH:** Yes.

**M. BENUEN:** – pregnant women to come to the clinic there and they themselves took their own blood pressures, measured their bellies, took their weights, and checked their sugars and stuff, so that's what we did. So that's why the high-risk pregnancies are going down a bit. They're not as high anymore, because people are more able to come to the clinic and the nurses are available whenever they need them. So they know what to do and what to look for in a complicated pregnancy.

**P. RALPH:** Right.

**M. BENUEN:** And those people that are high-risk are sent to St. John's right away, 'cause we do not have an obstetrician in Goose Bay. So the high-risk pregnancies are sent out to wait for the – their babies to be delivered in St. John's.

**P. RALPH:** Right.

**M. BENUEN:** Mm-hmm.

**P. RALPH:** And how about the upper respiratory, lower respiratory illnesses. Has that changed?

**M. BENUEN:** It's changed for the better. There's not very many kids now with asthma and with frequent chest infections and pneumonias.

**P. RALPH:** Yes.

**M. BENUEN:** Because there's no smoking in the house anymore; people are able to just take their kids in the vehicle and go to wherever they want. Whereas, back then, people used to walk to the clinic, across the river in North West River 'cause there was no vehicles to take them. Some parents took them by Ski-Doo.

And in mid-winter, if you're inhaling cold air, it's certainly gonna attack your lungs, especially small, vulnerable, fragile lungs.

**P. RALPH:** Anne?

**INTERPRETER NUNA:** [Sheshatshiu-aimun spoken.]

**INTERPRETER C. RICH:** [Mushuau-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** Mr. Ralph, if you could start thinking about closing down for the day.

**P. RALPH:** It's probably a good point, Commissioner, to stop.

So we have a finishing prayer, I guess?

**COMMISSIONER IGLOLIORTE:** Yes.

Let me just say thank you so much to Anne and Charlene. Charlene, you've done a remarkable job in one day; you're learning

from the best, sitting next to you, so that should help you. But we're very happy with how you've grown in confidence in such a short time.

We appreciate the work that's been done to be presented us today; it's been very interesting. We close our day with a prayer.

**ELDER PENASHUE:** [Sheshatshiu-aimun spoken.]

**COMMISSIONER IGLOLIORTE:** When do you want people back tomorrow morning, Mr. Ralph, 9 a.m.?

**UNIDENTIFIED SPEAKER:** (Inaudible.)