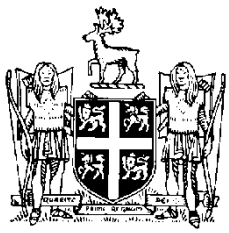

INQUIRY RESPECTING THE TREATMENT, EXPERIENCES AND OUTCOMES OF INNU IN THE CHILD PROTECTION SYSTEM

English Transcript | Volume 63 (with video transcript)

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

Thursday | 11 September 2025

COMMISSIONER IGLOLIORTE: Good morning, ladies and gentlemen.

We're expecting Mr. Harvey pretty soon, so I think we'll be able to make a start this morning. We'll begin as we always do with Tshaukuesh Penashue, Elizabeth Penashue, saying a prayer for us, please.

Tshaukuesh.

ELDER PENASHUE: [Sheshatshiu-aimun spoken.]

COMMISSIONER IGLOLIORTE: Tshenashkumitin, Tshaukuesh.

Our interpreter, Anne, has received news that her daughter's partner suddenly passed away and she was called away from the session today. As we all know, Anne is the best that we have anywhere in interpretation for the Sheshatshiu dialect. We propose to continue and find a way of making sure that the translation is done at a later time for the benefit of the Innu community.

So we have let Tshaukuesh know that she'll be able to listen to the testimony, because it'll be recorded, and she can listen with her device, and then she'll make up her mind afterwards whether she wants to stay or leave for some of the testimony that she may not be able to appreciate so well.

In the meantime, we will check around, but if we can't, it's likely that the balance of this trip, today and tomorrow, may not have direct examination. That said, getting witnesses here, getting people here together is very important for our purposes, and we don't want to delay that in any way.

So you can call the next witness, please, Mr. Collins.

M. COLLINS: Thank you.

We would like to begin this morning by playing the pre-recorded testimony of Leila Gillis, followed by the pre-recorded cross-examination of Leila Gillis and Kelly Bower.

COMMISSIONER IGLOLIORTE: Thank you very much.

I'll ask you to step forward, please, and which mic? This one here, I think. Yeah, your name is right there, Leila.

UNIDENTIFIED SPEAKER: (Inaudible.)

COMMISSIONER IGLOLIORTE: Please, yeah.

COMMISSIONER QUPEE: [Sheshatshiu-aimun spoken.]

COMMISSIONER IGLOLIORTE: And I'll remind the witness, although she won't be cross-examined immediately, when you do, you're still giving sworn testimony. Thank you.

All right, we can proceed with the tape now.

[Pre-recorded tape played.]

[Transcript of video starts.]

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August 5, 2025

The Clerk:

This Commission of Inquiry is now in session.

MS. LEILA JOSEPHINE GILLIS, AFFIRMED

The Clerk:

Thank you.

John Michael Collins:

Q. Good morning, Leila. My name is Michael Collins, and we are with the Inquiry. I was hoping you might like to introduce yourself to the Innu public.

Leila Gillis:

A. Yes, I'd be happy to. Would you like me to run through my background, as well, or shall I wait to do that?

John Michael Collins:

Q. However you think you would like to introduce yourself.

Leila Gillis:

A. All right. So my name is Leila Gillis. I am a registered nurse. I'm currently in the position

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of director general of the Office of Primary Health Care and chief nursing officer for Indigenous Services Canada.

However, I originally come from the southwest coast of Newfoundland, a community called Codroy Valley, where I was born and bred. My education started in a nursing school near my home in Corner Brook, Newfoundland, where I studied to be a registered nurse. Continuing on my education through St. Francis Xavier University to complete my baccalaureate in nursing in Community Health.

When I then moved on to start my career in Labrador, initially, in the Inuit community of Nain in Nunatsiavut, where I was a public health nurse for three years. And then moved on to Central Labrador in North West River and Sheshatshiu, briefly, with the provincial government.

At which point, I then moved on at the request of -- at the offer of the Sheshatshiu Innu Nation to work as the first Sheshatshiu-employed public health nurse, along with colleagues at the health centre. And then had worked, I guess, for the Sheshatshiu Innu Nation for, I guess,

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approximately six to seven years. At which point, we completed the new Mani Ashini Health Centre, among many other public health and community-based programming.

And then I was, I guess, hired to work with the Government of Canada. That's when my career started with the Government of Canada, in Goose Bay, to work on the Innu Healing Strategy, it was called at the time, in 2001. And so I continued my career in Labrador until 2003. At which point, I transferred my role to be regional in nature. And I became the regional nursing officer for Atlantic Canada for the First Nations and Inuit Health branch.

And then after ten years in that position, supporting all of the Nations in Atlantic Canada for public health and health promotion programming, moved on to a national role responsible for, primarily, the delivering of primary care, acute, and emergency care in Canada's North, in the north of the provinces, in nursing stations across the country. And the majority of my role, currently, is still in support of those services to the remote and

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isolated communities, where Canada still has a direct footprint and employees on the ground, but also through funding agreements in some provincial jurisdictions.

So that's, in a nutshell, I guess, my 35-year career as a registered nurse.

John Michael Collins:

Q. So to begin with, would you bring up the proposed Exhibit P-422?

Leila Gillis:

A. Yes.

John Michael Collins:

Q. You can see this. I hope you --

Leila Gillis:

A. Oh, sure.

John Michael Collins:

Q. This is your CV?

Leila Gillis:

A. It is.

John Michael Collins:

Q. We have --

Leila Gillis:

A. That's the CV I submitted at the beginning of the Inquiry, so that would have been approximately a

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year and a half ago. My current position as director general, chief nursing officer would have been since the time that I submitted my resume.

John Michael Collins:

Q. Thank you. Now, could I describe -- could you describe your role in planning and implementing the Labrador Innu Comprehensive Healing Strategy?

Leila Gillis:

A. I would suggest that my role was in the implementation. The strategy had already been approved through cabinet at the time, when I moved from my role with the Sheshatshiu Innu First Nation, to then support the implementation of the Comprehensive Labrador Innu Healing Strategy. And it was specifically on the health portion of that strategy.

John Michael Collins:

Q. So can you tell me what your understanding that portion of the strategy was intended to achieve?

Leila Gillis:

A. Indeed. I think that, you know, the intention are based on population health principles, in general. So working now within -- previously

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within Health Canada and now, Indigenous Services Canada, the principles were around sort of addressing, you know, as it describes, sort of comprehensive upstream approaches. But also, on the mental health and addictions side, there were elements of addressing treatment but also, you know, for alcohol and other drug challenges. So for mental health and addictions, that was that portion.

There was also a maternal child health component. And so that was really around supporting mothers, children, families through parenting programs and other community-based programs addressing, you know, family unity and other health components of supporting wellness. And there was also some community planning component. So sort of setting the stage for establishing sort of the planning for future programming, as well, and for the implementation of the maternal child health, the mental health and addictions.

There was also other components around supports for nutrition. We had a nutritionist on the team to help support communities and

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community-based programming to -- you know, there was cooking components, just general supports for nutrition and incorporating cultural traditions, also, into those components.

So ultimately, sort of fundamental, sort of upstream supports for families, children, youth in those areas.

John Michael Collins:

Q. And when you say "upstream," can you explain what that means?

Leila Gillis:

A. Excuse me, sorry. That is a little bit of a jargon term. Upstream often refers to addressing issues before -- they use the term "upstream" in public health because it's sort of saying, oh, people are having trouble, you know, navigating these waters. So rather than addressing the issue once someone has fallen in the water, you go upstream to find out why they've fallen in the water.

So upstream really just refers to building sort of a strengths-based approach for individuals to address a comprehensive number of reasons why someone would become ill with a

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chronic disease or you know, I guess, face any number of health challenges. And so it's about sort of looking at the reasons why you've become ill and sort of addressing them for earlier on in your life.

John Michael Collins:

Q. You referred to the plan being based on population health principles. Could you explain what those principles are?

Leila Gillis:

A. Well, I mean, in essence, it's sort of addressing -- public health is really about sort of, at times, going from the individual through to the overall wellness of a community that's made up of those individuals. So ultimately, it's sort of based on principles of wellness. Sort of -- it's some of those elements that I mentioned about sort of addressing issues earlier for the prevention of any number of health issues, including chronic disease.

So as I mentioned, population health, sort of addressing the social determinants of health as much as you can. But you take those into consideration around sort of, you know, access to

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food, housing, other elements of the built environment around an individual but also providing some of those tools around sort of wellness, fundamentals of nutrition, physical activity, all about sort of making individuals healthier but also collectively creating a population that is healthier.

John Michael Collins:

Q. So my understanding is - and please correct me if I'm wrong - that the plan was not intended to fund the kinds of health services that other Canadians were already receiving -- other members of the province were already receiving but to provide enhanced services, enhanced health services; is that right?

Leila Gillis:

A. Yeah. I would suggest, having been the public health nurse delivering the sort of original programming prior to moving on to the Innu Healing Strategy, we had public health nurses. We had immunization programs. We had maternal -- you know, prenatal classes.

These were on top of those services that already existed within -- certainly, my frame of

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reference was Sheshatshiu but also in Davis Inlet and then moving on to Natuashish. So these were additional health professionals, subject matter experts sort of working -- if they were from community or working with community, to enhance and augment the existing public health programming.

John Michael Collins:

Q. And so having worked in the community before and then seeing the implementation of the plan, was there a significant shift in the kinds of services that were available?

Leila Gillis:

A. Certainly. I think having access to a psychologist, having a nutritionist dedicated to the community is not something that we had access to prior to. Having additional nurses supporting the existing community-based nurses in supporting families, new moms, families with small children, so the additional incorporation of those skill sets, that knowledge, was an augmentation from what was there previously, for sure.

John Michael Collins:

Q. Do you think or did you observe the plan to

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allieve (sic) any significant service gaps?

Leila Gillis:

A. You know, not that I can think of. You know, I think that, at the time, it was -- you know, there were -- those are those sort of core areas, certainly, as a public health nurse and coming into the role, were you know, logically, from the health sides of things.

A lot of the primary care roles were still provided by the province at the time. So nurse practitioners and registered nurses working in the clinic, providing those sort of treatment for acute care and illness -- I guess, addressing illness in the community. I think that, within any primary care system, additional supports for the clinic, you know, could have been maybe anticipated to have been gaps.

But I think that, you know, nothing comes to mind in regards to a specific area on sort of the health side, where there could have been additions. I think those were the areas that I, logically, at the time, would have considered to be really important to address for the community.

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John Michael Collins:

Q. So when you say "logically," do you mean, for example, that the community had access to the kinds of services you would expect in other communities of a similar size or if the community had access to the services that the members of the community needed?

Leila Gillis:

A. I think that would be comparable to communities of similar size. So what would be, you know, seen in other communities, in regards to primary care, access to oral health services, et cetera, is what I was referring to.

John Michael Collins:

Q. Do you remember what kind of treatment options existed in the communities for addictions?

Leila Gillis:

A. I do. Yeah, I have to say, I wasn't working directly with that service. But they -- we shared space when I worked in the community in the -- and we sort of dedicated a wing of the Mani Ashini Health Centre to mental health and addictions. There were a number of locally-based addictions counsellors who had received training,

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who've provided supports in the community.
Relative to my role at the -- so those were available prior to and I believe were enhanced through funding from the Innu Healing Strategy. Because it then pivoted into -- over a little bit of time and through the development into land-based treatment programs. And so there were significant enhancements to community-based and/or land-based treatments over the period of time that I was in the Innu Healing Strategy. So over those kind of two to three years, there was enhancements to community-based access to services and to mental health and addictions supports through the NNADAP program.
Prior to and following the Innu Healing Strategy, there were access to treatment programs across the country. There are a series of, I guess, addictions programs for various -- for alcohol and/or other addictions, depending, gambling addictions, et cetera, that were available through the NNADAP program. And I'm going to try and remember the acronym, the National Native Addictions Drug Abuse Program. Apologies if that's not correct. But it was the

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national program that was funding elements of national treatment programs, as well, that were available to community members.

John Michael Collins:

Q. And to avail of those programs -- were those programs available in the community?

Leila Gillis:

A. There was a -- well, there was a youth solvent abuse program directly available in the community through the -- through that -- but that wasn't actually a national program and facility. Counselling was available through the NNADAP program, through local counsellors, as I mentioned before. And as I mentioned, the land-based treatment was then available in the country, with follow-up and aftercare in the community.
But then there also were a series of programs that were supported through the NNADAP program across the country, as well. Some of which were more specialized or focusing on women, men, et cetera, to augment those that were available in the community.

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John Michael Collins:

Q. So to take a slightly -- another angle, if you had a child with addiction issues, to what extent could those issues be dealt with as a medical issue within the community, compared to -- or (inaudible), would they have to have been dealt with as a child protection issue, which may involve moving them from the community or at least from their home?

Leila Gillis:

A. Yeah. I would say that that's not an area of specialty that I have a direct knowledge about, so I'll put that caveat. But you know, certainly, there would be access to programs across the country. But other than through a primary care provider -- and as I mentioned, once the Innu Healing Strategy was there, there were -- there was a psychologist available through that program, through that, excuse me, office.
But for children specifically and certainly, you know, in response to the earlier needs, when the actual office was set up, there were a series of youth-focused programs across the country that were availed by the community. And then, of

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course, the land-based treatment also was a family-focused treatment approach that often accepted families to go in the country, et cetera, also including children.

John Michael Collins:

I think those are my questions. Molly or Kelsie, do either of you have any questions?

Kelsie Lockyer:

I don't have any questions. Thank you.

Molly Churchill:

Q. I have one question, at least, just to confirm. In your work with the LICHS, to what extent were you privy to any discussions about Child and Family Services?

Leila Gillis:

A. I would suggest very adjacent to the discussions, in that, the majority of the time that I was at the Labrador office, I was the associate director. So there were -- like, there were committees that included the Health Labrador Corporation and others who were involved in programming, but I was not responsible for that area. So I may have been in meetings where some of this was discussed through, you know -- but

not directly responsible or actively engaged in many of those discussions.

Molly Churchill:

Q. And would you have, you know, through what you were exposed to, have an idea of sort of, within the federal government, whether there was discussion of what healing might mean within the Child and Family Services context and how that would or would not be relevant to the Labrador Innu Comprehensive Healing Strategy?

Leila Gillis:

A. I would not have direct knowledge as it relates to the Child and Family Service Program. Healing was discussed globally, I would suggest, from the, like the health perspective, as it related to treatment programs, et cetera. But I don't have a direct recollection of a discussion about healing in the context of, you know, the Child and Family Services.

Molly Churchill:

Okay. That's it for my question. Thank you.

John Michael Collins:

Leila, thank you very much for your time.

Leila Gillis:

Thank you.

John Michael Collins:

And enjoy the rest of your day.

Leila Gillis:

All right. Thank you very much.

(Testimony of Leila Gillis concludes.)

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August 15, 2025

Ben Brookwell:

Well, good afternoon, everyone. Thank you for giving up some of your time to be with us today. My name is Benjamin Brookwell. I'm counsel for the Innu organizations in the Inquiry. And I'm joined with my colleague, Justin Thompson, who is also co-counsel. And he'll be assisting with any documents that need to go up on the screen through a share screen.

And I appreciate today, there is a panel of witnesses available. I'm going to be asking my questions directly to one panel member and then the other. But I'll make it clear where I'm at and who I'm asking questions to.

But just as a general note is, if you can't hear me or you didn't understand the question or anything like that, just let me know. It happens all the time. And it's more than likely me jumbling up the words than anything. So feel free to stop me and let me know, if at all, you're having trouble following what I'm saying.

Okay. So I'd like to begin then asking some

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questions to Ms. Bower. And I'll bring you through these questions. And if there's a document we need to put up, then I'll have that put up and explain what it is. And you'll, of course, have a moment to look at it and all of that.

So are you okay to go ahead?

Kelly Bower:

For sure. And nice to see you again.

Ben Brookwell:

Nice to see you, too. Okay. So first, I want to talk a little bit about your experience so that I can situate things well. And from what I understand, most of your career has been with First Nations and Inuit Health Branch; is that accurate?

Kelly Bower:

Yes. In various, different capacities. I have been with First Nations and Inuit Health Branch in the Atlantic region since 2005.

Ben Brookwell:

And maybe just help some of the history of this branch, could you tell us if I've got this right? The branch started with Indigenous Services

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Canada -- or sorry, is currently with Indigenous Services Canada. But previously, it was with Health Canada. Have I got that right?

Kelly Bower:

That is correct. It was with Health Canada. The enabling legislation for Indigenous Services Canada was, I believe, July 2019. And the political announcement about the department coming together, I believe, was in 2017. And so prior to that, it would have been Health Canada.

Ben Brookwell:

And from your different roles with the branch, if it's okay with you, I'll refer to it as the branch because it's a long, long name. And then the acronym is hard to understand on a transcript. So I'll just refer to it as the branch. At your time there, did you ever work in Child and Family Services?

Kelly Bower:

I did not. And just in terms of the history, Child and Family Services was never part of FNIHB. So it's now part of Indigenous Services Canada. And prior to the existence of Indigenous Services Canada, it was part of the Indian and

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Northern Affairs Canada and/or the various names for that department that it's had for the past 20 years.

Ben Brookwell:

Okay. I think that helps me understand a bit more from the evidence that you gave with Mr. Collins. I have a follow-up about that. So in that examination, you were asked about LICHS, the Labrador Innu Comprehensive Healing Strategy. And he asked you to tell him what kinds of services LICHS funded. Do you recall that discussion?

Kelly Bower:

I do. Yeah. I didn't have a tremendous amount of precision. But I could speak in generalities, just in terms of the time that has passed since it was done. But yes, I do recall that I was asked questions about the Labrador Innu Comprehensive Healing Strategy.

Ben Brookwell:

So broadly, from what I understand, the programs you've spoke about - and if I've missed one, you can let me know - were mental wellness, supplementing other branch programs, nutrition

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programs, breastfeeding, immunization.

Is it fair if I summarized the programs you were talking about, those were all health-related programs?

Kelly Bower:

Yes.

Ben Brookwell:

And I'd like to ask you a little bit then about Child and Family Services programs. But before I even get into those questions, I want to preface it of if you don't know or it's something beyond your experience, that's all fine. I just want to make sure I haven't missed anything. So if I ask you something and you don't know, that's fine. You just say you don't know, and I'll move on to my next question.

So looking at LICHS, my understanding is that Child and Family Services were funded by giving money from Canada to the province through LICHS. Do you have any sort of familiarity or understanding about that?

Kelly Bower:

I really don't.

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Ben Brookwell:

Okay. And that's fine. I don't want to bring you down the path of those questions if they're beyond your experience. I want to move, then, to asking you some questions. These are going to be health-related questions about current health and services in the Innu communities.

And so the questions I want to bring you along are about addictions services and treatment. And do you have any experience or knowledge with those services for the Innu?

Kelly Bower:

Yes. I wouldn't say I'm the expert in terms of, you know, in our organization, who would be able to give -- you know, in-depth organization, but mental health -- supplementary mental health programming over and above what the province would fund are things that the branch funds. So it would fund, you know, mental health programming in the community, as well as some addictions support.

Ben Brookwell:

So let's talk a little bit about the addictions support. Can you describe a bit about what those

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services are, and if you know, what sorts of wait times are associated with those services?

Kelly Bower:

I'll share what I know, which is really at a high level. But if, you know, there's more interest in this area, I can definitely become more informed on it for the interview in Sheshatshiu just to -- it would be something that, I would say, is known well with some of our program staff. But the specifics, I might myself not know.

So essentially, there is some FNIHB-funded treatment centres in Atlantic Canada for addictions. There is also the capacity for Innu -- any First Nation individuals to access provincial treatment facilities, as well. I do not, today, have my finger on the pulse of exactly what the wait lists are. But my general understanding, writ large, for Atlantic Canada is the wait lists are quite long.

Ben Brookwell:

Since it's something that -- you were able to give the high levels. That's helpful. If there was a need to find out the sort of details or you

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know, where it might be available to actually know the answers to some of the specifics, you may not know the answer right now, but if you have an idea of what that is, that would be helpful. If you could share, and that would allow the inquiry, if they're so interested, could follow up, you know, perhaps in a written fashion.

Kelly Bower:

Absolutely.

Ben Brookwell:

But if you have anything that could point us in that direction of who it is who may be someone to speak to on that front, that would be helpful for the purposes of today.

Kelly Bower:

For sure. So there's a couple of different options. So you know, one, if there is questions in writing, I can provide it to our team to respond in writing. There is also a couple of people that would be very knowledgeable. So our Director of Mental Wellness would be the first person that comes to mind in terms of really having her finger on the pulse of the specifics.

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As well as our mental wellness manager that supports the Labrador communities, which is Sasha Runner (phonetic). So you could look to either option in terms of having them available to participate and provide that information and/or providing the questions in writing, and I can get them to provide a written response, or we could do both. If you wanted a written response first to sort of get a sense of what the answers are and then speak to them in terms of follow-up.

Ben Brookwell:

Okay. Thank you for that. That really does help guide what we may do next, knowing that there's at least a direction in which to send the inquiries. I want to shift now -- I mean, this may be, again, at a high level, but to ask you about the mental health treatment. And if you could, maybe outline again what you understand at a high level are the services, where they're available, and to the extent you know, about wait times.

Kelly Bower:

Sure. So just to preface in terms of the complexity, because there's many players in the

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health system for every aspect of health, including mental wellness programming. So you know, the province offers mental wellness services to all citizens in the province. And then the FNIHB branch would fund communities to offer supplementary services over and above what the province offers. And then, in addition, the Innu communities get a top-up to that through the Labrador Innu Comprehensive Healing Strategy for mental wellness services.

So the communities are funded to offer services. And it's meant to be based on community need. So it wouldn't be necessarily FNIHB directing to say, you need to offer X, Y, Z. It's meant to go to the community to assess what their mental health, mental wellness needs are, and then deliver programming based on those needs. So I don't know if that's helpful clarification or not.

What might be really useful to look at, or if you haven't already, would be the terms and conditions under the mental wellness programming. Because it would specify what are eligible and what's not eligible. So this is information that

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would be given to communities as they're planning. We would get a budget. They'd get a list of what's eligible for the program. And then they can design their program based on that information.

And our program manager, so the person I mentioned, Sasha Runner, would be available to work with them in terms of supporting under the leadership of the communities, but to offer information, support, ideas from other regions to help develop those claims. I can't speak to the wait times in communities for the mental wellness services at large. That would be something that -- within their funding envelope and their terms and conditions, they can adjust them and make changes.

Where the access times is outside of community control would be for treatment centres outside of community. So those would be the FNIHB-funded treatment centres and/or our provincial treatment centres. And we will definitely get information on wait times for you. So it's more than just -- it's long. As you know, it's not super precise.

Does that answer your question, or was there

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another aspect that I missed?

Ben Brookwell:

No. You covered -- I wanted to get your sense from a high level, knowing that there are maybe specifics that you don't know, and we'd have to follow up with others about that.

But the next question I want to sort of understand. And again, this is to the extent you know, but are you aware of any kind of difference in services that may be available to children or youth who have substance use issues when they're in care by the child protection system versus not? If they're in care, for example, does that open up other treatment options or services, to your knowledge?

Kelly Bower:

Not to my knowledge. I think to get that information would be to look at the terms and conditions in terms of eligibility criteria for that money that FNIHB provides. But in terms of from a system perspective between child protection services and mental wellness, I am not -- I am not knowledgeable enough to speak to that. I'm not aware of anything.

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Ben Brookwell:
And that's fine. I just wanted to get a sense. You'll find some of my questions are -- you may not know. I have to ask because this is a chance to see what we can find out.

Kelly Bower:
Yeah, for sure. No. I just feel badly that I don't have the answers. Because I want to be able to provide answers. But there are some that we can definitely get better responses to you on.

Ben Brookwell:
So I'm going to then move to a different question but on the same subject about addictions and available services. And based on your knowledge and experience at the branch, are there or is there a need for further services for Innu individuals facing substance issues? Are you aware of a need? And if you are, are there plans that you're aware of where that need may be addressed?

Kelly Bower:
You know, I will say that for both communities, when they express, you know, their challenges, the challenges in terms of mental health and

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addictions is, if not number one, it's very close to the top. So it's definitely a challenge. You know, it's always sort of actively evolving in terms of making changes. Like I know Sheshatshiu has made some recent changes in terms of how they're delivering services and how they're meeting their needs. So I think that constantly changes.

In terms of is there sufficiency of funding? The message that we hear overwhelmingly, and it's not unique to the Innu Chiefs. I would say it's for every Chief in Atlantic Canada, probably. The country is concerned about the sufficiency overall, the envelope for mental health and addictions spending.

Ben Brookwell:
And I guess, then, what I'm taking is you rely on hearing from the Innu communities about what the needs are and your understanding of whether its -- sufficient funding for them would come from their assessment of how the needs are being met. That's the sort of source of where you would find that out; is that right?

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Kelly Bower:
Yes. We try and work very collaboratively with all communities in terms of informing the budget process. So that's part of why we kind of actively seek out that information based on the allocation that's available and then provide that to communities.

The allocation variable is sort of outside of the scope of the region. That's more of a political question.

Ben Brookwell:
Right. I have another question now about medical services. And that's about family doctors. And to your knowledge, are there family doctors that provide care in the two Innu communities, Natuashish and Sheshatshiu?

Kelly Bower:
So you know, I started by saying we're meant to be supplementary services. So primary care, which includes family doctors, is a provincial responsibility. And so I believe that there are physicians that service -- but that would be a question much better targeted to the province. The funding physicians is expressly outside the

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terms and conditions of the funding that the communities receive from the federal government. Because it's meant to be supplementary to provincial services.

Ben Brookwell:
If there was a desire to have family doctors in either community, your understanding is that would be a provincial question, not a federal branch question?

Kelly Bower:
Yeah. Absolutely. And we'd be happy to support them in any discussions, in terms of, you know, if there's any support we could offer. We do not fund family doctors on reserve in Atlantic Canada.

Ben Brookwell:
Those are the questions that I had for you, Ms. Bower. Thank you for your time. It may be that I have a few questions in September, depending on what comes out from your discussions with the other counsel. But that's it for me today. The other questions I have now are for Ms. Gillis, so thank you again. And then I'll switch over to the next set of questions.

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Kelly Bower:
Thanks.
Ben Brookwell:
So before I jump into them, the question that I should start with is, can you hear me okay, Ms. Gillis? And if yes, am I pronouncing your name correctly? I also don't want to be mixing that up right from the go.
Leila Gillis:
Sorry, Gillis, yes, is correct. First name is Leila.
Ben Brookwell:
Okay. Thank you. So I'm going to start in a similar place as with Ms. Bower to ask you a little bit about your experience. And so I understand that you worked as a nurse and then in various positions at the branch, First Nations and Inuit Health Branch. Is that an accurate kind of summary of your work history?
Leila Gillis:
Yes. That would be accurate. Obviously, various nursing positions, as well, predominantly all in Labrador, prior to joining the federal public service.

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Ben Brookwell:
And my understanding from looking at your work history is that you haven't worked in Child and Family Services; is that right?
Leila Gillis:
I have not.
Ben Brookwell:
I'd like to ask you a few questions now about your time working in Sheshatshiu as a nurse. And I understand from the discussions you had with Mr. Collins that, when you're in Sheshatshiu, you didn't work directly with addictions services; is that right?
Leila Gillis:
I'm not sure I explicitly said that. As a community health nurse and a public health nurse, we worked with all other services in the community. We were collocated in the same facility once we built the new Mani Ashini Health Centre. You know, my role would be adjacent to the mental health and addictions, but I did not work directly in that area.
Ben Brookwell:
I see. So you were in the same building. Maybe

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I have this wrong, so I'll ask it as a question. If someone was going for addictions treatment or mental health treatment, would that same person also see you for other issues? Is that sort of how the connection would work?
Leila Gillis:
I think that's a possibility, as we were servicing the entire community as -- but I was on the public health role. So I didn't see acutely ill mental health patients. That would have been the provincially funded nurses who worked in that part of the clinic, in the primary care portion of the clinic, or the visiting physicians.
But we worked with -- predominantly, families with children, as public health nurses in the community. But we worked on a number of other -- you know, worked in the schools and other elements consistent with public health nursing.
Ben Brookwell:
I'm going to ask you then some questions that are related to mental health and addiction. But as with Ms. Bower, if I get into something where, you know, you have no knowledge of it, I've gone off the trail, that's fine. I just have some

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questions in mind. And if there's something that you don't know, just let me know, and I'll move on to something else.
So the question I have is, from your experience at that time in Sheshatshiu, do you recall what sorts of services were available in terms of mental health and addiction treatment?
Leila Gillis:
During my time -- I mean, obviously, there was quite an evolution in that area over time with my relationship with the community, working for and then subsequent roles. But during my time in the community, initially, we actually had a family physician, fee-for-service physician, actually practicing in Sheshatshiu. So Dr. Jane McGillivray would have been a primary care physician available and who had a -- you know, a doctor-patient relationship with any number of individuals, including those with mental health and addictions.
And as well, there were NNADAP workers. And I apologize, I'd meant to look up that acronym since the last testimony. But it's the National Aboriginal Addictions or Alcohol and Drug

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Addictions Programming. That's perhaps not exactly correct. But there were local counsellors who supported addictions treatment. They would run AA, Alcoholics Anonymous sessions. They would see individual and counsel individuals, as well. That's the extent that I'm aware of their services.

But there were funded work (phonetic) alcohol and drug addiction -- local alcohol and drug addiction counsellors available. And they also, you know, supported individuals, you know, who could potentially have comorbidities with mental health and addiction, as well -- or mental health, as well as their addiction.

So there were, as I summarize, a family physician for the first portion of my role in the community, who had a practice in the community. In later years, she did not. She moved into the hospital. And I was working out of the hospital at that -- in later years. And also, there were -- once the new Mani Ashini Health Centre was built, the clinic -- the provincial clinic that was in North West River previously with registered nurses and then, in later years, nurse

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practitioners, they came and worked in the same facility as the community-based services, including public health, which is where I worked. So those nurses would also have been available to assess and support individuals with mental health issues.

Ben Brookwell:

And something that caught my attention, I was sort of interested. You said there was a doctor available providing some services. Do you recall how that doctor kind of got involved in the program? Was that something that the province set up, or the federal government help set up?

Leila Gillis:

I think I mentioned -- yeah. She was a fee-for-service in her practice in the community, so funded by the province through -- as are most family physicians in the province. So I don't know the origins. The individual physician was there prior to my first role with the First Nations. So how that originated, I don't know. It was a local doctor who had an office and who practiced out of Sheshatshiu.

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Ben Brookwell:

I know you covered a sort of broad period of time. So I want to focus in on an early part of the story. And this has to do with the gas sniffing crisis in the 1990s, early 2000s.

And were you involved with any of the treatment for that issue at that time, sort of the early 2000s, when it would have overlapped with your work in Sheshatshiu?

Leila Gillis:

Very indirectly. In my roles, I've had several roles with the community, but all in the sort of public health kind of -- and coordination of services, et cetera. And my colleagues and I, we did a youth risk and resiliency study. We accessed all of the -- the vast majority of youth in the community, including users of -- children who used gasoline and who sniffed gasoline.

And so inevitably, working in the schools, being in the community, I worked with children who used gasoline. We learned about their behaviours and what some of the risk and resiliency factors were. This was a long time ago, so my memory -- however, I was not directly

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involved with that.

I did assist with proposals for the solvent abuse centre that was brought to the community. We did needs assessment. You know, we helped with statistics and numbers. But I was not involved directly with sort of the types of treatment or anything specifically. That was a little outside of my subject matter expertise.

Ben Brookwell:

So in your capacity, the way forward, when you were doing that work, do you recall children or youth being sent to Grace Hospital?

Leila Gillis:

I recall that some -- the children in Sheshatshiu, I believe, were -- went to -- they were in Goose Bay, I believe. But that the children from Natuashish, potentially, were at the Grace Hospital. My recollection's not clear. But yes, I do recall that. For stabilization, I believe, that children were at the Grace Hospital in St. John's.

Ben Brookwell:

And can you tell me what stabilization means? Is that a kind of treatment, or what was that?

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Leila Gillis:
Perhaps I'm using it incorrectly. But what I meant by that term is, typically, when any individual who's using a substance, when they stop using that substance, you know, they need to have a period of time of stabilization with availability for medical supports, as well, in case there are any sort of ill effects from, you know, stopping the particular substance. So that's about the extent of what I understand from the service.

I have no knowledge of exactly what services were provided in that context. But to, you know, provide a safe, secure environment away from the substance.

Ben Brookwell:
And again, this is only if you know. Do you know why it was they went to the Grace Hospital? I mean, were there closer treatment options, or was this the only place to go?

Leila Gillis:
I have no knowledge of that.

Ben Brookwell:
Okay. I have a similar question that I asked

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Ms. Bower, which, again, you may know or you may not. But thinking about children and youth who go into care, into child protection, are you aware of any kind of difference in services they may have available, in this, I mean, medical services that the branch could offer? Was there any difference if the child was in care versus not?

And again, if you don't know, I don't need you to guess. It's just that if you had any familiarity with that.

Leila Gillis:
I don't.

Ben Brookwell:
I'm going to move now to a different area and sort of moving forward a little in time. And it's to talk about LICHS, which you had an opportunity to speak a little about with Mr. Collins on your examination with him. And the way you described it at the time is upstream supports for family, children, and youth. Well, first of all, is that sort of an accurate representation of your view of what it was?

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Leila Gillis:
What, the health component of LICHS? Is that your question or...

Ben Brookwell:
Yes. Yeah.

Leila Gillis:
I believe there were many elements, you know, family healing, family, you know, supports. There were a number of initiatives that were supported beyond the children and youth and were directed towards parents and the supports for parents, as well.

But that the health secretariat of the -- that was responsible, I guess, for some of the implementation of the health component of LICHS, included mental health and addictions, augmented sort of additional supports, maternal child health that did focus on children and youth, but also elements of community planning, evaluation, and elements that I think you asked Ms. Bower about but also including, you know, enhanced public health services, like nutrition expertise and subject matter expertise for both of the communities, as well.

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Ben Brookwell:
So then my understanding then is what we're talking about is a bunch of different health services that were falling under this umbrella. And that's the part that you're familiar with. Is that kind of generally on track?

Leila Gillis:
Yeah. I think, generally, that would be accurate.

Ben Brookwell:
So then, do you have any familiarity with, what I would describe as another track, the Child and Family Services track of LICHS, or is your experience limited to the health side?

Leila Gillis:
Other than I was aware that there were some elements of it. My role was on the implementation of the health portion, as I just mentioned. So I have an awareness that there were aspects of Child and Family Services, but I was not directly involved with those.

Ben Brookwell:
Do you know who or sort of what title of person would have been the person who would have known

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about that arm of LICHS?
Leila Gillis:
That would have been INAC, so ANCI, I think it was at the time. As Kelly mentioned, they've gone through several names but Indian and Northern Affairs Canada. They did have a lead on the file. But at the time, it was the provincial government.
So following the registration and this part of LICHS, I understand that INAC may have become more involved in that space. But that it was the Health Labrador Corporation who administered Child and Family Services.
Ben Brookwell:
I want to take you then, just to get your sense of your understanding of LICHS, but from your experience, did it come as a response to existing health issues and social issues and economic issues that face the Innu? Is that how it came about from your recollection?
Leila Gillis:
As I recall, the leaders of then Davis Inlet and Sheshatshiu approached the provincial and federal government in 2004 response and for help,

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predominantly related to gas sniffing crises in the community, but also related to other aspects on concerns from leadership. So it's my understanding that LICHS was a response to the concerns raised by leadership from both communities.
Ben Brookwell:
And again, this just is based on your experience with it. Was the funding that came in for those services that we talked about, was that federal funding for programs that would also be available to other First Nations, for example, or were these new and unique services?
Leila Gillis:
The communities of Sheshatshiu and Natuashish devolved, I guess, for lack of a -- I think that was the term that's used. But they took on or were -- received the funding for health services in -- I don't know the -- I presume it was in 2006, when I was first hired as the first community health nurse funded through the federal government directly to the community.
And at that time, certainly, Sheshatshiu, and it's my understanding that Davis Inlet, as well,

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had funding agreements that funded programs that were provided to other communities across the country, maternal-child health, prenatal nutrition, home and community care, public health.
So those were already in place when the communities took on and were taken on by the communities directly, prior to the Labrador Innu Comprehensive Healing Strategy. Did I say 2006? It was 1996, apology.
Ben Brookwell:
That's okay.
Leila Gillis:
So yeah. I wasn't in Labrador anymore in 2006. But in 1996, my apologies. I'm aging myself. So the Comprehensive Healing Strategy was an augmentation to the existing programming that was consistent with what is provided to other nations across the country. So I would suggest it was an augmentation and was over and above what other communities received.
Ben Brookwell:
So your experience was that the programs were ones that could be available in other

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communities. But the LICHS funding was improving the amount of resources available in those programs.
Leila Gillis:
Yes. It was a comprehensive response to the crisis that was raised to the federal and provincial government by leadership. And these were in response to that.
Ben Brookwell:
And you mentioned above what other communities may have received. Is that based on comparison research you may have done, or where does that come from?
Leila Gillis:
I think it's a lived experience. I went on from this role to become the director of prevention and promotion programs for the Atlantic region. So I was responsible for all programs for all the nations in Atlantic Canada. And through that experience, the programming was consistent -- certainly not the LICHS programming but the programming I mentioned previously.
The health programming that was provided to the community during my time through funding

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arrangements was consistent with the other communities I worked with. The LICHS was over and above that.

Ben Brookwell:

So other communities weren't receiving -

Leila Gillis:

The additional augmented services.

Ben Brookwell:

- the additional funding. I see. Okay.

Leila Gillis:

There may have been, like, ad hoc. But like, as a generalization, that would be in my experience.

Ben Brookwell:

Okay. So it's coming from your general experience. But it isn't coming out of some sort of research report that you've done or (audio drops) some findings that would be out there somewhere, saying, funding for A is this, funding for B is that. So they're the same.

Leila Gillis:

Oh, absolutely. I did not do any research in that area.

Ben Brookwell:

Okay. Thank you. So now I'm going to talk to you a little bit now, not so much about the funding part, but in terms of the needs being met part of health. And I'm going to take you to a document. So I'm going to ask Mr. Thompson to put it up. It's Exhibit 138. And I'll wait for a moment until you can see it on the screen.

Leila Gillis:

Sure.

Ben Brookwell:

I think, Justin, if you'd open the bookmarks tab, it will show you the start of each exhibit. And I think you've got 407, so we want to look at 138. There we go.

So this is the impact evaluation of the Labrador Innu Comprehensive Healing Strategy report by INAC in 2009.

Leila Gillis:

Oh, 2009.

Ben Brookwell:

And before I ask questions about it, the first is, are you familiar with this report? Have you ever seen it at any stage?

Leila Gillis:

I don't believe I have seen it. I do apologize if it was an exhibit. I would have reviewed it prior to. But in 2009, I was working in my capacity in the Atlantic region of First Nations Inuit Health Branch. So I do not believe I've read this report.

Ben Brookwell:

And that's fine. And for your own benefit, this is an exhibit that was entered in previously with other witnesses. It wasn't part of a package that you would have had a look at, so as not to worry that you haven't seen it before. I do want to take you to a part of it. And I'll allow you in a moment to read it.

Leila Gillis:

Sure.

Ben Brookwell:

And then I'll ask you a question about it. So if we can go to page 86, please, in the report. And just bear with us for a moment while we scan through. And if we -- are we on 86? No. Keep going.

So you'll see a paragraph that's in a green highlighted box. That's not a -- pardon me, original exhibit. That's just an additional box we've dropped in to make it easier to see the paragraph.

We can zoom in, and if you take a moment, this is from the conclusions, to have a read of that paragraph. And if you want us to go up or down to other paragraphs, just let us know. But once you've had a chance to read it, beginning with the words, "Additionally, there are still," and ending with the words, "health status of the Innu."

Leila Gillis:

Okay. I've read it. Thank you.

Ben Brookwell:

So the question I have for you here -- and I know you had moved now to a different role. But would you agree, based on your experience, that there were still gaps in terms of healing needs being met for the Innu, at least at the time of 2009?

Leila Gillis:

Let me think about that. Just I'm thinking about my capacity and what I would have known of the Innu at that time. Because I didn't work directly with the communities at that time.

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Ben Brookwell:
I see.
Leila Gillis:
I do believe that there likely remains today, disparities between the Labrador Innu and the general Canadian population. I think, statistically, there's likely strong evidence. Other First Nations, I think that's quite a generalization so -- but it is what's in the report.
So absolutely, I believe that the Innu continue, and certainly at the time of this report, have, you know, aspects of physical and social health that there are still gaps remaining in the community.
Ben Brookwell:
This is more of a broader question, then. And then, again, you have to ground it in your experience and role.
Leila Gillis:
Of course.
Ben Brookwell:
But if there are some gaps still to be filled, are you aware of programs or future plans that

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could assist in filling some of those gaps? And again, it's only if it comes to your mind, based on your role. But given your experience and knowing that there is still room here for needs to be met, are you aware of any programs that could be put in place to assist to meet those needs?
Leila Gillis:
I'm not -- well, I understand there is an Innu Roundtable, and there's a forum where these are discussed. Which I am not a participant in to hear of what the current concerns are. I am familiar, merely through my current role, of initiatives to, for example, enhance and introduce Innu midwifery for both communities, which I think is addressing a significant gap for bringing culture and birthing back to those communities. So continued work in the area of midwifery and maternal child health.
There certainly were gaps in 2009 in that area. And there are emerging programming areas happening there that I think is very important for the future of the community, for, of course, supports for mothers and children is investment

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in the future for communities.
That's the only programs that, in my role now, nationally, that I'm familiar with that are evolving with the Innu. I'm afraid someone who's -- Kelly or others who may be more involved with current tables and the actual service delivery out of Atlantic Canada may be able to further elaborate on that. But you know, I am not familiar beyond that.
Ben Brookwell:
I'm going to take you, just for a moment, to Exhibit P-137. And, Justin, if we're able to just pull up the cover page of that. I think you should be able to click on it. Okay. There we go.
So this exhibit is the Labrador Innu Community Needs. Assessment: Summary of Key Findings. And it's from 2012. And do you have familiarity with this -
Leila Gillis:
No.
Ben Brookwell:
- summary of findings from your role, or have you seen it before, to your knowledge?

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Leila Gillis:
I'm not familiar with this, no.
Ben Brookwell:
Okay. So I won't go through specific questions about it. I'll just note this is more for the Commissioner's reference, but there are some pages of interest that we highlight for their attention. We're not going to bring Ms. Gillis through it because she's not familiar with the report.
But the pages of interest that we suggest the Commissioners have a look at are pages 8, 11, 17, 18, 19, and 30. And those are just to draw their attention to that content in the exhibit because it speaks to needs assessed at that time. But I don't have particular questions for Ms. Gillis about those.
So those are the questions that I have for you today. As with Ms. Bower, I may have some questions depending on what you're asked by the other lawyers in September. But I want to thank you for your time today. I appreciate that. And thank you for sharing your knowledge and experience with these matters.

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Leila Gillis:

Thank you.

(Interview with Kelly Bower and Leila Gills concludes.)

[Transcript of video ends.]

COMMISSIONER IGLOLIORTE: Thank you for your patience. I will just explain for the witness's benefit that after each of the English examination occurs, the Innu-aimun translation is still going on. So that's why we had to wait a few minutes.

We're placing you there now because you'll be cross-examined afterwards. The lawyers have agreed that it'll be the province, OKT, Innu organizations and then Canada in the cross-examination.

I remind you that once you start, you're still giving sworn testimony.

So we'll go ahead, Mr. Collins, with the pre-recorded cross-examination already done.

M. COLLINS: Yeah, so we'll begin with the pre-recorded cross-examination and then there's a small issue to address about translation, which I will raise at that time.

COMMISSIONER IGLOLIORTE: The Inquiry would like to welcome and recognize Jack. So good to see you back here again, and thank you for coming in on us.

Counsel, I'll ask whether the next step will be cross-examination of the panelists.

M. COLLINS: Yes, thank you.

Before we begin, I would like to confirm that we do not have live translation available this morning and this afternoon, unexpectedly.

Our interpretation – my submission to you is that the Terms of Reference permit you to proceed without live translation for the audience, given that translation has been offered to the witnesses and to counsel and they have all chosen to proceed in English.

I would suggest that that digression should be used very sparingly but that, in this case, where a translator was arranged to be present and was unable, at the last minute, to be available and all the parties are here and I believe prepared to proceed, it's appropriate to proceed.
I think it would also be appropriate to see if any of the other parties have submissions on that point.

COMMISSIONER IGLOLIORTE: Thank you.

Province, please.

P. WARREN: Commissioners, we would agree with Mr. Collins in his interpretation of the Terms of Reference and its implications. We would note there have been times where circumstances like this have

arisen where we haven't had translation for reasons, but we all agree that it should be avoided but at some times it has to happen and we would ask you to proceed today.

COMMISSIONER IGLOLIORTE: Canada.

UNIDENTIFIED SPEAKER: Canada agrees and has nothing further to add.

COMMISSIONER IGLOLIORTE: Thank you.

Innu Nation, OKT.

B. BROOKWELL: We also agree to proceed and we just note that I believe a translated copy may be available later when the videos are posted online for anyone who may wish to look at it at that stage.

COMMISSIONER IGLOLIORTE: We'll endeavour to do that and I'll ask whether the Commissioners have any comments to – points raised by counsel for the Inquiry, starting with Commissioner Devine.

COMMISSIONER DEVINE: No comments. We shall proceed.

COMMISSIONER IGLOLIORTE: Thank you very much.

Yes, we do have alternative ways of dealing with the matter. Naturally, as counsel has pointed out, we take the delivery of interpretation very seriously. We have undertaken it, as an Inquiry, to be responsible for it. We recognize that, in many jurisdictions, it's fairly easy. I'm talking about, maybe French language, to find any number of interpreters we could hire.

In our case, in Anne, we have a very experienced court interpreter. There are no formal interpreting services available to us anywhere in this jurisdiction to be able to hire someone. So we take it on ourselves to do that. Unfortunately, on short notice, we have to do what is required, and we recognize that after 3½ years we can't afford to slow down the pace when we have witnesses here.

For all those reasons, and for the consents given by the parties, we'll continue and I'll leave it to you now, counsel, to inform us who will lead the cross-examination.

M. COLLINS: Thank you.

I believe we'll start with the Province of Newfoundland and Labrador, followed by Innu Nation and then Canada.

COMMISSIONER IGLOLIORTE: Thank you, Sir.

M. COLLINS: And the parties may seek permission to ask additional questions if something arises in a subsequent party's questioning.

COMMISSIONER IGLOLIORTE: I don't think we have any issue with that. Thank you.

Counsel, please proceed.

C. BOYDE: Thank you very much, Mr. Commissioner.

My name is Catherine Boyde. I'm the lawyer with the Province of Newfoundland. Most of my – actually all of my questions are for Ms. Randell, based on her testimony. Can you hear me okay? Okay.

And, Ms. Randell, I just want to start by asking a quick question. And I don't have a whole lot of questions for you, but you were asked in your testimony in chief, I believe you were asked by Ms. Churchill, about whether or not the federal government was tracking the number of children in care and you indicated that there had been discussions at the Innu roundtable meetings about the number of children in care.

You did recall those discussions, is that correct?

A. RANDELL: That's correct.

C. BOYDE: Okay.

Do you recall were there ever discussions about the numbers of families that were receiving protective intervention services or, for example, children in kinship arrangements but not actually in care? Was that something you recall?

A. RANDELL: No.

C. BOYDE: Okay.

So the main metric you recall is just the number of children who'd actually been removed from the home?

A. RANDELL: Yes, and I do believe I mentioned in my original testimony that there's a system within the department that tracks children that are in protection. I do believe that maybe the province does that uploading to that federal government system on behalf of the Innu communities. But because there was no actual prevention program – no, maybe kinship is protection as well, I guess.

No, I don't recall us seeing that within the documentation that I had available to me.

C. BOYDE: Okay.

I want to ask you a few questions about the – and this is, for the reference of anyone looking at the transcript, it's around pages 41 to 45 of the transcript about the template agreement that was discussed. The template agreement itself, I believe, is Exhibit P-419. I'm going to be referring generally to that exhibit but I'm not going to be asking necessarily about it right now.

So my understanding is – and it's clear in the document – concerns had been raised by the province

that were dealt with in this comfort letter. Would you agree there was a disconnect between the funding agreement under the template and actual service delivery?

A. RANDELL: I can honestly say I don't think I've ever read the funding agreement. That was someone else's role but, based on the request from the province, to have additional information into the agreement that there was a disconnect and the region – so Nathalie Levesque who was the director at the time, I recall I was only there maybe a month or so and unfortunately it – and I'm not going to blame the province or the federal government. I don't know who was responsible for this, but the funding arrangement always seemed to be left to the last quarter and, on occasion, I'm sure we could see that the funding arrangement was signed on March 30th or 31st.

So when you're coming in to sign a funding arrangement for that fiscal year, at that late in the year, trying to get changes made was difficult, period. But there was at least one year I recall, during the time I was there, that there was a push and a real effort, I would call it, on behalf of the regional office to have changes made to the agreement. And those changes would have been what was put in a letter from the province. And really – and I remember these words being said – is we need to tell the story in the agreement of what we're actually doing in these communities, what we're doing for this community.

But it just couldn't be done. From a national standpoint, we weren't able to adjust the agreement language for the communities, 'cause there are the other 600 communities across this country all have different circumstances.

So what was done was an exchange of letters that would be on file to say this is what's happening; this is the services we're providing.

C. BOYDE: And you did mention that as well in your testimony. I mean, this was the template that would be used for communities across the country. I don't think it's controversial to say that there's a lot of differences between a community in BC, Quebec, Newfoundland, obviously.

Was there a reason – why was it done this way? Why was there a template?

A. RANDELL: I have no idea.

C. BOYDE: Why not a more individualized approach?

A. RANDELL: Have no idea.

C. BOYDE: Oh yeah, okay.

Are you aware of any impediments or obstacles to prevent there from being a more individualized approach?

A. RANDELL: I'm not a lawyer; I don't write agreements, so I think they have a better understanding of that than I would.

C. BOYDE: You talked a little bit about the CWJI funding. And I understand that funding would be funding that was paid directly to the communities.

A. RANDELL: Correct.

C. BOYDE: So that would be money that went straight to the Innu themselves without requiring a third party –

A. RANDELL: That's correct.

C. BOYDE: – like an agency or a – okay.

And that was intended as more of the temporary – I think you described it as a wraparound service; is that correct?

A. RANDELL: Yeah. Well, I don't think I used the word wraparound, but it was prevention-base. And it was there for communities and not agencies. So agencies could not apply for that, as I remember correctly.

And yeah, it was there for prevention services that were needed in communities that there wasn't already funding for. So if it was eligible underneath the First Nations child family services prevention program, then it wouldn't be funded under the community well-being jurisdiction initiative.

C. BOYDE: Okay.

And I think this was a five-year program providing prevention funding to communities.

Do you know what steps were taken to set this program up so it could directly fund the communities?

A. RANDELL: By the Atlantic region, you mean?

C. BOYDE: Yes.

A. RANDELL: So, as I said previously, I am certain the Innu communities were receiving money from that fund for prevention prior to it actually being launched with other Atlantic First Nations.
So if I back up a little bit there, as most federal, maybe provincial, programs, there's a funding envelope that came to the Atlantic region, and there would be proposals that would be submitted for that funding from communities.

When I went to the region in CFS in January of 2019, the Innu were getting funding out of that envelope of money. However, it had not been discussed or engaged with other First Nations in the Atlantic at that time.

So I was the person who began the implementation of that program with other First Nations, the other 32 First Nations, I guess, in the Atlantic. So, met with

communities, told them about the program, what was eligible, and how to apply for it, and I was the contact person.

The Innu had already, I guess, asked for funding, and it was for the Innu care approach. So it was around the placement homes that they were building at the time, and they needed some capacity building, training of the staff, that kind of stuff, to be done for those placement homes. So that was being paid out of that fund when I initially started with the other communities, and I was the contact for the Innu as well after I got there for that program, if that answer your question.

C. BOYDE: I mean, you know, the process you've described – and I'm going to ask you a few questions about the FNCFS program. Could these steps have been taken to amend the FNCFS Program to sort of run that in a similar fashion?

A. RANDELL: To run that in a similar fashion – no, I don't think so 'cause FNCFS was a proposal based.

C. BOYDE: Okay.

So FNCFS, as I understand it, and feel free to correct me if I'm wrong, is more intended to cover the actual costs incurred relating to the planning, prevention and child protection pieces. Is that correct?

A. RANDELL: Yeah, prevention, there was various stages of prevention. Yeah, so it was prevention and protection.

C. BOYDE: As I understand it, with regards to the Innu themselves, I mean, the big issue seems to be that the Innu were in somewhat of an awkward position in the sense that they didn't have an agency themselves, so they couldn't receive the money directly. Is that correct?

A. RANDELL: Correct.

C. BOYDE: And the province –

A. RANDELL: They didn't have a delegated agency.

C. BOYDE: Right.

And there had been discussions about it but at the time there were concerns, even in the Innu community, that they weren't ready to take on that role to start an agency themselves.

A. RANDELL: Yeah, you know, I mean – and I think there was a real good reason why the community wasn't in – maybe more than one. But one that I heard, especially after January 20th, when the new act came into play, it was very soon after that the two Innu communities came together –

C. BOYDE: Mm-hmm.

A. RANDELL: – and decided that they would be availing of that opportunity to exercise their own jurisdiction. So it seemed to them, they knew it was going to take years of, you know, capacity building to get to the point of writing their law and signing a coordination agreement that, at that point of having an agency where they would have to take over protection, it seemed like it was for a very short period of time, so they would have to take over protection where they would have to build the resources to do that and still use the provincial legislation because they wouldn't have had their coordination agreement signed.

So, for the short window, what I understood from it, it didn't seem like it would make sense to take on protection at that time.

C. BOYDE: Right.

A. RANDELL: But they were trying to build their capacity in prevention 'cause they had already started that. So that's why they were looking for, I think, more of a prevention-delegated agency.

C. BOYDE: Right.

And the provincial government, because the prevention wasn't necessarily in their mandate of the child protection legislation, they couldn't take it and disperse the FNCFS funds. Is that –?

A. RANDELL: That's what they told us during a meeting in February of 2020.

C. BOYDE: Okay.

Was there ever a discussion that you can recall about changing federal policy to allow the Innu to receive the funds directly, even if they didn't have an agency?

A. RANDELL: There was many discussions around how they could provide that funding to the Innu communities but it – and I honestly don't know where the words "provincial-delegated agency" came from. I don't know if that was, you know, a part of one of the tribunal orders, if it was just within policy within Child and Family Services under Indigenous Services Canada. I really don't know where that came from. You know, that's what I was told, you had to be a provincially delegated agency to receive those funds.

C. BOYDE: Okay, so you can't – I mean, do you recall if there was ever a discussion along the lines of, well why don't we scrap this requirement because it's keeping –

A. RANDELL: No, I don't recall that.

C. BOYDE: – stopping communities from getting the funds.

A. RANDELL: No.

C. BOYDE: Let's see. I just need a very quick second there.

Thank you very much. I don't have anymore questions.

A. RANDELL: Thank you.

COMMISSIONER IGLOLIORTE: Thank you, Ms. Boyde. Do you have any questions of the other panelists?

C. BOYDE: No, I don't have any further questions.

Thank you very much.

COMMISSIONER IGLOLIORTE: Counsel for OKT, Innu Representative parties, would you like to take a better seat there where you can speak directly to the panel?

J. ASHINI: Yes, we have questions. I'll (inaudible).

COMMISSIONER IGLOLIORTE: Okay, perfect.

B. BROOKWELL: It might take just a minute to get set up.

COMMISSIONER IGLOLIORTE: Oh yeah.

The Inquiry should note that we've been going for so long that we have a counsel now who started off as an articling student when the Inquiry started, and now here she is, look at her.

J. ASHINI: Good morning, my name is Jolene Ashini. I'm counsel for the Innu organizations. I just provided Annie with a copy of her transcript from her testimony, 'cause I'll be referring to that a couple of times during this cross.

So I'm gonna start with Annie, and I will have questions mainly for Annie, similar to the province. But if Leila or Kelly have any answers, feel free to raise your hands and let me know.

So I'm gonna ask you a bit about your early employment with ISC in your timeline. So from your résumé, which is Exhibit P-420, and your August 5th testimony, you were with the Atlantic regional programs manager for Indigenous and Northern Affairs, is that correct?

A. RANDELL: No, when I started, it was Aboriginal Affairs and Northern Development Canada, AANDC, at the time.

J. ASHINI: Yeah.

And can you confirm what years you were in that role?

A. RANDELL: So when I was hired in September of 2016, I was a manager of a program which I couldn't remember, and I think I do now, Community Integrated Approach. It was a program that was not established when I was hired. I was hired to help the regional director general establish a new program.

J. ASHINI: So you've just sort of given me a bit of a brief introduction to that role. Could you expand a little bit further of what exactly you did in that role?

A. RANDELL: So it was to develop a vision that the regional director general had for the region, to support communities internally. So I was developing it through engagement with the communities to see if the communities thought this was a good idea, to have a team inside of the Atlantic region, so a federal team, to be the voice and to be someone who would continue to do follow-up on needs that they required rather than them always having to be calling certain people within the Atlantic.

So I was the person who was leading the development of that. As you would tell from my CV, I was there maybe seven months or so. During that seven months, I would say that there was not a lot of traction by senior management within the department for this and it didn't get very far, the idea. And I got another job offer and not getting traction, I didn't stay beyond that time frame. So at the end of that fiscal year I left the department.

J. ASHINI: So sticking with that timeline, so 2016-2017, the seven months that you're employed there, we're gonna go to page 6 of your August 5th testimony. And you said that part of your role as a regional programs manager was to meet with First Nations in the Atlantic region. So would it be fair to say you're familiar with the Innu at this point in your career?

A. RANDELL: Well, I was familiar with them before I went there. As you would have seen by my résumé I worked with Indigenous organizations for the past 27 years before that. So I was familiar with the Innu prior to this, but yes, I'm sure I would have probably – I'm sure I had discussions – actually, I'm gonna back up.

The Innu was not a part of the Community Integrated Approach because they had the Innu Care Approach at that time and Tom – I forgets his last name – but Tom was the Innu representative. However him and I did have discussions on ways they could be built into the approach if he needed the integration team to work on behalf of the community.

J. ASHINI: So then it would be fair to say that you're quite familiar with the Innu even prior to your career, and then sort of into your career on a more professional level?

A. RANDELL: Yeah, I mean, I didn't know about the everyday occurrences, but as First Nations, many of us shared the same programming. So we would be – I'll give the ISET as an example. So I would be familiar with the staff that would've been in those programs, 'cause I was in the same programs, and your band managers at the time, because I was a band manager. So it's on that level that I would be familiar with that.

J. ASHINI: And so during this time, so the seven months you're employed there, did you meet with the Innu just once or were there more occasions?

A. RANDELL: I don't know if I met with them at all, because Tom was their direct, during that time. Yeah, I wouldn't say – I don't know if I did or not.

J. ASHINI: Okay. And then so, if this would be part of your – you were working with communities and you had met all communities and you listened to what they had for the future, would you have been familiar with any priorities that the Innu would've had to bring forward. Because part of your job was also – let's move to page 6 and 7 of your transcript – you had worked with directors and managers of those departments and that you would use those top three priorities for a community to get accomplished. Were you aware of the Innu priorities?

A. RANDELL: No, 'cause I'll just go back to what I had said, is that, as I was telling you with this, I realized that Tom – if any of the Innu communities here they would know who Tom's last name is, but I can't remember his last name, Cooper maybe?

COMMISSIONER QUPEE: Keegan.

A. RANDELL: Ah?

COMMISSIONER QUPEE: Keegan.

A. RANDELL: Keegan, right. Thank you, Anastasia.

So and Tom was solely working for the Innu. So the Community Integrated Approach didn't really include the Innu communities. So I'm not gonna to say I didn't speak to the Innu communities at the time, and I do recall having conversations with Tom about having items put in theirs. But they were primarily being dealt with, as I understood, through the Innu Care Approach at that point in time.

J. ASHINI: And you were familiar with the Innu Care Approach?

A. RANDELL: Somewhat, yeah.

J. ASHINI: So if you had a, I guess, tangential familiarity, would you have been aware at this time if the Innu had Innu children in care as a priority for their communities?

A. RANDELL: I don't know, I don't know.

J. ASHINI: So you wouldn't have been able to recall if there was any steps within your department that were taken to address these priorities of Innu children in care?

A. RANDELL: No, I think you'd have to refer to Tom Keegan on that.

J. ASHINI: Okay.

So, again, I guess going more to the broader situation, in 2016-2017, in your position, would you have been aware of what INAC was funding, or ISC, or Aboriginal and Indigenous Affairs, were funding to First Nations in the Atlantic region?

A. RANDELL: No, that wouldn't have been something I – in the first role, I would not have been privy to that information.

J. ASHINI: So you wouldn't have been able to recall if there was any changes or any new additions to programming for health and services?

A. RANDELL: No.

J. ASHINI: So this is a bit before your time, and now I guess under the understanding that you weren't extremely familiar with the Innu in a professional capacity within your position, but there is a program that I understand it as – that Canada used for First Nations Child and Family Services prevention funding in the 2000s and 2010s, and it was called the Enhanced Prevention Funding Approach.

Did you hear of Canada's Enhanced Prevention Focused Approach?

A. RANDELL: Would that have been in the '90s?

J. ASHINI: No, it would have been in and around the 2000, I'd say, like, thirteens.

A. RANDELL: Yeah, no, I don't know.

J. ASHINI: Okay, you don't know.

I am going to get you to open Exhibit P-169, which is the sworn affidavit of Germaine Benuen, and it was sworn in support of a motion filed by the Caring Society on October 30, 2020. And this was tab 10 in the book. And so paragraph – I'd like you to read the bottom of page 10, so that's paragraph 36, to the top two lines on page 11, and it's beginning with words "at the earliest days."

A. RANDELL: So the beginning of 36 and going to when?

J. ASHINI: Page 11 – the top of page 11, and that would be ending at "Caring Society case."

A. RANDELL: Okay.

"At the earliest days of our organization's formation, we took up the call for Canada to provide prevention services funding. We sought funding for prevention services under Canada's Enhanced Prevention Focused Approach in 2013-2014 and in 2014-2015; these funding requests were denied. During those years, we were informed that federal prevention funding was frozen pending the outcome of this Caring Society case."

J. ASHINI: So I know that this would have been before your time with your first placement with the government and with Canada, but it would also be something that might have been addressed with the prevention discussions that you've had later on in your career when you rejoined ISC again.

Were you aware that the Innu, and particularly IRT, the Innu Round Table Secretariat, had applied for funding under this Canadian Enhanced Prevention Focused Approach in 2013 and 2014?

A. RANDELL: No, I can't say I am.

J. ASHINI: Was this issue ever brought to your attention?

A. RANDELL: I don't recall it. I mean, obviously, I've already said that I know they were getting prevention funding when I returned in January of '19, so they were getting prevention funding, let's say, in the fiscal year at least of '18-'19. So they applied somewhere, but that program – that would be four years prior to that, so I don't know if it's the same program or not.

J. ASHINI: I'm gonna move a bit forward into the timeline to when you returned back to ISC and you took the position as the regional program manager. Can you confirm again what years you're in this role?

A. RANDELL: When I accepted this position, I was the federal representative for the Innu Inquiry. That's what I had accepted, and when I went to work in January of 2019, that's what I went to the Atlantic region to work on.

As we're all familiar in this room, the Inquiry was not started at that time, and it took some time for us to begin that. So I was given other responsibilities, and the first one was to become familiar with the Community Well-being and Jurisdiction Initiative, CWJI, and to engage with communities and begin the implementation of that program.

I did that while the Inquiry was getting off the ground, and then also in January of 2020, the act was given Royal Assent, and I was engaging with communities about that act and the opportunities of capacity building for communities that was interested in learning more about that or building their capacity to exercise jurisdiction.

J. ASHINI: And this was a federal funding program related to First Nations Child and Family Services; is that right?

A. RANDELL: The CWJI?

J. ASHINI: Yes.

A. RANDELL: Yes.

J. ASHINI: And you talked a bit about this in your August testimony, but also again with the province as well. We're going to move a bit to the financial and annual report requirements of this funding and, in your time, would you have had access to these financial reports?

A. RANDELL: For the CWJI?

J. ASHINI: Yes.

A. RANDELL: Yes.

J. ASHINI: And then with that reporting requirement, do you recall if there was ever any analysis whatsoever done on these reports?

A. RANDELL: What do you mean by analysis?

J. ASHINI: So would they have used these reports to conduct any sort of comparison between First Nations, so not only to see how the money was being spent and if it was being spent but would they have used this, or would you in your department have used this to help you see what was being used to see if there was any more needs perhaps, that sort of analysis?

A. RANDELL: I don't know if it was used for a needs analysis because it was a term initiative; it wasn't something that was going to live beyond five years is my understanding. So I wouldn't say there was a needs assessment done of the projects that was funded under CWJI; however, there was a national reporting that the regions would provide what projects was being funded and, you know, was there things being requested that wasn't being funded.

I'll used the band representative program. It's now, I think, more so called the Indigenous representative but first when I was asked about it being funded by a community and not the Innu, there was a fair bit of work done. So a research project done on that by the Atlantic region which was myself and a guy out in out Alberta, actually, to see if that was a program that was done elsewhere outside of Ontario.

So we did a fair bit of research and it was determined – and I don't know if other regions did it, but we did start funding the band representative in the Atlantic region under CWJI. So it was a request from First Nations and that's how we responded to that.

J. ASHINI: Okay.

So during this term of five years, while the program was running, you didn't use any of these reports for any measurements of success or anything like that?

A. RANDELL: Well, we got annual reports from each project. So I'm thinking about the projects that were funded and one, you know, that comes to mind is one that was done with the Innu in maybe the winter of 2020 when they requested funding to discuss the act and see how they would pursue with being able to go forward in exercising jurisdiction, and an end result of that project was they gave a notice under section 20-2

at the time and I think, you know, they continued – and I know they continued to do capacity building. So obviously we would determine that as a success.

So if I had to go through each individual program that was funded, we would be able to say if it's a success or not.

J. ASHINI: So did you do anything with these reports about studying children in care, within the Atlantic –

A. RANDELL: No.

J. ASHINI: No? Okay.

And so during your August 5th testimony, I guess starting – it was a question from Ms. Churchill – and she had asked what measurements, if any, were used to assess the program. And this is page 17 starting at line 14. And you had said that you do not believe that any measurements, any analysis have ever been completed on these reports. Is that still correct?

A. RANDELL: Yeah – well, so you just asked about the children in care; these were prevention programs, so I don't even think they addressed the protection piece of it. So individually on projects, we could see – and especially if there was a secondary request for a project, obviously if it wasn't successful in the beginning, we wouldn't have funded a second project on that.

So the reporting requirements, and this is what I think I was asked in the beginning, is the reporting requirements on CWJI was some communities had quarterly reporting and others had annual reporting, and it would be a narrative that would say what was done, outcomes that was achieved based on the proposal that they submitted when they received the funding. And a financial statement to substantiate what the funds were spent on.

J. ASHINI: So then there would have been no comparison to any other First Nation groups in Atlantic.

A. RANDELL: No.
J. ASHINI: Do you know why that would be?

A. RANDELL: No.

J. ASHINI: And then, going back again to the CWJI, was this a fixed pot for the Atlantic region?

A. RANDELL: Yeah, so it was, but it was – it grew – I forget what we called – it was an inflation that went on it each year. So it – whatever the amount was, and like I said, there was a funding envelope when I went there, but each year it was enhanced, the pot. The regional allocation was enhanced.

J. ASHINI: Can you describe how it was divided up?

A. RANDELL: It was proposal based. Actually, as I was sitting here in the last hour or so I was kinda recapping the Innu's proposals and thinking about the funding allocations. Each year was different but I would say the Innu communities received between 50 and 60 per cent of the total regional allocation of CWJI for the years that I was there.

Other communities – because keep in mind, the other communities have prevention under First Nations Child and Family Services. There was probably only 30 per cent of the 34 Atlantic First Nations that applied for funding under CWJI.

J. ASHINI: And would these 30 per cent who applied would have – would everybody have gotten the same amount?

A. RANDELL: No, it was proposal based.

J. ASHINI: And the Innu received this funding. Correct?

A. RANDELL: Yes, it was community so it wasn't Innu Nation. It was the communities.

J. ASHINI: Both SIFN and, well, Sheshatshiu and Natuashish?

A. RANDELL: Natuashish – I don't recall if they applied. There was a program for prevention social workers that was applied for under Sheshatshiu. However, there was prevention social workers there for Natuashish. So it was administered by this community for Natuashish.

J. ASHINI: Yeah, so it would have been the IRT applying for this funding.

A. RANDELL: No – maybe you're right. I don't know.

J. ASHINI: Okay.

So, I guess, moving on from that – in those years, I will suggest that there is a second stream of funding based on the rulings of the Canadian Human Rights Tribunal and this funding was called actuals. You've spoken at a bit of length about this now and it was based on the actual cost of prevention programming and that was ordered by the Tribunal in 2018. Are you familiar with the actual stream of funding?

A. RANDELL: Somewhat.

J. ASHINI: Can you elaborate on that?

A. RANDELL: Well, again, I wasn't working within First Nations Child and Family Services in 2019–'20. That was other staff that was doing that, but to be honest, on a personal level I was quite surprised when I went there, that communities could just say that they spent this amount of money and got it; like, there was no budget associated with it.

So and I don't remember how long that actual process lasted. Maybe it lasted 'til I left, I don't know, I can't

remember. But I remember it being different from what I was used to from my previous time in other community organizations.

So it was – organizations would tell the CFS how much they spent in prevention and a cheque would be written back to the communities for that amount.

J. ASHINI: So I guess based sort of on your answer there, would you say that this was an additional stream of prevention funding and that would be separate from the CWJI?

A. RANDELL: Yes.

J. ASHINI: So I'm gonna move to page 13 of the sworn affidavit of Germaine Benuen. That's again Exhibit 169. And beginning at line 47 – and again, this is tab 10 for those with books.

It states that the Innu Nation applied to receive actuals funding but were refused access due to actuals funding for prevention services by Canada.

Were you aware of that request, and Canada's response?

A. RANDELL: Yes.

J. ASHINI: Can you please describe any involvement you had in relation to the Innu trying to get more prevention dollars at actual cost?

So basically what was your sort of role during these discussions?

A. RANDELL: I do believe that Nathalie Levesque was there at this point in time, I'm pretty certain. So I would've only been in an observatory role of what was happening at that point in time. So I would've been a manager within CFS, as I said, implementing CWJI. And this would've been under First Nations Child and Family Services.

J. ASHINI: Okay. And then so we'll move a bit back to your transcript again, on page 32. You describe the discussions between the province, the Innu and Canada as technical. That was in answer to a question from Ms. Churchill.

So would it be fair to say that you were familiar with the technicalities which prevented the Innu from getting actual cost?

A. RANDELL: Well, I think we are all familiar that the reason they didn't get the funding was because you had – where it came from, we're not sure, I'm not sure the provincial delegated agency. So because they were not a provincial delegated agency, they were not eligible for prevention dollars. In addition, they weren't eligible for actuals on prevention.

J. ASHINI: I think I'm gonna skip ahead a little bit because I think this was addressed quite in depth by the province. Let's see – I'll have a look here.

I guess sort of to move on further, we'll stick with this for a bit now, so that – receiving actual dollars or an actual cost for prevention, I guess, let's see – based on this and in order to, I guess, access prevention at actual costs, would you say it would be fair to be, I guess, a heavy burden on the Innu to take on protection just to access prevention?

A. RANDELL: I don't think that's for me to say; that's for the Innu to say.

J. ASHINI: So based on your role and, I guess, your observatory role in that ,and seeing what was happening at this time, you wouldn't be able to in your position, comment?

A. RANDELL: I could say through conversations with the Innu and that's, you know, whether it be we often had meetings with Lyla and Amanda and others, they were looking at the future through the act and they were trying to build the capacity. However, of course, they still had a job to do with whatever they could do to assist the communities while they were pursuing that, you know, future endeavour.

So they were really heavily focused on prevention and, I think, you know through the means that we had at the time, in the regional office, we did what we could So giving you an example, I mentioned about the social workers that they were getting funding for – I'm gonna say maybe six or seven social workers at the time and there was – it was very difficult, you know, I remember conversations probably in 2021, it was just very difficult for them to find social workers for the communities and they asked if they could then hire community workers. So not somebody with a social work degree, but the – Lila, Amanda, others felt that they had community resources that could still help them advance some of their protection – or prevention work that they needed to do in the community. So we changed the, you know, the title from prevention social workers to maybe community workers. I can't remember the exact title. So I think, you know, within the funding pot we had, we worked with the community to do what could be done.

COMMISSIONER IGLOLIORTE: I'm gonna ask you if you'd like to continue on this train of thought or to take a break?

J. ASHINI: I was just going to suggest, perhaps seeing as it's after 12 right now, we could take a break. But before we do, just a note for the Commissioner's reference, that a detailed background on the technicalities of which, sort of, Annie has mentioned and which prevented the Innu from accessing actual costs, can be found on pages 8 to 18 of Exhibit P-169, which is the sworn affidavit of Germaine Benuen, and these technicalities are also referenced on pages 274 to 276 of the same exhibit, which is titled Exhibit F of

the sworn affidavit, and it's the Innu Nation's 2020 CHRC complaint.

COMMISSIONER IGLOLIORTE: So noted, and thank you.

At this time, then, we'll take a break and be back at 1:30.

J. ASHINI: Thank you.

COMMISSIONER IGLOLIORTE: Thank you very much, witnesses.

Recess

COMMISSIONER IGLOLIORTE: Good day, ladies and gentlemen.

We're preparing now to continue on with this morning's session into the afternoon. I'll just remind counsel that with respect to questioning of Ms. Bower, please make sure that you lean into the microphone. She says that might help make sure that she appreciates the question – the nature of the question better.

Thank you very much.

You may continue, ma'am.

J. ASHINI: Thank you. Good afternoon.

Again, I'll repeat, most of my questions are for Annie. All of them are, but if anybody else has any answers, just feel free to raise your hand and we can get those answered.

So I guess to continue from this morning, I wanted to follow up on some things that you said before our break. And you had mentioned due to the Innu Care Approach, you didn't have much interaction with the Innu and any of their priorities at the time you were regional Atlantic programs manager. This was between 2016 and 2017. But you also mentioned a Tom. Was it Keating?

A. RANDELL: Keegan.

J. ASHINI: Keegan.

A. RANDELL: Yeah.

J. ASHINI: And can you tell me more about him?

A. RANDELL: No, I can't really. I think your Innu clients are very familiar with Tom. He worked with this community for a long time. So I'm sure you will – I mean, I know a little bit about Tom, but he was – I think his only client really was the Innu communities. So he was maybe program officer for the Innu communities.

J. ASHINI: So not knowing much about him, did you have any interaction with him?

A. RANDELL: Yeah, I had some, but it was just a couple of conversations in trying to build a work plan for the integrated community approach or the Community Integrated Approach, and trying to be inclusive of all the Atlantic Canada to discuss the approach with him so that he would try to also be inclusive of that type of approach in including the communities. But again, keep in mind that I did say that we never really got that program off the ground, right?

J. ASHINI: Would you have happened to know who he reported to? Was it to the Innu directly or from the feds, Canada side?

A. RANDELL: No, Indigenous Services Canada. So he wasn't a director. I'm thinking the probably – he may have had a manager's title. But he would have reported to a director, and it seems like Kelly may know more about him. She's nodding here and stuff, so I'm gonna pass the mic to her.

K. BOWER: Yes, so his position would've been – he would've been replaced by Forrest McWade, who I think many of the Innu know, and essentially – and just I know this from being a sister organization, not from the position of authority. But he would have reported to a director that would have reported to the director general, and the intention of both the Community Integrated Approach, as it was described to me, not be involved but just being a sister organization, was to coordinate between communities and the Innu had a dedicated person just for them in Tom in taking on that function.

Hopefully that's helpful clarification.

J. ASHINI: That is helpful.

I'm going to move on a bit from that part, and I'm gonna go back to the CWJI and the numbers that you provided to us before the break, and I wanted to follow up on an earlier question about the CWJI fund allocation. You had said that about 30 per cent of First Nations in the Atlantic region applied for this funding. Can you tell me where you got those numbers from?

A. RANDELL: My head. I was sitting here earlier this morning, just kind of trying to remember the communities that I was dealing with. So I think I know which ones applied and, you know, remember a little bit about them, but I'm gonna say 30 per cent is probably a fair, approximate number.

J. ASHINI: And then so again, of those 30 per cent of First Nations who applied for the CWJI funding, you said that you believed that the Innu received about 50 per cent of that funding. Can you tell me where you got those numbers from?

A. RANDELL: Again, I just kind of did the math here, knowing the projects, and I can list the projects that the community, Innu had, and I know – I think I can guess the percentage of what they received.

J. ASHINI: And can you recall, again, what projects those were?

RANDELL: Yeah, so when I went there in 2019, they were at that point in time getting funding for the Innu Care Approach, an annual contribution. Again, it was proposal-based, and I think it was five placement homes that the Innu Care Approach was looking for, but they were not completed by the time I left, but they were still working on those homes, placement homes.

So, again, it wasn't on the construction of the homes. The CWJI fund was actually funding money for the capacity building for the staff of those homes. So helping the staffs be trained in the areas that they needed training to work into the homes. That was one program that was being funded, and it was funded each year out of that CWJI fund.

The prevention social workers was being funded on an annual basis for both of the communities from that fund. There was a land-based program, they were receiving. They were receiving youth – I'm gonna say youth or it might have been a group home – funding for both communities.

The community engagement on the act was funded from that program. I believe there was renovations done to the women's centre here in the community; that was funded. And the coordination and travel costs for the Inquiry was paid out of that. Keep in mind that only brings us up to 2022; there would have been another fiscal year and there may have been additional projects approved after I left.
J. ASHINI: All right, we're going to move on from that.

So again in your August 5th testimony, I guess, beginning on page 29 on line three, you noted one idea that was suggested to the Innu and which was that the Innu could do something similar to what Miawpukek First Nation was doing at the time and from what I believe, that was to take on protection services, to receive federal funding for protection and then to do that they would contract to the province to do protection and then Canada would provide the prevention funding to them. You suggested that this was something brought up to the Innu, is that correct?

A. RANDELL: Yes, there was discussions of what the province had offered at that February 2020 meeting, that there was a possibility that maybe an arrangement like Miawpukek's might be possible for the Innu. Miawpukek had a special arrangement with the province, however, it was protection and prevention and Miawpukek themselves was delivering their own protection program but they had a secondment, I think, it's the arrangement, from the province working with them on their protection clients.

So that was discussed in, I would say, maybe throughout the spring of 2020 with the Innu as a possibility for them.

J. ASHINI: So then would you, at this point, recall the number of children or the number of provincial social workers – I can't say that –

A. RANDELL: Miawpukek.

J. ASHINI: – Miawpukek had seconded for this.

A. RANDELL: I think it was just one.

J. ASHINI: So then, in contrast, do you know how many provincial social workers or other provincial employees were working within the Innu zones at that same time?

A. RANDELL: No.

J. ASHINI: But based on your experience, at this point, with working towards the prevention funding, would you say that it would have been more than Miawpukek had?

A. RANDELL: I truly would be guessing. I don't know. I mean I'm just thinking about the population. Not much difference in the population of the two communities, but the number of children in care is substantially different.

J. ASHINI: Would you happen to know at this time, or are you aware of how many children were in care for Miawpukek between 2019 and 2022?

A. RANDELL: Yes, but I prefer not to say that here. I'm not sure if that's something I should say here, about another community.
J. ASHINI: And then – so do you recall how many children would have been in care in Sheshatshiu and Natuashish in those same years?

A. RANDELL: One hundred and fifty-seven comes to my mind, but I'm not quite sure.

J. ASHINI: So I'm gonna bring you to Exhibit P-80, which is tab 5 and that's the *Report on Child Welfare Services to Indigenous Children, Youth and Families* between 2019 and 2020 and I'm going to ask if you can read the bullet points and the numbers of Indigenous children in care within the province between 2019 and 2020.

A. RANDELL: So what page did you say that was on?

J. ASHINI: That would be page 36 in tab 5.

A. RANDELL: Okay, I'm on page 35. What did you ask me to read?

J. ASHINI: Thirty-six. And there are bullet points there. So after the explainer paragraph which basically says: "In comparison to the Canadian census breakdown, analysis of the 465 Indigenous children/youth in care in Newfoundland and Labrador during the 2019-20 fiscal year by Indigenous identity indicates the following proportions of Indigenous children/youth in care."

Can you read off those bullet points, please?

A. RANDELL: 220 Innu were in care – so I assume that's both communities?

J. ASHINI: Yup.

A. RANDELL: 190 Inuit and 20 Mi'kmaq were in care and that would be Miawpukek and Qalipu, and 35 other Indigenous were in care.

J. ASHINI: And so I'm gonna bring you now to Exhibit P-130, which is tab 9, which is the same report but for 2020 to 2021. Can you read the bullet points on the numbers of Indigenous children in care within the province, on page 24.

A. RANDELL: 180 Innu were in care, 145 Inuit, 35 Mi'kmaq were in care, 20 other Indigenous were in care, and 20 Innu/Inuit.

J. ASHINI: So I guess based on those numbers, and your knowledge and your experience, would you agree with me that the needs of the Innu and other communities are significantly different?

A. RANDELL: I would agree with you that the number of children in care were significantly different.

J. ASHINI: So you would not agree that the needs would be different?

A. RANDELL: Well, based on the need, I would think that if they're in care, yeah, they would need more – how did you phrase it?

J. ASHINI: Would you agree with me that the needs of Innu and other Innu communities – or other communities – are significantly different?

A. RANDELL: Again I'm looking at the numbers and the numbers are higher. I don't know what the needs are.

J. ASHINI: So you do agree that the Innu needs were – well, I guess – to rephrase, the number of Innu children in care, being a lot higher than other Indigenous communities in Newfoundland and Labrador, would likely require a higher number of staff, which –

A. RANDELL: That sounds reasonable.

J. ASHINI: – which would also – I guess, would you agree that would increase what needs and what capacity also are within that?

A. RANDELL: It sounds reasonable.

COMMISSIONER IGLOLIORTE: Say that again?

A. RANDELL: Me?
Sounds reasonable.

J. ASHINI: So then, would you agree that this would be a heavy burden, which would be to take on the responsibility for a large number of children in care and dozens of provincial staff, all related to protection, in order to receive funds for prevention?

A. RANDELL: I would agree.

J. ASHINI: So I'm gonna close this part of the story and I'm gonna to ask if you can tell me, without getting into confidential details, whether Canada has settled the issues of child and family services prevention funding with the Innu?

A. RANDELL: I don't know.

J. ASHINI: All right.

Thank you, those are my questions.

COMMISSIONER IGLOLIORTE: Thank you very much.

We agreed that Canada would be next and for better eye contact, direct communication, I'd ask you to move up into the chair occupied by Ms. Ashini.

V. RYAN: Good afternoon. My name is Victor Ryan and I'm counsel for Canada.

I just have one clarifying question, and it's in regards to Leila Gillis, your cross-examination that was pre-recorded earlier. I don't have a copy of your transcript to provide you, but there is just a minor clarification question I'd like to ask.

So the transcript that we have – and this is in response to a question from my colleague, Mr. Brookwell, counsel for the Innu organizations – about your understanding of LICHS, the comprehensive healing strategy. And your answer was, and I'll read it to you as it's recorded in the transcript: As I recall, the leaders of then-Davis Inlet and Sheshatshiu approached the provincial and federal government in 2004 response and for help.

And I'd just like to ask you if that year, the year 2004, 2-0-0-4, is accurate?

L. GILLIS: I don't believe that's what I said. And no, it's not accurate, it was – I don't know the exact year, but it was prior to 2001.

V. RYAN: Okay.

I know that you don't have the benefit of the transcript here, but could it have been the year 2000, and the reference to four to be the word for, F-O-R? So provincial and federal governments in 2000, for a response and for help?

L. GILLIS: That is very likely a possibility, in that the full strategy was not in place 'till 2001, so that would be the response to the concerns raised in 2000.

V. RYAN: Okay, thank you very much.

There are no further questions.

Thank you, Commissioners.

COMMISSIONER IGLOLIORTE: Thank you.

Anything arising for the province?
C. BOYDE: I just have one question and, I think I would put to this to anyone on the panel to answer. Does the federal government fund prevention services for Innu communities outside of the ISC?

L. GILLIS: There are many Innu nations, like certainly through Quebec and others. Are you referring specifically to the Labrador Innu or …?

C. BOYDE: Yes, specific to the Labrador Innu.

L. GILLIS: So prevention is a very broad subject. So I mean I could take a stab, but Kelly can, I'm sure, elaborate.

I think, in my testimony I identified a number of longstanding pre-existing programs including the Prenatal Nutrition Program, maternal child health programs, nutrition as well as some mental health and addictions programs that are preventative in nature, that are – that existed prior to the Labrador Innu Comprehensive Healing Strategy and continue to exist as the regularized programming, but I don't know if you wanted to add to that.

K. BOWER: I'm sorry I didn't catch everything you said; if you could just move the mic a little bit closer and repeat the question.

C. BOYDE: Yes, the question was: Does the federal government fund prevention in Innu communities outside of the ISC:?

K. BOWER: Sorry, ISC?

C. BOYDE: Or the –

K. BOWER: Oh okay. Oh – sorry, that's what it is. Right. Our department, thank you.

So, like, other government departments outside of Indigenous Services Canada, do they fund prevention programs? Is that the question?

C. BOYDE: (Inaudible.)

K. BOWER: Okay.
I'm not sure, there could be. Like, I know for some it – there are various programs, but generally on-reserve is funded through Indigenous Services Canada. So if there are sister programs that target off-reserve populations sometimes they're funded through the Public Health Agency, but generally on-reserve would be funded through Indigenous Services Canada. Prior to us being a department.

So it might have been funded by Health Canada because First Nations Innu Health Branch was part of Health Canada and regional operations was part of a department with various names, so at that point in time it might have been spread out but part of the intention of creating the one department was that focused or concentrated of – concentration of programs targeting on-reserve populations.

So I don't think there are many, but it also doesn't preclude – like if there are programs for communities to apply to programs on other departments, even if it's not targeted specifically to Indigenous communities, but there's none off the top of my head that I could say: Oh yeah, there's this particular prevention program in this particular agency, because generally the intention was to consolidate it in Indigenous Services Canada.

L. GILLIS: I could probably just add to that. Just – I misunderstood your question, so apologies with my first response.

I mean, Indigenous Services Canada supports the health human resources that deliver the provincial programs for the most part on-reserve, so that – the immunization programs, et cetera. So the public health staff, for example, who work at the Mani Ashini Health Centre will work closely with the provincial government in the implementation of their immunization, communicable disease control, other programs that have provincial legislation associated with them. So they – the province, for example, fund vaccines and that sort of thing for the community, which are preventative in nature, but – so ….

C. BOYDE: I don't have any further questions.

Thank you very much.

COMMISSIONER IGLOLIORTE: Thank you.

My learned colleague, Dr. Devine, do you have any questions, and identify which witness or if all witnesses could reply to your question.

COMMISSIONER DEVINE: Sure, and I have just a few things that I'd like to cover because most of the questioning that has been done up to now has answered or at least partly answered some of the questions I had.
So the first – I wanna go to Ms. Randell is the prevention services, and I'm thinking just, I think, to be clear, I'm thinking prevention in Sheshatshiu and the staff that are working closely with CSSD. Okay? So is that – do you understand who that group is, who I'm talking about?

A. RANDELL: They're delivering prevention services and they're working with CSSD?

COMMISSIONER DEVINE: Yes, so if there's –

A. RANDELL: Yeah, so okay, so it would – if they're prevention social workers, I'm thinking they would be the ones that's funded under CWJI.

COMMISSIONER DEVINE: They are social workers and there are community workers.

A. RANDELL: Yes.

COMMISSIONER DEVINE: And so it's my understanding that that's the funding.

A. RANDELL: Right. Okay.

COMMISSIONER DEVINE: Okay?

A. RANDELL: And I think they're working through a program – they work in conjunction with CSSD through a protocol agreement.

COMMISSIONER DEVINE: Yes, there's a lot of cross-communication –

A. RANDELL: Yeah.

COMMISSIONER DEVINE: – when they're dealing with (inaudible).

A. RANDELL: Okay. I don't know the individuals, but I know of –

COMMISSIONER DEVINE: Right.

A. RANDELL: Yeah.

COMMISSIONER DEVINE: Yeah, okay.

So I'm just wondering about the funding mechanism in that situation. Is that an application, and then if it's – once it's approved, what is the time period? Like, how long – what is the maximum time that it could be approved for?

A. RANDELL: I believe it was approved on an annual basis - the social workers. It was approved before I got there, so it should have been a proposal for that and then a report. And if I recall correctly, in each report, there was an annual report given and the community would be continuing that service. So there was a need for the continued service and it was funded.

COMMISSIONER DEVINE: Okay.

So if it's annual, then – see if I understand. So a proposal goes in, it's approved for one year, a report – narrative with some stats on –

A. RANDELL: Financials, yeah.

COMMISSIONER DEVINE: Hmm?

A. RANDELL: Financials.

COMMISSIONER DEVINE: Yes, and the financials will be completed, and then funding would be continued?

A. RANDELL: That's right.

COMMISSIONER DEVINE: Okay –

A. RANDELL: That's how it was done.

COMMISSIONER DEVINE: – so it wouldn't be a new proposal every year?

A. RANDELL: No, I don't recall a new proposal. It was just a need for it.

COMMISSIONER DEVINE: Okay, so it doesn't go beyond a year-over-year basis?

A. RANDELL: Keep in mind, CWJI was only there for five years, so it started in – I'm gonna say 2018, but I'm not sure of that, and would've went to 2023. So there may have been in the original because – again, I wasn't there for when it was originally approved – they may have said it was until the end of CWJI. I don't recall me, when I was administering it, receiving a proposal on a yearly basis. There just was into the report, because we did get a report every year saying, you know, this is what was done, and we continued to offer that service.

COMMISSIONER DEVINE: Okay.

So within that year-to-year basis, was there ever any funding allotted for – to provide a formal evaluation?

A. RANDELL: No.

COMMISSIONER DEVINE: No? Okay.

Yeah, 'cause oftentimes with proposals, there is a percentage that's allotted for research.

A. RANDELL: Not that I recall.

COMMISSIONER DEVINE: Yeah? Okay.

The other question, again in relation to child protection, and you kind of alluded to the different kinds of prevention, I think you said. So when I think of prevention, from my background, it's primary, secondary and tertiary levels of prevention. Is that what you're thinking, or …?

A. RANDELL: So that's the type –

COMMISSIONER DEVINE: – you're thinking, or –?

A. RANDELL: – that's the type of prevention that was funded under First Nations Child and Family Services, prevention, which is not what the Innu were receiving. That's what was being discussed; they were trying to get, but they weren't receiving. So they could have done those services with the CWJI funding. So it's

whatever they applied for they could do, as long as it was prevention for the community.

COMMISSIONER DEVINE: Okay, so they had kind of a – they got – I forget the term, now, it escapes me – but they got basically a sum of money and they could provide any level of prevention services? Whatever they saw the need?

A. RANDELL: No, they would have to tell us what they were going to provide when they applied for it, so at some point in time they provided a proposal saying they were going to hire prevention social workers. So they did that with that amount of money, and they you will recall I listed a number of other prevention programs that they had, so land-based programming. That would have been another proposal that they would have sent in and got approved.

The youth or group homes that they have, that was another one. The renovations to the women's shelter would have been another one. So each proposal provided a different prevention service in the community.

COMMISSIONER DEVINE: Mm-hmm. So there was –

A. RANDELL: It wasn't when they got it they could change it.

COMMISSIONER DEVINE: So there was no priorizing of – you know, that from the federal government perspective – that we want to give more priority, say, to prevention or more to tertiary level of services.

A. RANDELL: No. No.

COMMISSIONER DEVINE: Okay.

Okay, that's all for that. The rest of the questions were answered previously. Again, the other ones, just a few questions for Ms. Gillis and – around primary health care.

So we did have some community folks who have testified, I think last year, regarding those services, and again – to get an understanding of, and you refer to different kinds of services that are – that come under the umbrella of primary health.

So my question is, so if you can go for different pots – is that different kinds of applications? So if you're going for, you talk about nutrition, for example, that's one program, so do the Innu have to apply for that program and that's a separate one? Or then apply for something around addictions as a separate, are these separate applications?

L. GILLIS: For the most part, they were not application-based, they're population-based, so as part of the contribution agreement they are funding streams, so – and this, like it's been a while since I've been Atlantic to know the specific programs, but the Aboriginal Head Start On-Reserve, the Canada's Prenatal Nutrition Program, Maternal Child Health programming are streams of funding, but also as I mentioned, the Health human resources who deliver those programs were also a part of that agreement, so that they would implement those programs in the community, but they were distinct funding streams –

COMMISSIONER DEVINE:

L. GILLIS: – within an agreement.

COMMISSIONER DEVINE: Okay, so there's one application. Go ahead.

A. RANDELL: Yeah and just hopefully to add to that, so most of the funding in those areas, it was core funding that communities get year over year.

COMMISSIONER DEVINE: Yeah, that's the term I was looking for.

A. RANDELL: Yeah and it would be – the request for proposal-type funding would only be for small pots of funding that would tend to be project-based. It wouldn't be for a specific program that's gonna be ongoing in communities. So within those various pots, there's a potential there could have been a small amount of money that went out as a request for proposal writ large, what all communities in Atlantic Canada would have received was an amount year-over-year with potential increase for growth that – so it wasn't a re-application process.

COMMISSIONER DEVINE: So in that process, then, again, similar to a previous question, Ms. Randell, would – if the primary health care director decided we wanna put more into nutrition, they have the ability to move that, or no?

A. RANDELL: So, it's a very good question. This answer might be a little longer. It depends on the type of funding agreement that a community has. So – and I know for Sheshatshiu their type of funding agreement has changed over the past few years, and for Natuashish, I think, they still have a set agreement for the most of their programs.

So what that means is, depending on the type agreement that you have, you have increasing levels of flexibility to move money around. So if you have a set agreement – and there's a diagram that I'm happy to share in terms of explaining it all, but if you have a set agreement you can move money around, but only in a very limited way. If you have – and that's the type that Natuashish, I believe, currently has, for primarily for their health programs.

For the next level up is flex, what we call flex, and it gives greater flexibility to move programs around within a cluster area. And so you could move from Canadian Prenatal Nutrition and if you wanted to, you know, if that wasn't really where you needed to spend your money and you wanted to spend it more on diabetes initiatives, you could have that flexibility.

And then the next level agreement is block, and within block you can move around a lot. So if you had money that might have been targeted, again, Prenatal Nutrition, thinking on that program, but you felt the communities felt it would be better spent on mental wellness, they would have that discretion to move the money around within the block envelope and then the highest level is NFR grant.

I'm trying to think what NFR stands for. It's horrible when you use acronyms so much you can't remember what they are anymore – NFR Grant, but basically grant is the highest level and you can move outside of health. So if you have a grant, if you felt you didn't need the money in mental wellness, you needed it more in education, you would have that flexibility to move, neither community is in grant.

But we can definitely provide you exactly what type of agreement they have and provide the diagrams so you can see the flexibilities and just to note that over time, and it's based on community interest, they can change what type of agreement that they have, so that they can get increasing levels of flexibility, if that is something they so desire.

So, over time, the type of agreement, at least in Sheshatshiu, would have changed.

COMMISSIONER DEVINE: Okay, thank you.

L. GILLIS: And it's New Fiscal Relationship. The acronym NFR Grant is New Fiscal Relationship.

COMMISSIONER DEVINE: Okay.

A similar question I just asked Annie and that's –so how's the funding and approval, what kind of a mechanism is that? Is that an ongoing basis, is it a yearly basis or – ?

L. GILLIS: So for the vast majority of the funding, it goes out as year over year. Depending on the type of agreement they have, there's different reporting requirements and so the communities would report based on their requirements. Essentially, what the federal government is looking to see is that the programs were delivered and then they'll continue to fund.

So it could be in a situation that if, for example, a program wasn't delivered because – and they weren't able to move money around and that showed up in an audited financial statement that a program wasn't delivered, then there would be a conversation about, well, how do we deliver this in the future to make sure the programs are delivered. It could be that that funding could be held back or carried over depending on the type of agreement that they have.

They can do, like especially during the pandemic years, you can have really good intentions in terms of programming but there were other needs that you needed to be focused on. So a program may or may not have run and there might have been decisions about what the top need at the time was and so there could have been greater flexibility in terms of if something didn't happen, carrying funds over. Those reports would have been looked at and would have been discussed in community in terms of future planning.

COMMISSIONER DEVINE: (Inaudible) kind of, I guess –

COMMISSIONER IGLOLIORTE: There you go.

COMMISSIONER DEVINE: – evaluation mechanism, it's more of a reporting of, is that similar to what was already responded?

L. GILLIS: Yeah, so I guess, speaking on two levels, like, the generally federal program evaluations are not looking at specific communities. They're looking at value for money of a program nationally. Efficiency, effectiveness, those tend to be the types of things that a federal evaluation looks at in terms of going to Treasury Board to get more money for that national allocation.

In the Atlantic region, we do have a evaluation officer that is available to support communities to do evaluation for themselves, so it's not something to come back to the federal government to monitor and evaluate, but to support communities in the management of their programs to do their own internal evaluation.

So that was a service that we offered in terms the – so the evaluation would have been really at that national level of which wouldn't have been targeted to any specific community in Canada, and/or supporting communities to do their own evaluation for their continued program development.

COMMISSIONER DEVINE: Okay, thank you.

Just a final question, this is a broader question, so we don't need to spend the afternoon answering it, but from what we've heard from community members over these past three years – 3½ I think – the whole issue of trauma, intergenerational and historic trauma, where does that, or how does that play into decisions that are made by Canada, by the Government of Canada when you're sitting around the table and looking at the provision of services and applications, et cetera? What kind of, I guess, a level of consciousness is there?

And I know it's a very broad question, but if one or three of you want to answer briefly, I'd appreciate your thoughts on that.

L. GILLIS: Sure, so – and I mentioned this in one of the pre-recorded videos, that, you know, initially the funding for the Labrador Innu Comprehensive Healing Strategy was on a three-year cycle. So it would be something that we continually had to go back to Treasury Board and some of the evaluations that were

shared were all to sort of demonstrate the continued need for funding of the Labrador Innu Comprehensive Healing Strategy, and where, I think, in terms of reflecting on trauma-informed approaches, there was a recognition on the last Treasury Board submission that in the three-year time period, it would be unreasonable to expect such a significant amount of change that the funding would no longer be needed.

Which is why the funding, we no longer have to go back every three years. We have that funding long term to support, because it's recognized that when you're – in terms of the experiences that the Innu have had and the intergenerational trauma, that long-term support is needed. So that was part of the thinking in terms of that funding piece, which is supplementary to what other communities receive.

Does that answer your question?

COMMISSIONER DEVINE: Yeah. I know it's a broad one, but thank you for that.

Thank the three of you.

COMMISSIONER IGLOLIORTE: Commissioner Qupee, any questions?

COMMISSIONER QUPEE: I don't have any questions, but I'd like to thank the panel for coming and joining us here at the Inquiry.

Thank you.

COMMISSIOENR IGLOLIORTE: Thank you.

I have just one question of Ms. Gillis. It's just clearing up a date in my mind.

When Mr. Collins was questioning you on August 5, one of the answers you gave was that: I moved from my role with the Sheshatshiu Innu First Nation to then support implementation of the comprehensive Labrador Innu healing strategy. And I was specifically on the health portion of that strategy.

Was that 1996?

L. GILLIS: No, 1996 was what I started with the Sheshatshiu Innu First Nation. It was 2001 when I –

COMMISSIONER IGLOLIORTE: Okay. I wasn't quite clear on that, but thank you for clarifying that.

Okay, I don't see the hands up for further questions. Let's take a short break to allow counsel to get their heads together and see where we might be this afternoon, and opportunity to continue or as you direct us.

Thank you.

Ten minutes, please.

Recess

COMMISSIONER IGLOLIORTE: Thank you for your patience, counsel, and all the rest of the people who have been witnesses and who are here as well. We're going to continue this afternoon, in the interests of time, in at least watching the video, of Mr. Joudry, I think it is next in line there. Correct, counsel?

M. COLLINS: It's Steve Joudry.

COMMISSIONER IGLOLIORTE: Yup, good. Thank you, Ruth.

Thank you again for your patience. We're going to ask Martha Andrew if she would be so kind to come up and give us a closing prayer, please, at the microphone.

ELDER ANDREW: [Sheshatshiu-aimun spoken.]

I just want to say that I done a prayer for Bob Piwas from Natuashish, and all his family. And to all of you, I know that the work is hard you're doing, just listening and taking in all the stuff people are saying. Thank you and Nashtash and Mike and all the other people.

[Sheshatshiu-aimun spoken.]

COMMISSIONER IGLOLIORTE: Martha, thank you for your kind words, thoughtful words. We appreciate it.

Okay we'll see you in the morning.

[Transcription of video starts.]

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August 6, 2025

The Clerk:

This Commission of Inquiry is now in session.

MR. STEVEN JOUDRY, AFFIRMED

Kelsie Lockyer:

Q. Hi, Steven. So I'm Kelsie Lockyer. I'm one of the counsel with the Inquiry. And with me this morning are Paula Battcock, Michael Collins and Molly Churchill.

So before we get into some more specific question, I just wanted to give you an opportunity to introduce yourself to the Innu public and to the Inquiry.

Steve Joudry:

A. Okay. Well, thank you. I would say, to start with, that it's both my pleasure and duty to participate in an inquiry process and as a witness, to provide any information that may be valuable to you in considering the treatment, experiences, and outcomes of the Innu in the child protection system.

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Before answering any questions, I would like to offer an opening statement, as hopefully, of introduction and as well as to set the context for my comments.

I realize that, given my background, my experiences and roles in various professional positions over the past 20 to 25 years, I may have a unique perspective on some of the areas of interest to the Inquiry and to all the parties represented.

My information will be provided to the best of my ability, best of my recollection, and from my personal and professional perspectives, not representing any party or institution. In other words, my truths from my lived and my work experience.

To begin with, I am a member of the Mi'kmaq Bear River First Nation in Nova Scotia. Early in my childhood, I had the experience of being taken from my family at the age of 5 and spent over a year in the foster care of the Nova Scotia child protection system, otherwise known as the Children's Aid Society.

Later in life, I spent nearly 22 years in the

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Canadian Armed Forces as an army officer with military experience and service across Canada, three years overseas in Germany with the North Atlantic Treaty Organization during the Cold War and later, 16 months with the United Nations in the former Yugoslavia.

I met -- I left military service in 1996 and gained employment with the federal public service with over 15 years -- excuse me, in various management, in executive positions with Indian and Northern Affairs Canada, as it was called at the time, in Atlantic, Nunavut, BC, and national headquarters regions.

While in the Atlantic regional office of INAC, I was the regional executive with oversight responsibilities for programs and services to over 30 First Nations and multiple organizations in the four Atlantic provinces, including the two Labrador Innu communities.

Although I was not directly involved with the Child and Family Services Program implementation, I was involved in the administration of the program, delivery, and funding management responsibilities.

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Looking back on that period of my life, I would say the majority of my work at the region, as a senior executive, was involved with governance, program management, financial management, capacity building, and intergovernmental relations.

After a tour of duty in the BC region and four years in the national headquarters' office in the Northern Affairs Organization, I returned to Atlantic Region Indian Affairs in 2008, on a special assignment in a dual position with Indian and Northern Affairs Canada and Health Canada. That was in their First Nation and Inuit Health Branch, at the time, in a role assisting both departments integrate coordination and planning for the 2010 Renewal of the Labrador Innu Comprehensive Healing Strategy.

I can speak to these matters to some extent but not in any detail and of course, only from my own perspective.

In 2012, I left the federal public service and was asked by the Labrador Innu to help set up and establish the operation of the Innu Roundtable Secretariat. This included acting as the interim

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executive director for almost seven years, coordinating the work of the Tripartite subcommittees, including Health, Income Support, Justice and Policing, and Child and Family Service.

Aside from regular management functions, organizational development, and coordination of the Tripartite healing and meeting process, I was directly involved in the devolution of the income support program in the initial efforts to build an Innu Child and Family Service prevention service.

I gradually reduced my executive director responsibilities to become a mentor, advisor to a permanent Innu executive director, who was hired and developed into the position.

The past few years, I have been mostly coordinating the Innu five placement plan. That's to establish and operate five Innu community-based child placement homes. I can speak to these issues in considerable detail, including the work with the Innu, Newfoundland and Labrador, Canada or Indigenous Services Canada, and other parties in the multi-year

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project to reach the objective of five placement homes for Innu children and youth operated and managed by Innu organizations.

With that as my introduction and opening statement, if any aspect of my involvement can be helpful to the inquiry in your important work, I would be pleased to try and answer any questions.

Kelsie Lockyer:

Q. Thank you very much, Steve, for that introduction. It's really helpful to provide context to your background and everything. And I appreciate you sharing, you know, the bits about your real life before your professional career and everything, as well.

So I know you're doing a lot of really interesting work now in more recent times. But I will, unfortunately, have to try and take you back a little -- well, more than a little while. I'm going to start from the beginning of your time in the federal government and kind of go from there.

So from the beginning, what was your -- your first role with the federal government was with? Was that with INAC?

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Steve Joudry:

A. Yes. When I left the military service, I started out with Indian and Northern Affairs in a junior officer position. I think, at the time, they called it funding services officers. And I was -- basically, the role there was to assist the department in its frontline coordination with the funding management agreements with funding recipients, First Nations mostly, and interaction with Indian and Northern Affairs.

From there, I became a manager, then a director of the funding services organization in Atlantic region.

Actually, in there, one of -- I did spend a year away a bit from the region, in Nunavut region. In 1999, is -- they were -- I was sent away on a special assignment to work here. Then I came back to the Atlantic region as the director of funding services. And then later was promoted to the assistant regional director or assistant regional -- or associate regional director, I guess, they called it. And then to the executive director -- the regional director general. And then I went off to BC region and

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then the headquarters region. But my first job was kind of a frontline funding services manager.

Kelsie Lockyer:

Q. So working on the frontline, what areas of -- it was the Atlantic region, but where were you based out of?

Steve Joudry:

A. I was based out of Amherst, Nova Scotia and at the Atlantic regional office. So I would have been assigned a number of First Nations to work with. And that varied from year to year, depending on the number of funding services officers we had. I think, at one point, I might have even been assigned a period of time working with the Mushuau Innu. They were still in Davis Inlet at the time.

I'm not a hundred percent -- I don't recall exactly which First Nations I was working with at all times, but I do recall visiting the community in Davis Inlet at some point. So I'm thinking I must -- somewhere in there, I must have had some responsibilities at one point, at least with Davis Inlet, yes.

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Kelsie Lockyer:
Q. So I guess, it's hard for you to say, I guess, how much interaction or the extent of your interaction with the Innu would have been during that time. Would that be correct?
Steve Joudry:
A. Yes. I do recall certain instances of interaction with the Innu and also provincial authorities. I do -- at the time, I believe the Davis Inlet relocation project was underway, to some extent, the planning for it, et cetera. But when I -- at that point, I recall, I think my first visit to the Innu community was in Davis Inlet. It was 1997, I believe.

And I was -- keeping in mind, I was only about a year or so out of military service and out of a very challenging military assignment, working with the United Nations in Yugoslavia. I recall some time after that, I had a chance to speak to the minister of Indian Affairs. We were waiting. I was travelling with him. He was waiting for -- we were waiting for an aircraft to -- from somewhere to somewhere else. And we were having a -- just casual conversation, and the subject

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came up with my first visit to Natuashish or to Davis Inlet. And then I was telling the minister that I was shocked and saddened by my first experience visiting an Innu community, specifically, Davis Inlet.

I said, Minister, you know, it was -- I was shocked to arrive on the ground to see the circumstances the Innu were living in, in Davis Inlet. Reminded me a great -- to a great extent of -- especially the children, reminded me a great extent of a desperate situation in Yugoslavia after the war in Yugoslavia and other areas of Bosnia.

I said I could understand, you know, those situations in a war-torn country. But to see similar situations in our own country, in Davis Inlet, I said, was both sad to me, as a Canadian, and angry that something clearly needs to be done. And I don't recall how the conversation went, but clearly, the minister had never been to Davis Inlet. He -- but he did seem quite interested in my comments at the time.

And I think it was that same visit to -- my first visit to Davis Inlet, I had a -- there was

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no hotel there. But we -- there was a house they called a staff house that was -- actually, the -- there was a young lady who was kind of in the role of the band manager. And she had bedrooms -- her and her husband had bedrooms that they would kind of rent out to visiting folks.

And I recall being in -- around the dinner table one evening, and two of the other people visiting at the same time I was there, they were two social workers from the province. And they're experienced social workers. One of them, the manager, had, you know, a master's. I do recall her specifically telling me she had a master's degree in social work. Because I asked them over the course of dinner, I said, you know, what's your assessment here? Like, how do we help, you know, the Innu in Davis Inlet?

And I won't use the very negative word that she used, but she basically said, they're effed. And I said, well, what do you mean? And she said, look, I -- she said, I'm an experienced social worker. We were trained to deal with individuals and maybe families, she said. But there's nothing in my training as a social worker

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in the child protection field that enables me to come up with strategies or processes to deal with an entire community that needs healing.

And I recall that conversation. I've repeated it several times and recalled it several times in my own work since that time. Because I think it just goes to show you the challenge that government folks, at the time, would have had trying to come up with solution and methods and processes to help the Labrador Innu in their healing efforts.
Kelsie Lockyer:
Q. So when you were in that role with INAC, what would your mandate have been?
Steve Joudry:
A. Well, I believe, the mission at the time -- I'm not too sure how they express it these days, but the mission was to improve the lives of First Nation people. And while that sounds a bit corny, I suppose, in many respects, I recall, certainly, as I moved up the ranks in Indian Affairs, I recall, you know, having several opportunities to remind people, our staff of that, as we tried to execute responsibilities as

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government officials. But also, keep in mind that, ultimately, our goal and our mandate of the department was to improve the lives of Indigenous people.

Kelsie Lockyer:

Q. So you mentioned that you had a couple opportunities to remind people of that. Could you tell me a bit more of what you mean by opportunities there? And was there certain situations that come to mind?

Steve Joudry:

A. I don't recall certain situations, other than team briefings, executive briefings. I mean, the role of being a federal public servant is kind of self-explanatory, in many ways, you know, your role of providing service to Canadians. But I recall, you know, reminding the staff in the Atlantic regional office, about 120 people or so, that -- and even in my other roles that I had, even in the regional headquarters, where I have worked years later, reminding people that, ultimately, our role, in addition to, you know, providing service to Canadians and providing advice to the ministers and so on, it was to

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improve the department, specifically, the mandate to improve the lives of First Nation people. And we should not lose sight of that in our day-to-day work.

So nothing specific, I don't think, Kelsie. But certainly, just many opportunities, you know, in a leadership role to try to remind and reorient people to the fact that was our underlying mandate and goal of the department.

Kelsie Lockyer:

Q. And so in pursuing that mandate, what type of -- were there certain things that would have empowered you to do, to fulfill that mandate in -- that you remember as a positive?

Steve Joudry:

A. Well, I think, positive was there was the whole hypothesis of the department, really, was -- and really, of the government, I suppose, is to provide various programs and services within government guidelines and a whole, really, plethora of programs and services. And somewhere in there, the thinking was, I guess, that First Nations and organizations would be able to access these programs within their given authorities and

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mandates and funding mechanisms that would be able to work and apply them in such a way that they would effectively improve the lives of their people at a community level.

Very difficult for the department to do that on the ground. We -- all the government departments provided programs and services. The implementation was, in many ways, left up to First Nation organizations. Some of them did great at it. Some of them didn't do so well. And some of them had difficulties in all sorts of areas.

But -- and that was probably the frustrating part of that because in the -- the various programs weren't designed to meet the needs of any particular First Nation. They were -- it was one size fits all in many respects. After all, they were national programs.

Within the region -- I don't recall actually saying this to anybody, but it was almost understood that there was a level of discretion in the application of the programs and interpretation of the terms and condition that we would push the envelope in many of those areas

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because realizing that the one size fits all obviously wasn't an ideal scenario. There were communities that needed certain assistance in certain areas, perhaps more so than others. But the funding mechanisms wouldn't allow, necessarily, for that type of discretion. But we would push the envelope as far as we could and apply our discretion to try to help within the parameters of the program.

And I think everybody instinctively seemed to do that because that was just the nature of the business. But in some cases, it wasn't far enough. It just -- you know, you couldn't go -- you couldn't step outside completely of the authorities. But we could go as far as we could with interpreting some of the -- some of the parameters to try to assist. Mostly, that would be in, you know, increasing funding levels so -- even though, in many cases, they weren't enough.

I mean, you could pick any program, and that would be the same thing. Maybe it was housing. We all knew that, you know, I think, our First Nation maybe needed a hundred houses. But the most that our program would provide that year to

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that particular First Nation was maybe five houses. So that was the frustrating, difficult part of working in those sorts of roles.

Kelsie Lockyer:

Q. So specifically, as it relates to the Innu, do you recall any situations where you had to push the envelope in, you know, dealings with the Innu?

Steve Joudry:

A. A lot of the -- in the early -- most of the work with the Innu was -- seemed to be focused a lot on the Labrador Innu Comprehensive Healing Strategy. And also a part of that, I guess, would have been the Mushuau Innu Relocation Project. And we had a specific and unique sort of management structure, the department had, around that at the time.

So I don't recall anything specific there, other than, you know, the regular implementation of the programs and services, keeping in mind that the Labrador Innu Comprehensive Healing Strategy did provide some special funding that, at the time, because it was coming through the strategy, targeted specifically at the two Innu

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communities. Some of that was in capital. Some of it was in other programs and services.

There was even a program they called Catch-up Capital to try to increase some of the infrastructure in the two communities. Even though, you know, the Innu community in Davis Inlet was under construction, we had to find a way to also provide extra resources to the community of Sheshatshiu. They weren't being relocated, but they certainly did need some extra access to capital for housing and education for schools and things like that.

So nothing specific comes to mind, but I'm sure there were -- I'm sure there were lots of occasions when things came up that I probably had to deal with, I would imagine.

Kelsie Lockyer:

Q. And so in that role, do you recall any -- I know you mentioned that you had a conversation with a social worker when you were in Davis Inlet. Do you recall any other interaction with the child protection system while in this role?

Steve Joudry:

A. Not in the early days, but in my role as the

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integrated manager, I think it was around 2010, 2011, maybe -- no, actually, it would have been prior to 2010. My role as an integrated manager, I recall a trip to St. John's to meet -- I was still in the federal role at the time. And I wanted to meet the -- one of the new assistant deputy ministers in the Child and Family Service Program. That was one of the areas, of course, listed in the -- not only in the Innu main table structure, at the time, but also in our work.

And I know she wasn't in the job very long, but I met this woman. And it was probably one of the most distressing meetings I had as a federal official. She made it quite clear to me that, in her words, her main role was to get a grip on the Child and Family Service Program. And she made it clear that her background was in financial management. And to her, the program was more about costs and runaway funding requirements than it was anything to do with the actual delivery of child protection services.

She made it quite clear that she didn't really know the Innu. She didn't feel any requirement to get to know the Innu or their living

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conditions or circumstances. And at the time, I remember specifically what she said to me. And she said, "Look, while on the rock, we all have it tough. They're just going to have to suck it up."

And I recall the Newfoundland -- the government of Newfoundland official who was coordinating the meeting for me, and he was also a participant in the Innu main table meeting process. He, himself, was surprised by her comments and actually apologized to me afterwards. And I said, "Well, at least I know what I'm dealing with." And fortunately, that individual wasn't in that job very long. I don't know the circumstances of anything there.

But to me, that was a low point in my interaction with the province on Child and Family Service. If I think back from that moment of 2009 or 2010, whenever it was, things just improved exponentially after that. I wouldn't say it had anything to do with that conversation, but that was certainly a low point in my work, certainly, as a federal official in a intergovernmental affairs kind of discussion.

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Kelsie Lockyer:
Q. So I'm just going to take you back to your role in funding services or just turn to -- hang on. So to go back to the LICHS funding, so just to clarify, was that directly through your -- was the LICHS funding done through your role as -- in INAC, or was that a separate?
Steve Joudry:
A. I'm not sure exactly what you mean by the question.
Kelsie Lockyer:
Q. I'm not exactly sure what I mean by the question, to be honest with you. So I just want to clarify, was INAC directly responsible for LICHS funding?
Steve Joudry:
A. They were the lead department, yes, that's right. We would have -- our minister would have been the one to take the Labrador Innu Comprehensive Healing Strategy to the federal cabinet table. He would have -- he or she would have had other ministers in support.
In the early days, like 2005, maybe, it probably would have been -- five or six federal

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ministers would have been speaking to it at the cabinet table, including minister of health, minister of INAC, minister of public safety, RCMP, and so on.
Eventually, though, it was really between the two federal ministers, Indian Affairs and Health Canada at the time. Certainly, in 2010, when I was involved in the renewal of the strategy, those were the two ministers that we were in there two departments that were briefing up specifically. They have the bulk of the remaining funding to go through the strategy that required cabinet approval.
So the department -- of course, this wouldn't have been anything originated from the region. This would have been a national office. Nobody from the region would have been party to the secret conversation that Treasury Board with the cabinet table. But we certainly were -- would have been involved in the lead-up and preparations or all of that.
In my role as the integrated manager for both INAC and Health Canada for the 2010 renewal, I was involved in multiple communications and

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meetings, internal to both departments, you know, briefing up before -- and even speaking to the -- I recall, at one point, we even had a meeting with the gentleman who was actually writing the Treasury Board submission, commenting on certain paragraphs in the submission, and explaining certain things to him. But INAC would have been the lead department, yes.
Kelsie Lockyer:
Q. So with the development of that then, were you -- you said that you wouldn't have been directly involved, I guess, in the initiation, but you were in the renewal. So to go back to the initiation, how much do you recall of how that went -- or underwent, or how much were you privy to with the discussions and everything that led to that?
Steve Joudry:
A. Well, in the -- probably in the initial work around 2000, I would have been probably involved after the fact or in some peripheral manner, given my funding services role at the time. And obviously, some -- we had regular -- at Indian Affairs, we had regular kind of management

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meetings with Health Canada. So it would have been conversations, at that level, about it.
In many ways, though, certainly from my perspective and later on in my work with the department at a -- in a more senior level, is I became more aware of what was going on with the LICHS. It was -- it seemed to me that the LICHS was really a unique funding mechanism to provide funding to the Innu that wouldn't have otherwise been available. There was -- didn't seem to be any other method.
At that point, they weren't -- certainly, they weren't registered yet as Indians. They didn't have reserves. So it was almost impossible to apply some of the programs and services in Indian Affairs, given those circumstances. So the LICHS, in many ways, was a workaround, really, to get funding to the Innu to provide programs and services that -- in many ways, that they would have been receiving, had they been considered First Nations in reserves prior to that, probably.
And -- so in many ways, when people look at the LICHS, it's not knowing -- it's kind of like

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the title on a book, not knowing what's in the book, you come to certain expectations, I suppose. So although it was certainly about the Labrador Innu, specifically, I don't think -- certainly, I, and I can't speak for other people, but I didn't really see it as being comprehensive in many ways.

And I didn't really see it being -- addressing the healing needs of the Innu, necessarily. And I didn't really see it as a strategic plan, other than being -- the strategy being to provide -- to convince cabinet to approve the funds so that the government departments could provide the services to the Innu that were being contemplated, including the relocation of the Mushuau Innu, reserve creation, registration, and as I said, access to many programs and services at a level that they wouldn't otherwise have been, you know, entitled to, if you will, through the government programming system.

So that would -- that's -- that didn't occur to me overnight. That was just -- the more that we dealt with the program, that was just -- and tried to implement the programs' authorities, we

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could -- I think most of us could see that it was doing -- providing great opportunity for the funding, but it wasn't really aimed, necessarily, at the full comprehensive needs of the Innu. That's for sure.

Kelsie Lockyer:

Q. So when you said that you didn't -- you don't view it as having been comprehensive, could you just elaborate on that and how it could maybe have been more comprehensive?

Steve Joudry:

A. Yeah. Well, I think, to begin with, you know, when -- it was clear, certainly, to me, even in the early days, I guess, that the strategy wasn't really holistic. It didn't really provide any integrated link to other programs or issues. And to me, that would be necessary for it to be comprehensive. It would include -- find some way to bring together the programs and services but in an integrated way that would address all the issues in some sort of coordinated fashion. That wasn't really the case.

As I said, the government approach, not just to the Innu, but to First Nations was, you know,

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we'll provide this bucket of -- or basket of programs and services. And when it hits the ground, you know, somehow the communities will magically be able to implement them in a way to meet the needs of their people.

So in that way, the strategy wasn't any different than providing programs and services. It wasn't -- it was comprehensive in the sense that it provided -- it seemed to have all the elements in there that would have been similar to other First Nations. But beyond that, it wasn't comprehensive in how it was -- in how it was, you know, designed to be implemented or actioned on the ground, no.

Kelsie Lockyer:

Q. And as well, it mentioned that it didn't seem to you to be healing. Could you expand on that a little, as well? I guess, it kind of goes into what you just said, but...

Steve Joudry:

A. Yeah. Well, I think, the -- as I was thinking about the strategy over time, it reminded me of that interaction I had with the social worker in Davis Inlet. That you know, healing is more than

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just, you know, providing service to individuals or to families. It was clear that there was, you know, large groups within the communities on multiple levels that required some type of healing. And in many ways, the Innu were left to try to figure that out for themselves with this, you know, access to these bucket of services that was there.

And I mentioned earlier, in the Indian Affairs, we would have regular management meetings with Health Canada. And at the time, this was before they were amalgamated in Indigenous Services Canada, of course. And I recall the regional director for the First Nation and Inuit Health Branch at one of these management meetings was around the time of one of the discussions about the Labrador Innu Comprehensive Healing Strategy. And he more or less said the same thing the social worker did at Davis Inlet to me a couple of years prior to that. He basically said Health Canada services that they had were -- they had -- there was nothing really in their toolbox that they had that would necessarily provide the level of

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community-level healing that was probably required in this case.

And I think it was -- the discussion at the time was around the work that was ongoing with the Davis Inlet relocation. And the concern was the -- some of the difficulties in social issues would be transported with the Innu, as they moved to the new community. And that was his concern at the time.

And I think he was musing the fact that, although they were doing their best in terms of programs and services, they -- it was easy to build houses and easy to build roads and those sorts of things. But to provide healing of the magnitude and the level that might be required in this case was, you know, beyond their capability. The best they could do was provide access to programs and services with a great deal of discretion and flexibility. But that alone probably would not be sufficient.

And I recall thinking, at the time, well, you know, unfortunately, that is the circumstance that we were in at the time.

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Kelsie Lockyer:

Q. Do you know of anything then that would have maybe been discussed or looked at to then address that issue? You know, you have this funding side, but the issue of the fact that the social issues and the things that need healing aren't being addressed.

Steve Joudry:

A. Well, there's a lot -- there was a lot of effort, even in -- at the time, as well as through the renewal of the strategy for an emphasis in capacity building. Certainly, in the health and addictions field, for example, there was a lot of work that was -- that the government tried to do, which was unique in many respects. It was probably a bit outside their normal parameters of dealing with First Nations. This is Health Canada I'm talking about -- providing addictions treatment services, providing capacity building for the staff to become more knowledgeable in various types of healing. So I think that was done to a large extent.

But once again, the theory was the same as other government programs. Ultimately, in this

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case, the Innu would have to use and develop that capacity, provide -- use the programs and services in a manner that would assist their people in their communities. It wasn't anything that anybody in the government service role could actually do themselves. And that was probably the frustrating part.

And also, their level of knowledge around that was, as I -- similar to social workers in many respects, it was about individual healing or maybe family healing. But healing in the context of taking -- in an integrated fashion, I mean, I'm certainly not an expert in the field, but in many cases, the healing has to be holistic.

And maybe the urgent issue may not be the underlying cause requiring healing. Maybe it's a lack of income. Maybe it's a lack of other things that have nothing to do, necessarily, with the healing program. But if these healing programs aren't integrated into other things that may be affecting the circumstance for this individual or for this family or in this case, for the community, then the healing efforts may be all for naught at the end of the day.

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And that was the frustrating circumstance. And that was one of the -- I saw and probably many people did, the weaknesses in the healing strategy. It wasn't strategic in that context. It was operational, and it provided the only part of the strategy, really. The strategy was to get funding so that the community could have access to these programs.

And that was -- it was a good strategy in that sense. It did that work. But it wasn't implemented in a -- there was nothing in it that would allow a strategic implementation. The Innu would have to do that themselves in -- on the work on the ground.

Kelsie Lockyer:

Q. Is there anything that you would have liked to have seen built into it for strategic implementation?

Steve Joudry:

A. Sorry, could you say that again, please? I think I missed one word in there, Kelsie. You're --

Kelsie Lockyer:

Q. Yeah.

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Steve Joudry:
A. The volume isn't quite as loud as...
Kelsie Lockyer:
Q. Sorry about that. Is there anything that you think could have been included in it to allow for strategic implementation?
Steve Joudry:
A. Well, I think the one piece that it was probably missing was, in many of these, was limited collaboration, really. As strange as this may sound, there was limited collaboration with the Innu in the design of the healing strategy itself. Maybe not in the early days, but certainly, by 2010, it seemed to me as if the implementation required a lot more flexibility on the ground to enable the Innu to do things that may be -- and even if it only was, you know, permitted under that particular strategy, I think there probably was a way to make that happen.

None of it really seemed to resonate with the government folks at the time. But I -- the whole theory here, as I said, you know, the government provide programs and services, and the Innu or any Indigenous community would implement them.

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There wasn't a lot in the government toolbox to provide any real strategic systems to the communities.

The tools we had, from a management perspective, was all related to, you know, managing programs and the services and the funding mechanisms. We had things like, you know, co-management and third-party management. Those were all related to, you know, financial services, you know, financial management-type issues.

To me, there was something else that was required to provide some type of strategic assistance to the Innu. I'm not exactly sure what that was or what it would look like. But whatever it was, we didn't have access to it. And the Innu didn't have it. So it was kind of -- it was kind of like that missing piece to a puzzle. And it was critical, in my mind, to the successful implementation of the programs.

And I think that's why it was relatively easy for me, in 2012, when I left the federal public service, and the Innu asked me to come help them set up the Innu Roundtable Secretariat. On a

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personal level, I thought, well, okay, maybe I can help, you know, on the ground, on the frontlines more than I can from, you know, this chair, being in the government services.

And it was always, I think, my goal to -- in government, as I look back at my time, there was many of our programs and services, because they lacked integration, they -- I always saw them as applying the one ten rule. And that was for -- you know, for every $10 of investment, at best, you know, you get a dollar's worth of product at the end of the day in terms of these programs and services.

I knew that what we needed to do, really, was to find a way to turn that formula around. And for every $1 of an investment, you need to get $10 of value at the end of the day. And to me, that would have been success and tried to find that as a way of implementing things on the ground. Of course, that's the challenge that every Indigenous community has.

So it's not easy. But the integration and the comprehensive nature of the implementation, really, is probably best done on the ground in

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the community. But not every community is able to do that. And some are. And some aren't. And some eventually get there, and they find a way to get that $10 worth of value out of every dollar's worth of investment. And that's the ideal, of course.
Kelsie Lockyer:
Q. So you mentioned before the interaction with that ADM that was pretty negative and seemed to have, you know, some preconceived ideas and things. Do you recall ever getting a sense of that opinion from anybody else?
Steve Joudry:
A. Not to that extent. I mean, years later, when I was working with the Innu Roundtable Secretariat in the initial efforts to move ahead with the idea of the five placement plan in the early days of the prevention services, you know, trying to hire our own social workers, I did have an interaction with a different assistant deputy minister in Child and Family Service at the province.

After one of the briefings, she took me aside. She was very -- she was very concerned on two

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levels. One, she said, we'd never get social workers to work for us. They had problems hiring social workers out of province, and we would certainly not be successful in that. And secondly, she said, this idea of the five placement plan with the Innu running their own child placement homes, she said that's definitely not going to work. And she said she was concerned that I was setting the Innu up for failure, and that would make her job and the work of the province much more difficult because it would be very frustrating.

And I recall telling her that we were going to proceed and that -- with or without her help. And that was the end of the conversation. And of course, things progressed positively at that time.

She always -- and even after that interaction, I was always leery of her and mindful that, at one point, it even occurred to me that she might have even made a couple of decisions that were almost -- you know, I know it was cynical of me even to think like that. But it almost looked as if she was trying to sabotage what we were doing.

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Luckily, one of her colleagues, another assistant deputy minister, he was a gentleman I was working with on a more comprehensive basis on that plan. And he was absolutely super. In fact, without his help, it probably would never had worked.

So the other ADM, she essentially marginalized at the time. We found social workers. We even hired some of her social workers, actually. They were much -- they were happy to come work for us at a loss in pay than they were to work with the province in the protection field.

So certainly, by our actions, we proved her wrong. But other than that, those were probably the two most negative interactions I recall having with the provincial officials in Child and Family Service. Certainly, from about -- yeah, the last five years have been -- and maybe even a little bit beyond that, we've been -- the transformation in the province on that level would be nothing short of a miracle, in many respects, actually. Not only did they become our supporters and helpers, I think they probably became many of our cheerleaders in some of the

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work that has been going on in Child and Family Service.

I mean, at the end of the day, you know, they're obviously directly involved in that. They have the mandate for protection being provincial jurisdiction. But the more successful the Innu are in that field, probably, the easier it is for the province to do their job.

So I think, at some point, they recognized that they were, you know, party to the solution here. And I think, certainly, the people that I and others have been working with over the past five to seven years have probably recognized that more than any of their previous colleagues did, for sure.

Kelsie Lockyer:

Q. So before I, you know, clue up and hand it over to my colleagues for any further questions, is there anything -- or are there any things that you've learned throughout your roles that you haven't discussed yet today that you think could assist in moving forward?

Steve Joudry:

A. Nothing immediately jumps out to -- comes out to

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mind. The only thing that -- I think one of the things that, I think, when I was describing, you know, the LICHS and its lack of comprehensiveness and perhaps, the absence of an actual strategy to, you know, improve the lives of Innu people and communities, in my mind, part of, you know, being comprehensive and part of being holistic in its approach -- there's a certain element there of -- that was always missing on data collection and measurements. Without that, it was kind of hard to gauge progress.

And that's -- like, what are -- you know, other than program progress, like how many people did you send away to addictions treatment, for example, that's not really a measurement of success, in my mind. But those were the kind of things that were tools for measurement, as opposed to data collection and measurement that would indicate, you know, to everybody, especially the Innu, that things were improving.

And I think the organization -- I think DPRAs, they're called. I think they did a couple of the evaluations of the LICHS. And I can't recall their exact words, but I think they had some

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comments in their evaluations about that, in terms of data collection and measurement -- and measurement to gain some sort of stated outcome or objective that you could measure. And that would be -- that would be problematic if it wasn't there, which, in this case, it wasn't.

The other thing I would mention, you know, I mentioned earlier, the toolbox that the government had. It didn't really seem to have the right implementation mechanism to -- in this case, to assist the two Innu communities in their efforts in a holistic manner. And certainly, in the early days, maybe 2005 to 2010, and certainly, maybe even before -- and probably is even still ongoing, to some extent.

And it's not -- while it's not unique to the two Innu communities, it's an interesting -- it's an interesting example, I guess, of -- and it's not unique to the two Innu communities, as I said. But our country is founded on the principles of -- you know, in our constitution, we talk about peace, order and good government. And I've always seen that as being -- the words are important, and the sequence of the words, I

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think, is important. Because, in order to have good governments, you need to have peace and order.

And a lot of the work that government programs and services do, they're aimed at good government or good governance. But if there's no peace and if there's no order, then all the efforts going into good government, whether -- regardless of how well the programs it services are designed and implemented, it's not going to work. And that was something in the government toolbox that just didn't seem to be there to provide that peace, order and good government concept in order to deliver programs and services in some holistic, comprehensive way.

So I just -- I add that as a bit more context to the type of work that I was doing, you know, 15, 20 years ago.

Kelsie Lockyer:

Michael or Molly, do you have any questions?

John Michael Collins:

No, thank you.

Kelsie Lockyer:

Q. (Inaudible).

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Molly Churchill:

Q. I'd just like to ask one question, if I may. So you talked about the sort of a programs and services approach. The idea being, if, you know, pockets of money are provided for silos of programs, if you will, that eventually, this will translate into change on the ground.

Can you talk from your time with the federal government, your insight into how funding was determined? Was it based on needs? Was it based on averages? Was it based for the -- how did that work?

Steve Joudry:

A. Well, mostly, the government programs and services was all designed based on numbers. There was usually a formula attached to it in some way, shape or form that calculates the number of registered Indians on reserve or uses those types of numbers. And you plug it into a formula, and it, you know, spits out a total, essentially. That's the basis on which many of the programs and services work. They all have their own kind of formula.

And Child and Family, for example, you know,

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in the early days, the national directive would apply based on number of children and number of children at risk and things of that nature. It was always very limited in its scope. Very few of the programs, if any, actually designed based on need. That was -- need would be almost an afterthought, in terms of -- in terms of the programs and services and the funding level. Probably one of the most frustrating things, actually working in Indian Affairs, that would probably be about it.

You know, I didn't -- I wasn't working there very long, even as a junior officer, to realize that that was a major problem in how things worked. I remember trying many unique things to try to work around that, but it was very, very difficult with national directives, certain funding formulas.

As I said, though, most of the people that I worked with seemed to just instinctively know that we would have to apply discretion as best we could to get to that needs. But that was -- and for the most part, was impossible.

One of the things that I tried to do in my

work, certainly, at a senior level, was convince people that what we really should be doing, as a department, even if we could do it on a trial basis, would be to try to find a way to fund programs and services in a community.

If the community had gone through the extensive effort of a comprehensive community plan, and they had objectives that could be measured and outcomes and so on, then my suggestion was the department should meet them and basically, negotiate on what the needs were.

I tried to convince the department to do that, you know, in a couple of -- even on a trial basis to see if that would work. And I think, towards the end of my work with them, I probably had some senior people convinced that that was worth a serious look. But we never quite got to implementation on that. But I think if they could do that, that would be -- that would be a worthwhile exercise in just to see -- seeing how that would -- well, because in -- from my experience, yes, some programs would require a lot more funding than what they currently provide. Some of them might -- they'll provide less.

Keeping in mind, I don't know what the count is today. But when I was in government, there was -- Indian Affairs alone had something like 65 programs and services. Government-wide, it was up over 120. So I think with that many silos, there should be a way to provide things aimed at, you know, certain elements of a -- the bricks, if you will, in the comprehensive community plan, should the government ever get to that point. That would certainly be the ideal.

It was clear that something like that was needed to help the Innu. It wasn't, you know, the programs and services as comprehensory (sic) aspect of life. They weren't enough. And that remains to be true even today, actually.

Molly Churchill:

Q. Thank you.

Kelsie Lockyer:

Q. If there's nothing further from anyone, I think we can wrap up. So thank you very much for your time today and for being here. And we really appreciate you being here and speaking with us.

Steve Joudry:

A. Okay. Thank you. Good luck in your work.

Kelsie Lockyer:

Q. Thank you.

(Testimony of Steve Joudry concludes.)

[Transcript of video ends.]