

**IN THE MATTER OF:** Commission of Inquiry into the Circumstances Surrounding the  
Death of Phoenix Sinclair

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**AFFIDAVIT OF LYNDA TJADEN**

**AFFIRMED THE 10<sup>TH</sup> DAY OF APRIL, 2012**

**HEARING DATES: MAY 22 & 23, 2012**

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**IN THE MATTER OF:** Commission of Inquiry into the Circumstances surrounding the Death of Phoenix Sinclair

**AFFIDAVIT OF LYNDA TJADEN**

I, LYNDA TJADEN, of the City of Winnipeg, in the Province of Manitoba, Director of Public Health,

**MAKE OATH AND SAY THAT:**

1. I am the Director of Public Health for the Winnipeg Regional Health Authority (the “WRHA”), and as such have knowledge of the facts hereinafter deposed to by me, except where I indicate that such matters are based on information and belief, in which case I believe them to be true.
2. I have a Bachelor’s degree in Nursing (B.N.) and a Masters of Business Administration (M.B.A.) from the University of Manitoba. In my role as Director of Public Health for the WRHA, I am responsible for program planning, quality, practice and information system support in the Public Health program. I am specifically responsible for a program known as Population and Public Health. In this role, approximately 115 Equivalent Full Time (“EFT”) Public Health Nurses employed by the WRHA report indirectly to me.
3. “Healthy Parenting and Early Childhood Development” is the largest service area within Population and Public Health. Public Health Nurses provide services to mothers and families in both the pre-natal and post-partum periods. In 2011, Public Health Nurses received 2,000 pre-natal and 7,600 post-partum referrals.
4. Key in the achievement of our program goals are home visits done by Public Health Nurses. Referrals for our post-partum services, which form a larger part of the services provided by Public Health Nurses, come from birthing hospitals as well as from

midwives who deliver babies in the community. In this affidavit I am focusing on services provided by Public Health Nurses during the post-partum period.

5. The work done by Public Health Nurses in supporting women and families is a *voluntary* service. No woman and no family is obliged to accept services offered by Public Health Nurses. No person is obliged to admit a Public Health Nurse into their home. In making our voluntary service available to women and families, and in encouraging members of the public to take advantage of our services designed to assist in healthy parenting and early childhood development, tact, diplomacy and a respectful approach is exercised daily by Public Health staff.
6. At a home visit to a client during the immediate postpartum period, a Public Health Nurse has a dual role in relation to the health of mother and baby. First, the post-partum visit generally involves a physical assessment of the new mother to check, for example, for infection arising from a caesarian section or episiotomy. The Public Health Nurse will also perform a physical check of the baby and ask questions to determine whether feeding is going well or whether the baby is jaundiced or dehydrated. These services have become particularly critical in recent years. Healthy mothers and babies are now discharged from hospital at an earlier interval following delivery as compared to a decade ago, with many families discharged within 24 to 36 hours after delivery.
7. The second aspect to the role of a Public Health Nurse during the postpartum period is to conduct a family assessment. The premise of the program is that all families want to be good parents and that when their capacities are supported, parents are more likely to act on their strengths.
8. In the case of post-partum home visits by Public Health Nurses, Population and Public Health has developed a service delivery standard that a Public Health Nurse will make contact with the new mother, either by telephone or in person, within 24 hours of discharge from hospital. Despite the voluntary nature of our service, within the Winnipeg

Health Region, in recent years Public Health Nurses have been able to achieve contact with more than 94% of families within 24 hours of discharge and conduct a home visit in approximately 85% of cases during the immediate post-partum period.

9. In most situations, Public Health Nurses make contact with new mothers and are able to close their files with no concerns. In some cases, Public Health Nurses identify certain risk factors. In such cases, Public Health Nurses attempt to engage the family in accepting supports by connecting them to other resources. Such resources could be those within the Public Health program, such as a Families First Home Visitor, who works under the supervision of the Public Health Nurse; or community resources external to Population and Public Health and the WRHA.
10. When Population and Public Health continues to have contact with the family, or even on the basis of a single post-partum visit, a Public Health Nurse has an opportunity to make observations which could potentially raise a concern that a child may be at risk for child abuse or neglect. Public Health Nurses are well aware of their legal duty to report, to the appropriate child and family services agency, any concerns that a child may be in need of protection. Public Health Nurses and other staff members employed in Population and Public Health do refer with some degree of frequency to child and family service agencies.
11. In a situation where a Public Health Nurse becomes aware that a child may be in need of protection, and contact is made with a child and family services agency, the Public Health Nurse becomes a Source of Referral. Public Health Nurses are very aware that supporting the fulfillment of their duty to report a child in need of protection are legal protections offering them anonymity, personal privacy and protection from retaliation.
12. Public Health Nurses enjoy the unique and privileged position of generally being welcomed into clients' homes. My experience is that for the most part new mothers and families tend to view Public Health Nurses in a very positive way and do not see our staff


as threatening. This perception of our program and our staff is critical to being able to establish trust so that our program may carry out its mandate to support healthy parenting and early childhood development. The first step towards the fulfillment of that mandate is having the new mother accept the appointment and open the door to the Public Health Nurse. Thankfully Public Health Nurses do home visits throughout the Winnipeg Health Region, and in the vast majority of cases, clients tend not to view Public Health Nurses as a threat.

13. I have been advised by WRHA Legal Counsel and do verily believe that two staff members who work or worked within my portfolio are expected to be called as witnesses at the Phoenix Sinclair Inquiry. One witness, a Public Health Nurse (“the PHN”), is an experienced Public Health Nurse who continues to work in this role. Certain health records prepared and/or assembled by the PHN have already been produced to the Inquiry pursuant to subpoena. The other witness identified by Inquiry staff, whose work partially fell within my portfolio, is a former WRHA employee employed at the time as a Team Manager (“the TM”). The TM previously provided supervision to the PHN and continues to work in the larger health care system within the Winnipeg Health Region.
14. Population and Public Health, as a program within the health care system, is not mandated to provide child protection services per se. However as indicated previously, Population and Public Health employees in general and Public Health Nurses in particular have a unique and ongoing challenge to support healthy parenting and early childhood development by establishing trusting relationships with clients; while at the same time being potential Sources of Referral should any child protection concerns come to the fore.
15. In my role as Director of Public Health I am concerned that, arising out of their testimony in this proceeding, the publication in the media of the name, face or identity of Public Health staff members has a potential to destabilize the critical trust relationship between Public Health Nurses and their clients. Further, I am concerned that an unredacted

document showing the name of the PHN; or the publication or broadcast of the name, face or identity of the PHN, could have a direct impact on the ability of the PHN to continue to establish trusting relationships with her clients; accordingly, provide service to her clients; and possibly, jeopardize her safety and security in the provision of service while on home visits. Finally and most importantly, without redaction of the names of the PHN and the TM or an order preventing the publication or broadcast of their names, faces or identities, this could potentially jeopardize the protection under *The Child and Family Services Act* accorded to Sources of Referral. This result could have direct consequences to the protection of children coming into contact with our program.

16. I make this affidavit bona fide.

AFFIRMED before me in the City of )  
Winnipeg, in the Province of Manitoba, )  
this 10<sup>th</sup> day of April, 2012. )  
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A Notary Public in and for  
the Province of Manitoba

  
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LYNDA TJADEN