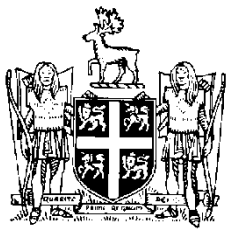

INQUIRY RESPECTING THE TREATMENT, EXPERIENCES AND OUTCOMES OF INNU IN THE CHILD PROTECTION SYSTEM

English Transcript | Volume 66 (with video transcript)

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

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COMMISSIONER IGLOLIORTE: Welcome to the second day of our formal hearing sessions here in St. John's at the Ramada. As we have done for each of our formal hearings, we ask an Elder to open with a prayer, and I'd like to request and ask Nympha if she would start us off – our day with a prayer.

Please stand.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: I'll ask Commissioner Anastasia Qupee – Nashtash – if she would introduce the presenters for today's session.

COMMISSIONER QUPEE: [Sheshatshiu-aimun spoken.]

So this morning we will hear from Dr. Melody Morton Ninomiya and Leonor Ward, from Wilfrid Laurier University, who will present their work on specialized and land-based services accessed by Innu children and youth.

COMMISSIONER IGLOLIORTE: Go ahead please, Ms. Urquhart.

C. URQUHART: Thank you, Commissioners.

So this morning, as Commissioner Qupee mentioned, we will hear from Drs. Morton Ninomiya and Ward. Their presentation has been pre-recorded and the report for reference of anyone watching online is at P-437.

Following the video we will have – I would recommend we have a short break, just to ensure that the technical folks can make sure their line is working properly, and then they will be on the line for questions from the parties and Commissioners.

COMMISSIONER IGLOLIORTE: Thank you very much.

[Video played.]

[Transcript of video starts.]

M. MORTON NINOMIYA: Hello, my name is Melody Morton Ninomiya, and this is the start of a recording on the review of specialized programs and services accessed by Innu children and youth and their reported experiences and outcomes.

This was a piece of work that was requested specifically for the Inquiry, and we've prepared a video now that is going to be presented by both myself as well as Leonor Ward, whose name and photo is on the slide that you're looking at. I want to acknowledge that Madison Wells was quite involved in helping analyze data with myself and Loreena Kuijper assisted with conducting some interviews.

So the video is gonna cover three main things. First, we're gonna introduce how the two studies fit together to form the presentation and the report. The first part will be presented by Leonor Ward on what's called the Minuinniuin study and then I will be reporting on the specialized and land-based programs study.

But first, I will just walk you through briefly to say that the Minuinniuin study took place before the Inquiry started and it's aimed at trying to better understand and explain minuinniuin, which is an Innu concept of health and well-being and is really important context for the study that was

conducted for the Inquiry. The study on specialized and land-based programs was specifically looking at gathering and examining information about what we're calling specialized and land-based, or Nutshimit-based, programs that are accessed by Innu children and youth past and present but also include recommendations directly from Innu folks in both communities for a better future.

There are terms that we will be using throughout this video that some people watching this would know all too well but we want to make sure that we're clear about what we mean when we use these terms. So the four that I want to highlight here, first is minuinniuin. It's the Innu word for well-being. It's a state of being that's inherently and intricately connected to the land and that's something that Leonor Ward will be presenting on shortly.

Nutshimit is a place of well-being. It refers to the land but it's also where – it's more than just land. It's also a place and environment in which Innu teach, learn, practice Innu ways of knowing, being and doing and nurturing a sense of Innu identity – Mushuau and Sheshatshiu Innu identity. When we use the language of Innu land-based programs and services, we're actually referring to programs that are offered in Nutshimit, which often includes speaking in Innu-aimun and inherently involves the Innu ways of being on and with the land.

Specialized programs and services refer to interventions that are offered to children and youth that are primarily focused on mental health, addictions or medial challenges that fall outside of mental health and addictions and recognize that specialized programs and services that are not Innu land-based tend to be rooted in Euro-western models of individualized and clinical treatment.

L. WARD: Hello, my name is Leonor Ward. I was invited by the Commissioners for this Inquiry to include an overview and description of how Innu understand life and practice health and well-being that, as Melody explained, is encapsulated in the word "minuinniuin."

To understand the findings of the study that Melody will present, it is essential to step back and briefly highlight historical context that are precursors to contemporary social ills within both Innu communities. In addition, it is vital to learn about Mushuau and Sheshatshiu and their interest in articulating for non-Innu people Innu knowledge and practices relevant to the land and its role in well-being.

To avoid repeating the past, Innu must be respected and supported by understanding Innu ways that work to close service gaps. To achieve this, I have this background into five sections.

First, I will briefly describe Labrador Innu's traditional life on the land and uncover Innu's world view. Second, I will briefly discuss the historical context that gave rise to present-day social ills. Third, I will outline how cultural revitalization and the belief that the contemporary return to land activities is the foundation for health and well-being – minuinniuin – and for the rebuilding of Innu communities. Innu self-determination has many fronts, including doing research initiated by Innu in their areas of interest.

So I present here, briefly, the results of an Innu-initiated project that articulates Innu views of minuinniuin and the role of land. Lastly, I will present implications of the findings of this study for this Inquiry.

Innu were nomadic hunters in the vast 800,000-kilometre squared territory that encompassed a large portion of the Quebec-Labrador peninsula that Innu call Nitassinan – that means, our homeland. Innu lived as interdependent people who travelled in small family groups following the caribou and gathered with other Innu hunting groups a few times a year.

Survival on the land requires exactitude and co-operation with everyone contributing their skills and labour. Children learned what was needed to survive on the land by about 15 or 16 years of age. They were taught by parents and grandparents everything from hunting, cooking, erecting tents, planning expeditions, raising children, finding medicine and interpreting the weather. Life on the land saw the Innu in a permanent relationship with all living beings, human and non-humans.

One example is a traditional hunting philosophy of respecting the animals. The Innu word for caribou is atik^{u}, a non-human living creature with full personhood and will, inhabited by a spirit. Therefore, for Innu, hunting is not about outsmarting animals, but instead, enticing fully volitional beings to generously offer their bodies. The Innu respect is such that atik^{u} returns each year to provide for Innu needs. This is meat and marrow for food, bones and for spiritual ceremonies as well.

This relationship supports what other Indigenous philosophers have claimed: that although a great diversity of cultures and understandings of health and well-being exist, there are common principles that are upheld, such as all living entities are in relationship with one another.

In the next slide, I will briefly talk about Innu historical content and their effect on Innu health and well-being.

Innu encountered Europeans in the 1600s, but they were forced to settle between the 1950s and 1970s due to provincial policies that abruptly ended the traditional way of life, effectively dispossessing Innu of their land. Innu hunters provided for their families and the broader community by maintaining kinship bonds with the land which were renewed as they traversed the territory while hunting.

This has been documented by Henriksen, a Norwegian author, that talks about how Mushuau hunters in the 1970s renewed these bonds, and they were evident in the mutual care for one another, both for the Innu and for the land. This enabled hunters to survive in the harsh environments of Northern Labrador.

This understanding of the relational bond with the land is shared among many other Indigenous people. It is reflected in creation stories that assert that people come into being alongside the land.

This understanding contrasts with European concepts that influence the English Crown’s promulgation of the Indian Act, which classified Indigenous land in Canada as property of the Crown. These perspectives from Europe on the land at the time of the Indian Act’s promulgation were rooted in the scientific revolution, and they originate in a very different paradigm.

In this paradigm, the relationship between humanity and nature becomes one of mastery, subjugation and taming through notions of improvement and progress that position Indigenous people, taming of the Innu within the realm of nature.

Until the mid-20th century, the federal and provincial governments in Canada have held concepts of improvement and progress that consider the Innu life on the land uncivilized and required government intervention through forced settlement and schooling.

Mushuau Innu who now live in Natuashish were forcibly relocated in 1948 to the coastal community of Nutak. After one year, they walked back to traditional territory and returned to their hunting life. The second relocation was to Davis Inlet in 1967. They were given poorly insulated homes with plumbing infrastructure but no running water.

In 2002, they were relocated to Natuashish, a place they chose. The Sheshatshiu Innu were settled in the 1960s in the location where they had gathered for centuries close to a trading post at North West River. Through provincial government policy, traditional Innu hunting became illegal and children's enrolment in non-Innu school became mandatory.

Forced schooling had a detrimental impact on the preservation, practice and intergenerational transmission of Innu knowledge which takes place on the land. Making hunting illegal changed the role of men as providers for the families and as teachers of younger men. This caused dependency of government welfare for family sustenance. Forced schooling also affected Elders who have a societal role as knowledge holders, culture transmitters and safeguarders of the world view.

Innu have experienced land dispossession and together, with their Elders, they believe that these policies initiated a pattern of alcohol abuse, violence, family breakdown, suicide, accidents and illness. Land dispossession was further through mining development, flooding of lands for hydroelectric projects and increased NATO military activities over traditional territories.

I end here: the emergence of cultural revitalization. Despite government efforts, the Innu never stopped finding ways of returning to the land. It was their world view that mobilized them to engage with the federal government for the first time in 1980.

Innu truth is that one takes care of the land and the land takes care of people. In 1979, NATO low-level flying training over hunting camps became too disturbing to the families and to the animals. Military planes from European allied nations were based at the airport of Goose Bay, that is 40 kilometres from Sheshatshiu, and they conducted training at low altitudes over lands considered unpopulated.

Innu wrote to federal ministers in protest for a period of six years and garnered support from NGOs and international media. In the late 1980s, in a tremendous showcase of strength to defend their lands, Innu engaged in contentious collective action by occupying the runways of the military airport in Goose Bay on multiple occasions.

As a result of the protests, the government extended the *Indian Act* in 2002 to the Innu. This is a century and a half later than most other First Nations in Canada. The government also agreed to a settlement of land claims after noticing that public opinion was favourable to the Innu. Land claims were signed in principle in 2011 but, to date, they have not been finalized.

Another successful Innu negotiation was funding for families to go back to the land. This is known as Outpost. These finances cover the cost of families for hunting in the spring and the fall, and to revitalize their culture. The funding has remained unchanged in its nominal amount over the years.

The protests confirm that the Innu are a people with knowledge and understanding of the land and generated many activists. One such activist is Elder Tshaukuesh Penashue who leads younger Innu on traditional walks in a rediscovery of their culture. Traditional Innu, such as Tshaukuesh, engage in activities that help younger Innu repossess a way of life on the land. When the Innu came under *Indian Act* authority, new Western-based health practices arrived in their communities; however, this failed to acknowledge how land dispossession has negatively affected the well-being of the people.

Innu responded by advancing their self-determination through progressive steps; one of which was creating the Innu Round Table in 2012. After extensive community consultation, the Innu Round Table articulated a healing strategy in 2014. The healing strategy conceives a contemporary return to land activities as the foundation for health and well-being for the

rebuilding of their communities. Innu self-determination has many fronts, and one is this study that we present next.

In this study, Innu wanted to learn how Innu view well-being and how does the land support well-being – it is not that they have to learn, I should correct myself. Innu wanted to articulate these concepts for non-Innu people, for outsiders that in the Innu language is described in the word akaneshau.

Innu possess an intrinsic understanding of well-being that is significantly shaped by their relationship with their land. Grasping this unique perspective is crucial because Indigenous concepts of health, land and cultural identity are holistically interconnected. Furthermore, there is no single pan-Indigenous concept regarding the role of land and well-being; rather, the views and perspectives on land's impact on well-being are specific to each Indigenous group. Therefore, it is important to articulate Innu-specific understandings of the role of land in well-being.

This research has been initiated by the Innu and has been authorized by Innu Nation. Participants for this research were 16 years of age and older, live in the communities and they self-identified as Innu. We collected data between January and June of 2019 through individual semi-structure interviews and focus group discussions.

Participants were asked, for example, what does minuinniuin mean to you? What or who makes it possible for you to feel well? Can you describe what you feel in Nutshimit? Twenty-three participants were interviewed and 16 participants were in focus groups for a total of 39. The research methodology has been published somewhere else.

So what we found is that, overall, Innu view minuinniuin as a subjective and aspirational state of being that is intrinsically and intricately related to Nutshimit. It is a place of well-being that can be poorly translated as land. For Innu, Nutshimit is the core of well-being. Land provides and facilitates togetherness. It also provides and facilitates relationship to all living beings, humans or non-humans. Land also provides the enactment of Innu culture through which Innu world view is maintained and taught. Land also provides a place where Innu can find their identity as strong and free Innu people.

The implications for this Inquiry are that we need to enhance support for Innu land-based wellness programming, for example facilitating family's connection to the land, offering land-based experiences to children in school and developing land-based curriculum, as well as we need to facilitate the active role of Elders because they play a very important role in imparting teachings to the younger generation.

While land-based activities have not traditionally been regarded as programs per se, we propose they be considered as such and that they consider the significance of Nutshimit in relationship to minuinniuin, that is, well-being. We recommend that health programming be crafted with an understanding of the land's importance in fostering a sense of well-being among the Innu peoples as this would truly bring Innu bodies, minds, emotions and spirit home.

This is the end.

M. MORTON NINOMIYA: Thank you, Leo.

I will be reporting on the specialized and land-based program study, and I'm gonna start by naming the three primary objectives.

The first was to identify land-based and specialized programs accessed by Innu children and youth involved in the child protection system; two, to identify the impact of these programs on children and youth; and three, to identify recommendations for programs that will best meet the needs of children requiring medical, mental health or substance use support in the future. We did this by collecting information from three different sources.

They include the hearing transcripts. We did this in part so that people wouldn't have to retell painful stories and we combed through 49 transcripts highlighting anything that would help us understand information that would address the objectives. We also looked at 11 different documents, some of which were specific to Sheshatshiu or Natuashish, but in most case they were relevant to both Sheshatshiu and Mushuau Innu.

We also conducted our own interviews with 19 people and, for the 19 people that were interviewed, they were people that were on a list that the Pathways group reviewed to make sure we weren't missing anyone obvious in the process of gathering interview information from folks in both communities. We pooled all of these data together and coded them and were looking for things that were shared across that would fill in gaps. So collectively, all totaled, all three help paint a very fulsome picture.

When we were identifying the programs and services, we always made sure that we were identifying which community it was for or it was specific to or was it for both? What type of program was it? Was it considered specialized or was it more Nutshimit based or was it a combination of both?

We also organized the types of programs and services by who they were including in the program, and so we ended up separating ones that were for families of multiple generations, programs that were just for children and youth and other programs that might just be parents and adults only. We didn't originally plan to include that third group but we did because we found it was gonna be very helpful and important for reasons that will come up in a bit.

We also tagged them as being programs or services that had been offered in the past, ones that are offered currently but we also talked about ones that we know are in the works or, at the time of doing the interviews and looking at information, knew it was coming soon.

I'm not gonna walk you through this whole slide because there's too much information and there's – you can get a closer look when you look at the report, but what I would like to draw attention to on this slide in particular is – so if you look across the top, on the far left are programs and services specific to children and youth, whereas the middle column is for multiple generations and on the right column is for adults and parents.

If you look across at the colours, what we've done is land-based programming is in yellow and you will see there are by far – well maybe not compared to the combination, but in comparison, you can see the land-based programming is sparse, and it's sparse across all three. The green represents programs that are a combination of both, but you'll see on the left for the Mushuau Innu, for example, there is nothing listed under combination of land-based and specialized for children and youth and for parents and adults. And then specialized would be more of, like, the Euro-Western oriented programs and services that people mentioned existed and had been used or people had been referred to it.

I think you can look at the left side that has the Mushuau Innu and the number of programs on the right, and for the Sheshatshiu Innu, and you will see that there's a number of things that are on both. That's because they are offered to both communities but there are some that are definitely only on the Sheshatshiu side because it's easier for people to access by geography.

So next I will highlight key findings.

Our key findings are broken into six categories. The first one is specific to land-based or Nutshimit-based programs. The second one is around specialized programs. The third is about combined programs. The fourth runs across all three, like it runs across numbers one, two and three, and it's around Innu leadership and autonomy. Number five is around funding and resources, and six is last and it's really about what people from the transcripts and in the reports and in the interviews that we conducted recommend as their visions for a healthier future for children and youth. So I'm gonna walk through numbers one through six in the upcoming slides here.

Starting with land-based, Nutshimit-based programs, they by far had the most positive impacts on people's overall well-being but also for family cohesion. This came up time and time again. This was pretty consistent across all of the data. Some things that people highlighted was Nutshimit offers distraction free. In other words, people aren't necessarily having access to computers, cell phones and substances when they're out on the land but also it promotes mental clarity, healing, people's confidence and sense of self but also builds and rebuilds healthy relationships.

While on the land, people also learn really important cultural and life skills, and by that – examples I have on the slides there is like hunting, but also sewing, language and so much more. It's really about trying to nurture the sense of having a good state of mind; health being conceived of as being more than physical health or just mental health but also includes spiritual health which is inherently all tied into a sense of self as an Innu person and having a strong sense of who people are as Innu.

Nutshimit is also considered a form of medicine that is healing. The only sort of repeated gap that was named was the need for consistent and ongoing funding to continue providing Nutshimit- or land-based programming.

In this presentation, I want to include the actual sort of words of people who we interviewed so I'm going to read this out loud: So when they were brought to the camp, I remember the coordinator met us and told us these were the kids who were having high risk in the community and that might give us a hard time. But due to that, when they came in, we were expecting youth to give us a hard time and that they wouldn't listen, and they did at the first two days.

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

I said: It is healing for youth to come in Nutshimit because you can see them, so many changes, so much changes. I can't imagine how they felt. Like, they were inclusive. You get to talk with them. They were the kids you had seen had problems in the community, but in Nutshimit they were so helpful. You could talk to them. You could easily connect with them. That's how I feel, that Nutshimit is healing. I truly believe that.

The second key finding around specialized programs was that these programs often offered short-term relief but often failed to address the root causes, like intergenerational trauma or other social determinants of health. I do have a slide later on about the social determinants of health, so I'll circle back to that, if you're wondering what that's about.

They are frequently staffed by non-Innu professionals that may lack culturally safe care. There often may not be safe housing options or transportation for people who access the specialized programs. Oftentimes, there are long wait-lists. There's, sort of, inconsistent availability due to staffing issues. So sometimes the programs couldn't be offered consistently because the retention of staff wasn't there. There was a lot of talk about the lack of aftercare. Aftercare refers to what happens after a program is done, which often unravels any progress that was made while at a program or a service.

On the right side here, just some identified gaps, that there were very few specialized programs that were Innu-informed or used a holistic approach. Very few that had timely and comprehensive options that were close to home. There were very few programs that included whole families to be involved; it was tailored just for the children or youth, so they were going back to the same environment that was already quite disruptive before they went to treatment or to a program.

Another gap was that programs don't really intend to build long-term relationships with the people that accessed the programs and there rarely is aftercare.

A quote related to this theme about programs that don't include parents, specifically, is: Yes, they've dealt with what they – or how they're feeling, but, you know, what happens after that? How do they talk to their parents about what is going on between them? Like, I find there's a big gap there.

So it's really talking about how you can do work with a child or a youth but if some of the root causes include their relationship with their parents, there isn't a way to work on that without including the parents somewhere in the process.

About combined programs, it was found that integrated programs were sometimes the most effective. So, in other words, sometimes there were programs that have specialized care, like counselling or nursing, that are combined with Nutshimit or land-based components. So, together, people found that helpful.

Particularly, programs were considered quite effective if they were led by Indigenous staff, but even more so if they were led by Innu staff and programs that were really attending to the physical, mental, emotional and spiritual needs, simultaneously. Specialized programs led by Innu community members like SIM have made some major strides in addressing immediate needs like safe housing.

So number four and five are not just attached to just one of the findings. It's more – it's a broader theme that came up across all of the data and it's around Innu leadership and autonomy or self-governance or self-determination.

So I want to highlight, here, that Innu leaders have been long advocating for self-determination and autonomy in all systems, including healing programs that center Innu culture, language and knowledge systems. Leaders in both communities have been consistently highlighting the superior effectiveness of land-based approaches as compared with specialized services on their own.

But despite the red tape involved, Innu change-makers and community champions have continued to advocate for and implement some transformative and culturally aligned programs.

This one is not particularly a positively framed quote, but I did want to include it because I think it speaks to some of the – there were strengths that people named but also named some frustrations or desires for change in the future. One of them – one of the people that were

interviewed said: There's young girls prostituting their bodies just to get the drugs. These young girls are actually mothers, you know what I mean? I just wish our leaders and the community would come together and start dealing with the matters in the community, you know?

And this is speaking about, sort of, needing to put in the supports and the will and so forth for people to band together and be able to advance things from a community-led perspective.

Another quote is: But I do know that the direction we have to go as a community is to run our own operations, like provide our own services by our own people. Our language that we're losing has to come back. The culture that we have has to come back. That's not the reason why we're signing our land rights and our self-agreements so that we could extinguish ourselves. That's there to promote and to really push our rights and our benefits for this nation. We are strong and we know what we have to do.

But this community or the communities sometimes don't see the big picture, and we need to push and promote that. There's not too many of us who have all the knowledge and all the experience and the information, but together I know we can make it happen.

Language, culture, education, running our own services, be our own social workers, our own teachers really, really shows why we've negotiated and fought for our rights for these past 50 years, because I know the province has really done a piss-poor job of running our operations, under the current legislation.

So this is speaking to the desire for Innu leadership and autonomy.

The fifth area is around funding and resources. One of the major themes is around insufficient or inadequate material, human and financial resources.

So some of the things that are following that are: Programs are often unsustainable if we don't address the foundational needs like a healthy workforce, like who is going to staff it; funding for culture-based program development; and the space for the programming or services to happen. Families also struggle to engage with programs when basic needs are not met. So that could include safe housing or food insecurity or food security.

Staff retention is a big challenge partly because Innu staff are often tending to their own healing while supporting others leading to burnout, which is very common.

People are articulating a resistance to funding Innu-led land-based initiatives. The fact that their resistance has happened has directly worsened the mental health and addiction issues that we know of today.

Some direct quotes from people on this. I'm going to read the one on the left first. It's kind of like a basic need's initiative needs to happen first, where everyone has that security of, you know, housing, food, just safety, like psychological safety, physical safety, cultural safety and then being able to build from there.

Because when you start, when you start trying – or sorry, when you start going up, trying to address higher things, there is no foundation. So they're really speaking to the need of addressing some really basic needs first before you start working on the more challenging things.

Someone else said: Funding from Indigenous Services Canada who, you know, the cashflow for the whole program in and of itself, but if there is additional funding left over, it must be used at the centre and not at land-based. So, to me, it's almost like a form of colonization again, you

know? Like, don't use it for your land-based programming, you got to use it at the building or you got to use it at the centre. So that's one thing that just bothers me a little bit.

This is referring to when funding is attached to one initiative. If there's any surplus, there isn't or hasn't been a way for those remaining funds to be put towards something that's underfunded that really needs the support, that is land-based and we know is effective.

I'm including this slide to highlight, as was mentioned in previous slides, about basic needs. There's language in the, sort of, Western academic world that calls things like social and structural determinants of health, and that's talking about things that need to be in place for there to be good health. But in the context of the Innu, some of the things that are getting in the way, that would be considered social and structural, and are in the circle surrounding the centre circle. So I'm just going to start at the top and work my way clockwise around.

So things that are really influencing Innu health and well-being are: unaddressed intergenerational trauma; racism; discrimination and exclusion from decision-making; insufficient funds for education, health, housing, food security and meaningful employment; barriers to cultural continuity – in other words, Innu ways of passing on knowledge from one generation to the next – the lack of culturally safe programs, services and staff; access to harmful substances – it's actually quite easy to have access to those – and lastly, the lack of local culturally relevant data to inform future decisions.

So there's, at the present time, not a lot of super local data that the community has decided is important to know how to make decisions or be able to track progress. So all of these things play a role in Innu health and well-being.

The last key finding is recommendations, and they're not, like, mine or anyone on our research team's recommendations. These are recommendations coming from Sheshatshiu and Mushuau Innu folks that were part of this project.

And when we were looking at recommendations, there are lots of recommendations, but we wanted to sort of group them and realize that, really, the recommendations felt really – or felt they – or easy to organize around the five Innu healing values of respect, trust and honesty, co-operation, family and nature. So we grouped the recommendations around those five areas.

So I'm gonna talk about those five areas of recommendations. Around respect, people said, we need to support bold community leadership and address issues like substance use and housing. We need to better train and have training opportunities for Innu staff that will improve retention – in other words, not getting burnt out – and effectiveness. We also need to require non-Innu staff to complete Innu-specific cultural safety training.

I wanna use people's words when presenting, so I'm including quotes from our interviews. Someone said: Our future, our nation, our people, our direction. Our own people run their own surfaces. Control: If we make a mistake, we're gonna fix it. Outside people make a mistake, they expect us to make a – or fix it for their mistakes, but we're not in control.

Around trust and honesty, people spoke about the need for increased number of Innu staff, and to really work on fostering trust and understanding. They also talked about needing to have dedicated, consistent and available child advocates and mental health professionals in both communities. Someone said: Sometimes these children, they don't even want to talk to a counsellor, you know? They wanna walk. They wanna talk to somebody who really cares.

I think it's always good to have people who know who these children are, and kind of have a background in what they're going through. When I talk to children, I tell them where I've come

from growing up. And you know, a lot of them are like, really? You've been through that kind of stuff? Like, they're really shocked, but I think it's good to be honest with children, and that's where you get that connection, right? So really talking about relationships and the importance of trust and honesty.

Around co-operation, people talked about the urgent need for collaboration between organizations, providing wrap-around supports. If you haven't heard of wrap-around supports, the idea is instead of one person having to go one place for counselling, somewhere else for some kind of treatment, somewhere else for supports with school, and so forth, wrap around means there is a person who needs a lot of support and the supports come to them.

And by doing this, this would also help avoid duplication of efforts and work towards a shared vision. Someone said: I think all the agencies need to come together, because when I go to a meeting, and the Innu-led organization tells me they got money for youth development, and then another Innu-led organization is telling me they got money for youth development, and then I'm telling them we also got money.

So this is not so much talking about having a ton of money, but sometimes people apply for small pockets of money for the same population, but they aren't necessarily talking to each other in the community. So the idea is can we co-operate and pool our collective knowledge and priorities, and work together.

Another value is family. So instead of removing from children, the idea would be to support parents in place, at the home, and provide supports and do some kind of family intervention. Another one would be addressing overcrowding and unsafe housing conditions. Because sometimes when the housing and overcrowding happens, it's almost like a pressure cooker, and things are bound to go sideways. So addressing the housing conditions. And the third one around family is providing wrap-around supports for young parents.

Somebody said: Keeping children closer to their family, to – hold on – sorry, I felt that I covered up the word. I'll start again. The quote says: Keeping children closer to their family, to their culture, to their language, to, like, you know, in a way that supports, that understands the person is working there understands trauma, like understands how to, you know, support parents to learn how to work through their children's needs and issues, right? 'Cause, I mean, if you're struggling yourself and then your child is struggling – I mean, it's very difficult to know how to navigate that without someone helping to support that. So if that was in place, that would definitely, I think, make a huge difference.

The last one is nature, and around this people said: We need to reinvest resources that are going to Euro- Western interventions into more Innu land-based healing approaches. We need to increase the funding for healing initiatives and land-based programs in Nutshimit. We need to ensure children in care have material belongings and skills needed to spend time in Nutshimit.

So this was referring to some people had mentioned that kids who want to participate in programs and initiatives that are land-based sometimes don't have the gear to be able to do that and, if there isn't money in a budget, that could be like a material barrier for children and youth to participate. One person said: Culture is one of those things that strengthens yourself and the people around you. It provides healing. It provides a framework for you to be to able to – like a base for your strength.

On the left I just want to highlight a couple of important notes. The core message, I think, in all of it is that Innu have a land-based health and healing program that we know works. Nutshimit is where Innu have experience and reflect this concept of minuinniuin that Lenor was describing. Current – quote, unquote – treatment is often misguided because it's rooted in Euro-Western

world views but not an Innu one and effective treatment requires respecting Innu knowledge and removing barriers to self-determination.

One of the things that I wanted to highlight is there is something called the First Nation's Mental Wellness Continuum Framework and, at the core, it's talking about how for anyone to do well – everyone, Innu or non-Innu, needs hope, meaning, purpose and belonging to be well. Those things are often not intact for the children getting involved in the child protection system.

However, in conclusion, from the work that we've done, the highlights are basically that there's a profound significance of land-based programs – to highlight, sorry, the profound significance of land-based programs – that help community cohesion and individual and family well-being, and that integrated programs that have land-based components but also bring in some of the specialized services into it so that you have the best of both worlds, tend to be more effective.

The systemic overhaul through Innu self-governance is crucial to address the social determinants of health, such as housing, employment and other forms of discrimination, and to improve the outcomes for Innu children and family by taking an upstream approach to preventing the reasons why children and youth need interventions in the first place.

That is the end of our presentation.

Thank you for listening.

[Transcript of video ends.]

COMMISSIONER IGLOLIORTE: Good morning and welcome.

I'll ask Caitlin, lead counsel, if she would present the order of cross-examination and we now have Ms. Morton Ninomiya on the screen.

M. COLLINS: Could we begin by affirming the witness?

COMMISSIONER IGLOLIORTE: Thank you.

Ruth Steele, administrator lead, please go ahead.

CLERK (Steele): Melody, I will affirm you now.

Do you solemnly affirm that the evidence you shall give to this Inquiry shall be the truth, the whole truth and nothing but the truth?

M. MORTON NINOMIYA: I do.

CLERK: Can you please state your name for the record?

M. MORTON NINOMIYA: Melody Morton Ninomiya.

CLERK: Thank you.

M. COLLINS: And the other witness, Ms. Ward.

CLERK: Do you solemnly affirm that the evidence you shall give to this Inquiry shall be the truth, the whole truth and nothing but the truth?

L. WARD: Yes. I am Leonor Ward and I do.

CLERK: Thank you.

M. COLLINS: My first question is for both of you. Could each of you affirm that your presentation is accurate?

M. MORTON NINOMIYA: Go ahead, Leo.

L. WARD: Yes, I do that my presentation is accurate.

Thank you very much.

M. MORTON NINOMIYA: And myself, too, I, as Melody Morton Ninomiya, affirm that the report that I submitted is accurate.

M. COLLINS: Thank you.

I also have one question for Dr. Ninomiya which is, do you have any more specific sense of the extent to which land-based and specialized services can reduce the risk that a child will come into care?

M. MORTON NINOMIYA: Mm-hmm.

That is the end of your question?

M. COLLINS: The end of my question.

M. MORTON NINOMIYA: Okay, all right.

Well, when people are living with acute, chronic and intergenerational trauma that's compounded with daily forms of racism, both individual at the personal level and community level, with compounding factors as well as inadequate housing, a lot of people will learn to cope or cope in ways that are available, which might include alcohol or substances and sometimes violence to numb the pain.

Based on the work that we did, also the added stress of having children, raising children, perhaps even children that have developmental disabilities such as FASD, I might add, when that is coupled with poor access to local and timely and culturally safe supports, I think that would increase the likelihood of anyone's children going into care and so based on that –

COMMISSIONER IGLOLIORTE: I'm just going to interrupt you for one second, Doctor.

M. MORTON NINOMIYA: Sure.

COMMISSIONER IGLOLIORTE: I forgot to mention to you that we have in the setting here our interpreter who will be interpreting for the Mushuau Innu community. So I'm going to start of by repeating Mr. Collins's question and then ask you to repeat your point as well so that Nympha Byrne, our interpreter, has an opportunity to accurately interpret.

I apologize for the interruption, but I know that you weren't aware that we were doing consecutive interpretation this morning.

So we'll start with Michael, repeat your question and then the answer.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Michael Collins.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Tshinashkumitin, Nympha. Nympha got all that, I'm pretty sure. Thank you very much.

And you simply may continue answering the question about the value of the land-based.

M. MORTON NINOMIYA: Okay.

Thank you, Nympha.

To continue, in reading the transcripts, many people shared how their children or grandchildren, or nieces and nephews struggled with mental health or substance use, self-harming or harming others, and not finding available or accessible people or places for help. And sometimes family reached out in desperation to social workers, child protection workers, for temporary help based – and based on that, I don't think anyone – I don't recall anyone reporting that the children and youth who ended up receiving those, I'll call them, western-based services and supports, actually improved the health and well-being of their children. And, in most cases, people would have expressed regret for calling for help afterwards, finding out the impact of that.

I'll pause for translation, but I would like to say a little bit more.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

M. MORTON NINOMIYA: Thank you.

Most of the programs people accessed were short term; they were far away. People and programs were tied to different jurisdictions. So some are funded through federal bodies; some are provincial; some are, like, led by the community. But the ones that Innu folks spoke most positively about had long wait times or little to no aftercare.

On the positive side, people that shared being on the land in Nutshimit talked about having a sense of purpose, feeling like they belonged, were proud to be Innu, and built relationships with people that are long-term [5 seconds of audio recording lost due to technical issue] being a sense of role models in their life, and that was healing.

I think the last thing I'll say is – around the likelihood of coming into care – it would be interesting, but we don't know yet, like, what the likelihood of someone going into care would have looked like if supports and services were actually designed and delivered by Innu staff over a period of time in ways that supported the whole family and provided support for the Innu staff themselves. Because they, too, would need their own supports so that they don't burn out.

And their –

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Go ahead, Mr. Collins.

M. COLLINS: I have no further questions.

COMMISSIONER IGLOLIORTE: All right. Please apply your protocol for the next set of cross-examination.

M. COLLINS: The next questions will be asked by the Innu Representative Organizations.

COMMISSIONER IGLOLIORTE: Okay, that's coming online.

B. BROOKWELL: Yes, good morning.

Can you hear me okay?

M. MORTON NINOMIYA: I can.

COMMISSIONER IGLOLIORTE: Perfect.

B. BROOKWELL: Good morning [5 seconds of audio recording lost due to technical issue] Benjamin Brookwell and I'm counsel for the Innu Representative Organizations and I have a few brief questions for you today but I'll pause partway through to allow for translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Benjamim Brookwell.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: So yesterday, the Inquiry heard evidence from Innu service providers about their current programs and those providers also filed a report about their services and some of that evidence overlaps with the services you cover in your report, so I have a short question to ask about that.

I'll pause here for translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: So recognizing that that came after you had a chance to prepare your report and give your recorded presentation, my question is just if there is any differences between how the Innu service providers and how you describe Innu services – my question is, would you defer to how they describe it in their most recent report?

M. MORTON NINOMIYA: Yes, I would.

Admittedly, the work that I did was to gain a sense of the collective over a long period of time, the current programs, but there would have – in many ways, some of the programs, I'm guessing, that you would have heard from yesterday that I didn't get to hear, nor read their report, are ones that have not been around for a super long time for people to have commented or been able to be interviewed with respect to children in care over a period of time.

B. BROOKWELL: And we'll just pause here for the translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

What was her name, the other girl? Leonor?

COMMISSIONER IGLOLIORTE: Melody or Dr. Morton Ninomiya.

INTERPRETER BYRNE: Okay.

B. BROOKWELL: I recognize, again, you haven't had a chance to look at the report, and this only would have been yesterday, so I don't have particular questions about the report, I just wanted to confirm, in a general way, if there was something that came more recently that you were – you wouldn't have a problem with their description of the program in the event it was slightly different from the way you may have described it.

So that's the extent to which I had a question today, but if you wanted to add anything further or if you had another comment based on that question, you're welcome to do so.

M. MORTON NINOMIYA: Maybe, I would like to add, I've used broad explanations in the video and in my responses earlier that I don't think accurately captured more of the recent programs that I'm hoping maybe were included in the report and presentations yesterday. They would include places like SIMS program, the Emergency Placement Homes and things that have been implemented more in the recent years that are Innu staffed and do consider quite a few of, sort of, the blended Innu and western, sort of, merging of approaches, with an eye towards things that they know work.

So yeah, overall, my report is not centred around the most recent programs that is included somewhat in the report, but I was commenting more on a longer period of time and a trend leading up to the present years – yeah.

B. BROOKWELL I think we'll pause for a moment for translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: Those are my questions. I wanna thank you for your time and for your presentation, and I thank the Commissioners for hearing out what I was interested in asking about.

So thank you both.

M. MORTON NINOMIYA: Thank you.

COMMISSIONER IGLOLIORTE: Perfect.

Go ahead, Sir.

M. COLLINS: The next questions will be from the Government of Canada.

V. RYAN: Good morning, my name is Victor Ryan, counsel for the Government of Canada.

The Government of Canada has no questions on cross-examination for these witnesses, so I'd just like to say thank you to Dr. Morton Ninomiya and Dr. Ward for your presentation and your report.

M. MORTON NINOMIYA: Thank you.

M. COLLINS: The last questions will be from the Government of Newfoundland and Labrador.

UNIDENTIFIED SPEAKER: Hello.

The province would also like to thank the witnesses for their report and we don't have any questions.

COMMISSIONER IGLOLIORTE: Thank you all.

Now, we'll move to the Commissioners.

Commission Devine, please.

COMMISSIONER DEVINE: First of all, I don't have any particular questions, just a few comments. I think the, basically, three right here. One is, I find it very interesting in the presentations, the notion of how communication between the different, I guess, organizations within the Innu Nation and the challenge of people, that notion of working in silos. Because that's a very common one in, kind of, western bureaucracy. Like, it's always there and I'll hold there – I was just reminded that translation is needed. Sorry, Nympha.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

Okay, wait a minute. (Inaudible.)

COMMISSIONER DEVINE: Silos? They used the word silos.

COMMISSIONER IGLOLIORTE: Boxes?

COMMISSIONER DEVINE: Chimneys?

COMMISSIONER QUPEE: [Sheshatshiu-aimun spoken.]

COMMISSIONER DEVINE: Not communicating (inaudible).

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER DEVINE: Yesterday in the presentation that it was talked – mentioned, also, and how they had done a collaborative model so that there was communication between different organizations; and just a final point on that, Nympha, not to go too long, but I think it's one that causes reflection for us as Commissioners in terms of a final report.

And just kinda my final point is with regard to the land-based services. We have heard the many different Innu who've spoken to the Inquiry talk about the value of land based, and the – I think, you know, as you brought out in your report, the notion of the different services that don't have the kind of holistic approach and that there's very strict parameters in the limitations to that.

The final comment is that – so this report that you completed has really kind of brought this out in a very comprehensive, succinct and clear manner for the Inquiry, and we thank you both for your work.

Thank you.

L. WARD: Thank you.

M. MORTON NINOMIYA: Thank you very much.

COMMISSIONER IGLOLIORTE: Thank you, Sir.

I'll ask Commissioner Nashtash, Nashtash Qupee, if you would like to make any comment or have any questions.

COMMISSIONER QUPEE: [Sheshatshiu-aimun spoken.]

I'd just like to thank Melody and Leonor for your presentation this morning. I enjoyed your presentation and I think that the study that it is, what it is – what'd you call it? The well-being – health and well-being minuinniuin?

I think it's important to look at that and how it connects with Nutshimit, and what that connection means for people.

I'm also very pleased to see that Loreena worked with you to do this present – to do the study. I think it's important as well to engage young people like her coming out of university to be involved in research.

And so there's – I enjoyed the presentation and I think that it's well done.

Thank you. Tshinashkumitin.

M. MORTON NINOMIYA: Thank you.

L. WARD: Thank you very much.

COMMISSIONER IGLOLIORTE: Thank you, Commissioners, and I echo the points made by the Commissioners as well as the other questions about the value of your report and the reflection you give afterwards, and then your answers to the cross-examination.

M. MORTON NINOMIYA: Thank you.

L. WARD: Thank you very much.

COMMISSIONER IGLOLIORTE: Thank you.

I'll now ask you a question about – more on your opinion – an area that you may not have any expertise in, but you've learned a lot, and that question is: Do you think that there is the overarching value in settling land claims to address many of the points that you've raised which have so much value to Innu healing?

L. WARD: Melody, do you want to go first?

M. MORTON NINOMIYA: Nympha was translating.

L. WARD: Oh, I'm so sorry.

INTERPRETER BYRNE: [Mushuau-aimun spoken] – what was at the end – the end one?

COMMISSIONER IGLOLIORTE: Yeah.

Really, do you think there's value in settling land claims which helps all of the points you've made in your report?

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

L. WARD: Hi. I would like to express my opinion, as my opinion was asked, but there is also recognition I'm not an expert.

I absolutely believe there is an overlap – an overarching value in settling land claims to help Innu. And the reason is, there is a theme underlines all of this that we have presented, and it is sometimes a form of a lack of understanding, of a lack of respect, or lack of giving the same value as our way of thinking, of non-Innu people, to the way of thinking of Innu people.

So settling the land claim will help Innu have governance over the land, and also access their land in a different way. It will produce pride, it will produce hope to the entire community and, as we have learned, that helps them form an Innu identity that is found and practised on the land.

So it is my opinion that yes, there is – it is very positive for Innu to settle their land claim because it helps with everything else.

M. MORTON NINOMIYA: I don't know [5 seconds of audio recording lost due to technical issue] speak with any specificity but if settling land claims increases self-determination and ability to govern themselves at a much higher level than they have been, then my answer would be yes, in my opinion.

COMMISSIONER IGLOLIORTE: Thank you.

Mr. Collins, any concluding remarks?

M. COLLINS: No.

Thank you to the witnesses.

COMMISSIONER IGLOLIORTE: All right, from everybody here, thank you so much for presenting and being available for cross-examination.

M. MORTON NINOMIYA: Thank you.

COMMISSIONER IGLOLIORTE: Mr. Collins, your plan for the rest of the morning?

M. COLLINS: I think this would be a good time to break and resume, perhaps, at 1?

COMMISSIONER IGLOLIORTE: Thank you.

We're adjourned now until 1 o'clock.

Thank you very much.

Recess

COMMISSIONER IGLOLIORTE: Welcome back, everyone.

I think we're ready to start the afternoon's proceedings. I'd like to ask lead counsel to give an overview of what we plan to do this afternoon and the plans for tomorrow with the bad weather coming and our witness living in the far west, in Vancouver Island.

C. URQUHART: So this afternoon we are going to have the pre-recorded presentation of Dr. Amy Bombay, followed by any questions from the parties and Commissioners. And following

that, we will start the pre-recorded presentation from Dr. Ken Barter. Then, tomorrow morning, we anticipate starting at 10:30 a.m., Newfoundland Island time, rather than 9:30 as we have been yesterday and today. And we will have Dr. Barter available for questions from the parties and Commissioners at that time.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

Bombay?

UNIDENTIFIED SPEAKER: Yes.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Commissioner Dr. Michael Devine will also give the introduction and welcome to our witness.

COMMISSIONER DEVINE: Okay. Is she on now or is she –?

C. URQUHART: I believe so –

COMMISSIONER DEVINE: Anyway, if she is here, welcome to Dr. Bombay, and I look forward to her presentation today. Her topic is titled Direct and multigenerational trauma. And for those who have been around the Inquiry, most of the time, or some of the time, will certainly have a sense that trauma is an area that we have heard about a number of times and certainly the Inquiry is interested in having a deep dive, if you like, into having a better understanding of trauma. It's certainly related to broader aspects of even what we heard yesterday around prevention services and, kind of, that notion of healing.

So we welcome her today. She'll be here live later on and have her presentation now.

Thank you.

[Video played.]

[Transcript of video starts.]

A. BOMBAY: Hi, my name is Amy Bombay and I'm an associate professor in the Department of Neuroscience at Carleton University, and I hold a Tier 2 Research Chair in Multigenerational Trauma and Resilience in First Nations Peoples. I'll be giving an overview of my report called: *Direct and Multigenerational Trauma: A contributing factor to high rates of child welfare involvement among Innu and other First Nations in Canada.*

This report generally reviews research that helps explain how exposure of First Nations and other Indigenous peoples to multiple collective experiences of psychological trauma and stress caused by various aspects of settler colonialism has contributed to the disproportionate apprehension of Innu and other Indigenous children and youth by the child welfare system over several generations.

So the report is made up of three sections, the first section is focused on research that looks at the direct and multigenerational harms of collective trauma caused by forced displacement and forced settlement.

The second section is focused on research summarizing the direct and multigenerational harms of traumatic experiences and toxic stress because of attempted assimilation of children that involved various forms of abuse and other childhood adversities.

The third section is focused on reviewing research, assessing how culture, cultural identity and cultural engagement can serve as a source of strength and resilience to protect against these multigenerational harms and promote wellness.

Before we jump into the first section, I just want to quickly define trauma. Trauma was a term that was used by Innu in the inquiry and in research and by other First Nations in research to describe their experiences because of displacement, because of residential schools and day schools. This person shared: To understand the cycle of trauma, you have to know the history. An Innu community settled against the will of the people who would live there.

Trauma refers to a person's psychological and biological responses to an experience or series of events appraised as being extremely distressing, scary and or threatening and that it elicits a stress response that involves various neuroendocrine, immunological and behavioural components.

While we all experience stress, stress can become toxic and harmful to us if it is particularly severe and or continues over time. This is often referred to as allostatic overload, and we know from research that trauma and stress can often elicit various emotional responses, such as sadness, fear, anger or shame and these different emotions can contribute to slightly biological responses that promote the risk for various mental health symptoms.

As I mentioned, the stress response involves various biological factors and changes in these biological factors are involved in promoting the risk for these negative health outcomes. This includes things like hormonal processes, brain neurotransmitters, neurotrophins, our gut microbiome and immune and inflammatory responses.

While we often use the word trauma and focus on trauma, it's also important to consider non-traumatic stressors in combining with traumatic experiences to promote the risk for negative mental health outcomes. So these include things like food insecurity and financial hardships that may not be deemed as traumatic but have been shown to have very negative health outcomes in various populations.

So collective trauma refers to the collective responses to a traumatic event that's experienced by a large proportion of a given population that shares a common social identity, like a First Nations community. Research has shown that the impacts of forced displacements, specifically on Indigenous populations, has included, of course, the loss of land and its resources which has resulted in the inability to live a traditional subsistence lifestyle, and food insecurity, economic dependence on the government, various cultural disruption and losses as well as poverty. In various populations, these impacts have been shown to have multiple common psychological and social harms in children, youth and adults.

So in this section of the report, we've been looking at different displaced populations and the psychological and social harms. These studies have shown that these populations often report feeling profound feelings of loss, grief, sadness and despair, both to the initial loss of land and to the resulting health and social consequences of that land loss.

One person shared: We had everything. Water was clean, trees, rivers, animals. Innu people have always been hunting, and then we're saying why? Why did the government come here to break our land, kill environment, everything? That's making me cry when I think about everything. I'm thinking many, many times: Why?

Research with displaced populations have also specifically focused on feelings of sadness and loss, focused on environmental degradation, including a term used, solastalgia, which refers to psychological experience of desolation and distress caused by changes in the environment and spaces that people associate with solace, comfort and home. So this is particularly relevant for First Nations communities who often have to face changes to their environment that they have no control over and despite their special and unique connections with the land in terms of their way of life and identities.

We know from various populations that experiencing prolonged uncertainty, prolonged stress, prolonged fear, it can overload our stress response system and our prefrontal cortex and this can make it difficult to focus, make decisions, regulate our emotions, and can often lead to feelings of being stuck or helpless or hopeless.

Research with other First Nations and some with Innu and stories shared in the inquiry have described how those who lived through these forced settlements described the fear caused by these changes, as well as the constant concern and uncertainty about the future of their lands and the future of their traditional ways of life.

Other chronic concerns included the lack of traditional foods that were available, which then in turn was associated with concerns about nutrition as well as the short- and long-term health impact of environmental contamination that has affected a lot of First Nations communities and where unwelcome resource extraction, industrial development, has affected their environment.

To give an example of a quote one person shared: The problem is that we are so scared because the things that exist today are not explainable. They are so new to us. The whole world changed right under our feet. We are lost.

Another common feeling that has contributed to risk for negative mental health outcomes is chronic feelings of powerlessness, a lack of control and self-determination. One person shared: All we can do is watch helplessly as our land is being destroyed.

Another person shared that: People have been made powerless by the government. If we protest we are threatened that our funding will be cut. If we do things the way we think is right to help our community, we're told we misused the funds. We cannot do things the way we want. We are always controlled by the government.

Research with other Indigenous communities and testimony by Innu also emphasized common feelings of having no purpose, a loss of purpose and a loss of meaning in life. Some described how their inability to live their traditional subsistence lifestyles led many to question the meaning of life and some felt they could no longer fulfill their assigned roles in life or their vision and purpose of why they were created.

Some quotes related to this were: myself, my identity, my own religion is the country. I go to my own school out there. There are medicines there that I know about. Out there I'm a worker, a hunter, a fisherman, an environmentalist and a biologist.

Another shared that: The men hunters that used to be very proud Innu are now jail hunters on the island. Once strong leaders, providers for their families, are now depressed and stripped of dignity and pride. They now turn to alcohol in the two short years since the relocation.

Another common chronic feeling experienced by displaced population is anger and frustration, and we know that experiencing that over a long period of time can also keep our body in a constant fight-or-flight state that overtaxes our systems and can lead to allostatic overload.

One person shared: Taken from the homes they knew and placed into the cold, sparse homes, many parents started to drink as alcohol flowed freely. One of the driving factors of addiction was that the Innu had no autonomy over their families. There was a lot of abuse. My dad was mad all the time. He would just get mad at something and take it out on us.

As a result of these chronic negative emotions, we know that that is associated with an increased risk for developing various negative mental health outcomes, such as symptoms of anxiety, depression and post-traumatic stress. Research with First Nations adults and youth in the US and Canada has shown that it's very common for adults and youth to think about the losses related to land and that in turn more frequent thoughts about these losses were associated with greater symptoms of depression and anxiety. Another study with Indigenous two-spirited persons living in cities in the US said they thought about the impacts of relocations, land loss and land neglect on a weekly or daily basis and in turn, again that was associated with negative mental health outcomes.

Studies have also shown how having one's community environment and surroundings be harmed by various industrial developments can also result in negative mental health outcomes. An example is a study that assessed the harms of the Exxon Valdez oil spill among Indigenous communities in Alaska, which found that exposure to the spill and to the subsequent cleanup was associated with greater symptoms of depression, anxiety and post-traumatic stress disorder one year later.

Research with displaced populations has also shown that along with the mental health symptoms come substance misuse and addictions. Large proportions of community members have turned to substance misuse as a response to and an escape from the stresses of displacement and the sense of loss, powerlessness and other emotional and psychological harms already mentioned.

There was one study – a quantitative longitudinal study with adults in American Indian and First Nations communities in Canada revealed that those who had a history of being forcibly relocated were more likely to report substance use problems.

One person shared in the inquiry: I was drinking. I only wanted to have fun and not to think about the things that happened to me.

Research with displaced populations have also shown that trauma and some associated mental health conditions like PTSD and complex PTSD can compare – sorry – can impair an individual's ability to regulate their emotions and, in turn, this can increase their risk for impulsive or aggressive behaviour. This is particularly the case when there are also co-occurring substance use issues and ongoing stress and trauma, which was the case for the Innu and other First Nations communities.

Just an example of an early study in 1989 by the Ontario Native Women's Association, it showed that alcohol was reported to always be involved in domestic fights by 44 per cent of respondents in the survey, while 37 per cent said it was often present in incidents of family violence. In total, 78 per cent said that alcoholism was a main cause of domestic violence in their communities.

In another study that looked at a different oil spill, they talked to wives of cleanup workers, and they reported an increase in fights with their spouses and increased mental health struggles following the spill. While much of this occurred within the families or within community members, research has also shown that Indigenous communities affected by resource extraction often

face risks of their women being abused and sexually harassed from non-Indigenous men working nearby or living nearby.

This is just a figure that summarizes these impacts of land dispossession and of industrial activities. In terms of land dispossession, we see that there are many losses related to cultural ways of living, traditional lands for sustenance, spiritual practices – the impacts of industrial activities that we mentioned.

These have immediate mental health impacts in terms of promoting chronic feelings of grief, sadness, depression, stress, distress, fear, anger, frustration, hopelessness, powerlessness, suicidal thoughts, substance misuse and, over time, that contributes to the social impacts we talked about, like the cultural losses, like the family breakdowns and some violence within some households and within the community and, in turn, over time, this also then contributes to promoting mental health impacts in kind of a cyclical way.

In section 3, we'll be talking about protective factors that can interact and protect against some of these mutigenerational harms, particularly focused on the protective effects of cultural engagement and cultural identity.

So when any community experiences a collective trauma, we know that a lot of those community members are going to be parents or soon-to-be parents. Research has shown that trauma-related parenting difficulties often lead to adversity in the next generation and, therefore, puts those families at risk of intervention by the child welfare system.

We know that through various biological, psychological and social pathways, parental trauma, either in their childhood or in adulthood, can lead to their children experiencing early life trauma and stress, and this is a diagram showing some of the pathways that might be involved in this.

We see generation one experiencing Adverse Childhood Experiences, but that could also include ongoing traumatic and stressful experiences, which can promote poor coping styles, like substance misuse; different cognitive styles, like learned helplessness and poor appraisals that, in turn, can promote various negative mental health outcomes, as well as promote the risk of experiencing subsequent stress and trauma; something known as stress proliferation where one's previous stress and trauma promotes the risk of experiencing subsequent trauma.

We know that Adverse Childhood Experiences is also linked with increased reactivity to stressors, where previous adversity, particularly early in life, can make someone more susceptible to the harms of subsequent stressors and, in turn, if those people are parents, this can lead to parenting deficits that promotes, you know, the recurrence of Adverse Childhood Experiences in that next generation.

An example of a study that looked at this – the different multigenerational pathways that were associated with outcomes in the third generation. This was a study with First Nations and American Indian communities.

They looked at how the familial relocation experience in the grandparent generation was associated with alcohol problems in that generation, which was in turn associated with alcohol and drug problems and depressive symptoms in the second generation, who were also parents. This was then associated with increased depressive symptoms and delinquency in that third generation, and this was partially accounted for by reduced levels of parent warmth and support for their children that was promoted through their substance use issues.

Now, in the report I give some more details than this in relation to a case study focused on the Chemawawin Cree and the Grand Rapids hydroelectric dam and how their forced relocation in

1964 impacted the community in many ways and led to cultural loss, pervasive alcohol misuse, mental health problems, separation of spouses and parents reporting a lack of control over their children. This is detailed more in more detail in the report and, also, this research shows that there were very high levels of intervention from child welfare authorities in this community.

Another example of a case study that's described in the report is looking at a mercury contamination in Grassy Narrows First Nation as a result of industrial activity and, again in this community, this resulted in social upheaval and increased problems with alcohol use, violence and youth suicide attempts.

While certainly the same pathways discussed already in relation to parenting are going to be involved in these multigeneration effects, but there was also research in this particular case study showing how mercury exposure is also directly linked to promoting suicide attempts by harming their biology and directly promoting mental health problems.

So the next section, section 2, is focused on summarizing research assessing the direct and multigenerational harms of traumatic experiences and toxic stress caused by attempted assimilation of Indigenous children that involved abuse and other Adverse Childhood Experiences.

While I already described toxic stress and trauma, now I'd like to emphasize that stress and trauma can have particularly increased risk of having long-term outcomes in relation to health and social outcomes, because this is happening during important periods of neurodevelopment, so these experiences can result in a disruption of healthy brain and body development. They can result in changes in neural plasticity and function and, in turn, have the immediate as well as long-term negative effects across various developmental domains.

The term Adverse Childhood Experience is often used in research, looking at how childhood adversity is associated with various health and social outcomes. These include various types of abuse, neglect household dysfunction, as well as other adversities outside of the home, at school and in the community.

Not only are ACEs – a greater number of ACEs is related to a number of different health and social outcomes. Research has also shown that more ACE experiences is associated with more symptoms and potentially more comorbid negative health outcomes. This graph is showing how increasing ACEs is associated with more diagnoses, and having at least four or more ACEs, research has shown, is associated with a particularly higher risk for these various negative outcomes.

I've mentioned post-traumatic stress disorder and complex post-traumatic stress disorder, so I'll just briefly describe that PTSD typically develops after a single traumatic event, in contrast to complex PTSD which often arises from prolonged repeated trauma, being exposed to multiple traumas and this is often in the context of interpersonal relationships, like within the household and within the family. They share the symptoms of re-experiencing, avoidance and hyperarousal, but C-PTSD also has additional symptoms of emotional dysregulation, negative self-perceptions and difficulties in relationships.

We don't have a lot of data that reveals the prevalence of these trauma-related conditions in First Nations populations, but C-PTSD, in particular, is thought to be particularly prevalent because of the multiple adversities that most First Nations or many First Nations peoples were exposed to while growing up.

Just to give you an example of the degree of risk we're talking about, this was a study with a non-Indigenous population of young adults that looked at the number of Adverse Childhood

Experiences in relation to the risk of experiencing depression, generalized anxiety disorder, PTSD or C-PTSD, and you can see that those exposed to four or more ACEs were at a particularly high risk of C-PTSD, in particular, a 16 times risk compared to those with no ACEs.

We know from research with residential school survivors, day school survivors and from those experiences described by Innu in the testimony that many First Nations experienced various types of adversities while attending school and this is perceived by most to have had long-term harms in relation to their health and well-being.

In the report, I outlined the list of adversities experienced by the Innu who attended the schools run by missionaries, but – [interruption in recording].

Section 2 of the report summarizes research focused on looking at the direct and multigenerational harms of traumatic experiences and toxic stress because of attempted assimilation of Indigenous children involving abuse and other Adverse Childhood Experiences.

So we've already talked about what stress is and what trauma is, and I'd just like to emphasize now that, while trauma and stress can have negative effects at any age, stress and trauma as well as positive experiences can have particularly long-lasting effects because it's happening during important periods of brain development. So when stress and trauma happens early in life, this can lead to the disruption of healthy brain development and development of the body, changes in neuroplasticity and function, and it can have immediate as well as long-term negative effects across developmental domains.

Adverse Childhood Experiences is just a common term used in research referring to common, potentially traumatic experiences, such as abuse and neglect, while growing up that can have long-term impacts. This includes things within the household but can also include adversities experienced outside the home and in the community.

Research has also shown that not only is your exposure to ACEs associated with a greater risk for many different negative mental health and physical outcomes, it also shows that the greater number of ACEs you're exposed to, the greater risk of being exposed to more different negative outcomes. So the great ACE score, the greater risk for having more negative health and social outcomes.

I've already mentioned post-traumatic stress disorder and complex post-traumatic stress disorder, so I just wanted to differentiate the two. PTSD typically develops after exposure to a single traumatic event, whereas complex PTSD typically arises from prolonged repeated trauma or exposure to multiple Adverse Childhood Experiences, often in the context of interpersonal relationships. While both of these conditions share symptoms of re-experiencing, avoidance and hyperarousal, CPTSD is associated with additional symptoms of emotion dysregulation, negative self-perceptions and difficulties in relationships.

To give you an idea of the degree of risk we're talking about, this was a study done with non-Indigenous population of young adults and here we see the number of ACEs that people were exposed to and the risk of being – of having depression, generalized anxiety disorder, post-traumatic stress disorder or complex PTSD, and we can see that those who are exposed to four or more ACEs had 16 times the risk of being diagnosed with CPTSD compared to those exposed to no ACEs.

Research that is discussed in the report also emphasizes how Indigenous people who attended residential schools, day schools and other similar institutions aimed at assimilating children that involved various types of abuse. Those who attended were often exposed to at least four or more ACEs. This is just a survey of First Nations adults living across Canada who went to

residential school, and you can see the high proportion of people reporting many different childhood adversities.

So in the report, I also provide a summary of the adversities experienced by Innu children and youth who attended schools in their communities. It doesn't at all sufficiently describe the stress and trauma they experienced but it gives an idea of the number – the multiple different adversities that they experienced while attending.

Most Innu children and youth faced cultural deprivation, cultural shaming and racism, psychological abuse, harsh and inconsistent discipline and witnessing the abuse of others at school and in the community, most, if not – yeah, many experienced physical and sexual abuse, either at school and/or in the community. There were some who had to leave the community to attend school, either to residential schools or to attend high school in Newfoundland, and they also faced unwanted separation from their families and cultures, physical neglect, emotional neglect, medical neglect, as well as racial bullying and peer abuse.

Many also described witnessing the abuse of their parents and other adults in the community by missionaries and feeling constantly afraid and having nowhere to feel safe because the missionaries and the priest was always in the community. Forced displacement and settlement, as we talked about, also contributed to parenting difficulties, exposing children to additional household adversities such as mental health issues, substance-use issues, household violence and family breakdowns.

As well, generations of Innu also grew up with shared community-level risk factors that parents had no control over, such as food insecurity, poor housing and crowding, and having to live with a lack of necessities like water or heat.

So in this section of the report, I summarized different types of research looking at the immediate, long-term and multigenerational harms of ACEs that are evident among Innu and other Indigenous populations that have been similarly affected by widespread early-life abuse and additional adversity.

So one of the common outcomes that children experienced while in these schools was feelings of a loss of control over their lives, hopelessness, and helplessness. One person shared: We could not challenge the authority of the priest because our elders had a lot of respect for him. We felt powerless to do something about the priest because we were afraid it would cause the priest to infringe his anger on someone else.

Children at school also experienced constant feelings of fear and of lack of safety. One person shared that: At the beginning of each fall, children were scared to return to the classroom. Children also experienced prolonged grief and sadness, which we know – and especially in childhood – can promote negative outcomes.

One person shared: When I was a kid, I remember taking off from here, going on a truck to the airport and on a plane. I didn't know what was going on. The first thing I know, I was taken away from my community, from my home; and does anyone know why?

Children also experienced anger and frustration while attending school and in general. When children reported abuse there was often nothing done about it and, in a lot of cases, they were just scared to tell their parents out of fear they wouldn't be believed.

Research with other First Nations and Indigenous communities affected by residential schools and day schools have shown that the lack of action from staff in response to reported abuse meant that these children had nowhere to put their anger. This led some to internalize these

feelings, which can lead to things like depression and anxiety, and these feelings of chronic anger can also be externalized and promote aggression and violence in children.

Many children also described feeling constant shame, both in relation to the abuse they experienced and in relation to the cultural racism and cultural shaming that they experienced by staff and, in turn, many internalized this racism and held negative views about their cultural identity.

Research with various diverse populations has shown that internalized racism is linked with increase feelings of stress and hopelessness, as well as various negative mental health outcomes and substance misuse. Research with counsellors and other support workers who worked with First Nations communities affected by residential schools described that many internalized their racism and were prejudiced against themselves.

There's a number of quotes I share in the report. I'll just share one of them from the testimony in the inquiry: The only thing that kids learned in school is to be embarrassed by our culture. As a result of these constant negative emotions, negative experiences and stress and trauma throughout their childhood, this puts many of those who attended these schools at risk for negative mental health outcomes.

Research has shown that attending residential school is related to an increase in mental health issues, as well as substance misuse and suicidal behaviours. While there is a lot of empirical research looking at the harms of residential schools, there is less research looking at it that's been published in academic journals; but there's plenty of evidence from personal stories and from stories shared in the media, in books and other context that those attended day schools across Canada also experienced many of the similar forms of abuse as those who attended residential school.

Research with residential school survivors has also shown an increased risk for substance use and this was also described by Innu in the inquiry who were negatively affected by their school experiences. One person shared: When this teacher was making fun of us, that's when I started sniffing gas because I saw other people doing it. This is what makes me sad when I see it. These teachers hurting them boys and these nurses, what they're doing to us.

Research has also shown that experiencing multiple ACEs while growing up not only promotes risk for negative mental health outcomes but also promotes risk for behavioural problems like aggression and violence, and this has been shown in diverse populations. For example, a review article assessing ACEs and child outcomes revealed significant associations with a number of developmental outcomes including internalizing behaviours like anxiety, depression and social isolation, and even stronger associations with externalizing behaviours like acting out, aggression and rule breaking.

Again, those children who were exposed to four or more ACEs were particularly at a higher risk for experiencing various types of developmental harms.

Research has shown that those who went to residential schools were also at an increased risk for experiencing continuing stress and trauma right after school when they went home and continuing throughout their life, and similar stories were shared by Innu in the inquiry. One person shared that – and I guess a number of people described situations where Innu went away to school and came back into the community and couldn't communicate with their family members. They lost their language and their parents didn't speak English. This obviously contributed to feelings of isolation and as well as family breakdowns and a lack of communication between family members.

This is a figure that summarizes some of these effects of residential schools on development. We have various, kind of, risk factors that can happen within the family, but then children were also exposed to way – a number – multiple childhood adversities in residential schools. And these, both their earlier life, household factors, as well as their experiences at residential school, would be expected to have a number of psychological impacts such as intense emotional distress, those strong emotions of anger, sadness, loneliness, as well as we would expect behavioural problems, impaired relational detachment, disrupted learning of age-appropriate competencies, and various harms on a number of different mental, physical and social outcomes.

Research, as I mentioned, has also showed that a lot of these negative outcomes continue throughout one's lifetime, beyond childhood, including complex traumatic reactions, persistent mental disorders, a cascade of negative events, so stress proliferation where early stress promotes the risk for subsequent stress, as well as continued racism and marginalization.

That said, as I mentioned, in the next section I'll be talking about how resiliency factors can protect against these multigenerational harms and promote wellness.

As in the case of research looking at the harms of forced displacement, we know that a lot of people who went to residential schools and day schools and Innu who went to schools in their communities and then went on to become parents, and their childhood trauma continued to have negative harms on both themselves, which in turn impacted their parenting abilities.

So research that has looked specifically at the effects of residential schools on multiple generations include the transmission of explicit models and ideologies of parenting based on their experiences in punitive institutional settings, typically run by certain – various religious orders. As well, patterns of emotional responding that reflect the lack of warmth and intimacy in childhood, repetition of physical and sexual abuse, loss of knowledge of language and tradition, systematic devaluing of First Nations identities and individual and collective disempowerment.

A lot of qualitative research and some quantitative research has shown how traditional parenting styles among First Nations and other Indigenous groups were replaced with abusive child-rearing models that were modelled by the priests, nuns and other school staff, and that some of these students adopted the maladaptive beliefs that this type of abuse and treating each other was something normal because they were socialized to just go along with that. They were powerless, and they weren't even allowed to speak about it.

So when this is your entire experience growing up, often what happens is these beliefs become normalized, and this has been shown not only in other Indigenous communities affected by residential schools, but in non-Indigenous communities affected by similar experiences such as in Ireland, there were institutions where children had similar experiences, and this also promoted, kind of, these maladaptive beliefs and continuation of abusive and aggressive behaviours as they got older.

There's various quotes in the report in which Innu have specifically spoken about how traditionally they never struck or threatened to strike their kids when they were misbehaving before they made contact with the white man. So this was something that was not present before, but introduced by the missionaries.

This was just a quote, talking about the normalization from one person, it was described how "he grew up thinking that this kind of exploitation of children was normal. Often, as a consequence, those who were victims became victimizers in adulthood…."

This is just to show that, across Canada, First Nations and Métis and Inuit are more likely to report childhood adversities in national surveys. This is looking at a proportion of adults born in 2004 or earlier who reported sexual and/or physical abuse. And you can see when they compared Indigenous to non-Indigenous, and we look across different years, it's higher in the Indigenous population in the earlier years, but then decreases a lot and is only slightly higher than the non-Indigenous population in more recent years. And you can see that this generally, likely reflects the decreasing proportion of children that were attending day schools and residential schools.

I won't go over it in detail in this presentation right now, but it is in the report, just research showing that First Nations and Indigenous children across Canada are at greater risk for not only abuse but various types of adversities while growing up.

[Interruption in recording.]

And we see qualitative research is consistent with this quantitative research showing that the transmission of abusive behaviour is experienced in many communities that were affected by residential schools and day schools.

This is from a study in a different First Nations community who described how they still struggle all the time because she's not out of blaming me yet for not being the best parent to her when she was growing up. I see my daughter struggle today. The other night I had a phone call from her; she's abusive to her partner, her partner is abusive to her and the grandchildren see it. My little grandchild, I can see his little temper already.

This is research by our team looking at, quantitively, the proportion of First Nations adults who reported various childhood adversities, and we looked at that as a function of whether their families were affected by residential schools or not. So we compared those whose families were not effected to those who had a grandparent who attended, those who had a parent who attended and those who had a grandparent and parent who attended. We find across these different adversities, those who had a parent and/or grandparent who attended report were more likely to experience these childhood adversities.

This is the analyses by our team using data from the First Nations Regional Health Survey looking at youth living on reserve across Canada, and this just shows the higher levels of stress experienced by First Nations, especially among those who had at least one grandparent or parent who attended residential school. So you can see among those, particularly among females, those who had at least one parent who went to residential school, about one-third reported feeling stressed most days of their life. So that's quite a large proportion whose constantly reported feeling stress.

Not only has our research shown that those who have a parent or grandparent who went to residential school are more likely to experience childhood adversities, we've also shown that they're more likely to then be personally affected by the child welfare system.

In this graph, we show a sample of First Nations and Métis adults that those who had a parent who attended and a grandparent who attended – so this is a parent and grandparent – they're all – they were all at a higher risk of being apprehended, either adopted or in foster care and group homes, compared to those whose families were not affected.

Our analyses also looked at how child – the cumulative exposure to ACEs plays a role in this association. We found that those who had a parent who went to residential school were more likely to experience multiple ACEs, which in turn contributed to their risk for being apprehended, and then this is just emphasizing the multi-generational nature of risk associated with these

experiences of childhood adversity in residential schools, day schools and other similar schools, like those attended by the Innu.

Research has also shown that – our team has also conducted analyses of the First Nations Regional Health Survey looking at the youth ages 12 to 17. We looked at the proportion who lives with both biological parents, one parent or neither of their biological parents as a function of whether they had no parents or grandparents who were affected by residential schools, at least one grandparent, at least one parent or both a parent and a grandparent.

We can see that those who were affected by residential schools were most likely to not live with either of their parents, whereas those whose families were not affected, there was 10 per cent who did not live with either biological parent and you can compare this with about just under a quarter of those who had at least one parent who attended.

Our research has also shown the increased risk for various mental and physical health outcomes in the children and grandchildren of those who went to residential school. In this example, we're looking at the proportion of youth and adults. So this is the youth and older youth and the adults 30 and older who seriously considered suicide, and we look at that as a function of residential school family background and, again, we see this increased risk among those who had parents and/or grandparents who went to residential school.

We found similar findings in relation to binge drinking, cannabis use and some other drugs used that aren't shown here and we also found similar results when looking at the proportion who had been diagnosed with two or more chronic physical conditions.

Our research has also looked at the pathways by which this trauma is transmitted across generations. In this study our team looked in – and this was in a sample of First Nations adults living mostly off reserve. We found that those who had a parent who went to residential school were more likely to report a greater number of Adverse Childhood Experiences and, in turn, that was associated with more trauma throughout their lifetime, higher levels of perceived discrimination in the past year and, in turn, that was associated with more depressive symptoms.

This is another study by our team when we wanted to understand more our previous finding that children of residential school survivors perceived higher levels of discrimination and are, in turn, negatively effected by that in relation to their mental health.

Here in this study we asked First Nations adults – we gave them scenarios depicting various potentially racist events and they rated their degree to which they found it reflected racism on the part of the other person, the degree to which they would be distressed or threatened by that situation, their depressive symptoms. We found that those who had a parent who went to residential school again were more likely to perceive higher levels of discrimination in the past year and this, in turn, contributed to increased depressive symptoms. We also found that those who had a parent who went to residential school were more likely to identify with their Indigenous culture, their Indigenous identity as being somewhat a central concept – central to their self concept.

So those who – they were, in turn, more likely to perceive those scenarios as reflecting discrimination which was associated with greater perceived threat and higher levels of depressive symptoms. So this research is generally showing that those who had a parent who went to residential school, not only experience more and various types of trauma but also encounter more racism, some of which can – they actually are experiencing more racism because of their cultural identity, or it also might be – and it also might have to do with their appraisals and they're more psychologically affected by racism.

In the same study, not only did children of survivors experience more stress and trauma, they were also more affected by this stress and trauma. In this study, we showed that Adverse Childhood Experiences is associated with higher depressive symptoms, and we looked at this as a function of whether they did not have a parent who went to residential school versus whether they had a parent. You can see that those who had a parent, when they experienced high ACEs, they had very high – even higher depressive symptoms compared to those whose families were not affected, showing their increased vulnerability to these stressful experiences, and we showed the same pattern in relation to trauma in adulthood and perceived discrimination.

We've also found that, in relation to certain mental health outcomes, the more generations in your family that attended, the greater the risk for these negative outcomes. So here we're looking at the proportion of adults who reported suicide attempts at some point in their lifetime, and we found that those who had a parent and a grandparent who attended had the highest risk for this negative outcome, followed by those who had a parent or a grandparent, so one previous generation, and the lowest was those who were not affected.

Again, this is just showing the same pattern where those with a parent and a grandparent who attended residential school were the most likely to report that there was a suicide in their household while growing up.

So this is just to give a summary of not only residential school trauma but the larger political disempowerment, loss of collective identity and genocide of First Nations, not only because of residential schools and day schools, but also forced displacement and various other aspects of colonialism.

We see that these effects at the nation level interact with effects at the communitive level, which include community disorganization, conflict and social problems, loss of whole generations of children and resulting in negative labelling and stereotyping of the community, effects at the family level and effects at the individual level that we've already talked about.

This can include various biological pathways as well. Research has not looked at that in Indigenous populations, but we know from research with other populations who have endured collective trauma, that their experiences can actually influence the expression of genes and that those can potentially be transferred across generations, and that's here. You're seeing the epigenetic regulation of HPA Axis is when experiences have epigenetic changes that change the expression of certain genes and can promote risk or resilience for negative – for certain outcomes.

The third section of my report focuses on summarizing research, assessing how cultural identity and cultural engagement can serve as a source of strength and resilience for Indigenous communities to protect against the multigenerational harms of colonialism and promote wellness.

This is research by our group, again looking at the data from the First Nations Regional Health Survey of First Nations living across Canada, and it's looking at the proportion of adults, youth and children who – living in First Nations communities who reported taking part in community cultural events sometimes or almost always compared to those who participated less frequently.

What we found when we looked as a function of their grandparent and parent attendance at residential school or their own personal attendance at residential school, despite the fact that day schools and residential schools and schools in Innu communities aimed to assimilate and take away their culture, those who attended residential schools were more likely to seek out and

participate in their community cultural events, and qualitative research has shown that not only is that important to regain that culture that was taken away from them as part of their healing journey, it also is used to promote wellness across various aspects of their well-being.

This is research by another group looking – and it's looking at the proportion of youth that are reporting very good or excellent mental health, and we can see that those reporting who had no family residential school history, on average, were more likely to report this excellent or very good mental health compared to those who had a family history; but this was only for those who had low cultural connectedness and you did not see that same negative effect of parental residential school attendance for those who reported high engagement in their culture. So this is showing that engagement in their culture can be protective against the multigenerational harms of residential school.

This is research by our team, again looking at data from the First Nations Regional Health Survey for First Nations youth living across Canada, and here we look at the relationship between bullying, being cyberbullying, in relation to psychological distress. We did find that experiencing more bullying is associated with more distress, but that those who reported more frequent participation in cultural events and community cultural events, they were somewhat buffered against those negative effects.

This is another one of the studies from our team looking at the association between perceived discrimination and depressive symptoms, and we looked at it as a function of – the participants reported cultural pride. It says, "In-group Affect," but that just refers to the dimension of identity that's really asking about how they feel about their cultural identity. Do they feel good about it or not so good?

Here we found that, yes, perceived discrimination was associated with greater depressive symptoms in First Nations adults, but that those with high in-group affect were somewhat buffered against those negative effects, whereas those with low cultural pride were really affected by those experiences of discrimination.

This is a study by another group in Canada, looking at Indigenous students attending university, and they also looked at racial discrimination but they looked at it as in relation to allostatic load score, so biological indicators of stress, and what they found that – in line with our findings – greater discrimination was associated with altered allostatic loads, but this was – they were somewhat protected among those who had high cultural continuity, which was really a measure of cultural engagement. So, again, this is showing how cultural engagement can actually protect against the harms of racism in relation to the physical and biological harms of stress.

So this quantitative evidence I just presented, demonstrating the protective effects of cultural identity, of cultural engagement, of feelings of community belonging, those findings are also consistent with qualitative research with First Nations across Canada that have been affected by residential schools and day schools, showing the importance of community-led programming that connects community members to their traditional cultures and promotes positive identities and intergenerational knowledge sharing.

These are things we also heard in research with Innu and in the inquiry, and so I think it very much supports their calls for more funding, more support and more self-determination in leading their own approaches to addressing these multi-generational harms and the importance of supporting their engagement in cultural activities as a way to promote wellness.

So thank you. I'm happy to answer any questions and I hope this information has been helpful for the Inquiry.

[Transcript of video ends.]

COMMISSIONER IGLOLIORTE: Welcome back, everyone.

We're going to continue our session now with Dr. Bombay.

A. BOMBAY: Hi there.

COMMISSIONER IGLOLIORTE: Welcome back, Dr. Bombay, so nice to have you on the screen for cross-examination.

I'll direct lead counsel to follow through.

A. BOMBAY: Okay.

C. URQUHART: I'll just wait for translation there.

COMMISSIONER IGLOLIORTE: Sure.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

C. URQUHART: Thank you.

So, firstly, I wanted to just indicate for the record that the report, Dr. Bombay's report, is at P-436, and we'll start off by having her affirmed.

COMMISSIONER IGLOLIORTE: Go ahead, Ruth.

CLERK: Dr. Bombay, do you solemnly affirm that the evidence you shall give to this Inquiry shall be the truth, the whole truth and nothing but the truth?

A. BOMBAY: Yes.

CLERK: Please state your name for the record.

A. BOMBAY: Amy Bombay.

CLERK: Thank you.

COMMISSIONER IGLOLIORTE: You can just say that she was sworn in and she stated her name.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

C. URQUHART: Thank you.

To begin, I just ask you to confirm that that was your evidence, the video that we just watched, and that it was accurate.

A. BOMBAY: Yes.

C. URQUHART: Thank you.

For Commission counsel, we just had one question, and that was whether there's anything in the evidence that was suggestive that any particular interventions or the protective factors that you identified was sort of most important or had a greater benefit in terms of reducing the impacts of ACEs and traumatic experiences over any others.

And just one moment; I'll let Nympha translate that first.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

What is that ACEs, like –?

C. URQUHART: Adverse Childhood Experiences.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

Adverse?

C. URQUHART: Adverse, like bad, negative.

INTERPRETER BYRNE: Okay.

[Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Go ahead.

A. BOMBAY: Okay.

I mean, that's the – it's hard to say one particular intervention because I think what is needed is really a holistic approach that helps families as a whole and the communities as a whole as well as individuals. I think we would expect there to be a lot of – I mean, we know there is a lot of psychological distress. We're not sure – I mean, certainly there's likely to be different mental health issues. I'm not sure if there's any data; I couldn't find any related to things like complex post-traumatic stress disorder.

COMMISSIONER IGLOLIORTE: I'm gonna stop you so that we can get some translation. Thank you.

A. BOMBAY: Oh, yeah. Sorry.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: So I think there's certainly a need for kind of your mainstream, you know, Western approaches to mental health issues that is gonna be helpful for a lot of people that may not have been maybe identified as having those problems, but I think more importantly there's evidence for the importance of community-led and community-determined approaches.

A good example providing the benefits of that was the Aboriginal Healing Foundation that ran for many years following the Indian Residential Schools Settlement Agreement, and their approach was to fund community-led programming that was determined by each community who have different needs.

COMMISSIONER IGLOLIORTE: I'm gonna stop you again now.

A. BOMBAY: Yup.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: So I was speaking about the Aboriginal Healing Foundation and how several evaluations during its – while it was running and after, showed the benefits of that approach, especially in the context – you know, the unique context of collective trauma. There are certainly individual level issues that need to be addressed, and people need to be supported at that level, but there also needs to be approaches beyond that and that is gonna look different in different communities.

So I think what is missing now, you know, across Canada is that type of funding that can be – that is given to communities where they can determine what's needed. That typically involves culture as kind of guiding their – what they need and perhaps doing a needs assessment.

But I think that's already been done; and just providing enough support for both the needs, the mental health needs at the individual level, but also –

COMMISSIONER IGLOLIORTE: Thank you. Thank you.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: So, yeah, just generally, I think something like that is needed, in addition to just more equitable supports at the individual level and in supporting families.

I guess – and to summarize – community-led, trauma-informed and culturally based programming I think is how I would summarize, you know, what would be very beneficial.

C. URQUHART: Thank you very much, Dr. Bombay, and thank you for your presentation.

That's the only question that I had, so I will hand it over to the lawyer for the Innu Representative Organizations, Ben Brookwell, for any questions that they may have.

B. BROOKWELL: Good afternoon, Dr. Bombay.

My name is Benjamin Brookwell. I am a lawyer for [5 seconds of audio recording lost due to technical issue] you some questions today about your report. If it's a longer question, you'll see that I'll pause to allow some translation. I'll let you know when that's happening.

So I'll pause here for the moment and allow for the translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: If at any point you can't hear me or you don't understand my question, just let me know, but I'll ask it again and I'll do my best to be clear as I go, but feel free to let me know at any time.

So the first question I have is about terms in your report, and on page 9 you talk about the severe chronic adversities experienced by Innu. Could you tell me what an adversity is?

We'll just pause for a moment for the translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: Yes.

So adversity as it's used in the report, generally refers to potentially traumatic or stressful events. It's referring to negative events and what really makes something stressful or traumatic is based on a person's perception. It's speaking to negative events that, if perceived as stressful or traumatic, can have negative effects on us psychologically and biologically and spiritually.

B. BROOKWELL: I want to then explore this a little.

On page 33 of your report – it's marked 33 at the top. It's actually page 30 in your page numbers, but you have a list there of different adversities, and maybe I'll just pause for a moment for the translation and give you a chance to find that page.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: And so, this list here about adversities experienced by Innu and other First Nations, can you help me understand connecting the list? How do they relate? And I can break that down more, if you need.

A. BOMBAY: Sure. For most people these – this list of adversities, for most people these would be traumatic events. We know, as I presented in the presentation and the report, research across populations show that the greater number of these adversities that individuals are exposed to in their childhood, the greater the risk for various negative mental, physical, social, behavioural outcomes.

B. BROOKWELL: Pause for the translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: So what I'd like to do is try and break down this list a little bit, because there's quite a few things on it. And to give you a sense of the questions I'm going to ask, what I'll be interested in is if you can take us through how some of these items could have effects on individual's health, family health and community health.

I'll pause for a moment before I start going through the list.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: The first five – numbers one through five – the way I've understood it is these are related to forced assimilation. So my question is two parts. First, do you agree with that kind of categorization? And then the second is, can you take us through how that category could affect an individual, their family and the community?

A. BOMBAY: Yes, I mean, all together they represent the experience, you know, that are common in total institutions and that were common in day schools and mission schools and in Innu schools. Like you mentioned, the first three are particular to the – are related to the assimilation (inaudible) goals of these schools.

Does that – you want me to focus on that part of it in explaining the negative effects? Is that right?

B. BROOKWELL: Yes, just really helping us connect and understand how those items on the list, then, could lead to health effects for individuals, or their families, or their communities.

We might have to pause just a moment before you answer that so the translation can go ahead.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: Yeah, so just speaking about the experiences of cultural deprivation, cultural shaming and chronic racism that were pervasive in these schools, that alone would be expected to have significant negative effects on the children at that time. As I mentioned in my report, it would be expected to elicit a number of different negative emotional reactions: sadness, shame, anger, powerlessness. When those emotions are experienced chronically, they can elicit our stress response system to become chronically overtaxed and overloaded.

I'll pause.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: (Inaudible) –

A. BOMBAY: And – oh, sorry.

B. BROOKWELL: Oh –

A. BOMBAY: I have a lot more to answer that question.

B. BROOKWELL: Oh, no, please go ahead.

A. BOMBAY: Okay.

So that's just, you know, the children at the time, and that kind of adversity for a chronic period of time would be expected to have significant effects on development and significantly promote the risk for negative mental health, physical health and social outcomes among future parents.

And now we have a community where most of the parents have experienced chronic trauma while growing up, along with messages of racism that have been internalized for a lot of people. And so, as they become parents and have been also deprived of positive, traditional caregiving models, are left with, you know, the inability to provide a safe home in terms of – well, they weren't given proper homes to live in. That wasn't their fault. And food insecurity, these are all things out of their control.

Their mental health problems are causing emotional dysregulation, they don't have those role models, and so this is going to affect the next generation and where we see another generation facing high levels of childhood adversity and trauma.

I'll just say one more thing; beyond those individual and family-level effects, when a whole community has been traumatized, you see even additional effects at the community level and that has been seen again in other populations, in other countries affected by collective traumas. Things like impacting social relationships in a community, people having a lack of trust, and depending – and often community – [5 seconds of audio recording lost due to technical issue].

B. BROOKWELL: So I don't propose to take you through every single one on your list, but what I'm interested in is your understanding of what is on that list and whether those items – sorry, adversities – whether those adversities combine together to have that impact that you were describing about families and individuals and communities.

A. BOMBAY: Yes, if you look at any one of those adversities, we would expect to see an increased risk for these negative outcomes; but when you consider the cumulative extent of

exposure, no, we would expect – most studies look at most four or more ACEs. They look at and they find huge – you know, I mentioned that one study found, in young adults, a 16 times increased risk for complex PTSD and those with four or more ACEs. I think a lot of Innu, a lot of other First Nations people who grew up experiencing more than four ACEs and just studies don't actually, typically, look at beyond four ACEs.

But I mean, 16 times, we can imagine that it would likely be more for people who experience more than four ACEs. We find that in relation to many different health and social outcomes.

B. BROOKWELL: I want to shift now to ask you a little bit about ways to heal trauma and, in response to Ms. Urquhart's question, you talked about taking a holistic approach for programs to heal trauma. I'd like to break that down a little bit, so I'm going to pause now for translation but I have a few questions about that.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: So, in your report, you talk about what I'll describe as socioeconomic issues, food insecurity, poor housing and economic issues. Can you take us through how a holistic approach – we'll just take a moment to translate it.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: That's a tough question for me to answer; I'm not, you know, an economist and someone who works on improving socioeconomic factors in communities, but I can say for sure that's an important part of that holistic approach that needs to happen. I mean, I think at the baseline, we need to address socioeconomic inequities, inequities related to infrastructure, all of these basic things.

And then, on top of that, we need to provide even more and more support to account for the generations of trauma and the harms that have accumulated across these generations. So it's not even about just equity, it's – I mean, if we're talking equity, it's accounting for all that trauma, so it's not about equal, it's – you know, we're gonna expect that a lot more support is gonna be needed and not just right now, but over the long term and across several generations.

That helps, I hope.

B. BROOKWELL: So that's the socioeconomic to one side. You spoke a bit about the Aboriginal Healing Foundation and I wonder if you can expand a bit on whether you see that as a kind of strategy to deal with mental health support or other individual support, or is it something broader that you're imagining here.

A. BOMBAY: In speaking about the Aboriginal Healing Foundation, I'm less speaking about western individual based, you know, seeing a psychiatrist and psychologist, which is definitely going to be part of what's needed; but when I'm speaking about the Aboriginal Healing Foundation approach, they kind of left what is needed for healing, what is needed for wellness, to be determined by the community and there are various examples – different communities took different approaches.

A lot of it focused on family, bringing back cultural traditions, involving Elders and knowledge keepers. Some focused on healthy birthing practices, men's groups. So a lot of those examples were determined by the community based in their culture, based in their specific context, to determine what's needed for that particular community.

B. BROOKWELL: I'll see if I've understood it correctly. I have two questions about it. So is the, sort of, first key pillar accurate?

A. BOMBAY: Yes.

B. BROOKWELL: I'll just pause for a moment for that part.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: And then the second part is looking to programming that is – I'm going to call it – in addition to the standard approach of mental health support or other medical supports. Is that a fair summary?

A. BOMBAY: Exactly.

B. BROOKWELL: And I'll pause again there.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

B. BROOKWELL: What I'm curious about – I just want to make sure I follow where this is in your report – when you talk a little bit about culture-based support, additional programming or, if I'm wrong, please feel free to tell me what the –

A. BOMBAY: Usually, I mean, for the Aboriginal Healing Foundation, their valued [4 seconds of audio recording lost due to technical issue] were, you know, driven by the local community's culture. So I don't think that's prescriptive but I think that's typically what happened. In particular, those cultural-based programs showed particular unique effects, you know, compared to say just some of the benefits of seeing a psychologist. There were – it reached different audiences. It promoted people to talk more about the collective traumas as opposed to just their individual experiences. So it had many benefits beyond what they saw in traditional individualized approaches.

B. BROOKWELL: Thank you, Dr. Bombay.

Those are the questions that I have. I appreciate you sharing your time and bringing us through your report, and helping me.

COMMISSIONER IGLOLIORTE: Thank you.

Go ahead, please, Caitlin.

C. URQUHART: Thank you.

Next, we'll have any questions from Government of Newfoundland and Labrador.

UNIDENTIFIED SPEAKER: Thank you very much.

The Government of Newfoundland and Labrador does not have any questions at this time.

C. URQUHART: Government of Canada.

V. RYAN: Good afternoon. It's Victor Ryan, counsel for the Government of Canada.

We have no questions for Dr. Bombay, but we thank her for her presentation and her report.

COMMISSIONER IGLOLIORTE: Thank you.

Commissioner Devine, do you have any questions or comments of the witness?

COMMISSIONER DEVINE: Yes, just a few comments and maybe some questions, we'll see.

Well, thank you, and thank you for your report and for your presentation today, Dr. Bombay.

I think I'll start off with just the – I think some comments on the adverse child experiences and trauma. And I'll hold there to wait for the translation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER DEVINE: My understanding from Adverse Childhood Experiences and trauma, that while there are some hallmarks or guidelines that we might have that would help us to determine if indeed an Adverse Childhood Experience has taken place or trauma – pause – and then often those two types of experiences are dependant on the individual and on interpretation.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

[Dialogue between Interpreter Byrne and Commissioner Qupee in Innu-aimun.]

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER DEVINE: So that it's not a quantitative measure that we can have – that it is available to define either of those concepts.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

What was the last one?

COMMISSIONER DEVINE: To define those concepts, I think I said.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER DEVINE: On the other hand, PTSD is something that is quantifiable in that it comes from DSM-5, or there might be a sixth now, I don't know, but it's a psychological assessment, if you like.

Is that – am I accurate on that, Dr. Bombay?

A. BOMBAY: Yeah.

I mean, in studies, they ask about ACEs just by asking about, you know, potential – [5 seconds of audio missing due to technical issue].

Yes, the PTSD, there are standardized surveys or the DSM interview to assess symptoms of PTSD and then there's also complex PTSD, which is not currently in the DSM. It's in the International Classification of Disorders manual and I think it is particularly relevant to First Nations communities and Indigenous communities who have faced chronic, multiple adversities across childhood that are interpersonal in nature. I think there are measures for that as well.

COMMISSIONER DEVINE: Okay, so I'm going to move on to something else now, and it's related to healing approaches.

In the community meetings in particular, there were a number of people who talked about understanding trauma as related to their family of origin. For each of them, when they understood trauma and understood that their parent or parents were the way they were because of the trauma that they had experienced through forced settlement and then, thus, intergenerational trauma, that is was very healing for them as adult children.

So when Mr. Brookwell referred to individual family and community levels – well, I would add a group level also – we talked about approaches and, having thought about this before, for example, I wondered if there's a community presentation that's an educational focus to help people understand trauma. So I thought the risk in doing that is that you – you know, whoever would be presenting – could trigger people in terms of their own trauma.

So I think, and I'm not sure what this would look like, but I think that there would need to be part of the presentation, for example, might include different strategies to deal with the trauma.

One of the things that I thought about is, in the Inquiry, we've had healing services at all of the community meetings, so that there's support there for people who might be triggered, and it happened a number of times. These included local people who worked in human services areas who gave a supportive role, when needed, but it also included at least one clinician there in case they had a stronger trigger, stronger impact.

So I think that would be one way to do it. There's also the other levels and, you know, maybe similar things or even on an individual basis would be clinicians who would – I would qualify it as expertise – maybe not expert, but have expertise in the area of trauma.

'Cause one of the terms I've heard fairly regularly since the Inquiry is that clinicians often use the term a "trauma-informed approach." And, for me, I'm not sure what that means, but I think one of the concerns, if you like, for me, would be to – that in providing the services, someone would – a clinician would have to have a significant level of understanding of trauma and also of intervention modalities.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

Did you say intervention?

COMMISSIONER DEVINE: Intervention modalities – well, interventions would do.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

COMMISSIONER DEVINE: So I don't think there's a question in all of that, but if you want to comment.

COMMISSIONER IGLOLIORTE: As a judge, I was gonna say, okay, what's your question, Counsel?

COMMISSIONER DEVINE: If you have any comments, fine. If not, I'll go on to the last question.

A. BOMBAY: I mean, I can say I worked with the Truth and Reconciliation Commission and, you know, they had a similar approach, making sure that people are supported at these events and have access to care after the events.

Yeah, there should have been some type of study done about that. It seemed to, you know, work as long as I think they're sure that there's support there. I'm not sure if it needs to be necessarily a clinical psychologist or something like that. Maybe it will depend on the person. But it is a tough one, yeah.

COMMISSIONER DEVINE: Mm-hmm.

Okay, the last thing – and I don't think there's a question in this either, but I think it's quite profound in terms of understanding trauma. You've talked about it, I've read about it before, and I still find it, like, wow. And that is that, for a developing child, the impacts that it has in, kind of, the neural networks in the brain and how that can be lasting impact.

So that, as they grow and develop, that has been disrupted and their response is very much of aggression. I think it can go the other way too, that it can be very withdrawn, lack of impulse control and – 'cause as I've read it and hear it again – like, I've seen that over the years, in practice, that kids who were – just would explode in a second, you know?

Again there are, as I understand it, interventions that can be had that can help them to cope with that. But it's just such tremendous impact that it has on young children in particular.

A. BOMBAY: Yeah, exactly.

COMMISSIONER DEVINE: That's all I have to say about that, as Forrest Gump would say.

COMMISSIONER IGLOLIORTE: Thank you very much, Commissioner.

Nashtash, Commissioner Qupee, would you like to make any comment or have any questions of this witness?

COMMISSIONER QUPEE: [Sheshatshiu-aimun spoken.]

I want to say thank you to Dr. Amy Bombay for your report.

I was saying that this is nothing new because we've grown up with those issues and we've seen it, but it is also good to have people like you to do this report and recognize – like, from sometimes on the outside we need to have people looking in, and it helps because sometimes you're so caught up in the chaos sometimes it's hard to get out of it and think about what we need for the future.

It's taken many years for Innu people that have had things beaten into us as communities, and it's going to take many years to unlearn that, and I think that we've started from yesterday's hearing, hearing about the progress that the communities and organizations are making to make our communities well and the families well and to make the culture and language stronger.

I think that it's nothing new to also learn and see the lateral violence that goes on in our communities, because these are things that we have learned, and the Elders have spoken about how healthy people were when they were nomadic and living off the land. Those are the things I think that – those are the strengths that have to be brought back and brought into the communities, and to always think about that as something that we're working towards, a wellness journey for our communities for our grandchildren, great-grandchildren, because that is the hope that we have and we need to build on that.

Again, tshinashkumitin. Thank you.

COMMISSIONER IGLOLIORTE: I also offer my thanks on behalf of the Inquiry and the Commissioners.

Work such as yours is extremely valuable in making recommendations after the Inquiry has finished its community outreach work.

My question has to do with trying to educate people, trying to make them have some care and understanding for Innu, by asking you: What are the impacts on an Innu community of 3,000 people – that means both communities – when a suicide occurs in that community compared to what might be the impact for a non-Innu community, an outport community of 3,000 people, experiencing the same trauma? What have you learned from your data about how the Innu or Indigenous communities view that event?

A. BOMBAY: Yes, I would expect the impacts to be different and more severe because of the history.

The generations that have come before of children, youth and adults who have faced chronic adversity as a result of colonialism, have been rendered powerless by the government, have been deprived of their traditional lifestyles and traditional approach to life and purpose and belonging. Not only has that led to more suicides as one factor, communities are typically exposed to more.

Also, each particular instance is going to be a reminder of that colonial history from a cognitive standpoint but also because a lot of the community is traumatized themselves, it's gonna have even greater physiological impacts because of –

COMMISSIONER IGLOLIORTE: I'll stop you there. I'll stop you there for one moment.

A. BOMBAY: Yeah, sorry.

Thank you.

INTERPRETER BYRNE: [Mushuau-aimun spoken.]

A. BOMBAY: That was pretty much it.

COMMISSIONER IGLOLIORTE: We're good. Thank you very much.

In conclusion, we simply want to repeat what we said about you being able to be available for cross-examination, the contents of your report and your reflection on it. It is of great value to us, and we thank you very much.

A. BOMBAY: Thank you.

COMMISSIONER IGLOLIORTE: All right.

Nympha, we have one more duty to ask of you and that is that you close our day with a prayer, if you would.

Please stand.

INTERPRETER BRYNE: [Mushuau-aimun spoken.]

COMMISSIONER IGLOLIORTE: Thank you.