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

English Transcript | Volume 30

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

Tuesday | 23 January 2024

P. RALPH: Good morning.

COMMISSIONER IGLOLIORTE: Thank you.

We're gonna ask Elder Penote to say a prayer. I'll ask you to stand, please.

ELDER ANTUAN: Okay.

First of all, I want to remind myself, too, and remind you people, during the period of around '70s or '60s, there were children removed from the communities at Natuashish. And there were six went to different places, and they all – all six of them – would pass away throughout the years. And it's reminded us that sometimes we have to remember them because they're the ones who should have to tell our – the stories that we want to, to remind us.

And in today's prayer, I'd like to read – to pray for especially for those six children. When they came out from the – where they were put in the places in Canada, somewhere around Canada – across Canada. After they came back here in their community, they came – the become – they suicide themselves. They just let their lives fall apart. So, let's remind us sometimes when we say residential school, it's really got to do with the kids.

And also, I'd like to remind you people that we never forget those kids who pass away during their arraignment in their lives, after, I'd say, were deported to a different country, where they don't belong. They want to stay – they – when I see them, they start a new life there. But they're not – they're doing the same old thing.

So, I'd like to say a prayer for those people, those kids, and I also remember those in residential schools who never, ever did come home to their community.

[Sheshatshiu-aimun spoken.]

Thank you.

COMMISSIONER IGLOLIORTE: Tshenashkumitin, Penote.

Mary Pia, I'm going to remind you that you're giving sworn testimony. You're still – we won't have to re-swear you in today, but I'll remind you that you're giving sworn testimony.

COMMISSIONER DEVINE: And before we start, just to mention the healing services that are available here. So, if anybody is triggered today in terms of the stories that they might hear, that they make sure to do some self-care, talk with family and friends. The tent is still a work in progress, so that's not available quite yet.

And we have – in the building here today, we have our healing services team lead, Edward Nuna; we have Sean Allen as the clinical support; our consultant, Louise Bradley; and our healing support service worker today is Deborah Montague.

Thank you.

Oh, and by the way, there's an electrician coming sometime this morning, I think, so we should have more heat sometime today, hopefully.

P. RALPH: Good morning, Ms. Benuen. Thanks for coming back again this morning.

A couple questions from yesterday, you talked about children that you knew that were taken away by Social Services, and can you recall where they would have been taken? Do you know?

M. BENUEN: Like, the ones that I was talking about when I was growing up with them?

P. RALPH: Yes.

M. BENUEN: They were taken to the dormitory across the river, and then later on, as they aged, I guess, they sent them out to St. John's – so wherever.

P. RALPH: And can you recall approximately when that would have been?

M. BENUEN: It was in the '70s. We were about nine or 10.

P. RALPH: Right.

M. BENUEN: Yeah, like 1970 – 1979 [read: 1969], '70.

P. RALPH: The next exhibit that I'm going to ask you to look at as we get you to provide more information to the Commissioners is Exhibit P-017.

M. BENUEN: P –

P. RALPH: I think that is in your book there somewhere; I'm not sure where.

M. BENUEN: Yup.

P. RALPH: Found it?

M. BENUEN: Mm-hmm.

P. RALPH: The title of it is *Influences on the Health and Behaviour of Sheshatshiu Youth: Information for Planning*. Are you familiar with this document?

M. BENUEN: Yes, I am.

P. RALPH: And can you explain how this document was made and your involvement with it?

M. BENUEN: It was a group of health officials working together to see what programming and what kind of assistance to the youth that can be offered to them.

P. RALPH: Yes.

M. BENUEN: But, at the time, it came about when the community – the youth in the community came into crisis. There was a lot of gas sniffing at that time and there was a lot of sexually transmitted diseases among the youth.

So, I guess, with the hospital and the clinics and us, as community agencies, decided that there is something that needs to be done to – I mean, there is some work that needs to be done to our youth, because this was a sudden increase in behaviours and that we came together as an interagency group. Groups from the community and group – and people from the RCMP and the hospital, the doctors, the mental health people from Lab-Grenfell.

We came together and had meetings. Like, I think it might have been monthly meetings. And we also found out that there was some high school dropouts and, with the behaviours that the youth were exhibiting to the community, they were very noticeable at that time – was, like, we all got together and say, we need to do something. We need to know where the problem is coming from and we need to offer programs and help to these youth that were in some kind of a crisis. Because that was the year that there was a lot of gas sniffing and there was a lot of destruction in the community due to the youth being high. And that's how it came about. So, we did that.

Me and my staff at Public Health, along with the people, I think, at Health Canada was part of it, too, had to come up with trying to find out why these kids are like this. So, we put out the survey out in the community, went to the schools, we went to the parents' houses to do the surveys.

COMMISSIONER IGLOLIORTE: I'm gonna stop you so that Anne and Charlene can interpret that.

M. BENUEN: (Inaudible) I keep forgetting that.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

P. RALPH: Ms. Benuen, on page 3, there are acknowledgments and it indicates that the project was financed by Health Canada. See that third paragraph down?

M. BENUEN: Yeah.

P. RALPH: I think it's the next sentence: "Planning, implementation, analysis and report preparation for Sheshatshiu was completed by Leila Gillis. And she was, I

think, the nurse that was working with you – Public ealth nurse?

M. BENUEN: Yeah.

P. RALPH: And I – we anticipate, Commissioner, that Ms. Gillis will testify sometime down the road. And I'd just like to – could you read the last couple of paragraphs on that page?

M. BENUEN: The last paragraph?

P. RALPH: Last two paragraphs.

M. BENUEN: Oh.

"Recognition is due to the Sheshatshiu Innu Band Council and Chief Paul Rich for having the insight to release staff for the purposes of training in applied epidemiology and evidence based planning.

"These preliminary results mark an important stage in the development of programming for parents and youth, opening the door for dialogue within the community and families about the issues currently confronting Sheshatshiu youth and providing evidence for future planning."

P. RALPH: The – I guess, also on page 11 at the bottom there it says: Data Analysis. Can you just – yeah, read that paragraph as well.

M. BENUEN: Okay.

"Analysis was completed using the Epi-Info software package. Frequencies of key indicators were calculated as well as contrasts of risks in terms of odds ratios, indicating … one group was more at risk for a particular behaviour than another group. Standard Mantel-Haenszel … in combination were explored by means of multiple logistic regression, using the SPSS statistical software package."

P. RALPH: So, I guess, this is – do you think this is the first, sort of, evidence-based report or study that you'd done with the clinic?

M. BENUEN: Yup.

It was done – but there was – we did all the data collection and stuff and then we give it to the technical person to –

P. RALPH: To analyze.

M. BENUEN: – kind of, put it in a software.

P. RALPH: Yes. And so the purpose here was what? What were you trying to accomplish?

M. BENUEN: We were trying to accomplish – because we needed funds – funding for our youth that were at high risk at that point, and with any Canada agency you need to have numbers and stats so that your proposals for funding can be looked at –

P. RALPH: Yes.

M. BENUEN: – and will be taken seriously. So that's why this information was collected among the youth and the parents –

P. RALPH: Right.

M. BENUEN: – and the community, as a whole.

P. RALPH: Right.

Now, I think the youth were – it was defined as 12-year-olds to 18-year-olds. Is that your recollection?

M. BENUEN: Yes.

P. RALPH: Yes.

And I think the survey involved looking at a number of different behaviours: smoking, gas sniffing, drug use, alcohol, property damage, sexual behaviour; maybe we can just go through each of those just briefly and discuss what the results were.

M. BENUEN: What page?

P. RALPH: Smoking is the first one here, and it's on page 14.

COMMISSIONER IGLOLIORTE: Yeah, let them do their – the translation.

P. RALPH: I'm sorry?

M. BENUEN: [Mushuau-aimun spoken.]

P. RALPH: Oh, yes.

M. BENUEN: (Inaudible.)

P. RALPH: I forget, too.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

P. RALPH: Okay, Ms. Benuen, I understand the – you indicated earlier this was based on surveys and also, I guess, interviews with people, but the surveys were to people in Sheshatshiu, youth and families, is that correct?

M. BENUEN: Yeah, it's for – the survey was for – was done in the community of Sheshatshiu.

P. RALPH: But there is data here for Davis Inlet, but it didn't come through the surveys –

M. BENUEN: No.

P. RALPH: – is that right?

And, I think, when I go through the results of the survey, it seems to indicate that youth in Sheshatshiu were smoking more, drinking more, gas sniffing more and also engaged in more sexual activity than other – youth in other communities in Labrador.

Do you think that's fair to say?

M. BENUEN: Yeah, that's what we found out in our surveys. That our youth were more having abnormal behaviours or abnormal activities happening in our community, and up to this day, we don't know why. I always thought it – is there something in the air that's making youth this way?

But we found out somehow that because these things were more easily available to them, while the North Coast doesn't.

P. RALPH: Yes.

M. BENUEN: And that, I think, it has a lot to do with family dynamics, too, because I know when people – when the youth were – the smokers – the youth smokers had families – parents that are smoking. And because people were – like, the parents were on the edge of always – youth doing something to themselves, so some parents I know have offered smokes – cigarettes to their children.

P. RALPH: Yes.

M. BENUEN: And sometimes the – when the children – when the – the youth steal from their parents. They steal the cigarettes from them and smoke.

And a lot of times parents are not home to keep an eye on their kids, either they go to Goose Bay, or they're gone to the bingo, or stuff. So that the kid – the children are able to do whatever they want when parents are not around.

P. RALPH: Right.

Just – I'll get you to look, I guess, that there's, on page 14, a big – right in front of you in your book there has it as well – there's a graph there and it indicates that 80 per cent of the youth in Sheshatshiu either smoked either occasionally or daily compared to 24 per cent for Lab City, 33 per cent for Happy Valley-Goose Bay, 57 per cent for Davis and 41 per cent for Cartwright/Black Tickle.

M. BENUEN: I feel like a lot of the youth were doing all this stuff to be in a group, to be accepted by their other peers that are into doing stuff –

P. RALPH: Yes.

M. BENUEN: – like the unhealthy behaviours.

And also that, since time began, we have been controlled by the system, either the priest or the CSSD.

P. RALPH: Yes.

M. BENUEN: People – the youth probably felt: We're free. We can do whatever we want, the priest is gone and since CSSD is not looking after us or going to be chasing after us.

So there – I feel like they had felt like there's more freedom to do stuff, to do whatever they want because we were controlled by the system growing up, up until the late '70s, maybe.

P. RALPH: Right.

I'm going to get you, now, to look at page 15, at the bottom.

M. BENUEN: Page what?

P. RALPH: Page 15.

M. BENUEN: Fifteen?

P. RALPH: Yeah.

See that last paragraph there, there's a sentence that starts: youth. And it says: "Youth who have low self esteem scores are two times more likely to smoke regularly than those with higher self-esteem." And youth whose parents do not support them in their lives is twice as likely to smoke regularly.

Well, I read that sentence a bit different, but I think that's what it means.

M. BENUEN: You mean the one that says: Youth who have low self esteem –

P. RALPH: Yeah.

M. BENUEN: – scores are two times more likely to smoke than those with higher self-esteem?

P. RALPH: Yes.

M. BENUEN: "A youth whose parents do not feel supported in their lives is twice as likely to smoke regularly."

There was – at that time, there was people in the community that were going all hours of the night trying to support the families and the youth when this crisis was happening, but you get exhausted. Exhaustion sometimes takes over your own well-being and then oftentimes when you're working too hard and trying to help people, that you will lose interest when people are not receptive to your teach – trying to – to your help, when you're trying to help them.

And I know I've spoken to many addiction counsellors in the past, the ones that have passed on, that they get really tired. If people don't want to get help, you cannot force people to get help.

And I always remember the late Mary May Osmond saying: When a person knows they need help, they will come to the right people. That was her motto.

P. RALPH: Right.

M. BENUEN: Mm-hmm.

P. RALPH: So, when you see all these statistics of the Innu children, especially in Sheshatshiu, more likely to smoke, drink, use drugs and gas sniff, what do you think the relationship is with that and what we talked about yesterday in terms of intergenerational trauma and trauma and forced transformation of the Innu into a semi-nomadic – or nomadic into settling in communities? What do you think that – is there a relationship there?

M. BENUEN: Yes, there is a relationship there. There was always a relationship there when you move from one generation to another. Whatever you learn in the first generation you carry with you, but there's some obstacles during your journey that come in your way, stuff that you cannot refuse because you want to be in the in crowd and that your parents are doing it.

And it's almost like it has – that the children learn from their parents. I always believe that you learn what you see, and I think that's how I learned to drink and do drugging, I mean, do my alcohol abuse when I was growing up 'cause my parents often abused alcohol.

And in time, our hope for the future of our youth, that they will see the wrongs in doing this unhealthy behaviours.

COMMISSIONER IGLOLIORTE: Let's –

P. RALPH: Okay.

M. BENUEN: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Give her a kick (inaudible).

M. BENUEN: That's what I told her. She gotta remind me.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

P. RALPH: I should correct how I read that – one of those sentences. It's a – I misread it. It says: "A youth whose parents do not feel supported in their lives is twice as likely to smoke regularly."

Smoking now in the community amongst youth – has any progress been made? To your knowledge – I guess we don't have numbers right now.

M. BENUEN: I don't – I haven't taken notice, but I find that there's less smoking in youth these days.

P. RALPH: Yes.

M. BENUEN: Because I find that also there's – they're more into weed than –

P. RALPH: Right. Yes.

M. BENUEN: – cigarettes. Mm-hmm.

P. RALPH: We'll come back to the drug issue shortly.

Page 16 deals with gas sniffing in the – it says: Gas sniffing is a risk behaviour that's more common in Sheshatshiu and Davis than in many other Labrador communities. It says: 52 per cent of youth reported having ever sniffed gas; 48 per cent never having sniffed.

And then on the following page, on page 17, there's a graph there that shows youth in Davis Inlet and Sheshatshiu, a much, much, much higher proportion have sniffed gas the past six months compared to other communities in Labrador.

M. BENUEN: Yeah, at the time of crisis – this was the crisis that happened, was the gas sniffing that year was really, really high among our youth. And it – I guess, it is – they must have – they heard about this gas sniffing in Davis Inlet and then they, I guess, decides to try it here.

There was some kids at the group home and that – that was sent here from Davis Inlet because of their gas sniffing. So, they came to Sheshatshiu and then when they befriended our kids, I guess, they talked amongst themselves, and I – somehow, I think it was experimental for our youth and then it got really addictive as they used to be in groups – like, groups – cluster of groups doing the gas sniffing. First, you didn't see them and eventually, after a year or two, they were all outside.

They didn't care who saw them, and I think that's when our interagency groups noticed that these kids are more into gas sniffing now at that time, and I believe the government was called upon to take or help with the situation, and that's when our children were sent out to St. John's to the Grace Hospital.

P. RALPH: Currently, in Sheshatshiu, is gas sniffing – is there much gas sniffing in the community right now?

M. BENUEN: Not now, there's no gas sniffing, I haven't heard of any or haven't

seen anybody. But I'd also like to share that my brothers, my two younger brothers, one is 44 now and the other one committed suicide four years ago, that they were among the gas sniffing, they were with a crowd, and a lot of my nephews and my nieces were among that gas sniffer crowd.

And I know firsthand that, because they were my relatives, my nephews and my nieces and my brothers, that with their gas sniffing, it has affected them mentally. Because after – my brother who's now 44, probably gas sniffed up until he was 25 and he may be the last gas sniffer that give up gas and that was like, maybe 19 years ago?

P. RALPH: Yes.

M. BENUEN: Because everybody else quit gas sniffing except for him. He gas sniffed later in his years, like when he was about 25. And I used to see the destruction in him. He was very destructive in the house, tried to burn down the house and tried to beat up my other brothers and getting really rowdy in his – when he's high.

Like, I know these – the people that gas sniff, most of them were related to me, a part of – my nieces and my nephews and my brothers. So, like, it's – did some damage to him and my other younger brother, too.

P. RALPH: And how long – can you recall how long he would have been – or they would have been sniffing gas?

M. BENUEN: He started, I believe, when he was about 16, maybe 10 years, like, on a – almost every day. And whenever I go visit my mom, all I smell is gas in there, at their house. And he used to steal gas from people's vehicles, and that's how these youth supported their addiction to gas sniffing. They used to steal gas from vehicles and stuff.

P. RALPH: And so what happens with long-term gas sniffing? What are there impacts on the brain?

M. BENUEN: With what I have witnessed with my two brothers that were chronic gas sniffers, their mental capacity was diminished. They have, like, slow attention span and that – their – they do not think about consequences; if they wanna do something, they do it right away. It just – they just don't – they're not able to sit right and think it out.

P. RALPH: Yes.

M. BENUEN: It's just like – it was a lot of in – the – my brother who's 44 is like – barely can speak English.

P. RALPH: Yes.

M. BENUEN: So, their language capacity is also diminished because of the effects of alcohol – I mean the gas sniffing, I think, because they did go to school at some point in their life. And I know they used to speak English at some point, but now my brudder who's – the other one died and he was more, I think, affected by it. And my brudder is still not – he's not gas – using – he's not doing gas anymore but he's drinking a lot more. So, I think from one addiction to another for him was his way out of the gas sniffing. So my –

P. RALPH: And – yeah, let Anne.

M. BENUEN: (Inaudible.)

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

COMMISSIONER IGLOLIORTE: Thank you.

Hold that thought now, Mr. Ralph and Mary Pia, we'll come back in 10 minutes.

Recess

COMMISSIONER IGLOLIORTE: [Inquiry in progress at start of recording] – resume the testimony from our witness.

P. RALPH: Ms. Steele, if kindly (inaudible).

Ms. Benuen, I understand that – you came up to me afterwards and said you wanted to say something about your sister?

M. BENUEN: Okay, I was sitting here and thinking that there was – I know there was a brief gas sniffing at some point back in the '70s. My sister at that time was 12. She's now going to be 65 next month. She did experiment gas sniffing with four or five other kids her own age and she did sniff that time, gas sniffing. But it didn't last very long, probably less than week and it was stopped.

I told on my sister and said to my dad she's sniffing gas and that these are the people – I saw them – and these are the people she hung out with that she sniffed it with. So, my dad put a stop to my sister being – I mean sniffing. And I guess, at that time, my dad was not drinking too much then. He was more so thinking about the welfare of my sister. So, he went to talk to the other parents, 'cause I name all the others, the four or five people that she was with. And he did go and talk to he parents and the parents took over and stopped to that. Didn't last very long, maybe less than a week.

I just wanted to put it out there that back in that time the parents were more up to stopping what the youth was doing. That's what I wanted to share.

P. RALPH: Right.

COMMISSIONER IGLOLIORTE: So, let's capture that (inaudible). I don't want to start (inaudible) discouraged. (Inaudible) feeling comfortable.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

P. RALPH: Ms. Benuen, what's your understanding of the relationship between intergenerational trauma and trauma and substance abuse, whether it is alcohol, gas sniffing, drugs?

M. BENUEN: The first thing, the older – my father's generation, they did drink alcohol and as we were getting older, we also drank. So, I think we kind of did what they do. We drank, too, when we know that they're drinking. So that's how it is with families, like, it runs in the family that when your parents are drinking, you're drinking too; if your parents are smoking, you're smoking too, kind of thing.

I'm not sure why we do these things, but sometime along the way you realize that you don't need to do everything what your parents did or do. And it kind of really saddens me, I followed that road with them in my earlier years. And if there's anything I could change about that, I probably would not drink. But I did drink, I abused alcohol and when it came time that I wanted to stop, I stopped. But there's a lot of people in my generation that they're so addicted, there's no stopping.

And I'd also like to share one time – my parents always drank. They were always drunk. But this one time, I took my dad to St. John's. I escorted him. He had to be flown out on a medevac and he died there. And as they were getting him to take him to the operating room, I said to him: Dad, I'm gonna go out for a few minutes and have a smoke outside the hospital. He looked at me and said: I never knew you smoked. Like, I was 30 then. Like, those things.

And I don't think my dad ever seen me drink because I kind of hid away from him. He was always mad at everything I do. So, I kind of hid away from him when I'm drinking so I – he did – I don't – I'm not sure if he ever knew I drank. But he didn't know I smoke until I was 30 because the reason why that I did not – that I was hiding away from him, I was still scared of him, even though I was an adult. He was very strict and very determined to stop whatever we're doing.

And that's why I think we do learn from our parents. But a time in your life comes when you say, this gotta stop.

P. RALPH: On the bottom of page 17, of Exhibit 017, it – there's a paragraph at the bottom there saying, "Factors related to gas sniffing in youth." It says, "A youth is less likely to sniff gas if they perceive that their parents care about them." Those who perceive their parents care, 17 per cent regularly sniff gas, whereas 26 per cent regularly sniff who feel their parents don't care for them.

"In youth who report having rules set for them by their parents, only 7% regularly sniff gas compared with 24% (25/105) of those with no set rules."

Of those youth attending – of those youth who were noted to be attending high school with various regularity, 13 per cent reported sniffing gas compared to 36 who were not in school at all. Of the youth who have at least one meal prepared for them, 16 per cent are regular gas sniffers. Of those who do not have a meal prepared for them, 36 per cent are gas sniffers.

The question I have, Ms. Benuen, coming out of that is you've – you know, you indicated that your father was – was strict. And do you think that parenting in the community has changed since you were a child?

M. BENUEN: Not in a sense of being strict. There was – those kids that went to school usually have a – a meal prepared for them at lunchtime. And I think the reason why parents are not being strict is because – I know I've seen it and I've heard it amongst my family, that if you say anything or try to be strict to your kids, the kids always, or the children know to say, if you hit me, if you do something to me – in the sense of like, having any physical contact with your child, they say I'm gonna report you to the Social Services.

That's always – that's what always happens. I hear it all the time with my sisters' families, since we have a big family and they do have destructive children and youth – their young children. And it's always you don't touch a child or you will be reported to Social Services and then they'll take your child and put it to another home.

And I think that's one of the main reasons why children are not being disciplined in a way that I was when I was young. I was disciplined. It wasn't like a big, big smack, or it was like a smack but wasn't hard enough to hurt you, but it was for you to remember not to do that again or you'll get another smack, kind of thing. But that does not happen anymore.

And trying to discipline your child today is giving them something in return: Be good and this is what you get. I'll give you $20 if you're good. I'll give you $20 if you gonna babysit, that kind of stuff. Or if you don't go out, you stay in tonight, I'll buy you a game, kind of thing. That's the way it is today. Back in my day, it wasn't.

P. RALPH: Ms. Benuen, I'm gonna go now to page 19, which deals with drug use.

Stop me if there's anything else you want to say about these different subjects, different topics.

Page 19 there says: Drug use is a great concern for the community of Sheshatshiu, 57 per cent of all youth reported having used marijuana, hashish or mushrooms; 18 per cent report having used either acid, mescaline, cocaine or heroin; and 8 per cent reported having used non-prescription medications like Valium or, like, steroids, Demerol or Atasol.

And if we go to the next page, page 20, there's a chart there at the top and it said: Sheshatshiu is much higher – it seems to me – than all the other communities. Though the communities seem pretty high, but Sheshatshiu seems particularly high on that chart. I think it's 52 per cent of youth have used drugs in the past six months. And this was in, I think, 2000, right?

M. BENUEN: Yeah, I think it was around that time when the youth were

experimenting and wanting to try out whatever comes into the community. And there was – a lot of people were selling – not locals at that time, back then in 2000. The drugs and the weed were being sold to the youth from either across the river, North West River, or in Goose Bay. They've had adults come – go and pick it up for them. And I believe that's why it's so high around that time.

But I think today, in today's age, it has either tripled or quadrupled. It's just much in the community now. It's almost like it's a norm to be out – to be smoking weed outside. Especially since it became legal there a couple of years ago.

And when you try to tell the youngsters, the youth, that not to smoke it – I do try with my nieces and my nephews. There's 12-, 13- and 14-year-olds that are smoking weed. And they said the government is allowed weed in for people to smoke now, so you don't – you can't stop them. If they said the government made it legal for everybody to smoke it, they're smoking it at 12 and 13 years old.

P. RALPH: Yes.

And what are the health consequences of that?

M. BENUEN: Addiction, I guess, and they're – they can't stop while they're doing it. They get mad and they get destructive and they threaten their parents if they don't get money to buy it. And the saying right now is if you don't give me money, I'm gonna to kill myself. And parents are scared that their children will commit suicide when they don't provide money.

I hear it all the time, because my family, my sisters' and my brothers' children and they're grandchildren are like that. And they, themselves, have experienced their children committing suicide.

P. RALPH: Yes.

M. BENUEN: Mm-hmm.

And my brother that committed suicide four years ago committed suicide in Goose Bay behind that weed store in Goose Bay. What do you call it, Tokyo something, where they sell weed, they – he hung himself behind that building and I think it had to do with the drugs. I think he was doing – he was selling for somebody from Goose Bay and that maybe he owed them money and committed suicide because he was afraid of what might happen to him if he doesn't come up with money to pay them.

I'm – that's just my assumption. That's just how I think, 'cause I've heard he was selling for somebody in Goose Bay, not an Innu person, and that he owed money. And he was 40 when he committed suicide.

P. RALPH: Ms. Benuen, the types of drugs that are around today, has it changed from 20, 24 years ago when this report was done.

M. BENUEN: Yeah, there's more hard drugs out there. I know there's cocaine out there and I know there's crack out there. I see my nieces using crack. They're – they got crack and they – some of them sell cocaine. And they provide it to the young generation, too.

I have a niece in St. John's right now that was in a house fire last week and she's still on the breathing machine. They were doing crack. She was – I think she was cooking it, the crack, and then maybe she fell asleep and the house caught on fire. And yesterday, the last update, the doctor said she might have had some burning in her lungs, that's why she's on a breathing machine.

So, that – the drugs was a big contributor to that accident last week. There's more hard drugs in the younger generation. I think that the youth are trying out whatever is new that is coming into the community. And a lot of them don't get it for free, they buy it.

P. RALPH: So, how – and as a Public Health nurse and involved in health care in the community, how does that make you

feel when you see that so much, I guess, drug use amongst youth?

M. BENUEN: I'm saddened by it, I'm saddened by all the changes that happen in the last – since I worked here. I don't stop. I work day and night to help those youth and – because families call me in the middle of the night and say: This is happening. I get up and get out there and try to help.

I was taught at a very young age to provide help if needed and it's something I had carried with me throughout my years in life, that I try to help with whatever – with whoever that needs my help or if somebody calls me in the middle of the night, then – wanting help, I get up. I never turn people away when they ask for my help.

And my parents and my grandparents had ingrained in me to be the helper of the community and to always be available if I'm called upon. It's – in my old saying throughout my years of work here: If I'm not a wedding planner, then I'm a funeral director. That's the way it is.

P. RALPH: Ms. Benuen, we talked yesterday. There was a quote from the healing strategy that forced transformation of the Innu from Nomadic hunters into sedentary residents of the communities within one generation as a starting point for most of the social and health ills of the Innu. I think we spoke about that earlier today as well.

So, I guess it's fair to say that, as a consequence of that rapid transformation, there is trauma and intergenerational trauma. Just from your perspective, is, you know, part of that drug use or alcohol use or gas sniffing, is that a self-medicating aspect to that?

M. BENUEN: Yeah, and I believe it was just too fast. It was so rapid. The change was so fast and then people were just fast to get into it. And I believe once people know, like, what is – what does it do when you drink, what does it do when you do drugs. At one point back in our day when it first started, I think it was just an experiment. People wanted to be high and know how it felt like. And then addiction took over, they were so addicted to it that it does not – there's no stopping it anymore, unless I guess you get intense therapy or intense treatment.

But in order for that treatment to happen, you have to have it in you to say: This is it, I'm gonna stop it. But if it doesn't, then sometimes it's kind of a waste of time trying to help those that don't want it. And if you approach it they always – you're always labelled as the bad guy, trying – even if you try to stop the bad stuff. You get – people label you, if – they're trying to be a goody good shoes, or trying to make me stop, it's my life, not yours, kind of that attitude that people have towards the people that try to help.

But people sometimes come to the point where they said: I need help now. I believe that change happened so fast and people are trying to get there as fast as it came. It's just the change that happened, it almost like – it was an overnight change.

P. RALPH: Yes.

M. BENUEN: And people feel that. The Elders felt it, and said: What is happening to our children; what is happening to our people? This never happened before. And now it's so rampant, all those social issues are there, and attacking our people, especially our youth.

It's just a matter of time, I think, before the – before that crisis turn into a disaster and then maybe we can come, as a community, and work as teamwork to try to combat this social issues that are out there, but yet it has to – the old saying, I guess, it's got to get worse before it gets better.

P. RALPH: I'm gonna ask you some questions now about alcohol, not too much, but just on page 22. The first paragraph there, it indicates that the – a survey indicated that 52 per cent reported – youth reported that they drink alcohol; 30 per cent reported drinking more than twice a month and, of those who regularly drink, 60 per cent are binge drinking – binge drinking

defined as five drinks or more at a time – 27 per cent of the total youth population reported being heavy drinkers, defined as drinking more than twice a month and having more than five drinks each time.

On 23, there's a chart and it's indicated that Sheshatshiu youth drink more, but it doesn't seem to be significantly more, than other communities. But it does seem to be alarmingly high percentages of youth drinking.

Do you want to comment on that, Ms. Benuen?

M. BENUEN: Alcohol was readily available for the youth because with drinking parents, they know – they just used to steal from them. When they're drunk, the – and that more youth were drinking when the parents were drinking. And youth, when they have money, they used to gather up their money to buy beer for themselves. Like, somebody who has 20, another person has 10 and they gather up the money, enough for them – for the group to have a drink.

And I think back in 2000, it was mostly stolen booze that's drank by the youth because their parents are drinking, either they're passed out and they just take it. And it's mostly the youth that have drinking parents that drink a lot back then.

And people – their parents didn't really – like, they never gave their kids drink, I mean, alcohol. They didn't like it when their children drink, but it is the youth that are stealing or taking or whatever to get themselves drunk.

I'd like to share something that happened in my father's time when I was small. There used to be a priest here and he used to have those little cards, I guess. I don't know what they were. They were sobriety cards. You put – he put your name on the – I know I remember 'cause my parents did take them, too, and they – because you were churchgoing people and they, kind of, when he notice that you are drinking a lot and he gives you these sobriety cards. And it says on the thing: 30 days, 60 days, 90 days kind of thing. Just like kind of saying to my parents: Okay, you come to church, you're going to promise God you're going to quite drinking for 30 days.

So, they had these cards, I remember my parents had them, and then when their 30 days come, they do another 30 days kind of thing. They're little cards. And I think that's how some – the priest got some people to stop drinking.

P. RALPH: Ms. Benuen, I ask you to turn now to page 24. There's a table there on the right-hand side: "% of youth who reported drinking a source of unhappiness in their family." Happy Valley/Goose Bay/North West River, 10 per cent; Lab City/Wabush, 9 per cent; Sheshatshiu, 43; Davis Inlet, 40; and Cartwright/Black Tickle, 18.

What do make of that – those – that data?

M. BENUEN: I think from personal experience, it had to do with the rapid change in our communities. The drinking, the abuse, the neglect, what we all see tends to make you sad and unhappy. I've gone through years of unhappiness and sadness in my life from seeing what's happening to my parents and that I have watched them go downhill with their drinking and their fighting and their neglect to myself and my siblings.

That's enough to cause you years of sadness and unhappiness. Even though I came out of that okay, of that history, that era where everything seems to be going bad my way, but I overcome that even at a young age trying to forget it. But it's not forgettable; like, you can't forget that. But I have to overcome this – to overcome it and accept it, just – that's the way it is. Like, it's something that grows on you.

And I believe in my day when I was drinking, I drank to cover up my sadness. I drank because I was sad. When I was drinking, I had lots of friends, so I was happy. Sober up, I'm back to my old self, by myself with nobody – I was sad. So, I think it had to do with all the social changes that's happening to our people, to our parents,

that are passed on to the children. And I believe that's why we're – we live in a very sad and unhappy community – communities.

P. RALPH: The – on that page there's a (inaudible) –

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

P. RALPH: Ms. Benuen, it's interesting that you note that the communities aren't happy, but it's interesting when you spend any time in one of the communities, there's also a great deal of joy and laughter and people enjoy being together and laughing together.

M. BENUEN: Some – yeah, there's not only sadness and unhappiness, but there's still a lot happening. We Innu people make – tend to make sad situations into a laughing matter. We laugh at stuff that's happened, even if it's bad, because that's the way we heal ourselves. Laughter is a good medicine.

Even if, say, the last week that my sister is out there, and my sister and her – went out with her daughter that's in the hospital. Our sister is out there and there's five of us – and six of us here, and then we, kind of, just laugh it out, even though it was so hurtful. How we talked about my niece, the way she used to be when – before any of that drugs took over.

And, like, we people – we, Innu people, there's different family clans in the community that they all get together and make an unhappy situation into a more happier situation. That's how we deal with sadness and unhappiness. We still are able to laugh and are able to be with amongst each other, plus giving the support for one and other when things happen to – in our community.

Yeah, but there's some of us that are front-line workers that are always touched by despair, sadness and dealing with individuals or families. But you tend to get over that at some point and try to live life to the fullest.

COMMISSIONER IGLOLIORTE: So, Mr. Ralph, if you can scope out the rest of the day before we have a lunch break, let us know what's happening this afternoon?

P. RALPH: Ms. Benuen will be back again for a while, I'm not – hopefully – she shouldn't be finished today; I'm not sure how far into the afternoon we'll go. I guess we can start with Ms. Bellefleur and –

UNIDENTIFIED SPEAKER: They said they can do tomorrow.

P. RALPH: What's that?

UNIDENTIFIED SPEAKER: They can do tomorrow.

P. RALPH: What's – oh –

UNIDENTIFIED SPEAKER: (Inaudible) Helen (inaudible).

P. RALPH: Today. Okay. Right.

So –

COMMISSIONER IGLOLIORTE: (Inaudible.)

P. RALPH: I'm sorry, so Ms. Benuen will be – will finish this afternoon and then Ms. Aster, Helen Aster, will testify and she needs to be finished today-ish.

UNIDENTIFIED SPEAKER: (Inaudible.)

P. RALPH: Okay.

UNIDENTIFIED SPEAKER: (Inaudible.)

P. RALPH: Okay.

COMMISSIONER IGLOLIORTE: Thank you and thank you for adjusting your pace for the interpreter/translators. That was well done.

So we will take a lunch break at this time, come back at 1:30.

Thank you.

Recess

COMMISSIONER IGLOLIORTE: Thank you.

Welcome back everybody.

I think we'll leave the fans going, because the microphones are sensitive enough to capture people's voices. So, we'll turn them off if we get too cold.

Go ahead, Sir.

P. RALPH: Thank you, Commissioner.

Speaking with Ms. Benuen and counsel, and yourselves, of course, we've – it's been decided that we'll continue on with Ms. Benuen's testimony for probably 20 minutes or half an hour and then we're gonna recall her at a later date. She still has some very important things to speak about. I guess most significantly is *The Innu Healing Strategy* and we'd like to do that when we're more fresh and there's more time.

She's also compiled some statistics about deaths in the community in the last – in the recent past and I think that's worth a lot of our time and energy.

So, we're going to recall Ms. Benuen as a witness at a later date. And I understand that council then will reserve their cross-examination of Ms. Benuen until that time.

COMMISSIONER IGLOLIORTE: Okay. That is appreciated.

Thank you.

Mary Pia, I'll remind you that you're giving a sworn testimony.

M. BENUEN: Mm-hmm.

P. RALPH: I guess we should translate that?

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

P. RALPH: Ms. Benuen, I'm going to ask you to look at a paragraph now on page 24 of Exhibit P-017.

At the bottom there, and perhaps I'll get you to read it this time. Do you want to read that paragraph?

M. BENUEN: The last one on the bottom?

P. RALPH: Yeah, 7.6, the last one on the bottom there.

M. BENUEN: (Inaudible.)

P. RALPH: Page 24.

M. BENUEN: I'm on page 24, it's Exhibit 019? Is this the one?

P. RALPH: Oh wait, no, it's not. That's 019, let's see – there's P-017.

M. BENUEN: Okay.

P. RALPH: There it is.

M. BENUEN: You mean the last paragraph?

P. RALPH: Yeah, 7.6, I think it is.

M. BENUEN: Okay.

Drinking is strongly associated with risk behaviours. Eight out of every 10 youth who drinks regularly also smokes everyday. A youth who is drinking regularly is nine times more likely to use drugs regularly than one who does not drink. A youth who drinks regularly is three times more likely to do property damage than a youth who doesn't drink. Youth who drinks regularly are five times more likely to have multiple sex partners, those who do not drink and are eight times more likely to address – more likely to always use a condom. Youth who drink regularly are nearly seven times more likely to have at least one partner or have not always used a condom.

P. RALPH: I'm gonna go to page 28 of that exhibit.

M. BENUEN: Yeah, got it.

P. RALPH: Top of page 28, it says: 60 per cent of youth in Sheshatshiu reported that they have sexual intercourse, compare with 31 per cent in the region.

And then go to page 30: Some 22 per cent of the respondents report – this is the top of page 30 – some 22 per cent of the respondents reported that they have either been pregnant themselves or fathered a child. This is compared with only 4 per cent in the rest of the region.

And then at the bottom there: A number of factors are individually related to the risk of an adolescent having unsafe sexual practice including multiple sex partners. A youth is eight more – eight times more likely to have unsafe sex if they're under 16 – I'm sorry, if they're 16 years or older; eight times more likely if they have more than $25 to spend per week. Youth who drink regularly are more than six times more likely to have unsafe sex than those who do not drink. Those who engage in regular drug use are three times more likely to have unsafe sex, and those with low self-esteem scores are twice as likely to have unsafe sex.

A youth who perceives that their parents set clear rules for them are almost three times less likely to have unsafe sex. And it's also says a youth is much less likely to have multiple sex partners if their parents discipline them when they don't follow set rules.

So, I guess, in your estimation, how – is teen pregnancy or early pregnancy an – or – and sexually transmitted diseases an issue in Sheshatshiu right now? I mean, I guess it certainly seemed to be in 2000 it was.

M. BENUEN: Yeah, it is a problem.

Back in 2000, I think at the time when youth were doing drugs and a lot of drinking, they were also engaged in unsafe health – sexual activity. And, at that time, we knew it was a problem and we have been working towards that, like, from 2000 up until now, trying to address the problem with what is going on because it didn't stop when the other stuff stopped, like gas sniffing and stuff. But with the drinking and drugging and unsafe sexual activity, it's still a problem now and there's still teenage pregnancy happening. And now with sexual transmitted diseases, it's still high today.

P. RALPH: Right.

M. BENUEN: But some changes have taken place in the health care system. Back in the year 2000, my Public Health department offered condoms in the schools. The nurse – well, I went to the schools to teach about healthy sex and sexual transmitted diseases. And that didn't go very well within the community because when I offered the condoms to the school, some of the Elders and some of the people in the community accused me of saying to the youth, like, go and have sex. I give you these condoms. It's okay to go and have sex. So it's – it almost sounded like I encouraged that activity, but it wasn't the way. It was taken differently, the way that I had planned on doing.

And then, like, up until a couple of years ago, we didn't offer condoms.

P. RALPH: Yes.

M. BENUEN: We encouraged people to come to the clinic and get them there. And now we have somebody coming from Health Canada to do the sex ed and some workshops and provide the condoms in the schools and in places like the youth centre and the arena. But people do not have any issues with that.

And also, even though back in the time when I was a public health nurse, I chased youth that needed treatment. I carry medication in my pocket to treat them anywhere, everywhere, at all hours of the night. And in those days I walked – I walked in the community. I didn't have a vehicle.

There was no means of driving around and looking for youth, but I did all the walking and looking for them.

But up until about three or four years ago, with the LGH and in partnering with LGH when we get the positive results from the clinic, we tried to contact them, ask them to come and get treatment. But if we don't get anywhere by the third call or by the third attempt, we sent back their positive results back to the main office in Goose Bay. Because they hide; they don't want to come. And like I said, you can't force anybody if they don't want to do anything. And we can't force our treatment down their throat. That would be called attack.

P. RALPH: Just one last question for you, Ms. Benuen.

With regard to young women or teens that become pregnant, what impact does that have on them in terms of their ability to continue to pursue an education and other things? Is there, sort of adequate daycare in the community and support at school for these young women to continue to pursue education?

M. BENUEN: All of their aspects of life is being impacted by – if you're a teenage mother. Your education is disrupted, your – you hanging out with friends who's no longer there and you up to more drinking and doing other unhealthy behaviour. Everything, all of drugs and drinking and gas sniffing, all comes hand in hand together, because I know when I worked as a Public Health nurse, I put my 100 per cent towards the youth because these were our future leaders. I looked at them and I perceived them as future leaders that will change our community. That's why I spent every effort trying to help them in the areas that they have – they are needing help.

I know I have dealt with many youth who had contracted an STD, sexual transmitted disease, in – when they were teenagers or young adults. But when you do the one-on-one with them, there's questions that you need to ask them: Who did you sleep with, at what time and when, kind of thing. And most of them – most of the stuff happening is during the time when they're drinking and they don't remember. Some of them don't remember who they slept with, who they had sex with.

I feel like in my entire nursing career, I spent about 60 per cent trying to help the youth and make sure that they do not – that they do continue on with their lives because once you have a baby, you're – you got another person to be responsible for. And that sometimes you get help from your parents, but most of all, they say you've got yourself into this; you gotta deal with it.

And at the time when this was happening, I think it might have been – like, there was a 10-year period there that this was a constant daily problem with youth behaviours and drinking and stuff like that. So I think I may have spent a lot of time on that because I did care about the youth and I did care that – if they will have a future. That's why my interest – my best interest was in the youth, is that I want them to have that life ahead, to have a healthy life – healthy lifestyle.

And, a lot of times, the youth are always either coming to me or asking me questions about life itself. And sometimes I feel like I do help in the long run 'cause, nowadays, I see people – young adults saying: I remember I came to see you and this is what you told me and I believed you and I still believe you, kind of thing. That makes me feel like I did something good in their lives, but not all of them – very few, a handful maybe, I don't know. But I did – I try. I still do.

P. RALPH: Those are my questions for now.

Thank you very much, Ms. Benuen.

M. BENUEN: Mm-hmm.

P. RALPH: It has been a pleasure and an honour to ask you questions. And I look forward to hearing from you again. I mean, you've made, I think, a very significant contribution to this Inquiry, but, more

importantly, I think you've clearly made a very big contribution to this community, which you clearly are very committed to and very determined to address the needs of all the members of this community.

Thank you.

M. BENUEN: You're welcome.

It was a pleasure to be here and I'm glad I was able to share what I have gone through.

Thank you.

COMMISSIONER IGLOLIORTE: Go ahead, Anne.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

COMMISSIONER IGLOLIORTE: So, Mary Pia, you're – Anastasia says your grandparents were Nuis, Monique and Nuk?

M. BENUEN: Yeah.

COMMISSIONER IGLOLIORTE: And who were your parents?

M. BENUEN: Matthew and Louisa Benuen.

COMMISSIONER IGLOLIORTE: Yes, as Mr. Ralph has pointed out, council for Newfoundland and Labrador, council for Canada and council for Innu Nation will be cross-examining you once he's had a chance to finish your entire testimony. And that'll be at a later date. We'll try to figure that out.

It's rare to have a witness who can, not only think about some of the issues that other people raise, but, like you, actually thinks about your own behaviour and criticizes yourself. So, we've learned a lot from the way that you conduct your life and how you conduct your work and we're very grateful, as Mr. Ralph has pointed out, that you've shown so much dedication to your community.

Anastasia.

COMMISSIONER QUPEE: I was just – I am – I just want to say that when Mary Pia spoke, one of the things she said that – and it's true – she does a lot for the community and she helps whenever she can and when families are going through difficult times, like funeral – when she said she was a funeral director, she's – it's true. I can attest to that because this summer I was involved in a motor vehicle accident in Quebec and there was three people that died in that accident and one of them was my sister.

And Mary Pia and her sisters were travelling through and when they heard the accident, they drove back to where we were. We were just 45 minutes out of Chicoutimi in Quebec. And they were a very big help to our family. I wanna thank her. And they made the – she made the funeral – contacted the funeral home in Chicoutimi and Goose Bay to transport my sister back home. So, I want to thank her for that.

[Sheshatshiu-aimun spoken.]

COMMISSIONER DEVINE: Just a couple of comments from me today, and I'm glad I'll have an opportunity to talk to you when you finish your testimony.

I think one of the first things – one of the two things that I wanted to say was, in hearing your life story and the so very many challenges that you faced, the hoops that you'd go through, the walls that you had to knock down to get where you're to, and nothing came easy.

So, I think the resilience that you've shown is absolutely amazing and I think that every book that's written on resilience, they should take it back and add a chapter to say this is an example of what a resilient person is, because you've certainly defined it in your life.

The other thing I wanted to add was more on a personal note. I had shared with Ms.

Benuen this morning at break that we share the same birthday: June the 21st. Now, she is much younger than I am, but nevertheless – but she also told me that she thought it was quite appropriate that the Government of Canada would see fit to have the National Indigenous Peoples Day on her birthday, and I totally agree.

M. BENUEN: I feel very special.

COMMISSIONER IGLOLIORTE: So sorry, Anne, I broke my own rule by having you now translate for three people, but if you can just get the idea of what we said, that'd be great.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

COMMISSIONER IGLOLIORTE: All the people are giggling because there's a dog over there. So you're okay.

Mr. Ralph, you can tell us the schedule.

P. RALPH: I guess we should take a short break now, give Ms. Urquhart a chance to get set up and also for Ms. Aster to get settled away. So maybe – oh, and to get –

COMMISSIONER IGLOLIORTE: Ten minutes.

P. RALPH: Yeah.

COMMISSIONER IGLOLIORTE: Thank you.

P. RALPH: Okay.

COMMISSIONER IGLOLIORTE: Ten minutes.

Recess

COMMISSIONER IGLOLIORTE: We're very pleased to have Helen presenting this afternoon, and it's going to be Caitlin's duty to do the direct examination.

COMMISSIONER DEVINE: And before Caitlin starts, I just want to, again, announce the healing support services and workers and also to remind people that the tent is outside.

So, this afternoon we have Elizabeth Antuan, healing support service worker; Edward Nuna, as team lead; Sean Allen, as clinical support; and Louise Bradley, as our healing support services consultant.

So if anything you need in terms of support, then you can go see any of those.

Thank you.

C. URQUHART: Thank you, Commissioners, and we're very happy to welcome Helen Aster here this afternoon.

She's asked to be sworn so I'll ask the hearing's Clerk to swear her in, please.

CLERK (Battcock): 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?

H. ASTER: Yes, I do.

CLERK: Please state your name for the record.

H. ASTER: Helen Aster.

UNIDENTIFIED SPEAKER: Thank you.

H. ASTER: Helen Aster.

C. URQUHART: Thank you, Ms. Battcock.

So, Helen, can you please state your current role?

H. ASTER: I'm the Social Health director for the Sheshatshiu Innu First Nations.

C. URQUHART: And how long have you been in that role?

H. ASTER: I've been in this position for almost two years, now. It will be two years in October.

C. URQUHART: And before that, what did you do?

H. ASTER: I was a family resource coordinator and parent support supervisor for 28 years.

C. URQUHART: And is that under Social Health as well?

H. ASTER: Yes.

C. URQUHART: And so, what did that role entail?

H. ASTER: Which one? The family resource?

C. URQUHART: Yeah.

H. ASTER: It's the role that I did with – I was dealing families, advocating them to the services and doing some programing with parents. That role we did some parenting programs, we'd advocate parents to services if they need advocating. We did children's programming between the ages of zero to six.

The other thing we did – we do, as well, is we coordinate the food bank at the social health centre, Mary May.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

C. URQUHART: Helen, you heard a bit of Mary Pia Benuen's testimony before, and she is the director of Primary Health.

Can you help to explain what is Social Health?

H. ASTER: Social Health is a program that deals with social issues in the community. We have different programs that are run by Social Health, examples for – like, the Mental Health program; the Treatment Centre; the Family Resource and the Parent Support; FASD program; Jordan's Principle; we just merged with the Youth Services – that's a month ago probably; we also deal with the NNADAP program; and there's also clinicians involved in the Mary May Centre who are part of the Social Health.

C. URQUHART: You were telling me before that there are, sort of, five branches of Social Health right now as it's currently structured.

Can you set out what those are?

H. ASTER: Yes.

When I started working as a Social Health director, I was asked to do a restructuring on the whole department. So, it took me about 10 or 11 months to do that, with the help from different agencies.

There is five departments now in Mary May. There's a Mental Health department, there's treatment services department, administration department, Family Services and then there's the Youth Services, which is also pretty new.

So in the five departments we deal with – we have different team leads. There's – in each departments there's five team leads. So, the Family Services would come under Parent Support, Family Resource and Jordan's Principle. The Mental Health department comes with peer support, mental health team and NADAP.

The treatment services have their own team as well. So, this would be the Apenam's House and the long-stay program that used to be that, but we don't have a treatment services right now. There's no place for them to do treatment so we're having the treatment services at Mary May right now and we're trying to restructure the whole department with the new workers.

The administration deals with custodians, contractors and casual workers and the maintenance work. So those would be the administration and the reception.

Ah, what else – the Youth Services, which is also pretty new, we're just being merged with them. CYN and youth outreach workers and the youth workers that used to be here. So, they're under one department as well.

C. URQUHART: Thank you.

H. ASTER: So that takes a lot work to restructure the whole Mary May. So, we've been doing that and we just finalized the financial part and so we're implementing all of the programs in place. So that's happening.

C. URQUHART: So, we'll just let Anne translate.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

C. URQUHART: So, there was a lot in that last answer. So, I'm going to focus in on a few different pieces there. Firstly, I'd like you to tell us a bit more about the mental health team and what's involved on that team.

H. ASTER: In the mental health team, we have peer support; we also have NNADAP and land-based program. So, each program is – like for the mental health peer support, they're the workers that work with the families who are adults in the community to advocate them to – for support and advocate them to other services. The other thing they do is they do referrals to a treatment centres. So, they're mainly the support system for the community.

There's also mental health workers who are doing counselling services for their members. There's also people that go with members to courts or hospitals. And that's the kind of programs for the mental health team they do, or they do referrals to other treatment centres, or they do counselling.

C. URQUHART: You mentioned NNADAP, which is the Native Alcohol and Drug Abuse Program.

H. ASTER: Yeah. What they do is they do referrals to NNADAP programs in Atlantic provinces or outside of Canada. And they also do the aftercare program and they're doing the aftercare program when they – when the community members come back from their treatments, like different activities, maybe have fun night, game night, that kind of stuff. So that's the NNADAP program.

C. URQUHART: You also mentioned land based, can you speak a little bit more about that?

H. ASTER: Land-based program is program for people who want to do programming in Nutshimit or let's say they want to have a men's group on the land. So that's the program that these land-based coordinator does. He does land-based programs like go on Nutshimit, do hunting and do programming as well while they're up on the land. So that's the land-based program.

C. URQUHART: And why is it important to have land-based programs?

H. ASTER: Right now, land based, it just started and just – it was there but it was never really been implemented so we're starting to do a land-based program, first for the men. So we're starting that. We did three programs already and it's been really successful.

We probably have over 30 men who graduated and they want an extension on the programs. We can only do 10-day programs but we did another extensions for 10 days. So that's the land-based program.

C. URQUHART: I'll give our interpreters a moment to catch up.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

C. URQUHART: So, I understand that you helped to run the women's retreat, which is in Nutshimit, and I wonder if you can speak

to the value of having programing in Nutshimit or land-based programing.

H. ASTER: A few years back, maybe, I – me and Mary Pia worked with the retreat program for the women. So, this was locally done, we did it in tents and, probably, we took about 10 or 15 women on a tent to do some healing with them. We did circles; we did different kind of activities.

So, I've also been doing that with Mary Pia. We both work with that. We've been involved with women healing for a long time now. That's why I believe that land, it's really helping the people. So that program, it's really good for the women. It's also self-care and it's healing for the women.

So, land based, it's almost the same thing for the men, I believe that as well.

C. URQUHART: And what's the feeling when you're in Nutshimit?

H. ASTER: It makes you feel like you're refreshed, you're recharged, you're enjoying the outdoors. You feel so healthy up there.

A few years ago, I – probably two years ago, I went on a walk with the youth. This was something very new to me and I just wanted to get involved in that kind of – what it was like. So we went, me and my team – parent support back then and the family resource – we ask our director if we could go with them and take it as a retreat for us. So, when I went that – with that walk, I wanted to go to do the walk, but there was so many youth attending that program and we couldn't walk so we were asked to help out.

Eventually, when we got there – we went on a helicopter, and we were supposed to walk back to Sheshatshiu. There were about 15 youth from the community and there were 12 youth from Newfoundland. They were supposed to walk back to Sheshatshiu.

The youth that were picked, they were high-risk kids. They said that this kids didn't listen, they were having behavioural problems and they were having abuse – drug abuse and different kind of social issues. So, when they were brought to the camp, I remember when the coordinator met with us and told us these were the kids who were having high risk in the community and they might give us a hard time. But, due to that, when they came in, we were expecting youth to give us a hard time, that they wouldn't listen.

They did at the first two days. They had – they were complaints. They were complaining a lot. They were having the behaviours they were used to, but after two days, we – they – their behaviour changed. They were helping out. They want to do stuff. They were talking. They obey the rules. They didn't give us a hard time for the next 10 days we were there. They were so helpful that I see – I was seeing children, youth who had behaviour problems in the community changing so much in a few days.

I couldn't believe it. I said to – my sister was with me, and I said, it is healing for youth to come in Nutshimit because you could see them, so much changes. I can't imagine how they felt – like, they were inclusive. You get to talk with them. They were the kids that you seen had problems in the community but in Nutshimit they were so helpful. You could talk to them. You could easily connect with them so much. That's how I feel, that Nutshimit is healing. I truly believe that.

C. URQUHART: Thank you for that.

Can you explain a little bit of the treatment services team and what they do?

H. ASTER: The treatment team are the team – there was – there used to be a treatment program named Apenam's House. That was shut down because of the building wasn't really suitable for residential – for people to be in that building. So that was shut down and there was no funding for it. The fundings came from different places.

So, now, we're trying to start up a treatment services for healing – Mary May Healing Centre. We're starting from the ground root. We're trying to put in policies, find funding,

hire trained counsellors, trained workers. When Apenam's House was in place there was no funding. There was no policies in place. There was no – the workers weren't trained. The only workers that were working were the alumni. So they were working in Apenam's House.

So, what we're doing right, we're trying to put in policies, train workers to work in treatment services who are willing to work and have a committed workers to do the job. So that treatment services will be fairly new, but we still run day programs. We don't have a building yet. We already had two day programs, and we've also purchased the Christian Youth Camp, which is down the road probably 15 miles from here on the main road.

So we bought that building. We tried to have a program there. There's no showers in there, so we couldn't have a residential program. So we're – and we tried the program at the Mary May Healing Centre to have a day program. It didn't go as well, too, because the building in Mary May is a really busy place. You can't have a private treatment to go in there. So, that also didn't go well.

So, the next program we're trying to get started at the Christian Youth Camp. We already had showers installed; we're doing a little bit of renovations just to start a program for now and, hopefully, we'll have the whole building renovated in the next – in the future. So, hopefully, we are gonna have a treatment program for the community, and maybe we are training the workers – trained workers – we're gonna have trained workers and probably have someone in place as a manager up there.

So, that's our plan.

C. URQUHART: In terms of training workers –

COMMISSIONER IGLOLIORTE: (Inaudible.)

C. URQUHART: Oh, sorry.

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

C. URQUHART: The workers who you are training to provide treatment services, are they Innu workers?

H. ASTER: Yes, they're Innu workers.

C. URQUHART: So I wanted to move on to another branch of your department that you'll be very familiar with since you spent 28 years working in Family Services.

Can you tell the Commissioners a bit more about that team and what they do?

H. ASTER: The Family Services that we have in place right now, that's also a new branch. So, this is with the Family Resource centre, the Parent Support, the Elders' program and the food bank. So, those are the programs that I used to run when I was Family Resource coordinator.

What programs we did? We were advocating for parents to services, we did parenting programs, we did also mother and child programs, we did craft nights for mothers to come in to do crafts. There's also a food bank, which is also run by the Band and that was also given to us. We took that program do – because we wanted – what we really wanted to do in the first – when the first food bank was evolving, we wanted to get parents to come in and get what they need so we could also collect data for our program: How many families who need food, how many families who are on low income. That's why we did that program – we took that program. So that's what we do.

Right now, we're running the food bank, we're doing parenting programs, we do mother and baby programs, we have a playroom where we also supervised – we do supervised visits for CSSD.

And the other thing we did was, we were asked to go with the CSSD workers to go to

families if they need help. So that program went good at first, but then we noticed that Social Services workers only wanted us to – wanted us to do their job, like, if they wanna apprehend a child, we were asked to take the child.

So, we decided – I decided, I didn't want my workers to go through that because that's not their job to – they were supposed to be there to help the CSSD for translating or just to monitor what they – we were asked to help with the apprehension of kids.

So, I did – we declined to help them and so we never resumed that relationship with them because we didn't wanna do it. So, that's also – I didn't want my workers to be part of that. So that's how I declined that program.

The other thing we also did, we were also involved in a women's retreats. There's some programs I forget because there's so many things we did. We also do a community work when, let's say – we provide services for families who just lost their loved ones. We cook meals so they couldn't – they wouldn't worry about the food. So we provide food for them. We go in their houses, clean their houses probably, just to get them less stress for them and if they want a feast after the funeral, we provide food. So that's what parent support did; are still doing as well.

COMMISSIONER IGLOLIORTE: So, can we allow a short break, Caitlin, to – a health break for the translators?

Ten minutes and we'll spend an hour after that finishing up.

Recess

COMMISSIONER IGLOLIORTE: [Inquiry in progress at start of recording] – time period you want, Caitlin, with the balance of your witness's testimony.

C. URQUHART: Thank you.

So, I wanted to go back to what you were mentioning there about CSSD and that when you were asked to go with them for visits. When – what time period was that?

H. ASTER: It was during the day when the workers were working. One of the social workers ask us to go with them. We didn't know what kind of help they wanted. So, we always did go with them if they want to visit a family, but then this one incident happened; they were gonna apprehend a child.

So, one of the workers went with them and she came back and she told me what happened and she didn't feel comfortable to be doing that to this family. So, I said: We won't be going with them anymore because we can't be doing that. We can't be putting ourselves in that situation. So, we wouldn't – we were afraid of the community looking at us differently as we were a program that was really positive for the community. And if we went that way, we would've been looked at negatively, so we didn't go.

C. URQUHART: And this was while you were the coordinator?

H. ASTER: Yes.

C. URQUHART: Do you know what year that would've been around?

H. ASTER: That was probably four years ago, because there was one worker who was asked to go with social worker. They were gonna apprehend the child and we didn't wanna go that way. So, we just declined to go with them again.

C. URQUHART: So, you also said that part of that role was – and now under Family Services, is advocating for families. What does that look that?

H. ASTER: Let's say that a family want to – want someone for support to go to CSSD to discuss what their plan was and probably help them with the translations, what they were saying, because a lot of families are illiterate, and they have a hard time understanding the English. So, at times, we would go with them and explain what is wanted of them.

So, we decided to go with them and probably – if they need help at the hospital, we would go with them or even to courts, or even help them with the forms that they are not familiar with, like ordering MCPs, birth certificates. We also did housing letters for them. So, that's the kind services we provide.

C. URQUHART: I understand that FASD, Jordan's Principle and home visits are also part of that team. Is that – ?

H. ASTER: Yes, they're part of the family services team. We have Jordan Principle doing the – if they need – children need something, if like they are autistic and other services, or different kinds of services they offer. They have their own team as well, they're probably five or six staff there. So, they're doing stuff with families.

The other thing we do is FASD program. This is a program for information sessions on FASD, referrals, different kind of services for children who are living with FASD.

The other one we do is – what else? There's Jordan Principle, FASD, Family Resource Centre, that's the one I describe, and the parents' support.

C. URQUHART: Do you know the proportion of your clients who have interaction with CSSD?

H ASTER: I'm not sure right now because we haven't collect any data but I'm pretty sure there's probably over 50 because what I see with treatment services, mostly community members are going to treatment to reunite with their families, with their children. So there probably so many parents who are dealing with CSSD right now.

C. URQUHART: And when you say 50, are you meaning sort of half, like 50 per cent or 50?

H. ASTER: Yeah, 50 per cent. Probably over more because what we're seeing right now, I can easily say that we have so many young parents who have children in care, because I'm caring for one of my young parent's child who's in care with me and she's a young mom. And there are so many young moms and dads who are dealing with CSSD.

C. URQUHART: And so what would you say is the relationship with CSSD?

H. ASTER: From what I can say, there's not a lot of good history with the parents with CSSD. I know that families who got their children in care are asked to do a lot of stuff before they can reunite with their children because one of my nephews went through that so many times. His children were taken away for a long time and he was asked to do so many things. He was asked to go to treatment, do that when he finished his treatment, he was asked to do another thing and then he went back and he was asked to do another thing. By the time everything he was doing was he was asked, he never reunited with his children so he gave up. Now, the children are over 16 now and they went back to their parents.

So, this is the kind of system I see with the parents who are – who want to reunite with their children but they're asked to do so many things and if they keep – they keep doing it but, in the end, they don't get their children back. I seen that with my nephew.

And the other thing I should mention, I went through the same thing as well, because I have a daughter who's 22 now. He's – I adopted her – traditionally adopted her when she was probably six months old. She didn't know her parents or her grandparents, she only knew the – she only knew us. And by the time she was 12 – 10, she got connected with her other family and then I guess she was overwhelmed that she knew she had another family and she went back.

She visited her grandparents and she got away with a lot of stuff while she was there because I think the grandparents tried to pay back what they lost with her. They gave her anything. Her discipline – we disciplined her but when she went to her grandparents, she – the grandparents didn't discipline her. So, she started using gas when she was 10.

She didn't come home. She would tell us she was staying at her grandparents, which she didn't stay.

So they took her away from us when she was 10. They send her away somewhere in Ontario, down where they told us she would be safe. We tried – me and my husband tried so many things. We went to lawyers, we tried to connect with her. We got a lawyer and they told us that we have no say in that child because she was not our biological granddaughter and we couldn't say anything. And so that happened.

That happened and we had – we lost that child when she was 10. We connected with her. We had everything for her, but once she went back to – she was overwhelmed with knowing that she had other grandparents so she didn't get the discipline that she got from us and she was overwhelmed with it. She started using gas and she stayed there when – she came back home when she was 16. She moved back with us and she had a lot of problems when she came back.

To this day, she's still using drugs. She lost two children and one of them I'm – he's staying with me, so I see there is a problem with the children that went in, in care. When they come back home, they're not connecting with family. I still see that.

She's on drugs today. She have no place to go. She can't stay in my house because I have her child. CSSD won't allow me – for her to stay in my house where she could be safe, where could she have a place to sleep, a place to feel loved. But she's not allowed. She's not allowed to stay in my house because of her child staying with me.

So, I don't have a good relationship with CSSD. I have a four-year-old boy who's staying with me who loves his parents, but he can't see them. He can only have visits – a few hours of visits. That's not enough for a child. I see that. And I can't have my daughter in my house, where she could be safe, where she could feel loved, but she's not allowed.

So, to this day, she's using drugs every day, and I heard that she's trafficking her body right now. So, I don't have a good relationship with them.

And that's my story.

C. URQUHART: Based on your experience, both personal and professional, working in parent support, what are some of those issues that – with the relationship with CSSD?

H. ASTER: For me, it's really hard to work with a system that's not willing to help you. I feel like it didn't help me when I went through it personally because I – we tried to work with them closely and they gave us – they didn't really work with us. I feel like they were working against us. So, we – every time we try to work with them, they would change something. There was something always changed, when we tried to work with them.

When we finally hired a lawyer, we hired a lawyer to help us with our situation, and they didn't wanna talk to them. They walked out when the lawyer came with us, and they walked out. So, there was no communication with our lawyer and them. And then they start cutting off our phone calls with her. We had calls with her probably every day at first, and then the calls lasted to two days, and then one week a day – a week – one day a week.

So, they tried everything not to have any connections with him – with her. They finally did up, I guess, a court order saying that we have no say in her because she wasn't our biological granddaughter, or my daughter. So, we didn't have any say what's going on with her.

With my professional experience, I tried very hard to work with them, what they wanted, but, in the end, it didn't work out because they didn't do what they were supposed to do.

They – like, for instance, when my worker tried to go with them just for translation or explaining stuff to them, they took my

worker when they were trying to apprehend a child. So, professionally and personally, it didn't work out for me. So, I don't have, really – I dunno what could come out of it, what is needed, I dunno.

Because I can't – and to this moment, I still have issues with them because of my daughter. She's out there somewhere, somewhere not safe, and I can't have her in my home because of the things they're saying, you can't have your daughter in there if her son is there, and I can't have my grandson somewhere else, because he's in my home, and I want my daughter in my home as well where she could be safe.

C. URQUHART: Okay, Anne, translate?

INTERPRETER NUNA: [Sheshatshiu-aimun spoken.]

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

C. URQUHART: Commissioners, I have two more areas to canvass, and I think I could – we can conclude them before the – before 5 o'clock, if that's satisfactory.

COMMISSIONER IGLOLIORTE: It's fine.

C. URQUHART: Okay.

So, I wanted to ask you about the issues or challenges, barriers of providing social health services. What are the challenges that you're facing in that area?

H. ASTER: Right now, I'm facing some challenges with the workers not being trained. We need – workers needs to be trained in order for them to do the work they are supposed to do. The other challenge would be funding. There's not enough money to offer more services for the community.

The other barrier I have is not enough space. There's not much office space in the building to hire more workers. As for right now, I have so many vacancies, but there's no space for them to go in. So, that's the other challenge.

The other challenge would be we need to collaborate with other services, like, we're – we feeling like we're in silos at the moment. We don't know what the other services are offering. We don't know what the other organizations are offering. We need to collaborate. And I think the biggest barrier is the second language we have. There's some workers who are having a hard time with their English, and they're – they can't write so much, like they could have done so much with writing proposals that's need to be done.

And we need more services on land, because I feel like healing can happen on land. Because I know – I grew up on land as well. Same with my cousin Mary Pia. We both grew up on land when we were younger. So I feel, on land, it's a good healing for the Innu.

C. URQUHART: Can you speak to the Commissioners about your hopes for the future of Social Health and your community?

H. ASTER: I'm not sure because I'm still – with the work I've been doing for the past year and a half, I have been – I had so many visions when it started. I had a vision where all the workers could have their own departments and understand what the roles are.

I still have hopes; hopes for the betterment of the community and also to have some programs in land base, because it's really healing in Nutshimit. I'm always hoping. I'm always hoping for a better future. I got big hopes and I'm still in the process with my vision. My vision is to have Social Health to be a big, big – play a big role in our community healing. That's my hope. And I'm hoping to have young leaders do that because that's my hope.

C. URQUHART: And you had mentioned to me working with the whole family as being part of this restructuring and bringing youth under Social Health. Can you elaborate on that?

H. ASTER: When I started the restructuring, I learned that it takes a whole community as a family to work together. I've seen – I have all the programs in place now. There's Family Services. There's treatment services for adults. There's also services for the youth services. We have that under our umbrella, now. So that way, if we have all those under one umbrella, we can work with the whole family and then eventually it will be the community.

So, that's my hope someday. I'm really hopeful at times.

C. URQUHART: Is there anything else that you would like to add that you didn't get a chance to say to the Commissioners?

H. ASTER: Mmm, I don't know, I guess I should – I wanted to tell a story about when I was growing up.

When I was young – my dad died when I was seven and I grew up with my grandparents and my mom. There were four of us in that family. I had two brothers and a sister who's sitting beside me.

When my mother was grieving, my youngest brother got sick. So, she couldn't take my younger brother with her. We had to move around due to grieving a lot; she couldn't stay in one place. So, my brother stayed behind when we went visiting with our parent – with our relatives in Davis Inlet. We moved to Davis Inlet and we left our brother. She was in hospital – he was in hospital at the time. He was a sickly baby.

So, we stayed in Davis Inlet for probably a year and my brother didn't come along with us. But while we were staying in Davis Inlet, the priest came and asked my mom to sign a consent form. He told her that he needed to sign a consent form because of – because my brother needed medical attention, so she signed – which my mom didn't read English, didn't understand English.

So she signed that consent form – for her to sign that consent form for my brother to be – to get medical attention, medical help. But the thing he signed was adoption, which she didn't know. They told us that she signed a consent for my brother to be taken away. So, my brother was taken away. I don't know where he lived. He was probably really small – probably was eight or nine.

We didn't see my brother. My mother keep asking if my brother was coming home or was any word, like, if he's coming home soon. But he was told – she was told that she's coming home – he was coming home some day, but we didn't know anything about it. She keep going to Social Services, asking, asking, and keep asking.

I remember one season, I guess it was in the fall, she was told that my brother was coming home. I remember really well. Like, she bought a toddler bed for my brother. It was white and I remember coming home from school every day asking me if my brother is coming home, but he never came. They never brought him home. We never had any contact with him until he was 21.

It wasn't because they released information on my brother. It was because my cousin was an RCMP and he was stationed somewhere in Newfoundland. And they were doing an investigation there and he saw a picture of my brother, and that's how we found my brother. We never seen my brother. We never even – we didn't know where he was. So, we – with no help from CSSD when we inquire about him, if we could see him, there was nothing.

We went for some help from the Innu Nation and – to help us with travel because that evening, when my cousin called – he called my mom saying that I think I found my cousin, your son, and we called the adoptive mother and say can we contact him and they said, yes, and they gave us a phone number. So that night we contacted my brother. We talked to him. My mother couldn't speak to him because my mom only speak Innu.

So, we had a chance to go to Toronto – he was in Toronto. So, we went there, me and my siblings and my mom. First time we met our brother, he was 21. After so many years

of not seeing him, we didn't know what he looked like. But, with my mom, she knew who he was when he saw him at the airport. We didn't knew – we didn't know what he looked like. We didn't know how tall he was and – but my mother knew. So, the mother's instincts are always there, even though you don't see your son for so many years.

After meeting up – meeting with my brother, we stayed a couple weeks there and we got to know each other, but my mother couldn't connect with him. My mother only speak English – Innu and my brother only speak English. There was no connection. There was no connection with his own mom because of the Innu. He was – she was Innu. She can only speak Innu.

Few years later, my brother came home for good. He came home a few years in Shesh. He stayed in here; he had a family – small family, but still have no connection with my mom. Because of their barriers with the language, they couldn't connect.

And my brother had the same feeling. There was no connection in the community because he didn't know his language, he didn't know his culture, he didn't know who his relatives are, he didn't know anybody and there was no connection with us. There was – it was hard time connecting. He didn't know what's going on in the community, so he started drinking. He abuses alcohol so much. Like, he started using – he started abusing so much and he got sick. He died with no connection with the family or my mom.

So, I still have issues; I still have issues with that. We went to court for it, they had a settlement, a little settlement which didn't last long because they told us we should settle because they went to court – my mom and my brother went to court, but they were asked to settle. With the little money they got – even though they got little money, that didn't help any family with the connection they lost. They lost – my brother lost a culture, the language, the connection with family. So, my brother died a few years ago due to alcoholism.

So, see, I still have issues with that, too, to this day, and I think my mom still do, too.

So that's how I wanted to tell my story.

And by the way, his name was Peter. His name was Pien when he left, but when he was adopted, his name was Peter.

C. URQUHART: Tshenashkumitin, Helen.

H. ASTER: Huh?

C. URQUHART: Tshenashkumitin.

Thank you, Helen.

Commissioners, I'm gonna suggest that we wrap for the evening, and that Ms. Aster remain under oath and return in the morning, in the event that counsel or Commissioners have any further questions for her.

COMMISSIONER IGLOLIORTE: Thank you, that's a good plan.

You can be back tomorrow?

H. ASTER: Yep.

COMMISSIONER IGLOLIORTE: All right.

We're gonna ask Penote to end our day with a prayer.

Penote, if you could add our condolences for Helen and her family, and remember her brother Pien for us, please, in your prayer.

ELDER ANTUAN: I've known their brother. I was godfather when he was – when he was baptized in Sheshatshiu, I was the godfather. And I forget who was the godmother, to tell you the truth. But anyway, I know the story – the whole story of it. I deal with the sadness that I got it in my heart when he left this village here. He was told – the parents were told he was sick. They didn't mention that he was adopted to somewhere else in Canada. They didn't.

See, that's the things that we're worried about, our kids while the Social Services

taking care, transferring our kids to other country – like Canada, Newfoundland. So that's the kind we worried about. The reason why I said it's not the matter of a person but it's the matter of a person who is related to them, it's matters – it matters.

Because, over the years, we haven't seen him until he was 21, I think, when he came back in our village. And at the same time, when he came here, he didn't know nobody. Like I said, I was the godfather and he kept asking me, why did his – why this baptism was something that – I guess I never mentioned to them, or the people who are adopted that you were Catholic or you were baptized in your community.

So, the conclusion of this story, I think sometimes we forget the things that happened, in our – especially in our community. Like, there are things are happening. But the Elders of the people here in their community, they don't forget it easily. They can say yes, we did see it. Like me, when I heard – when they mentioned their brother. I was the one who took him to the church to be baptized. Her mother asked me 'cause we were related to her – my cousin.

So, it bring back the memories that Social Services did many things – many things – about our people in the community here.

Like, when I started talking to you when you began this hearing, I said I was sent out to St. John's for education. But when I got there, I knew there was something wrong because one of the brothers, who were the Christian Brothers, told one of his partners who were in the school at Mount Cashel, he said: He's Indian. He didn't point to me, but he said: He's Indian. And he laughed. He laughed because I was dirty. I don't know how – I didn't know – I didn't recognize I was dirty. I was just a human being. And, also, they call me red – redskin.

And that's the thing that I'm trying – always remember to the people I – when they – when somebody mention to her brother, to her sister, whoever is related to them, when they are gone.

So, hopefully, I'll say a prayer for – well, his name was Peter Organ, by the way, when he came back, Peter Organ, but he was Pien Selma. Her grandfather's name was Pien Selma, too. So, they gave him Pien Selma, his real name.

So, today, at the closing of this session, I'd like to say a prayer for her mother, still here in Shesh, and her sister that mentioned to him during today. And I'd like to say a prayer for him and his soul.

I'll say: [Sheshatshiu-aimun spoken].

And I'm very thankful for you people.

Thank you.

COMMISSIONER IGLOLIORTE: Thank you.

COMMISSIONER DEVINE: Thank you.