COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

The Honourable Edward (Ted) Hughes, Q.C.,
Commissioner

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Transcript of Proceedings
Public Inquiry Hearing
held at the Winnipeg Convention Centre,
375 York Avenue, Winnipeg, Manitoba

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WEDNESDAY, JUNE 5, 2013

APPEARANCES

MS. S. WALSH, Commission Counsel
MR. D. OLSON, Senior Associate Counsel
MS. K. DYCK, Associate Commission Counsel
MR. R. MASCARENHAS, Associate Commission Counsel

MR. G. MCKINNON, for Department of Family Services and Labour

MS. L. HARRIS, for General Child and Family Services Authority

MR. S. SCARCELLO, for First Nations of Northern Manitoba Child and Family Services Authority, First Nations of Southern Manitoba Child and Family Services Authority, and Child and Family All Nation Coordinated Response Network

MR. J. GINDIN and **MR. D. IRELAND,** for Mr. Nelson Draper Steve Sinclair and Ms. Kimberly-Ann Edwards

MR. J. FUNKE, for Assembly of Manitoba Chiefs and Southern Chiefs Organization Inc.

MS. M. VERSACE, for University of Manitoba, Faculty of Social Work

MR. W. HAIGHT, for Manitoba Métis Federation and Métis Child and Family Services Authority Inc.

MR. D. PHILLIPS, for Aboriginal Council of Winnipeg Inc.

MS. C. DUNN, for Ka Ni Kanichihk Inc.

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EXHIBITS (Continued):

JUNE 5, 2013

PROCEEDINGS CONTINUED FROM JUNE 4, 2013

THE COMMISSIONER: Good morning.

MS. WALSH: Good morning, Mr. Commissioner.

THE COMMISSIONER: All right, Ms. Walsh?

MS. WALSH: Thank you, Mr. Commissioner.

Today we are hearing from Marni Brownell, who is the last of the three witnesses who prepared reports in this phase specifically for the Commission.

If we could have the witness sworn in, please?

THE CLERK: If you could just stand for a moment?

THE WITNESS: Um-hum.

THE CLERK: Would you rather swear on the Bible or affirm without the Bible?

THE WITNESS: I'll affirm without the Bible.

THE CLERK: Okay. State your full name to the court, then.

THE WITNESS: Marni Diane Brownell.

THE CLERK: And spell me your first name.

THE WITNESS: M-A-R-N-I.

THE CLERK: And your middle name, please.

THE WITNESS: Diane, D-I-A-N-E.

THE CLERK: And your last name.

THE WITNESS: Brownell, B-R-O-W-N-E-L-L.

THE CLERK: Thank you.

MARNI DIANE BROWNELL, sworn,
testified as follows:

THE CLERK: Thank you. You may have a seat.

MS. WALSH: Starting with the relevant exhibits, then, Mr. Commissioner, first is Dr. Brownell's CV.

THE COMMISSIONER: Yes.

MS. WALSH: Which will be Exhibit 138.

THE CLERK: Exhibit 138.

THE COMMISSIONER: Right.

EXHIBIT 138: CURRICULUM VITAE OF MARNI D. BROWNELL, APRIL 2013

MS. WALSH: Next is the paper that Dr. Brownell prepared for the Commission, entitled, Children in Care and Child Maltreatment in Manitoba: What does research from the Manitoba Centre for Health Policy tell us, and where do we go from here?

THE COMMISSIONER: Yes.

THE CLERK: Exhibit 139.

EXHIBIT 139: CHILDREN IN CARE AND

CHILD MALTREATMENT IN MANITOBA: WHAT DOES RESEARCH FROM THE MANITOBA CENTRE FOR HEALTH POLICY TELL US, AND WHERE DO WE GO FROM HERE?, BY MARNI BROWNELL

MS. WALSH: Exhibit 140 will be a paper entitled, Academic and social outcomes for high-risk youths in Manitoba.

THE CLERK: Exhibit 140.

THE COMMISSIONER: One-forty.

EXHIBIT 140: ACADEMIC AND SOCIAL OUTCOMES FOR HIGH-RISK YOUTHS IN MANITOBA, CANADIAN JOURNAL OF EDUCATION, 2010

MS. WALSH: The next exhibit is called the Evaluation of the Healthy Baby Program, November 2010.

THE CLERK: Exhibit 141.

THE COMMISSIONER: One forty-one.

EXHIBIT 141: EVALUATION OF THE HEALTHY BABY PROGRAM, NOVEMBER 2010

MS. WALSH: The next exhibit is entitled, How are Manitoba's children doing?, a report prepared in October of 2012.

THE CLERK: Exhibit 142.

EXHIBIT 142: HOW ARE MANITOBA'S CHILDREN DOING?, OCTOBER 2012

MS. WALSH: The next exhibit is a copy of an article entitled, Child Maltreatment: Variation in Trends and Policies in Six Developed Countries, published in The Lancet in 2012.

THE CLERK: Exhibit 143.

EXHIBIT 143: CHILD MALTREATMENT: VARIATION IN TRENDS AND POLICIES IN SIX DEVELOPED COUNTRIES, THE LANCET, 2012

MS. WALSH: The next exhibit is entitled, The Early Development Instrument in Manitoba, published --

THE COMMISSIONER: Early Development, what?

MS. WALSH: Instrument, EDI, in Manitoba. That's the short title. Its full title is, Linking socioeconomic

adversity and biological vulnerability at birth to children's outcomes at age 5, published in May 2012.

THE COMMISSIONER: One forty-four.

THE CLERK: One forty-four.

EXHIBIT 144: THE EARLY DEVELOPMENT INSTRUMENT IN MANITOBA: LINKING SOCIOECONOMIC ADVERSITY AND BIOLOGICAL VULNERABILITY AT BIRTH TO CHILDREN'S OUTCOMES AT AGE 5, MAY 2012

MS. WALSH: And finally, an evaluation from October 2007 called, Next steps in the provincial evaluation of the Baby First program: Measuring early impacts on outcomes associated with child maltreatment.

THE CLERK: Exhibit 145.

THE COMMISSIONER: One forty-five?

THE CLERK: Correct.

EXHIBIT 145: NEXT STEPS IN THE PROVINCIAL EVALUATION OF THE BABY FIRST PROGRAM: MEASURING EARLY IMPACTS ON OUTCOMES ASSOCIATED

WITH CHILD MALTREATMENT, OCTOBER 2007

THE CLERK: One thirty-eight to 145.

THE COMMISSIONER: Thank you.

DIRECT EXAMINATION BY MS. WALSH:

Q Starting then with your background, Dr. Brownell, you have been a senior research scientist at the Manitoba Centre for Health Policy for over 20 years.

A Yes.

Q And we will -- after we've gone through your, your CV, we'll come back to have you tell us what the Manitoba Centre for Health Policy is.

You are an associate professor in community health science at the Faculty of Medicine at University of Manitoba?

A Yes.

Q You have held that position since 1991?

A Well, I've been associate for -- I started out as an assistant professor and then was promoted to associate. I can't remember exactly the year, but probably about seven years ago.

Q Okay. You also worked, in 1990, as a school psychologist in the Child Guidance Clinic in Winnipeg.

A Yes.

Q You have your Bachelor of Arts from the University of Winnipeg; you received your master's in psychology from the University of Toronto.

A Yes.

Q And in 1991, you earned your Ph.D. in psychology from the University of Manitoba.

A Yes, I did.

Q You have been awarded a number of research grants. Of relevance to the Commission are grants for research relating to the following: Identification of Factors and Supports that Contribute to the Educational Success of Students in Foster Care; Childhood social factors in development -- each of those was in 2012 --

A Um-hum.

Q -- Utilization of Health, Education and Social Services by Manitoba First Nations Children with FASD; PATHS Equity for children: A program of research into what works to reduce the gap for Manitoba's children; Towards Flourishing: Improving the Mental Health of New Mothers and Families in Manitoba's Families First Home Visiting Program. You researched and published How are Manitoba's Children Doing? in 2010 and, of course, we're going to -- we've entered into evidence as an exhibit the most recent version of, of how Manitoba's children are doing from 2012

and we'll --

A Yes.

Q -- go through that. Your research grants have also covered topics such as: Health Inequalities in Manitoba: Is the socioeconomic gap widening or lessening; and The Early Development Instrument.

You've published papers in a number of peer-reviewed journals, and your CV shows an extensive range of publications, but to identify a few of them, the article published in 2012 in The Lancet which we've marked as Exhibit 143, Child Maltreatment: Variations in Trends and Policies in Six Developed Countries; Evaluation of a newborn screen for predicting out-of-home placement, in the journal, Child Maltreatment; Suicide and suicide attempts in children and adolescents in the child welfare system, published in the Canadian Medical Association Journal; and, Academic and social outcomes for high-risk youths in Manitoba, published in the Canadian Journal of Education in 2010, and that's our Exhibit 140.

Other publications include, again, documents that we've marked as Exhibit 141 through 145: The Evaluation of the Healthy Baby Program; How Are Manitoba's Children Doing?, in 2012 or as of 2012; The Early Development Instrument; and an evaluation of the Baby First program.

You're nodding. You have to, you have to

vocalize something in order for the --

A Yes.

Q -- the record --

A Yes.

Q -- to pick it up. Thank you.

Your teaching experience includes courses on epidemiology at the University of Manitoba Faculty of Medicine?

A Yes.

Q And psychology, both at the University of Winnipeg and the University of Manitoba?

A Yes.

Q You sit on a number of committees. You're a member of the Child Data Centre Development Project Advisory Group in Alberta?

A Yes, I am.

Q You're a member of the Health Care Access Research and Developmental Disabilities Advisory Board for the Centre for Addiction and Mental Health in Ontario?

A Yes.

Q You're a member of the Pan-Canadian Early Development Instrument Academic Group?

A Yes.

Q A member of the Manitoba Institute for Child Health?

A Yes.

Q A member of the Forum for Early Child Development Monitoring --

A Yes.

Q -- of the Canadian Association for Health Policy and Services Research?

A Yes.

Q And a member of the College of Reviewers for the Canada Research Chairs Program.

A Yes.

Q You've also presented papers on a number of occasions. Again, there's a numerous list in your CV, but just to identify a few of them of relevance to this Inquiry, you have presented a paper to the First Annual Knowledge Exchange between the Manitoba Centre for Health Policy and the Manitoba Government in December of 2012, specifically the paper, How are Manitoba's Children Doing?

A Yes.

Q You presented the same paper to the Maternal and Child Health Conference, Leadership to Action --

A Yes.

Q -- in Winnipeg. And you also presented that paper to the Annual Maternal -- Manual -- Manitoba Centre for Health Policy Rural and Northern Healthcare Workshop --

A Yes.

Q -- as an invited speaker? And you presented that paper in a briefing to the Manitoba Healthy Child Committee of Cabinet.

A Yes, that was just prior to the release of the report, yeah.

Q Okay. And you have briefed the Manitoba Department of Health --

A Yes.

Q -- on that paper? In 2011, you briefed the, the Premier's Advisory Council on Education, Poverty, and Citizenship with respect to a paper called, An opportunity for monitoring early child development?

A Yes.

Q And you presented a paper to the United Way of Winnipeg cabinet meeting called, Investing in at-risk kids: The path to increased productivity and decreased social costs.

A Yes.

Q And those are just a few of the presentations that you've made to various funding bodies and to the provincial and municipal governments.

A Yes.

Q You prepared a paper or a report for this Commission --

A I did.

Q -- entitled, Children in care and child maltreatment in Manitoba: What does the research from the Manitoba Centre for Health Policy tell us, and where do we go from here?

A Yes.

MS. WALSH: And that's been marked as Exhibit 139, Mr. Commissioner.

THE COMMISSIONER: Correct.

BY MS. WALSH:

Q Now, the paper is based on a number of things, including the research that we just outlined --

A Yes.

Q -- that you have prepared, and it's also based on research that -- other research that you have done.

A Yes.

Q And research that others have done.

A Yes.

Q And you have identified in the paper wherever you have referenced an authority, whether one that you participated in or one published by someone else.

A Yes.

Q And much of the research has included looking at data relating to children in care in Manitoba.

A Yes.

Q Is it fair to say that your research has been -- and, and to -- and can be used, to a large extent, to develop policies and programs to better protect children in Manitoba?

A Yes. I think, you know, when we do our research we see it as providing evidence to inform policy making, yes.

Q And, in fact, you -- the research that you've done through the Manitoba Centre for Health Policy has in many instances been requested by the Government of Manitoba.

A Yes.

Q Tell us, please, what the Manitoba Centre for Health Policy is.

A Okay. The Manitoba Centre for Health Policy is a research unit. We're in the department of community health sciences, and that's in the Faculty of Medicine at the University of Manitoba, and we focus on doing research on already collected data. So we have a repository of datasets. There's somewhere in the order of 60 to 70 different datasets in our repository and they're, they're made up of administrative data, survey data, registry data, and clinical data.

And if you don't know what administrative data is, it's just datasets that have been gathered to

administer a system. So, for example, physician claims are, are kept in order to pay physicians but they also have a lot of rich information that's very useful for research, so when anyone visits a physician, a physician makes a claim so that he or she can get paid, but they also record what they saw the patient for, who the patient was, and that information provides a lot of rich information in terms of knowing physician -- you know, who's visiting the physician and for what.

So we have this collection of, of datasets at, at the Manitoba Centre for Health Policy. The centre started in 1991 as a, as a research centre, although the research that has been going on at the centre was going on long before that, since the mid-seventies when Noralou and Les Roos arrived in Manitoba.

But probably about 10 or 15 years ago -- it has up until 10 or 15 years ago been very focused on health policy and, and health services utilization, but about 10 or 15 years ago, with the recognition that health is much more than health care -- it's not health care that makes us healthy, it's many other things outside the health care system -- we began exploring looking at other kinds of administrative databases. So beyond health we looked at education data, social services data, and program data from Healthy Child Manitoba. So we bring all those pieces of

information together in order to, to study not only health care patterns but service utilization patterns and, and try to look at health -- the health of Manitobans.

I should also mention that all the data that we work with is what we call anonymized, so it's, it's encrypted. There's no names or addresses on these datasets, but we do have a scrambled identifier. It's scrambled before it comes to us and that allows us to link across the databases. So although we don't know who an individual is, we can link an individual's information on their education, on their social services, on their health services, so it is a very powerful tool for research.

Q And you say in your paper that the database allows you to conduct intersectoral research --

A Yes.

Q -- across --

A Yeah.

Q -- health, education, social services.

A Absolutely, yes.

Q And what's the importance of that?

A Well, as I say, there's, there's much more to health than health care, and by being able to look at these other different pieces -- the use of social services or how a child is doing in school -- gives us a broader picture of health, particularly for children.

When I first began in this area when we were strictly looking at health outcomes, and coming from a background of developmental psychology, there wasn't a lot I could do with child health because children, thankfully, are generally healthy, so a lot of people who work in this area focus on, on the elderly because there's a lot of action in the health care system with the elderly. With kids, there's not so much.

But as we broaden, we know that it's not that there's not a lot going on with kids, it just doesn't necessarily show up in the health care system. So if we can look at their educational outcomes, if we can look at the social services that they're using, that their family's using, it gives us a broader picture of the health of Manitobans.

Q Does the database give you access to the data in Child and Family Services CFSIS --

A Yes, yeah.

Q -- system?

A Probably, I think, around 2003 we acquired the CFSIS data -- the Child, Child and Family Services information system data. Again, it was anonymized so we don't know -- we don't have any names or addresses for the individuals in CFSIS, but there was a scrambled identifier attached so that we could attach that to our health and to

our other databases.

Q And we have throughout the course of, of this Inquiry heard that there have been various challenges in putting data into CFSIS. Is that something that you're aware of?

A Absolutely. When we first began working with these data -- whenever we get a new dataset, it takes us usually a few years just to get -- I mean, these are large, large databases with over a million records and, you know, just trying to sort out what the variables are and what's meaningful, what's not meaningful, where there's missing data.

So we began working with the CFSIS data, I think, around 2003, 2004, and we had data going back to 1992. And so we started looking at it and we saw, wow, you know, look it, there's this huge increase in, in all these services going on, has that actually happened? So we -- whenever we get a new database we sit down with the data providers and work closely with them so we understand the data, and it became apparent -- or they told us that in the early years not all the agencies were reporting to CFSIS so we weren't capturing all the information so that's why we saw this increase. It wasn't actually that all these services were increasing; it was just over time there was a better capture. So there was some work done by, actually, Harvey

Stevens, probably about ten years ago, looking at when the CFSIS data was actually capturing most of the cases, and probably around 2000, it was pretty good at capturing most of the cases.

Then we noticed in our own research, actually in the, the report that you mentioned, How are Manitoba's children doing, that came out last fall, that when we were looking at the prevalence of kids in care -- that's basically the percentage of kids at any one time who are in care or who have been in care -- what we noticed was there was a drop in the most recent years, particularly for the north. And when we discussed this with people from Child and Family Services, they felt that it was with the devolution in -- some of the agencies in the north were having difficulty entering information into the CFSIS database, that we heard reports or they had heard reports that, you know, they'd get partway entered and their internet connection would die and all the information would be lost.

So we really -- you can actually see that in our report. There's this drop in the most recent time period and we know that that's not the case that, you know, the number of kids in care or the number of families receiving services has actually dropped. So there has been less capture of the data, particularly from northern agencies, I

believe --

THE COMMISSIONER: But --

THE WITNESS: -- for the most recent years.

THE COMMISSIONER: -- notwithstanding the anonymity, which I understand --

THE WITNESS: Yes.

THE COMMISSIONER: -- can you relate history about a family on -- that you got on one database to that same family on another?

THE WITNESS: Yes, yes, yeah.

THE COMMISSIONER: So you, you can make that link --

THE WITNESS: We can.

THE COMMISSIONER: -- through the system.

THE WITNESS: We can, definitely, yeah. And we have.

THE COMMISSIONER: Yeah.

THE WITNESS: Um-hum.

BY MS. WALSH:

Q Now, starting at page 3 of your report, you say that at the, the centre -- and when I say the centre, I mean the --

A Yes.

Q -- Manitoba Centre --

A Yeah.

Q -- for Health Policy:

> "[You] used data in the Repository to study the outcomes for children in care (also referred to as foster care and out-of-home placement)."

And that's the study that we've marked as Exhibit 140, the academic and social outcome study.

A Um-hum.

Q So tell us what that study was looking at and take us through --

A Okay. So just sort of as some background or lead-in to that study, when we, when we look at health outcomes -- usually when we look at most outcomes in the work we do at the centre, because we're trying to look more at the social determinants of health, we very often break things down by socioeconomic status. So we're able to look at area-level social-economic status, and report after report after report at the, at the centre, at MCHP, Manitoba Centre for Health Policy, has shown that with each increase in socioeconomic status you get an increase in, in better outcomes, whether it's health outcomes, educational

outcomes, social outcomes.

So for this particular study we, we had already established that, in fact, one of the first studies we did sort of outside the health care realm was looking at educational outcomes by socioeconomic status. So we had established, again, that not only was there this gradient, this increase in better outcomes with each increase in socioeconomic status in health outcomes, but we were able to demonstrate it with our data with the educational outcomes by looking at high school completion, grade three standard tests, grade 12 standard tests.

So in the process of doing that, we began thinking that there's probably other risk factors besides socioeconomic status, so a couple that we -- because we were able to link these datasets together, some of the characteristics we were able to look at as risk factors for poor outcomes were deep poverty, which we measured by kids living in families receiving income assistance, whether or not a child was in a family where the mother was a teen when she had her first child.

So some other research that we had done -- I mean, there's a lot of research out there on, on kids of teen moms, and there's also research -- probably less research, but some research out there about if, if a mother is a teen when she has her first child, then all her

subsequent children are at the same risk as if she was still a teen when she had them. So she may be 25 when she has her third child, but if she had her first child when she was 17 or 18, that child that she has at 25 is at the same level of risk as if she had it at 18. So we thought, thought that was an interesting characteristic to look at, so that was the second characteristic. And the third characteristic we looked at was kids who were involved in child welfare services, because there's a lot of research to suggest that their outcomes were poor as well.

So in this particular paper we looked at four different outcomes for kids with these -- one, two, or three of these characteristics that I've, I've identified, and the outcomes we looked at were in school -- when, when they were in high school, whether or not they earned eight or more credits in grade nine because we've -- there is research to suggest that that's a predictor of how a child is going to do in the rest of high school.

We also looked at the high school graduation rates and we do that by following -- we start by looking at sort of a cohort of kids in grade nine and then we follow them for seven years. They should graduate within four, but we give them an extra few because in, in our discussions with people from the Department of Education and elsewhere, they said, you know, some kids do take

longer to finish school.

And then we also looked at a couple social outcomes. We looked at whether or not when these youths became adults, when they were 18 and 19, whether they, themselves, went on income assistance, and we used that sort of as a measure of social engagement because these kids then are not going on in school, they're not employed, so it's really a measure of less engagement than, than perhaps is optimal.

And then the fourth outcome we looked at in this paper was whether or not the girls or the, the young women became teen moms themselves.

So those were the outcomes we looked at, and we found that kids with only one of the characteristics, whether it was they were a kid from a teen mom or whether they were a child from a family on income assistance, or whether they were a child in child welfare service -- involved with child welfare services, their outcomes were much poorer than kids who didn't have any of those characteristics so they were less likely to have the eight or more credits, they were less likely to complete high school, more likely to be on income assistance, and more likely to become -- the girls were more likely to become teen moms themselves.

Q So let me just stop you there.

A Yeah.

Q So, so the, the, the study looked at three markers --

A Yeah.

Q -- as risk factors: the poverty identified by being on social assistance, teenage mothers, and being involved with the Child and Family Services system --

A Yeah.

Q -- and then you looked at four different outcomes --

A Yes.

Q -- the high school completion, completion of so many credits by grade nine, whether as adults they went on to be on social assistance --

A Yes.

Q -- and whether the women were -- or girls became teenage mothers themselves.

A Yes, yeah.

Q Okay. And so you started with the results of the first. The first of the results, you said that having one of the three risk identifications had certain impact on all of those --

A Yes, yeah.

Q -- outcomes?

A Yeah. So basically poorer outcomes than if you

didn't have any of those characteristics.

Q Okay. Carry on.

A And then if you had two risk factors -- any two of those risk factors, you were even more at risk. So you were less likely to complete high school than even a child who had one risk factor, more likely to become a teen mom than a child who had only one risk factor, and so on.

And then if you had all three risk factors, that was really the worst case scenario. In fact, the youths with all three of the risk factors, only about 15 percent of them were completing high school and I think it was about a third of them became teen moms themselves. So, so it was like the risks were cumulative. The more risks you had, the -- or the more of those characteristics you had, the greater risk you were for poor outcomes.

And I should also mention, you know, when we first started presenting this information, people said, Well, they're all the same kids, right? You know, the kids living in poverty are the ones with teen moms or the ones involved in child welfare services. And although there is some overlap, it's certainly not complete. I think of all the kids with any one of those characteristics -- about a fifth of them have all three, so there's lots of kids with just one, lots of kids with just two. But also perhaps of interest to this Commission is that almost one in three

Winnipeg kids has at least one of those risk factors that -- or characteristics that put them at risk for poor outcomes.

Q And that's as of 2012?

A Probably the last time we ran that was 2010 with -- we, we -- when we ran it for this paper, it was probably around 2008, but then we re-ran that analysis when we were working on the EDI report --

Q Okay, thank you.

A -- which is Exhibit 144.

Q Then at the top of, of page 5 of your report, you indicate that in doing this study you controlled for other influences associated with risk factors. Tell us about that, please.

A Yeah, of course, you know, whenever you're making a comparison, those kids with none of these characteristics compared to kids with one or two or three of these characteristics, we know that we can't control for everything, and so beyond these characteristics that we're measuring, there may be other differences with these kids.

So we know that age makes a difference. The, the older you are -- it's kind of like the Malcolm Gladwell stuff. If you're born in January, usually that -- it sort of diminishes by high school, but kids in school, the kids born in January and February tend to do better than the

kids born in November and December just because developmentally they're not as far advanced.

So we, we adjust for things like age, we adjusted for things like area-level socioeconomic status, whether or not the mom was married -- I'd have to look at some of these -- the area-level percent of aboriginal residents, whether or not the children had an intellectual disability. All kinds of factors that may have influenced those outcomes, we adjusted for, and even once all those adjustments were made, we still had the same pattern of results that no risk factors was better than one, one was better than two, and two was better than three.

Q Thank you. The paper identifies -- at page 823, it talks about an "intractable cycle of risk and disadvantage for youths at risk." What do you mean by that?

A Well, what we meant by that was looking at some of our, some of our outcomes. One of the outcomes was whether or not as, as -- once these children or youths turn adults themselves, once they become 18 and 19, whether or not they, themselves, go on income assistance, and we found that there was a higher risk of that, and for the girls we measured it at 15 to 19, whether or not they became teen moms themselves, and there was a higher risk.

So it almost is this vicious cycle that those

kids who were born to teen moms, or those kids who live in extreme poverty, or those kids involved in child welfare services, go on to be more likely to be on income assistance themselves, they're more likely to be young parents themselves, and the whole cycle starts again because then their children are experiencing those same risks.

Q You also talk about cumulative risk. What does that mean?

A The cumulative risk is just what I was referring to. Rather than just when we have one risk factor or one of those characteristics, you're better off than having two of the characteristics, and so on, and we know that, that the more risks a child has or the more of these, I guess, characteristics that put them at risk, the more likely they are to, to experience the poor outcomes.

Q Now, the paper identifies that, that the three risk factors, for instance, that you studied, those are not causes of the outcomes that you found in your research. Is, is that fair?

THE COMMISSIONER: Now, are you dealing with Exhibit 139 or 140?

MS. WALSH: I'm, I'm going back and forth, because Exhibit 139, the paper, is referring to a number of these studies --

THE COMMISSIONER: Oh.

MS. WALSH: -- and the study that we're dealing with right now is, is 140, Mr. Commissioner.

THE COMMISSIONER: I see.

MS. WALSH: But I think if you stick with, with the witness's paper, that you'll be able to follow along.

THE COMMISSIONER: So are you on page 5 of her paper?

MS. WALSH: I am.

THE COMMISSIONER: Yes, okay.

MS. WALSH: Sorry.

THE COMMISSIONER: It's all right.

THE WITNESS: So you were saying that these -- the, the risk factors we've identified are not the causes of the outcomes?

BY MS. WALSH:

Q Right.

A To a certain extent, I'd say that. I mean, certainly being on income assistance isn't a cause of doing poorly. It's a marker, though, for poverty, and I would definitely say that poverty is a cause of the outcomes. Likewise, being a teen mom, there's nothing, you know, really, that says that a teen mom is going to be not as good a mom as, as an older mom, except that she also is

more likely to live in poverty, she's more likely to not complete her education, and we know that maternal education is a, is a strong predictor of how kids do. Likewise, being involved in Child and Family Services, it's a marker for challenges in a family, so whether the child has experienced neglect or maltreatment, and those kinds of things are definitely causes of poor outcomes.

Q In terms of, of the study, were you able to identify whether the outcomes were -- the result for the children in care were as a result of being in care or the risk factors that led them into being in care.

A Yeah, no, we aren't able to identify that, and there's, to my knowledge, very little research that has been able to identify that because whenever you look at a child in care, we know from our own research and others' research, their, their outcomes tend to be very poor, but we really don't know whether it's being in care or what led them to be in care. We know that neglect and, and, and abuse can do a lot of damage to a child and those are often the reasons why children are put into care. So --

Q So if that's the case, what's the importance of looking at the kind of things that you did in, in this study that you've discussed?

A Well, I think it's important at least to identify the extent of the problem because until we start

identifying that, people aren't aware that these, these issues may exist. So, you know, to say that one in three kids has at least one of these risk factors, I think is a, is a bit of a, you know -- I think even as researchers we kind of went, wow, that's a lot of kids at risk. So if nothing else, it quantifies the problem and puts a number to it, and then once you attach numbers to something, it -- there's actually a quote we use. I think it's: Once you attach numbers to something it makes them real. It makes the issue real. So I think that's -- you know, it does provide that evidence that demonstrates the, the magnitude of the problem.

Q And in your paper we'll come to finally your recommendations for initiatives or, or steps to take to, to deal with outcomes but, very briefly, what can be done based on, on the research that you've done, to create opportunities for better outcomes for children?

A Well, I mean, a lot of the research points to not only having supports in schools -- in, in this particular paper, the academic and social outcomes of -- whatever the rest of the title is --

Q Exhibit 140, yes.

A Yes. In this particular paper, we were focusing on teenagers and, of course, it's important to have programs in school to try and keep, keep teenagers engaged

in school, to keep them learning in school, to help them in school, but much of the research says that if you wait till then, it's, it's getting a little late in the game, that some of these kids will already be disengaged from school, that, that you've lost them already.

And I hate to say that because, you know, there's no ever hopeless cases, but the research suggests that the earlier you start, the more success you're going to have. So, you know, if we can identify that kids living in poverty or kids involved in Child and Family Services or kids of teen moms are at risk from the get-go, then -- and provide supports, then that's going to -- it'll give you a bigger bang for your buck, that preventing some of the problems that eventually we see in high school will, will pay off in the long run.

Q And we're going to discuss that some more as we --

A Okay.

Q -- go through the paper. The, the research that you did in, in this paper, the academic outcomes, that wasn't new research. It was specific to Manitoba, but, but it wasn't new research --

A No.

Q -- is that fair to say?

A Yes, that's very fair to say. There -- in fact,

we did a literature search as part of this paper, looking at those three characteristics -- being a child of a teen mom, being involved in child welfare services, and living in poverty -- and there's plenty of research out there to demonstrate that those are the kinds of characteristics that put kids at risk of doing poorly. So, yeah, no, it wasn't, it wasn't new.

Q And on -- in the second paragraph on page 5 you refer to the results of, of other studies done by others, going back to the seventies, which demonstrate that poorer outcomes for children in care --

A Yeah.

Q -- have been found, for instance.

A Yes. Yeah.

Q So that --

A Yeah, things like grade --

Q -- that's not new.

A No, it's not new, no.

Q Would it be fair to say that when you're dealing with outcomes for children -- and I think you've identified this to a certain extent -- there's a certain time sensitivity to addressing the issues?

A Yes, yeah. Some people say there's critical periods, that, you know, if you don't get kids by a certain time, all is lost. I wouldn't go that -- so, so -- that

far but, certainly, there are sensitive periods when it's -- you're -- as I say, you're going to get a bigger bang for your buck. You're more likely to have better outcomes if you implement interventions much earlier in a child's life. Kids are much more malleable at that point. Brain development is still going on, social development, all these things, and it's much easier to, I think, circumvent these problems if you put your interventions or supports early on rather than waiting till the problems show up.

Q And childhood itself is, is a finite period of time.

A It certainly is.

Q At page 6 of your paper, you refer to other outcomes that you have studied. The Manitoba Child Health Atlas is not a document that we've entered into evidence, but that's something that you were involved with?

A Yes.

Q Tell us about some of the other outcomes that you looked at for children in care --

A Yeah.

Q -- beyond education and --

A In, in, in the atlas we were able to look at kids in care compared to kids not in care, and look at their hospitalization rates. So, you know, kids of the same age, we were comparing, and hospitalization rates for kids who

are in care at any point, they didn't necessarily have to be in care at the time we were analyzing, but they had to be at any point in the -- over a certain time period that we were looking at. They were three times more likely to be hospitalized, and for some types of hospitalizations it was much, much higher. For example, for mental health disorders, they had ten times the hospitalization rates.

Q Then you refer to two studies that were done by a child psychiatrist in, in Manitoba, one comparing rates of hospitalization, physician visits, suicide attempts, and suicides by children, comparing children in care to children who were not in care.

A Yes.

Q And what did that study find?

A That study found that there were -- there was a much higher rate of suicides, there was a much higher rate of suicide attempts, much higher rate of hospitalizations, and much higher rate of physician visits for the kids in care compared to the kids not in care.

Q And then on page 7, the second study looked at --

A It's actually the same study, just --

Q Ah.

A -- part of the -- yes.

Q Thank you. Looked at the same outcomes for children in care before and after being in care --

A Yes.

Q -- and, and that found some interesting results. If you could --

A Yeah.

Q -- talk about that.

A That was actually one of the few studies that's followed the same children, so they looked at these -- the same kids. They looked at them before they went into care and they looked at them after they went into care, and they -- we looked at them before they went into care and after, after they went into care. And what we found, we looked at hospitalizations, suicide attempts -- I'm afraid there's an error in the, in the paper; I forgot to put in the word "attempts" -- but we looked at suicide attempts, hospitalizations, and physician visits in the two years prior to the child going into care and then the two years after, and there actually was a reduction in the two years after compared to the years before, for those same kids in suicide attempts, hospitalizations, and physician visits.

Q So how do you explain that, given your other studies about outcomes for children in care?

A Well, I would point out that those kids in care, they still have much higher rates than the general population so they're going to have much higher rates of suicide attempts, they're going to have much higher rates

of hospitalizations, and they're going to have much higher rates of physician visits. But compared to how they were doing before, there's, there's, there's really a couple possible reasons. One is suicide attempts and -- or hospitalizations for suicide attempts and hospitalizations in general for kids and physician visits for kids have come down over time, so part of that might just be the passage of time because we're looking at a before period and after period. Hopefully that makes sense.

But another piece of it is that, you know, these kids were getting attention that they may not have been before they went into care, and that may have reduced -- you know, perhaps they were getting the mental health services they need -- they needed, and so they're -- those, those are my two explanations for the reduction. But as I say, it doesn't mean that those kids are doing better than they would have been if they never had to go into care in the first place.

Q Thank you. Then you go on at page 7 to say that it's important to know how many children in Manitoba are affected as the result of being in care, if you're going to, to make policy. So what -- just outline those findings.

A Yeah, well, some, some of the work that we've done, you know, looking at the prevalence of kids in care,

we've done -- we did it in the Child Health Atlas that came out in 2008, and we looked at it again in 2012. I have to admit when we did it in 2008 what we did, because we were, you know, it was -- when we were doing the analysis for that atlas that came out in 2008, the CFSIS data was fairly new to us and so, as I said before, we worked carefully with Child and Family Services and we would compare our results to their results to make sure we were getting the right numbers.

What I never did was look across different places. So, you know, as a researcher working in Manitoba I was very focused in Manitoba. I had the opportunity a couple years ago to work on an international team, on a paper looking at some measures of child maltreatments and some sort of hard indicators of child maltreatment, and one of them was out-of-home placements. And that was the first time I actually sort of took a step back and said, Okay, how does Manitoba fit into the rest of the world?

And I have to admit when I was working on this paper and we were all working on the same outcomes, and we would get together on these conference calls at all sorts of weird times because it was people from Australia and the UK and -- but we would get together and talk about our results, and when I first started telling what we were finding for our numbers of kids in out-of-home care in

Manitoba they said, Marni, you're making a mistake, there's no way your rates are that high. And I said, Okay, you know, we'll go back and check.

And so I'd go back to the analyst, and checked and checked, and so then I began delving into some, some national and international statistics and was fairly floored to find out that Manitoba has some of the highest rates -- and I think you heard that last week in testimony -- of kids in care in the world, ten times higher than our comparison group in Australia. So it was a real eye opening experience for me.

Q And you say in your paper that by the age of seven, 7.5 percent of Manitoba children have been in care at some time in their lives?

A Yes. That's quite astounding compared to other places, too.

Q And, and in saying that latter aspect, you're citing the article that, that --

A Yes.

Q -- you wrote, co-authored, that was published in The Lancet, which --

A Yeah, and I believe -- and, you know, I'd actually have to look in there, but I think in Australia they were able to -- there was only two places where we were able to do some real detailed analysis of kids in care

and linking them to some of the other datasets. So Australia also was able to look over time, to look at, you know, by the age of seven or by -- and I think by the age of seven, theirs was less than one percent but I would have to double-check in The Lancet article to see, but it was much, much lower than Manitoba's cumulative prevalence.

Q You go on to say that:

> "... not all children in Manitoba [geographically] are at the same risk of going into care."

What did you find about that?

A Well, that comes from, you know, our previous atlas in 2008 as well as our most recent How are Manitoba's Children Doing, 2012, where we look not only at overall Manitoba rates of kids in care, but then we break things down by region and also by area-level socioeconomic status. So by region, generally we find kids in the north are at greater risk of going into care, with the exception in this most recent report we did see that drop, but we think that's more a data capture issue than, than, actually, you know, fewer kids in care in the north. And, and actually, I think if you looked at the Child and Family Services annual reports you would find that kids served by agencies

in the north, there's, there's probably higher rates.

But we also -- even where there aren't data capture issues, when we look at Winnipeg we find that kids in the lowest socioeconomic status areas, 14 percent of them end up in care compared to less than one percent. I think it's less than half a percent from the highest income areas, so it certainly isn't an equal opportunity service.

Q And, of course, we've seen the prevalence of aboriginal children in care.

A Yes, yes.

Q And you note that in your paper as well.

A I note that in the paper. We haven't actually done any research on that ourselves, but there's plenty of evidence. You know, even just looking at the, the annual report -- if you look at the Child and Family Services annual report in 2010, you can do the calculation, and I think at that time it was 87 percent of the kids in care are aboriginal, and we know that 87 percent of the kids in Manitoba are not aboriginal so it's very out of proportion to the population.

Q And then you go on -- I'm at page 9 of your paper -- to say that:

"Given the generally poorer outcomes experienced by children

in care [as discussed], having high rates of out-of-home placements is of concern."

A Um-hum.

Q What, what is the concern there and how does that relate to the research that has or has not been done?

A Well, we really don't -- I mean, we know that the outcomes are poor for these kids, and as I said, we don't know what the outcomes would be if we had other kinds of interventions, but I think that in itself is a bit of a surprise.

And, and just to relate another story about this, this international team I was on, on one of our conference calls we were talking, our -- the lead author on this report was Ruth Gilbert from the UK who's, who's very well known in the area of child maltreatment, and she was tossing around ideas saying, you know, these are some of the recommendations I'm going to make in the paper. And she said, I'm going to recommend that we do a randomized control trial of kids in care. And I'll tell you, there was just a collective gasp from everybody on the phone, like, Ruth, we can't do that, that's playing with kids' lives, you know, that's gambling with their outcomes. And she said, We're already gambling with their outcomes

because we're using this intervention, taking kids into care without knowing -- without having any evidence of whether it's going to result in the best outcomes for these kids.

So that was another eye opening for me and, you know, whether a randomized control trial is the way to go, it is certainly an interesting recommendation.

Q So that's where, at page 9, you say that:

> "What this means is that thousands of Manitoba children are being placed in care each year, with little evidence that this intervention is effective and will result in the best possible outcomes for the children."

A Right. We really don't know. We really don't know if that's the best way to deal with kids who are experiencing neglect and abuse and, and some of the other reasons that are leading them, them into care. So we don't know whether that's going to result in the best outcomes or whether intensive home interventions are going to result in the best outcomes. We -- nobody knows because they actually haven't done the study comparing the two different

approaches.

THE COMMISSIONER: That is, taking them into care or leaving them in their home environment with supports?

THE WITNESS: Yes. Yeah, we -- exactly. So a study hasn't been done where we compare, you know, sort of randomly assigned kids to whether they're going to go into care and -- or whether they're going to stay in that family with intensive home supports.

BY MS. WALSH:

Q And then you go on, still at page 9, to say:

> "In at least some instances, out-of-home placements may actually indicate inadequate funding for preventive or supportive interventions that would allow the child to remain in the home ..."

There simply is not the evidence to ...

A Not the evidence to -- sorry, could you ...

Q Well, when you make that statement, what, what are you referencing?

A Well, I think that just is, is referencing that there's, there's only limited funds, and so if we're

putting funds -- more and more funds into out-of-home care, there may be fewer funds for prevention services. It's just --

Q And that that --

A -- kind of logical.

Q -- may be the reason for the increase in out-of-home placements, the inadequate --

A Definitely, yeah.

Q The, the lack of funding for preventive --

A Well, and then that --

Q -- supports.

A -- becomes kind of a circle, too, right? The more you take out of prevention to put into, to in-home care -- or out-of-home care, sorry, the less there is for prevention, and then there's going to be more kids who need to go into out-of-home care.

Q And you also say:

> "The large number of children in care in Manitoba also raises questions about the sustainability of providing high quality foster care."

A Yeah. My understanding is there's something like

10,000 kids in, in care in Manitoba right now and, to me, I find it hard to believe that there can be that many quality out-of-home placements.

Q And, and you also cite the authority of others in making that statement.

A Yeah, that was actually Ruth Gilbert, again, who, who suggested that in the paper, that it's unsustainable.

THE COMMISSIONER: Before you go to the next --

MS. WALSH: Yes.

THE COMMISSIONER: -- section, which I gather you're about to do --

MS. WALSH: Yes.

THE COMMISSIONER: -- just going back to the paragraph in the middle of page 8 where you talked about the variance dependent upon the neighbourhood.

THE WITNESS: Yes.

THE COMMISSIONER: Then that last statistic you give of 85 percent, you, you draw that from something published by Manitoba Family Services and Consumer Affairs in 2011?

THE WITNESS: Yeah, that was from their annual report. In, in each of their annual reports they have a table in the child protection section of the, the report, that, that indicates the number of kids in care and whether or not they're Inuit, Métis, non-status -- there's a number

of categories of aboriginal -- and then non-aboriginal, and it's quite easy to just take those numbers and figure out the percent of kids in care who are aboriginal.

THE COMMISSIONER: And Manitoba Family Services and Consumer Affairs, at that time at least, was a department of government bearing that name.

THE WITNESS: Yes, and now they're Family Services and Labour.

THE COMMISSIONER: Yes.

THE WITNESS: Yeah.

MS. WALSH: And, Mr. Commissioner, many months ago we did enter into evidence the annual reports that the witness is referring to and documents that the department had very kindly prepared for the Commission, showing the numbers of children in care and the percentage of children who were aboriginal. That is consistent with, with Dr. Brownell's statement.

THE COMMISSIONER: And that's what's being identified here.

MS. WALSH: Yes.

THE COMMISSIONER: All right.

BY MS. WALSH:

Q So going back to page 9, Dr. Brownell, when you said:

> "In at least some instances, out-of-home placements may actually indicate inadequate funding for preventive or supportive interventions that would allow the child to remain in the home, rather than being an option of last resort after these other interventions have been tried and failed",

then you go on to talk about a public health approach to child maltreatment. So tell us about that, please.

A Yeah, and here I'm, I'm citing from others' work, particularly Melissa O'Donnell from Australia, but also Ruth Gilbert has written on this subject as well. And the public health approach is really taking a prevention approach to, to child maltreatment and, theoretically, that would reduce the need for taking kids into care if we could reduce maltreatment in the first place. And by taking a public health approach, there's, there's really, sort of three levels of prevention. There's primary prevention, secondary prevention, and tertiary prevention, and in, in the area of public health we often refer to these as

upstream, midstream, and downstream.

And if I could just sort of explain what that means to us in an analogy, what we talk about when we're teaching public health to students is that we, we use the example of this very treacherous highway where there's a cliff and cars keep driving off the cliff.

And a downstream approach, we, you know, ask students, you know, what would be the approach to, to prevent this kind of thing? If you were going to take a downstream approach you would build a hospital at the bottom of the cliff, and everybody always laughs and says, How ridiculous. But many of our approaches are downstream. We wait till something's happened and then we react.

A midstream approach might be to put a sign saying, Watch out for that sharp bend around the cliff. Now, that's going to prevent some from going off a cliff, but not everyone.

The upstream approach would be, why not build a better road or why not put a big fence there so that people aren't going off the cliff. So it's preventive. It's really getting at ways to prevent everybody from experiencing the poor outcome. And so this is what O'Donnell and, and Gilbert have proposed, to use this, this public health approach to child maltreatment to try and prevent it from happening in the first place.

Q In the paper at page 10 you say, talk -- in the health care field, that:

> "While all three approaches or strategies are necessary in promoting health, there has been a disproportionate emphasis on downstream approaches, as opposed to whole population upstream approaches."

And then you go on to say that:

> "The same can be said for child welfare ..."

A Yeah.

Q Can you just tell us about that, where that comes from?

A Well, I think in terms of health we know that a lot of the money goes into hospitals and, and treating people once they're very ill, and much less money goes into preventing those illnesses from happening in the first place. And I think the same can be said about the child welfare system, that there's a lot of effort at the

downstream end of things. Once kids have experienced abuse, once kids have experienced neglect, that's when we jump into action and, and put all sorts of services into, to whether it's out-of-home care, whatever the services are, and I think far fewer services are going into the upstream, the trying to prevent child maltreatment from happening in the first place.

Q And are universal prevention and upstream the -- what, what's the relationship between those two concepts or terms?

A Well, upstream generally is a universal so you're going to get the whole population. And that's really important from a public health approach because -- to child maltreatment, because we really don't know everyone who's being maltreated. We know the, the literature tells us or the research -- the scientific research tells us that only a fraction of the kids who are maltreated will come to the attention of authorities.

And I don't know whether Nico Trocmé referred to this last week, but he does refer to it in his papers, that, that what comes to the attention of the authorities is really the tip of the iceberg and there's all sorts of maltreatment that will never come to the attention of the authorities. So if you only treat those who come to the attention, you're, you're not -- you're going to miss

those, or if you only target those -- whereas a universal approach will get all those sort of underneath the surface that we don't ever see but we know are going on and, and causing damage to kids.

Q So that's the significance of a universal approach.

A Yes, definitely.

Q Or one of them.

A Yeah.

Q Then on page 10 you go on to say that in order to understand how a public health approach to child maltreatment would work, it is important to understand what the factors are that lead to abuse and neglect, and --

A Yes.

Q -- and you go back to citing a study from 1993. So what are the factors that need to be looked at?

A Well, there's all sorts of factors that have been identified -- and as you say, it goes back to 1993, so we've known about these for a long time -- that put a child at risk for being maltreated -- and they, they run from being characteristics of the child, himself or herself, to characteristics in the family, characteristics of the community, and characteristics in society, so you can identify them at those different levels.

And so characteristics of a child would include

things like we know that kids with disabilities are more likely to be maltreated, we know that kids with difficult temperaments are more likely to be maltreated, kids with low birth weight, for whatever reason, are more likely to be maltreated, and that might be related to they might have more difficult temperaments or, or they may have some disabilities.

In terms of the family level, certainly poverty is a really big one. Really can't read a paper on, on what causes maltreatment without hearing the word poverty. Teen parenting, we know is related to, to maltreatment. Lone parent status or parents without social support. Whether there's intimate partner violence. Those are some of the family characteristics.

Then at a community level, neighbourhood cohesion and social cohesion. You know, neighbourhoods that look after each other, there's much less maltreatment. Neighbourhoods where people are isolated and not connected, maltreatment does tend to, to increase. Poor housing conditions, of course, are, are a risk factor.

And then at the sort of broader society level, there's economic conditions. When there's an economic downturn we know levels of maltreatment will go up at times. And, you know, even our attitudes towards physical punishment have an impact on, on maltreatment rates.

Q Towards the bottom of page 11, you note that -- you talk about, "What are the arguments in favor of a public health approach?", and I think you've already identified the significance of a universal prevention approach that would then capture those children who never come to the attention of, of --

A Right.

Q -- child welfare authorities. What else?

A Well, the other thing that's pointed out that I've already talked a bit about is that the way the approach works now dealing with maltreatment and identifying maltreatment, it leads to a chronically overburdened system because there -- you know, unless you're preventing it, the maltreatment will continue. And the examples we've given in Manitoba where you have 10,000 kids in care, that, that's an overburdened system, I would think, yeah.

Q Certainly, that's consistent with the evidence we've heard from many, many workers --

A Yes.

Q -- involved --

A Um-hum.

Q -- in the system. You refer to a third argument at page --

A Yes.

Q -- 13 of the paper.
A The economic argument.
Q Yes.
A Yeah.
Q So please take some time with that because, of course, that's always an issue.
A Right. Right. Well, it, it kind of goes with the saying, An ounce of prevention is worth a pound of cure. We know that if we can prevent things from happening in the first place, it's going to pay off in the long run. And although the interventions to, to prevent things may seem costly, they really end up saving much more than they cost, it just is, I guess, an initial outplay of, of cash, but in the long run. And there's plenty of evidence, not just in maltreatment but in, in other outcomes. There's quite a famous study -- and I think perhaps Kerry McCuaig may have talked about this last week, but the Perry Preschool Project --
Q Yes.
A -- where -- it's, it's famous because it was scientifically rigorous, but also because they followed these kids into their forties. And so what the study did was they randomly assigned -- and that's where the scientific rigour comes in because they just, you know, almost like flipping a coin, you go in this group and you

go in that group, so that assures your groups are similar to start with.

And one half of the kids got this Perry Preschool, this intensive preschool programming, and the other half didn't, and then they followed these kids for many, many years. And what we find is that the kids who were in the intensive preschool programming -- and it also involved home visiting, which is a really important component, component, involving the, the families. But not only did they do better in school and were more likely to graduate, but long term, they were less likely to be incarcerated, they were more likely to have higher paying jobs, less likely to be unemployed, more likely to be married, more likely to own their own home.

So you can see there's all sorts of economic benefits and, in fact, there have been some very bright economists who have worked over the years trying to calculate the cost-benefit ratio and I think at this point it's -- you know, for every dollar spent on that program, they've saved $16 in terms of future incarcerations, unemployment, people on income assistance, involvement with child welfare. So it pays off big time. It's -- I don't know many returns on your investment that you get $16 for every dollar you invested.

Q And as you identified, children are the future

workforce.

A Absolutely, yes. Um-hum. Yeah. And, I mean, we, we sort of have a choice because if we let the poor or people who are at risk -- if we don't help them to complete high school, you know, if we don't give them the supports they need to, to be contributing members of society, then they will be more likely to be on income assistance or unemployment, and so rather than contributing to the workforce, they will be taking away from the economy.

Q In fact, at the bottom of page 13 of your paper you say that:

> "While arguments that involve economic savings are always appealing, society has a moral obligation to protect children from abuse and neglect in the first place."

And, and you cite a number of studies. Talk a little bit about that statement, please.

A Well, hopefully it won't come as any surprise that we have a moral obligation to protect children, but we also -- you know, we, we as a nation signed the United Nations Conventions on the Rights of the Child which says

that we are taking that moral obligation to protect children. And protecting children and providing children with what they need to really optimize their potential means also supporting parents. So I, I believe that there's -- you know, it's, it's a moral obligation, and because we've signed this convention, it's a legal obligation as well.

Q At page 14 of the paper, you talk some more about that and you say that the public health approach to preventing child maltreatment and the rights based approach can be complimentary. What do you mean by that?

A Well, absolutely. By, by providing the supports and the interventions that are necessary to prevent maltreatment, which is the public health approach, then we are providing that moral obligation that we're providing what, what families and, and children need to have the best possible outcomes.

Q You also, in your paper, refer to the research that's been published by Dr. Cindy Blackstock, who testified here some weeks ago with respect to aboriginal children who are disproportionately represented in the child welfare system and, and the calls that she makes for enhancement of family supports --

A Yes.

Q -- consistent with the rights set out in the UN

Convention on the Rights of the Child.

A Right. Right. And pointing out that very often the reason that children -- aboriginal children in Manitoba are taken into care are for reasons of neglect, and those are, are strongly related to poverty and poor housing and the kinds of social conditions that, really, we should be preventing from happening.

Q And before we get to, to the conclusions in your paper, I want to review the paper that you presented -- prepared for the Commission.

A Yes.

Q I wanted to review a couple of the other reports that we've entered into evidence.

MS. WALSH: Now, Mr. Commissioner, I don't know -- because we're, we're switching topics a little bit, if you'd like to take the morning break at this point or if, if you want to carry on?

THE COMMISSIONER: No, that's fine, if --

MS. WALSH: Can carry on?

THE COMMISSIONER: Yeah.

MS. WALSH: Okay.

THE COMMISSIONER: No, no.

MS. WALSH: We'll take a break?

THE COMMISSIONER: If you're suggesting a break --

MS. WALSH: Yes.

THE COMMISSIONER: -- you know best when it suits.

MS. WALSH: I think probably this would be a good time, then.

THE COMMISSIONER: All right. We'll take a 15-minute break now, then.

MS. WALSH: Thank you.

(BRIEF RECESS)

BY MS. WALSH:

Q Now, Dr. Brownell, as I said, before we come to the, the recommendations in the paper that you presented for the Commission, I wanted to take a few minutes to go through some of the recent evaluations that you've done of Manitoba children. Looking first at the document that we've marked as Exhibit 142, entitled, How are Manitoba's Children Doing?

A Yes.

Q Now, what -- who commissioned this report and tell us a little bit about how it came about.

A Okay. Just a little more background about the Manitoba Centre for Health Policy, then. We get probably close to half of our funding from the Manitoba government,

and just over half of our funding from independent grants. So in return for the funding from the Manitoba government, we do five major projects a year. Those are large reports, usually take about two years to complete. And for the last several years, one of those, one of those five, every year, is identified through the Healthy Child Committee of Cabinet. So they decide as a group sort of a general topic, and then we work on the specifics of the project.

Q So is, is this paper -- How are Manitoba's children doing, is this one of the reports that was commissioned by the Healthy Child Committee of Cabinet?

A It is. It is, and it was commissioned to, to kind of be a companion report to the five-year Healthy Child Manitoba report, so every five years Healthy Child Manitoba is legislated to, to produce a report on the status of Manitoba's children, and it made sense for us to, to look at the pieces that we could with our data repository for that report.

Q So if we turn to page 269 of the report, that takes us right to the summary and recommendations.

A And my copy ends at 99 in the binder.

Q Oh. That's not good, but it's on the screen in front of you.

A Okay, good.

Q And --

A And I've got the, the executive summary up, too, so ...

Q Okay. So the very first paragraph, you indicate that:

> "There is a wealth of information in this report on indicators of child health and well-being of use to planners and decision-makers at the regional and provincial levels [and that your] hope is that the information in this report will provide a useful tool in the effort to improve the health and well-being of Manitoba children."

A Yes.

Q Who worked on this report?

A We had a team of scientists working on this report and -- do you want me to name all of them or --

Q Where did they come from? Were they all --

A Oh.

Q -- from the Centre for Health Policy?

A They're all associated with the Manitoba Centre for Health Policy. Rob Santos, who's, who's here, is an

associate scientist, I think, of the Manitoba Centre for Health Policy; I think that's the title we have. But he also is -- works at Healthy Child Manitoba as well.

Q And we're going to hear from him --

A Yes.

Q -- tomorrow.

A Um-hum.

Q And then you go on --

MS. WALSH: I'm at page 269, Mr. Commissioner.

THE COMMISSIONER: Well, this is Exhibit 142.

MS. WALSH: Yes.

THE COMMISSIONER: Well, the pages are all in -- they're in the nineties. Some -- they don't go beyond page 105, what I've got.

MS. WALSH: Oh, dear. Madam Clerk, have you got an exhibit that goes beyond that?

THE COMMISSIONER: Well, maybe, maybe I can listen, and read it afterwards.

MS. WALSH: Well, we'll have to make sure that, that the full document is entered into evidence, so we'll do that this afternoon.

THE COMMISSIONER: Yeah, the, the table of contents certainly shows Chapter 7 at page 269.

MS. WALSH: Yes, it does exist.

THE COMMISSIONER: But what I've got only goes up

to 102.

THE WITNESS: Me, too.

MS. WALSH: Okay.

THE COMMISSIONER: Same as you.

THE WITNESS: Yeah.

MS. WALSH: Well, we'll talk to the, the staff and make sure that we get the full document entered into evidence.

THE COMMISSIONER: In, in the meantime we have it on the screen.

MS. WALSH: Yes.

THE COMMISSIONER: So that should be satisfactory for now.

MS. WALSH: Okay, good. Thank you.

THE COMMISSIONER: I'll, I'll follow --

THE WITNESS: I thought maybe that was a message that I was writing too much.

MS. WALSH: No.

BY MS. WALSH:

Q And then you go on to say:

> "While it is difficult to summarize the information in the report, a consistent and pervasive

theme running through many indicators is the inequity" --

A Yes.

Q "... of health and well-being associated with socioeconomic status--simply put, area-level income is strongly related to multiple child outcomes, with lower incomes associated with poorer outcomes in physical and mental health, safety and security, successful learning, and social engagement and responsibility."

A Yes. And I would point out that this isn't the first report where we've said the exact same thing. Well, maybe not the exact same thing, but the, the importance of the income inequality and the socioeconomic inequality.

Q So the findings in this report are consistent with the findings made by you in other reports --

A Many other reports.

Q -- that you've done?

A Yes.

Q And by others.

A Yeah. Definitely. Um-hum. And I think further on, although I don't have it here, we say with an exclamation mark this is not new news. This is not new information. It's, it's known.

Q And why are you stressing that?

A Because I think sometimes we start to feel, as academics, like we're broken records. We keep saying over and over again we have to pay attention to socioeconomic inequalities, we have to pay attention to socioeconomic inequalities. We say it again and again, and yet somehow it doesn't get translated into, into policy.

Q Okay. And so then -- and still dealing with the summary of findings, if we can scroll down a bit, you cover physical health, emotional health, and then towards the bottom of the page, safety and security.

A Yes.

Q And there you say that:

> "Nearly all the measures of safety and security showed high degrees of inequity" --

A Um-hum.

Q "... confirming the need for targeted strategies within universal programs aimed at injury prevention. There is a high degree of inequity in children in care, and this inequity increased over the study period in rural areas."

Then you also comment that:

"Although not examined in this report, there is a disproportionate representation of Aboriginal children in care ... [and that] the large number of children in care in Manitoba ... raises questions about the sustainability of providing high quality foster care in some communities ... and underscores the importance of ensuring effective prevention and support services are available to

families."

A Right, um-hum.

Q And this is, this is what you found in, in the study that you did in 2010 on academic and --

A Yes.

Q -- social outcomes.

A Yeah. Um-hum.

Q And other studies.

A Um-hum.

Q Now if we go to the next page, 270, you have recommendations, and you talk about short and long-term strategies to address health inequities. So if you can just summarize what the recommendations there deal with?

A Yeah, you know, again, I think we're, we're talking about the same story, that there are these health inequities, that we find them when -- whether we look at diabetes, whether we look at chronic health conditions, whether we look at kids, whether we look at adults in middle age, whether we look at the elderly, you do find these, these inequities. And so there are strategies available that can be used.

There was a report a few years ago put out by the World Health Organization led by Sir Michael Marmot, and he talked about an approach called proportionate universality,

I think --

Q What is that?

A -- or universalism. And that -- he's saying it is important to have universal programs, he's, he's stating that, but also that they're going to have to be geared proportionately to those who need them most. So it's almost like targeting within a universal program. So you provide services universally to whoever needs them, but you recognize that those at the greatest risk are going to need some targeted intensive supports.

Q Then on the next page you say ...

MS. WALSH: If we could go to the next page, please?

BY MS. WALSH:

Q

> "Programs that Address Health Behaviours and the Broader Living Conditions that Contribute to Poor Health."

And you say in the last sentence of that paragraph, that:

> "Programs must ... address the

broader living conditions and social circumstances that contribute to poor health, such as unemployment, poor housing, food insecurity, and parental mental health."

A Yeah, I think there we were really trying to make the point. I mean, very often people say, well, if you just eat better, and if you just exercise, and if you just take care of yourself, you'll be healthy. But that's not true if you're living in poor housing and you have poor social conditions. So although it's very important to have very health behaviours, you need to look at the broader social context and, and improve some of the social factors that are contributing to poor health.

Q And these recommendations that are set out in the paper, How are Manitoba's children doing, they're aimed at?

A Policy makers.

Q Okay.

A In Health, in the Healthy Child Committee of Cabinet.

Q In child welfare?

A Yeah.

Q In education?

A Well, they're part of the Healthy Child Committee of Cabinet, yeah, education, welfare, justice, um-hum.

Q All aimed at --

A Aboriginal affairs.

Q -- at -- with the goal of, of improving outcomes for children in Manitoba.

A Yes, definitely.

Q Scrolling down, you talk about integrated service delivery for children and youth. What are you talking about there?

A Well, there is some evidence -- and I, and I think you probably heard --

MS. WALSH: We could scroll down, please.

BY MS. WALSH:

Q Sorry to interrupt you. I just wanted --

A That's okay.

Q Since nobody has the hard copy except for me ...

A There, there is evidence that rather than having to go from one place to another for your services and supports, that if, if services can be integrated, sort of a seamless service delivery, it's much more effective. I say here the one-stop shop. So very often families living with challenges, they're dealing with more than one service agency and -- whether it's income assistance, whether it's

Child and Family Services -- to have those all coordinated so that they're not running around trying to get all their services, can be, can be a great advantage.

And I have to say just as an anecdote, I recently did a poverty simulation by United Way where you're, you're given a role to play and you have a certain amount of time to collect all the, all the things you need, the, the food, the housing, to, to make your budget work, and most of us who were part of that ended up neglecting our children trying to just get our needs met by getting the food we needed, by, by ensuring we had appropriate housing, and there just wasn't enough time to properly take care of our children. So part of that, you know, that hub model, that one-stop shop is so that everything can be together so it makes it easier for those families facing those challenges.

Q And included in that you talk about other programs, regulated child care, parenting classes, that sort of thing, as well?

A Yes.

Q And that it does not need to be limited to families with young children, that teenagers need services, and, and recreational facilities.

A Absolutely, absolutely, yeah.

Q Okay. And at the end you say:

> "Integrating these services would help to ensure that children and families facing challenges do not fall through the cracks and instead receive the services and supports they require."

A Yes. Yeah, because, you know, very often these families are the, the ones who are using multiple services and, and sometimes they may not know about certain supports that are available to them.

Q If we turn to the next page, you talk about addressing the needs of aboriginal children. If you could discuss that, please.

A Yeah, and we, we say right, right there in the, the recommendations that we didn't look specifically at aboriginal children. Because of the way our data is set up and, and the permissions -- the level of permissions that we need to go through, it just wasn't feasible to look at for this study. But there is plenty of research to show that aboriginal children are at a disadvantage, partly because of the, the cultural devaluation, because of the poverty, because of the legacy of the residential schools. But we know the outcomes are poor. The mortality rates -- the infant mortality rates for, for kids, aboriginal kids,

are much higher. Mortality rates, even once they're beyond infancy, health problems, academic outcomes, there's plenty of research to suggest that aboriginal children are at a particular risk because of some of the social factors that we've, we've discussed.

Q Anything else from this report that you wanted to highlight?

A I think a couple things. We were looking at some academic trajectories and I -- you know, I don't want to go into a lot of detail but very often we know that if a child enters school already behind, they're going to fall further behind and often stay behind, and so that, you know, really puts the emphasis on, on, on putting interventions even before kids get to school.

But one of the things we learned in this report was that those trajectories aren't written in stone and, and some kids will change. So they might enter school already behind, but by grade three they're doing fine, which is a good news story and says interventions can work.

And I think the other point I'd like to make from this, this study, you know, we did some very complex modelling -- which I, I won't bore you with the details -- but what we found was there are a number of factors that contribute to success in school. You know, even as far as breastfeeding. Lots of different things. But most of

those are swamped by socioeconomic status. Socioeconomic status is the big story and, you know, you can do things to try and increase breastfeeding, you can do things to try and reduce smoking during pregnancy, all sorts of components you can look at are going to make -- have an impact on how kids do at school, but they're not going to have anywhere near the impact if we can change socioeconomic status, if we can reduce inequities and, and lift kids out of poverty.

Q And is that news?

A No. No, it's not news.

Q And you're going to talk about some of the recommendations to address that --

A Um-hum.

Q -- when we come back to your paper. Let's look at Exhibit 144. It's the next report.

MS. WALSH: Hopefully, Mr. Commissioner, you have the entire report in this instance, and you, too, Dr. Brownell.

THE COMMISSIONER: Well, what I have here --

MS. WALSH: It's a small, it's a small report, so it looks like you might have the whole thing.

THE COMMISSIONER: I have 126 pages.

THE WITNESS: I think that's it.

MS. WALSH: Okay.

THE WITNESS: Yeah.

MS. WALSH: Good.

BY MS. WALSH:

Q So tell us what this report was about. What is the EDI and what was studied?

A Okay, the EDI is the early development instrument, and it's a population measure, a population level measure of basically how kids are doing when they enter school. So it's not a measure of how they're doing in school, it's kind of a measure of what happened before they got to school. And it measures developmental health along five domains: physical health, emotional health, social development, cognitive and language, and then general knowledge and communication. So it's not just looking at their cognitive skills, but really a broad range of, of development.

It's a measure that the kindergarten teacher fills out on the child, usually around February or March of the school year, and it's not, as I say, so they can say, Well, gee, how well have we taught this kid from the time they entered school, but they do it at that time so the teacher knows the child well enough so that he or she can assess them on -- it's over a hundred items. And so that's what the EDI is.

It actually is administered every two years in Manitoba, province-wide, in the public schools and now in some of the, the First Nations schools as well, I believe. And I, I can see Jan Sanderson and Rob Santos sitting back there, and they know far more about this than me.

But it also is administered in many places in Canada. B.C. does it, Alberta does it, Saskatchewan. Many provinces use the EDI as the population measure of how, how we're doing with kids in the early, early years. So that's what it is.

In this study that was actually led by Dr. Rob Santos, we looked -- we were really looking at three basic things. We were looking at, you know, how does the EDI vary across a geographic region; we were looking at whether -- what factors influence how a kid does when he or she enters school; and we were looking at my -- the three risk factors that I talked about earlier, the -- what happens to kids who have a mom who's a teen when she's first giving birth, families who are involved in Child and Family Services, and families living in deep poverty measured by income assistance.

So in this study we just took it much earlier. Rather than measuring in high school, we measured those characteristics, the impact on kids entering school. So that's what the study was about.

Q Okay, thank you. The study was published at the end of just this past year.

A The beginning, May.

Q Oh, in May, okay.

A May, May -- yeah, about a year ago.

Q 2012.

A Yeah.

Q Okay. And those research questions that you identified, those are found near the beginning at Roman numeral 15 of the report. So I think you've got -- there you go. There are the three research questions:

> "Socioeconomic adversity and children's vulnerability at age five: How does the prevalence of children's EDI outcomes at age five differ by the [socioeconomic status] of their communities?"

A Um-hum.

Q And when you say communities, what are you referring to?

A Well, we do things by geography, and even when we're looking at socioeconomic status, we don't have in our data an individual level measure of socioeconomic status so

we do it at a community level. So we're not saying that that child in particular has a low socioeconomic status family, but they live in an area or the lowest socioeconomic status area.

Q So does that refer to areas within the City of Winnipeg, with -- or within the province --

A Both.

Q -- or both?

A Both.

Q Both.

A Yeah.

Q Okay.

A Yeah, and we look at it separately for urban areas, which we consider Winnipeg and Brandon, and then all the rest of the province.

Q Then you, you set our your key findings towards the bottom of the page. So what were your, your key findings?

A The key findings -- well, this, this was the first report where we're able to look this early in, in a child's sort of school career or school trajectory. Some of the other research I've talked about earlier, we, we focused a lot of high school outcomes for kids because that's the kind of information that we had to look at. But with the EDI coming into, to our repository, we were able

to look at when kids entered school.

We knew, of course, that in high school there were the socioeconomic inequalities, that, you know, the, the higher your socioeconomic status the better you did in school, and this was confirmed that, that socioeconomic gradient is there when kids enter school.

Q Okay. And the three groups of children that, that you'd looked at in previous studies, what was the finding there?

A The finding there was very similar to what we found when we looked at these kids in high school, that kids with none of the risk factors or the characteristics were the best off when compared to the kids with the characteristics. Kids with one were better off than kids with two of those risk factors, and, and so on.

But it was interesting because we found that it wasn't as steep as what we find in high school, so it's almost like things accumulate over, over the -- a child's school career. There are inequities when they enter school, but they seem to, to get a little wider as kids go through school.

Q And so what's the significance of that?

A Again, I think it points to, you know, the earlier we can intervene, the more impact -- the greater impact it will have.

Q Now, the children that you looked at in this study were born in 2000 or 2001.

A 2000 and 2001, yes.

Q What's of interest there is, of course, that's Phoenix Sinclair's cohort.

A Cohort, um-hum. Um-hum.

Q And so when you say, lower down under the key implications, that:

> "The findings indicate that early developmental vulnerability is overrepresented in three subgroups of children: those born to teen moms, living in families on [income assistance], or in CFS,"

those factors --

A That was --

Q -- all applied to Phoenix and her family.

A Right. Right. So she would have been one of those kids with the highest risks and, you know, one of the kids when we looked at high school, the 15 percent of them are completing high school. Just over 15 percent.

Q And then you say:

"The major implication of this report is that significant additional attention and investment in early childhood development ... is needed ..."

A Yeah. And that's, again, just going to -- one of the findings in this report was that early biological vulnerability, and we measured that by health at birth and health in the preschool period, health at birth being things like whether or not they were low birth weight, whether they were pre-term, and then illnesses in preschool. Those factors have an impact on how kids are doing when they enter school, and so obviously if, if factors at birth are, are going to affect how you're doing at school then, then we have to make sure that kids are born not premature, that they're not low birth weight. And so you can take that one step further and say we have to invest, even before kids are born, prenatally, so that we know that it's going to be a health birth so that we know that these kids aren't going to be biologically vulnerable.

Q And then you identify ten specific early childhood development strategies that deserve consideration

in building the best policy mix for Manitoba, and those start at, well, at page 45, and the actual recommendations start at page 48. So starting at page 45, you do set out your summary and conclusions and your key findings.

A Yeah.

Q Which --

A Do you want me to go through those?

Q Just very briefly.

A Okay. So, you know, basically, the key findings that we've already said, that the socioeconomic inequalities begin early, and so the earlier that we can start tackling those, the, the more effect that we're going to have. Early life matters -- what I just said, that biological vulnerability -- so we have to pay attention to the prenatal period, and even the preconception period because there's lots of evidence to suggest that a -- you know, if a woman becomes pregnant when she's malnourished or, or not particularly healthy, that obviously is going to impact the, the development of the fetus. And then, of course, we talked about the three at-risk groups already.

Q And so there what you say is that the 2000 and 2001 population birth cohorts which included Phoenix were conceived, born, and reared in an era of growing socioeconomic inequality over time in terms of the risk factors, and within and between regions in the province.

A Yeah. Yeah. And actually one of the interesting things we found in that report sort of comparing to the earlier report we talked about, when I talked about the overlap of risk factors and the number of kids with risk factors, we actually found that it was slightly higher when measured in this more recent time period than when we measured it for the earlier report. So if anything, more kids have one of those characteristics than when we did our earlier study.

Q And then that, of course, relates to your findings about the cumulative effect of those --

A Yeah.

Q -- of having those risk factors.

A Yes.

Q So if we go to page 48, listing your recommendations, this just follows on what you've said:

> "[To] target multiple risk factors
> for the most at-risk families."

A Yes.

Q And is what you're, you're discussing there, could that be described as, as a holistic approach to targeting risk factors?

A Definitely, definitely. And I think, also, it

underscores the fact that there's no real easy solutions. Some of these families have multiple problems, and we can't expect to just provide, say, one program or one support and all the problems are going to go away. These are, these are multiply challenged families and it's going to take multiple interventions.

Q And without going through all of the recommendations, are your recommendations aimed in any way at children who are not living in socioeconomic disadvantage?

A Oh, yes. I mean, it's not all just about the poor versus the non-poor. As I alluded to throughout the morning, there is this socioeconomic gradient, so with every increase in socioeconomic status you get an increase in positive outcome. So it's not just that the poor are doing worse than everybody else, but even if you went two steps up to the middle -- say we were looking at five socioeconomic classes, those that we would consider middle socioeconomic status, they're certainly doing better than those in the two classes below them, but not as good as in the two above. So each step up the ladder increases positive outcomes. And so this is why there's been a lot of emphasis on reducing that gradient, sort of reducing the gap between the, the poorest and the richest so that there's more equity.

Q So how is that done?

A How is that done? That is a great question. You know, part of it is through policies, taxation policies. There is actually a whole book written about how inequity is bad for our health and those societies where -- that are more unequal in terms of, you know, the gap between the very poorest and the very richest. Even those who are well off don't do as well because of that inequity in that society. So those societies -- those countries that have greater inequities, their overall health is much poorer than those societies that have a lot more equity.

How is it done? You know, I would leave that to, to people a lot more economically versed than I am, but I know there are ways that -- and this book does provide some suggestions in terms of taxation policies ensuring that, you know, those at the very top of the spectrum aren't making 400 times what the average worker is making, greater minimum wage, guaranteed annual income, things like that.

Q At page 50, you talk about -- one of the recommendations is:

> "[The] cost-effective [Early Child Development] strategies from the available scientific evidence base."

And as you've shown us, there's quite an extensive scientific evidence base.

A Yes.

Q And number 6 there:

> "Provision of sufficient socioeconomic resources during early childhood" --

And there you give examples such as --

A Yeah.

Q -- parental leave, income supports, housing supports, food security.

A Yes.

Q And so would it be fair to say those are things that are aimed at narrowing the gap --

A Absolutely.

Q Okay.

A Absolutely. And, and things that certain countries do much better than, than Canada does.

Q You also, at number 10 on the next page, refer to -- not just you, but the report says:

> "Provision of scientifically established, high-quality early

> learning and care, such as the Carolina Abecedarian program."

A Yes. And the Abecedarian program is, is similar, though not the same, than the program I talked about earlier, the, the Perry Preschool Program. So it's intensive supports at a preschool level involving the family.

There's other programs as well. There's a program called the Chicago Child Parent Centres. Lots of evidence, particularly from the States, that when we have programs like that, that are high quality, those delivering the program have adequate training, the parents are involved, and the child is, is stimulated to learn, they, they have great results.

Q And last week we heard from Carolyn Young, who is the director of the Manidoo Centre, where they are running a project funded by the government --

A Um-hum.

Q -- delivering services on the Abecedarian model.

A Which is great.

Q On page 53, the last page of the, the summary, you -- the study points that:

> "Nationally and internationally,

> Manitoba is recognized as being unique in its scientific and intersectoral policy potential."

And you go on to say that ... You, you reference closing the gap between what we know and what we do.

A Um-hum.

Q What do you mean by that?

A Well, partly what we've been pointing out, that, you know, there are lots of studies out there, these are things that we know, that these are things that we've heard about for years and years and years, and yet we -- I mean, we certainly are doing some of them. As you pointed out, there's that Abecedarian program. There are some wonderful programs in Manitoba.

And I would also point out that when I present findings from our research in other places in Canada, I'm told that Manitoba is the envy, often, of other provinces because we have this intersectoral committee, the Healthy Child Committee of Cabinet, and we have the Healthy Child Manitoba, so there is a group that's focusing specifically on kids and trying to improve things for kids.

My feeling is that we don't have enough resources being put into that to, to make a -- I mean, obviously we are making some difference, but if we want to make a large

difference, we have to put more resources into that early childhood period, more resources and, and focus into that early childhood period.

Q And that is essentially what the report concludes by saying, that:

> "While Manitoba has made considerable progress in recent years ..., considerable additional public support and political will" --

A Absolutely.

Q

> "... are needed to significantly increase evidence-based action for Manitoba's youngest children."

A Yes, um-hum.

Q Which takes us back to the paper that you've prepared for the Commission. Your conclusions start at page 15. We can go back to that paper, which was Exhibit 139, please.

Now, you start off by making a comment about the type of response that is often seen to a tragedy such as

the one that this Commission has looked at. Tell us about --

A Yes.

Q -- your comments there.

A Yeah. I've said that it's a knee-jerk response and I'm certainly not the first person to say that. In fact, in, in The Lancet paper we, we referred to earlier, Ruth Gilbert wrote exactly that, that, you know, very often there's a knee-jerk response to high profile and very tragic deaths like, like the one of Phoenix, but it's important for us not to lose sight of the, the whole prevention and universal focus that I've been talking about, and not to form policy based on that very tragic -- that one very tragic case.

And we know it's not, it's not the only case, but if we form policy based on those cases, then basically we'll end up taking more and more kids into care and as, as we talked about through the morning, that sort of takes away funds from prevention services and I think that it's the prevention services that are going to make the big difference in, in child maltreatment.

Q So then your paper discusses what these prevention services and interventions could look like. If you'll just take us through those, please?

A Sure. And here we're going back to the -- you

know, that primary and secondary and tertiary prevention, or what I talked about, the upstream and, and midstream and downstream. And some of the upstream policies, I mean, those are very broad, much broader policies, the universal programs, but even things like legislation against corporal punishment goes a long way in reducing child abuse; extended parental leave programs, so parents have time to, to spend with their kids; ensuring that they have access to, to quality low-cost childcare and other early learning environments; and also, as I talked about, trying to reduce that gap between the rich and the poor because it's not just about those living in poverty but it's the, the differences between those living in poverty and those who are very, very wealthy. So reducing that gap.

I've mentioned here guaranteed annual income. There are universal parenting programs, and there's one operating in, in Manitoba now, the Triple P, the Positive Parenting Program that comes originally from Australia, and it has been demonstrated in, I believe it was North Carolina or South Carolina -- one of the Carolinas -- at a population level to reduce child maltreatment. So that's a very positive step. So those are some of the, the universal and, and upstream preventive programs that can be put in place.

Midstream approaches would be things like

targeted home visiting. There's a lot of research -- and I think you heard about it, either from Kerry or from somebody else last week, there's the David Olds studies in the States, the nurse home visiting, where nurses go into the homes of those who are at risk for maltreating their children or at risk of, of other poor outcomes for kids. And there's this intensive home visiting that starts before the baby's born and continues once, once the, the child is born, just helping the parents learn how to properly parent.

There's the need for mental health strategies. We know a lot of what contributes to, to child maltreatment involves parental mental health issues. We also know that mental health services are -- the need for mental health services is greater than what's being supplied.

And obviously, if there's domestic violence in the home, programs to, to address that because that's very damaging to kids, as well.

And then, you know, it would be wonderful to say that if we implemented all these things there would never be another child maltreated, but I think that's quite implausible, that there will always be cases of severe maltreatment like we've heard about in, in, in this inquiry. And so in that case, you know, if the, if the prevention services have not been effective, then I think

there will be the need in some cases to, to protect children, whether that means removing them from the family or whether that means putting intensive supports into the home.

I've heard about programs or, or pilots where rather than removing the kid, they place a worker into the home, because very often these parents -- it's not that they don't want to be good parents but they don't now how to be good parents. They weren't parented well. They were perhaps in foster care and shuffled from one family to another and never, never learned how to parent properly. And so by putting a worker in the home not only does the worker parent the child well, but the worker parents the parents and the parents learn to parent, and I think that's, that's very important.

Q You end up by saying that:

> "... it is important that the decisions on how to treat severe child maltreatment" --

Where you have this downstream or tertiary response, it's important to ensure that:

> "[They are] based on the best

possible evidence for effective care and outcomes."

And does that take us back to what you said at --

A It does.

Q -- the beginning of the morning?

A Yes, yeah. And whether, you know, because there hasn't been -- there isn't much, if any, scientific evidence to say whether those kinds of intensive in-home supports are better or worse than removing a child from their family. We really don't know. We don't have the evidence and we should be, we should be developing that evidence.

Q You do have evidence that shows that prevention efforts --

A Yes.

Q -- promote good outcomes.

A Yes, absolutely. Tons of evidence.

Q And so finally, let me ask you this: You have, as, as you've shown, done extensive research looking at how Manitoba's children are doing for many years, and you've studied and evaluated many of the programs that are being delivered to children and families in Manitoba, many of which you've said are very good programs. Based on your research, if we continue with the status quo, what do you

expect the results of your future research on how Manitoba's children are doing will look like?

A If we continue with the status quo, I think we'll see little pockets of improvements. Just like I talked about, you know, you can have -- one component is, is going to make a difference here and one component is going to make a difference there. But at a population level, I think it's, it's going to be very tough to see any major changes and major improvements in, in outcomes for kids.

You know, having said that, in our, in our report, How are Manitoba's children doing, we did see some improvements over time. So all the time, you know, all the efforts are slowly increasing the health of Manitoba's children, but I think if we want to make a large impact, then we have to have some large thinking.

Q And that would be starting at the policy level.

A That would be starting at the policy level, absolutely.

MS. WALSH: Thank you, Dr. Brownell. Those are my questions.

THE WITNESS: You're welcome.

THE COMMISSIONER: All right. Mr. McKinnon?

MR. MCKINNON: For the record, Mr. Commissioner, my name is Gordon McKinnon.

CROSS-EXAMINATION BY MR. MCKINNON:

Q Dr. Brownell, I'm the lawyer for the department and Winnipeg CFS, and I just wanted to explore one issue with you.

A Sure.

Q Excuse me while I find my notes.

As you know, we're here dealing with a specific case --

A Yes.

Q -- in the context of Phoenix Sinclair, and some of your evidence -- and, and you were talking about risk factors, sometimes referred to as markers. If we look back at the facts of this particular case, we would find that the mother of Phoenix Sinclair, Samantha Kematch, fit all three of your risk factors. She had -- she came from deep poverty, she was on --

A Um-hum.

Q -- EIA; she, herself, was a child who had been raised in care; and she was a teen mother with her first pregnancy. So she meets all three of your risk factors. And we've heard evidence from a number of experts about, you know, solutions to poverty issues, and there tend to be economic solutions in job creation and that sort of thing, and we've heard a fair bit of evidence about what to do to try to keep children out of CFS from coming into care.

What we haven't heard anything about, which I'm going to invite you to speak a little about, is what can be done about the issue of teen pregnancy and teen mothers, which is the third of your three risk factors, obviously, a significant one.

A Um-hum.

Q So really just two questions and I'll, I'll let you speak about it. Question number one is, you know, whether you would agree that that, that teen pregnancy often leads to a cycle, that is, that the, the teen mom is more likely to end up on EIA, more likely to end up dependent upon that source of income, and therefore more likely to be in poverty, so the cycle that, that comes from teen pregnancy.

And then second question, what can be done to break that particular cycle, the teen pregnancy problem.

And, and so I'm leaving it open -- a wide open question, but just thinking that that issue deserves a bit more exploration at this Inquiry.

A Absolutely. Preventing teen pregnancy, I mean, it's a big, big issue. There are lots of programs, some with great success, some not so great success. One of the interesting things we found with our research, when we first started looking at outcomes for teen moms and outcomes for kids of teen moms and looking at educational

outcomes, I was really interested in looking at sort of what, what's the timeline, how, how things actually progress because we know very often teen moms -- they don't complete high school, and that contributes to that cycle you're talking about because if they don't complete high school, they're less likely to get a good job, they're less likely to make a good income, and so they're going to be reliant on social assistance, they're going -- you know, they're not going to be able to be employed or they're, they're going to have very low-paying jobs if they are employed.

So when we started looking at it, we discovered that, you know, it's not always -- and it was my understanding that girls get pregnant, and because they get pregnant, they drop out of school and that begins that cycle. Well, in actual fact, a big chunk of girls who end up getting pregnant, the, the ordering of things is reversed. It's not that they're getting pregnant and dropping out of school; they're dropping out of school and they're getting pregnant. And that, to me, says that, you know, we should be focusing on keeping kids in school and letting them see that they have a future. And that goes back to the whole early childhood -- focus on early childhood.

Some of those programs that we talked about this

morning, the Abecedarian and the, the Perry Preschool, the Chicago Parent Child Centres, have shown that when you have these intensive supports in the preschool period, one of the positive outcomes is down the line it reduces teen pregnancy and, you know, I can only think that that's because these kids -- you know, they're entering school ready to learn, so they become engaged in school, they like school, they see a future for themselves, and so their pregnancy isn't -- pregnancy and, and giving birth as, as a young mom isn't the only option for them. So that, that, to me, is, is part of the solution to breaking that cycle.

Of course, you know, just like, you know, if we have the best prevention programs in the world, there, there always will be somebody who gets pregnant as a teen and who wants to become a teen mom. So beyond preventing -- I mean, it's very important to do the prevention, but we can't then forget that when we do have teen moms, we need to support those teen moms, and support not just in financial support, but in parenting training, occupational training, providing them with lots of quality childcare options so they can get that training, so they can get a good job.

So there's, there's really the two components. There's the prevention and there's the support.

Q And, and in terms of the prevention, you mentioned the educational component.

A Um-hum.

Q Are there any other components to the prevention -- to prevention strategy that we should be thinking about?

A Oh, sure. I mean, there's obviously a public health component, where teaching girls about contraception, about healthy reproductive health, but that's not going to work if you've got -- that alone isn't going to work if you've got girls who aren't engaged in school and dropping out and aren't in school to get these programs. But, certainly, yes, there, there are other components beyond the education. There's the health component.

Q And the other thing that you said about this issue which, again, struck a chord because of the evidence that we've heard in this case, is that it's not just the first child. It's when the first child is born, so that even if --

A Um-hum.

Q -- the second child is born three or four years later, as we saw in this case, and subsequent, the same negative outcomes in your research?

A Yes.

Q And do you have any data and any information on how frequent that is, that is, that when the first child is

born to a teen mom, there are subsequent children born shortly thereafter, year two, three, fours, so that by the time -- I think in this case, by the time the mom was 23 or so she had four children.

A Um-hum.

Q Do you have any data on that and is that another -- is that a phenomenon that we should be paying attention to?

A I'm trying to think if we have any data specific to that. What you're asking is are those who, who give birth as teens more likely to have more children, right? A larger number of children than, say, somebody who delays child bearing.

Q And at an early age, as well.

A And at -- yeah.

Q And, and, and the reason I'm asking that is I'm sort of thinking, just, again -- this is anecdotal, but the, the experience that I've had through this case and through others is that it may be with, with a teen mom with one child, some of the prevention -- or some of the educational programs, some of the supports that are available, there's daycare and schools and that sort of thing are realistic, but when you have three or four kids --

A It's much --

Q -- under 24 --

A -- harder to access --

Q -- it's very --

A -- those service, yeah.

Q -- difficult to --

A Yeah, I -- our own research, we haven't focused on that, but there certainly is research in, in the, in the field and in the literature that would suggest those very things, that, you know, the younger you start having kids, the more kids you're having, you're going to have more kids at a younger age, and that does make it more difficult for you to access those services. And, and we have actually researched that, that the number of children -- the more children a woman has, the less likely she is to participate in programs like the Healthy Baby community support program.

MR. MCKINNON: Okay, thank you. That's helpful.

THE WITNESS: You're welcome.

THE COMMISSIONER: Thank you, Mr. McKinnon.

Anyone else? Mr. Scarcello.

CROSS-EXAMINATION BY MR. SCARCELLO:

Q Good morning, Dr. Brownell. Just give me one moment.

A Sure.

Q I represent ANCR and Southern Authority and the Northern Authority, and I just want to get to, to the issue of the upstream, the midstream, and the, and the downstream topic and back to your analogy about the cliff.

A Um-hum.

Q That was an interesting one. And I just want to see what you think about where the child welfare system fits into that on a long-term basis. Now, obviously, you're here today advocating for the creation of more upstream programs, and not only the creation, but obviously the funding that's necessary --

A Yes.

Q -- to, to have those programs last on a long-term basis.

A Yes.

Q And you also testified about the importance of getting these programs and, and just getting to the kids when they're young, and that will create, you know, the long-lasting effects, and you gave the example of that preschool program, the Perry -- is it called the Perry Preschool?

A Yeah, the high school Perry Preschool Program.

Q Right. And that report showed that when those kids -- and they were, you know, two and three years old, when they were adults, that -- you know, in that next

generation, it had positive effects.

A Yes.

Q So these prevention programs were -- they're not going to have always that immediate impact, are they? We're looking at --

A No.

Q -- impacts down the road. That's right?

A Yes.

Q And then getting to your cliff analogy, the idea is that down the road less kids are falling off the cliff.

A Absolutely.

Q Right? But in the meantime, today, you know, sadly enough, kids still are falling off the cliff and those kids still need to get those child welfare services.

A Yes.

Q And as this program -- or as these programs take effect, less and less services will be provided. They always will have a role, but the idea is less services in the long term. Do you agree with that?

A Yes, yeah.

Q So when you're talking about more funding, you're not talking about taking away from helping those kids falling off the cliff today.

A No.

Q You're talking about additional funding.

A Yes.

Q We need to still help those kids, and there's positive things to, to work with them, but in the long term we need to have more funding, more programs to stop kids from falling off the cliff in the future. Is that what you're saying?

A Yes.

Q Okay. Good.

A But I wouldn't necessarily say that those kids falling off the cliff should necessarily be placed in care. What I'm saying is we don't know what the best outcomes -- what will lead to the best outcomes for those kids.

Q Right. And it may be that there's more interventionist programs --

A Yeah.

Q -- that can help out, and I think child welfare is looking -- there's been evidence of them working on --

A Yeah, and --

Q -- that, and that is --

A I mean, a lot --

Q -- part of their programs today.

A Yes, and from the Perry Preschool Project, I mean, a lot of ideas -- or some of those examples far down the road when the kids are 30, 40, and 50. But in this case, I mean, a lot of the kids who end up in care are

infants, so it's -- it, it's kind of contracted. So, you know, I mean, obviously we are looking for long-term solutions, but some of them aren't 40 years down the road. Some of them, you know, if the prevention programs are put in place, we could be seeing benefits right away.

Q That's right. So some of them can have effect in a shorter --

A Yes.

Q -- amount of time.

A Yeah.

Q Some will have --

A Yeah.

Q -- a great effect --

A But it --

Q -- down the road.

A It does take a huge investment, yeah, um-hum.

Q Right. Okay.

A Yeah.

MR. SCARCELLO: Good, thank you --

THE WITNESS: You're welcome.

MR. SCARCELLO: -- for clarifying that.

THE COMMISSIONER: Thanks, Mr. Scarcello.

Anybody else? Ms. Dunn.

MS. DUNN: Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MS. DUNN:

Q Doctor, my name is Catherine Dunn, and I'm counsel for Ka Ni Kanichihk, which is an aboriginal community-based organization here in the City of Winnipeg.

THE COMMISSIONER: Just put the mic down a bit, will you, please?

MS. DUNN: Can you hear me now, Doctor?

THE WITNESS: Yes.

MS. DUNN: Mr. Commissioner?

BY MS. DUNN:

Q I just had one question for you, Doctor, and that really revolves around that rather staggering statistic that you stated, that Manitoba seems to have the highest number of children in care per capita in the world. Is that correct? Did I hear you correctly?

A Well, we haven't looked everywhere in the world --

Q Okay.

A -- but from the six country comparison we did, we had the highest rates, and I understand there was some, some data presented last week that said Manitoba -- I know there are studies that says that Canada has one of the highest rates and I know there were statistics presented last week that say Manitoba's the highest in Canada, so I

think --

Q Okay.

A Um-hum.

Q So you're not surprised by that statistic, I take it.

A I was when I initially heard it, but ...

Q Do you have any concept of why that would be, based on your many years of experience in this field, why our province has that kind of statistical number of children in care?

A I do not, other than -- there are different approaches that can be taken to child welfare. So from the international study I was involved in, I did learn that not everybody takes the approach that Manitoba or North America takes because, you know, we're not alone in Manitoba.

Q Yes.

A North America takes a child safety approach so it's sort of child safety at all costs, whereas in a country like Sweden, they take a family welfare approach. Obviously, they're concerned about child safety, but they're concerned about child safety within that family unit. So they would be more likely to put a worker into the home instead of pulling the child out of the home. So it's, it's policies.

Q All right. So --

A Um-hum.

Q -- a policy that directs itself exclusively to the safety of children, separate and apart from the family --

A Yes.

Q -- and the children, may make a difference in terms of the number of children in care.

A Absolutely. You know, if you think of a family like the Phoenix Sinclair case where there were -- was more than one child and more than one child who was taken into care at different times, I mean, if you keep pulling the kids out, the family isn't learning what to do with the next kid.

MS. DUNN: Thank you. Those are my questions, doctor. Thank you very much.

THE WITNESS: You're welcome.

THE COMMISSIONER: Thank you, Ms. Dunn. I take it that's everybody.

Any re-examination, Ms. Walsh?

MS. WALSH: Just one comment.

RE-EXAMINATION BY MS. WALSH:

Q Just to, to identify and bring your research back to the facts of, of this case, Phoenix's parents were both themselves children who -- or people who, as children, had

contact with the child welfare system. They had been children in care. Phoenix's mother had her first pregnancy when she was a teenager and both parents were on income assistance. When Phoenix was born, neither of them had completed high school and neither of them was employed.

The implication, then, from, from the research that you've done and, in particular, the EDI study which is, is of, I think, particular compelling interest because it does study Phoenix's cohort --

A Um-hum.

Q -- children born in the year that Phoenix was born, the implication, then, is that right at the outset from the time that Phoenix was born, the research that you've done repeatedly would show that Phoenix and her parents at the time of her birth were likely in need of supports.

A Yes.

Q And then today Phoenix would be 13 and your research has shown similar implications for teenagers.

A Yes. Um-hum. You know, I've, I've thought about this case a lot as I followed it and, you know, what strikes me as, you know, many people have focused on the mom and, oh, how horrible, you know, what a -- and it certainly was. I mean, there's no denying that Phoenix lived through horrors.

But if Phoenix had survived, I can't help thinking she would have become a mom like her own mom, without the proper supports. Predicting basic -- based on, on the risk factors, she would have dropped out of school, she would have become a teen mom, her kids probably would have been apprehended at some time, she may have had addiction issues, just because these things tend to be cyclical unless the proper supports and services are put into place.

MS. WALSH: Thank you very much.

THE WITNESS: You're welcome.

THE COMMISSIONER: Well, Dr. Brownell, thank you very much for your participation.

THE WITNESS: You're welcome.

THE COMMISSIONER: We looked forward to your appearance and are pleased that you were able to give us the time to contribute.

THE WITNESS: Thanks.

THE COMMISSIONER: That completes your testimony, and thank you.

(WITNESS EXCUSED)

THE COMMISSIONER: All right? We're -- we are ready to start the next witness at two o'clock, is that it?

MS. WALSH: Yes.

THE COMMISSIONER: All right. We'll, we'll stand adjourned till two o'clock this afternoon.

MS. WALSH: Thank you.

(LUNCHEON RECESS)

MS. WALSH: Mr. Commissioner, just one thing before Ms. Dunn begins, and --

THE COMMISSIONER: Yes.

MS. WALSH: -- that is that we now have the complete document that was filed as Exhibit 142. A copy of it has been put up on your desk, I'm told.

THE COMMISSIONER: Oh, yes.

MS. WALSH: And so all 342 pages are now properly in evidence.

THE COMMISSIONER: Thank you. And so the other one's been removed, I assume.

MS. WALSH: Yes.

THE COMMISSIONER: Yeah. All right. Thank you.

Ms. Dunn.

MS. DUNN: Yes, good afternoon, Mr. Commissioner.

The next witness is Leslie Spillett, and she is the executive director of the Ka Ni Kanichihk.

THE CLERK: Just stand for a moment. I see

you're holding the eagle feather. You'd like the eagle feather oath?

THE WITNESS: Yes.

THE CLERK: Yes. Just state your, just state your full name to the court, please.

THE WITNESS: Leslie Lorraine Spillett.

THE CLERK: And just spell us your first name.

THE WITNESS: L-E-S-L-I-E.

THE CLERK: And your middle name, please.

THE WITNESS: L-O-R-R-A-I-N-E.

THE CLERK: And your last name, please.

THE WITNESS: S-P-I-L-L-E-T-T.

LESLIE LORRAINE SPILLETT,
promising to tell the truth while holding the Eagle Feather, testified as follows

THE CLERK: Thank you. You may be seated.

MS. DUNN: Mr. Commissioner, there are a number of documents that we wish to file with respect to Ms. Spillett's evidence.

THE COMMISSIONER: All right.

MS. DUNN: So I will file them sequentially now before we start with her.

THE COMMISSIONER: All right.

MS. DUNN: The next exhibit, I believe, is 146, and that is a witness summary of Ms. Spillett's testimony this afternoon.

THE COMMISSIONER: Summary of her testimony.

MS. DUNN: Yes.

THE COMMISSIONER: Right.

EXHIBIT 146: WITNESS SUMMARY OF LESLIE SPILLETT

MS. DUNN: And I'll just hand these all to the clerk when I'm finished.

The exhibit after that would be Exhibit 147. That is the tenth annual report for the year 2011-2012, called Standing Our Ground, and that is their annual report, the organization.

THE CLERK: Exhibit 147?

MS. DUNN: Yes.

EXHIBIT 147: STANDING OUR GROUND: KA NI KANICHIHK INC. TENTH ANNUAL REPORT, 2011-2012

MS. DUNN: Yes. The next exhibit, which is 148,

is actually two documents: a single page which sets out the organizational budget for Ka Ni Kanichihk for 2013-2014 and a multipage document representing the board of directors' annual audit. So that would be 148.

THE CLERK: Exhibit 148.

EXHIBIT 148: KA NI KANICHIHK INC. 2013-2014 ORGANIZATIONAL BUDGET AS OF APRIL 2, 2013, AND FINANCIAL STATEMENTS DATED MARCH 31, 2012

MS. DUNN: Exhibit 149 is a research piece called Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. That is a reference that Ms. Spillett will make in her evidence. And finally --

THE COMMISSIONER: And who's, who's the research paper by?

MS. DUNN: The research paper is by Michael Chandler, C-H-A-N-D-L-E-R, and Christopher Lalonde, L-A-L-O-N-D-E, both of the University of British Columbia.

THE COMMISSIONER: Thank you.

EXHIBIT 149: CULTURAL CONTINUITY AS A HEDGE AGAINST SUICIDE IN CANADA'S FIRST NATIONS, BY MICHAEL

CHANDLER AND CHRISTOPHER LALONDE

MS. DUNN: And finally, Mr. Commissioner, is a report that was commissioned by Ka Ni Kanichihk and the Steering Committee of the Family Court Diversion Project. The full name of the project is, Jumping Through Hoops: A Manitoba Study Examining The Experiences and Reflections of Aboriginal Mothers Involved with Child Welfare and Legal Systems Respecting Child Protection Matters. That is a report that was completed in July 2008, and the principal lead researcher on that project was Marlyn, M-A-R-L-Y-N, Bennett, B-E-N-N-E-T-T, then of the First Nations Child and Family Caring Society of Canada.

EXHIBIT 150: JUMPING THROUGH HOOPS: A MANITOBA STUDY EXAMINING THE EXPERIENCES AND REFLECTIONS OF ABORIGINAL MOTHERS INVOLVED WITH CHILD WELFARE AND LEGAL SYSTEMS RESPECTING CHILD PROTECTION MATTERS, BY MARLYN BENNETT, JULY 2008

MS. DUNN: So I'll just enter all of those exhibits now.

THE COMMISSIONER: All right.

THE CLERK: Exhibits 146 through 150.

THE COMMISSIONER: Thank you.

DIRECT EXAMINATION BY MS. DUNN:

Q Ms. Spillett, I understand that you are a Cree woman; is that correct?

A Correct.

Q And by way of background, I understand that you are a member of the Cree Nation Bear Clan, correct?

A Yes.

Q You are, as well, a sundancer and pipe carrier?

A Correct.

Q You are the founder and executive director of Ka Ni Kanichihk, which -- an organization -- community-based aboriginal organization that was started by yourself in 2002, correct?

A Among other women, yes.

Q Okay. And that is a Cree term, correct?

A Yes.

Q And what does that mean in English?

A It means, literally, those who go forward, but we kind of use those who lead as kind of a shortened version of it.

Q All right. You are also a founder and provincial

president of the Mother of Red Nations Women's Council of Manitoba, which was an organization between 2001 and 2006, correct?

A That's correct.

Q In addition, you were the clinical director of New Directions for Children, Youth, and Adults between 1997 and 2002.

A That's correct.

Q You were an aboriginal awareness coordinator at the Health Sciences Centre between 1996 and 1997.

A That's correct.

Q And as well, a program coordinator at Anishinaabe Oway-Ishi between the years 1990 and 1996?

A Yes.

Q And for the Commissioner's benefit, what program is that?

A For Anishinaabe Oway-Ishi was a pre-employment program for aboriginal youth. It's no longer in existence.

Q Okay.

THE CLERK: Can you spell the second word, please?

MS. DUNN: Yes. O-W-A-Y, hyphen, I-S-H-I, and then Inc.

BY MS. DUNN:

Q In addition to your -- that background, you have been very involved on various community and volunteer affiliations; is that correct?

A That is correct.

Q Including the National Aboriginal Health Organization. You've been the board of directors for Native Women's Association of Canada. Is that correct?

A That's correct.

Q You were on the board of directors for Taking Charge! Inc.?

A Yes.

Q You were the founder and provincial speaker for the Mother of Red Nations Women's Council of Manitoba?

A Yes.

Q You were on the board of directors for Assiniboine Credit Union?

A Yes.

Q You were the founding board of directors of the Aboriginal Centre of Winnipeg?

A Correct.

Q You were on the board of directors for the Prairie Women's Health Centre of Excellence?

A Yes.

Q And you were a board of director for Native Employment Services?

A Yes.

Q A board of director for Community Education Development Association?

A Yes.

Q And a board of director for the Centre of Excellence for Children's Health?

A Yes.

Q You were on the National Advisory Committee for the UN World Conference Against Racism?

A Correct.

Q You are a council member for Circle of Courage. Could you just explain to the Commissioner what that is?

A Well, actually, the Circle of Courage was a program that Ka Ni Kanichihk ran for four or five years based on the, the cultural knowledge that was provided by a Dakota -- or Lakota, sorry, gentleman by the name of Dr. Martin Brokenleg, and it was a model of working with reclaiming a traditional knowledge model of working with youth at, at risk of gangs and other criminal behaviour.

Q All right.

THE CLERK: Just going to move your mic; there's a bit of an echo when it's that close.

THE WITNESS: Okay.

BY MS. DUNN:

Q And most recently, Ms. Spillett, you have been appointed by the province to form part of the provincial Winnipeg Police Services board or commission; is that correct?

A Yes, the --

Q And that is an oversight board, I understand.

A That's correct.

Q And you will commence your duties there as of the 21st of June; is that correct?

A Correct.

Q All right. Ms. Spillett, I think you had advised me that you wanted to begin your testimony this afternoon to acknowledge Phoenix Sinclair.

A I do. I do want to acknowledge all of the, the people that have been a part of, of this Inquiry since the beginning, but also to recognize the, the -- and to honour that young -- the spirit of that young woman, and also her family members, including her mother, her birth father, and all those that had, had some connection with her while she was on this -- in this world, because I believe, and one of the reasons that I'm here, is, is that they are all victims of, of, of the, the system that we created.

Q All right. Now, I want to reference you to your tenth annual report which is, I believe, at the second tab in the documents before you.

THE COMMISSIONER: What exhibit number is that?

MS. DUNN: That would be ...

THE CLERK: One forty-seven.

MS. DUNN: One forty-seven. It's a coloured document looking like this, Mr. Commissioner.

THE COMMISSIONER: One forty-six, 149, oh.

BY MS. DUNN:

Q Ms. Spillett, this document represents the annual report for Ka Ni Kanichihk, does it not?

A That's correct.

Q Okay. And it also mentions a little bit about what your organization's vision is, and, and purpose is. I'm going to refer you to page 2 of that report, in the first paragraph, sort of the latter part of the paragraph, and it indicates that:

> "Since those early days back in 2002, Ka Ni Kanichihk's vision has been to honour the spirit of our ancestors and seek their wisdom to guide our peoples back to balance and wellness. Our people have come home. We are self-determining, healthy, happy and

respected for our cultural and spiritual strengths and ways of being."

You could just expand a little bit on what that, what that means to you and to your organization in terms of dealing with your community.

A Well, essentially it means that indigenous people have significant strength and, and wealth in our culture, and that, that culture and the markers of that culture, even though that they've been somewhat interfered with through the, the historical relationship, we still have a foundation to build a strong sense of identity. And so we, we believe we are, we are -- we operate from a spiritual imperative because that's all -- that's one of the strengths that has, as well, been interfered with, has not been completely destroyed. So we use that, that connection to that spirituality, to that great resource that we have of our, of our, of our culture that, that still exists to this day in spite of the, the history.

We were just talking about that last night, you know, it was outlawed against -- it was in the Criminal Code of Canada that it was illegal to practise our, our traditions and, and so that -- those are the ancestors. We had people that, that fought to have our right to practise

our, our spirituality because it is the, the main source of our strength and our wealth.

And so people identify indigenous people as being problems, that we, we overwhelm every indicator in terms of negative outcomes, but within our spirituality we are rich beyond imagination and that is the focus of our organization. So it's built on the strength, it's founded on the strength of our -- that our ancestors have kept, and we, we believe -- and I believe, because I'm, because I'm -- you know, I function in that, in that realm, I believe that our, our ancestors, our prayers, our, our connections to those, those traditions and the tools or bundles that we, that we still have will take us to another place. This is a temporary situation that we're dealing with here that will take us to another place, that if we have -- if we use what we've been given. So that is how Ka Ni Kanichihk understands that, that vision statement.

And, and so just as -- on a very practical level, before we even started one word on a piece of paper in terms of our incorporation documents, we went and put out prayer flags at Manito Ahbee. We asked the creator to guide our development. So it's, it's a spiritual movement at, at, at its roots.

Q All right. And in your -- page 2 of your annual report, you reference Justice Murray Sinclair who was the

keynote speaker at your 2011 annual meeting. And he commented or gave a speech on providing services to youth to provide them with answers to four questions: Who am I? Where did I come from? What is my purpose? And where am I going?

Can you comment with reference to those four specific questions, what your organization does in answering those questions?

A Absolutely. And, and of course, Murray Sinclair is a, is a very -- he's an icon in our community, not just in aboriginal community, but all of our communities. And because he, he has answered those questions for himself and I have answered those questions for myself, and we are who we are today because we are able to answer those questions. And, and our, our people are where -- some of our people, not all of our people, are where they're at today because they have a difficult time answering those, those, those fundamental questions.

So Judge Sinclair -- Justice Sinclair said that if we can support our community to, to look at issues around identity, issues around our history, issues around our -- or our, our connection to our, our spiritual value systems, to those natural laws that our ancestors followed, if we can answer those four fundamental questions and support and lead our, our youth and our women and our

families through a process of self-discovery, self-examination, and reclaim those, those, those very important identity markers for themselves and their families, that we're going to be okay, that we -- once we do that, we can do anything. We, we can be judges. We can be, we can be lawyers, we can be, we can be doctors. We can be anything. But we need to, we need to be at a place where we, where we are able to connect at that very, very basic level.

And all people need this. All people need this connection, not just indigenous people, but we have been the culture that has been most interfered with and I think that is at the very heart of the issues that we are, that we are all here today.

Q In terms of programming that your organization is, is currently involved with, at pages 3 and 4 of your annual report you mention a number of the programs that you offer through, through your community-based organization, including some education and training programs. The first one that you list is information and office administration assistant. How long a program was that and, and how do you get your people?

A Yeah, right now we have about 15 programs and, and office in -- office and -- office administration -- I'm saying that wrong -- is one of those programs. It's a 12-month program that we do in partnership with Red River

College, so it's community-based -- people from the community and it's funded by the Centre for Aboriginal Human Resource Development. So we get referrals from CARD and from the community. It's a one-year program, and so they do --

THE COMMISSIONER: Which program is that?

THE WITNESS: It's called office and information -- administrative assistant program, sorry.

THE COMMISSIONER: I see it here, yes.

THE WITNESS: Office and administrative assistant program. And so it's a 12-month program funded, funded by CARD and we follow Red River curriculum. So they do all the things that -- as students that went right directly to Red River would, would participate in, so all the, the Red River curriculum.

But they also have the opportunity to, to have another curriculum that is called the Ways of Being curriculum. So that Ways of Being is -- it's essentially an indigenous based life skills course so that -- it's not -- so it's not only about money management. It looks at the historical relationships, it looks at -- we introduce various smudges -- or ceremonies, starting with smudging. People look at -- you know, people use the, the time to reflect on where they come from, essentially to answer the, the, the four questions that we referred to earlier, so

that they can build a strong foundation, so that they can, they can be powerful, that they can take, they can take control over their own lives, that we don't have to be victims and at -- you know, and, you know, we don't have to do that. So people become powerful, empowered through both those processes, that internal reflective and discovery process, and, and also the, the, the curriculum through Red River.

BY MS. DUNN:

Q And is part of that curriculum actually providing academic and cultural information on the impact of colonialism --

A Correct.

Q -- on the impact of residential schools --

A Yes.

Q -- on the impact of the sixties scoop?

A Yes. We --

Q And --

A We do take a look at that history because that's a part of that, that question, where, where do I come from. Because people need to understand because -- in the system there's a lot of victim blaming so people don't really understand if they don't unravel that, that particular historical context, what happened to my mom, what happened

to my grandma, what happened to my mushum, what happened to those people, what happened to my family, what happened to my nation.

There's, there's a, there's, there's a reason those things happened and if you -- and if it's a mystery, if you've never -- if you never examine it and you never have the opportunity to examine it, then all you can do is blame yourself or blame your families. I mean, we have families that, that are, that are shame-based, that are, that are trauma-based, and it's, and it's -- so once you begin to unravel that, they can start to forgive their families, they can start to, to have a different set of relationships with their own family members, and they can -- and also with themselves.

I mean, it's -- we, we do also blame ourselves and shame ourselves, so we do -- we're able to -- we are able to put that in a particular context and understand it, and not as a way to -- then, to not take responsibility and ownership, but I don't think you can take responsibility and ownership without knowing that particular history.

And, and we look at gender -- a gender aspect of it as well because, you know, what happened to women in terms of the violence, the, the, the extreme rates of violence that our families experience, especially women. We, we, we examine that, so we look at, at men and, and

how, you know, how their powerlessness has been manifested in terms of extreme hyper-masculinity and, and violence, and we kind of unravel all that stuff in a, in a slow process.

And, and, really, that's stuff that we -- we're going to take a long time. It's only the beginning of their journey. It's never the end of their journey. So people's journey is, is a lifetime. People learning and unlearning this stuff is really -- our decolonization for ourselves is a lifetime. Healing is a lifetime. It's not an instant -- there's no, there's no magic pill here. It's hard work, it's reflective work, it is -- but it's, but it's good to start it, though, because until you start it, then you're just in a, in a kind of a confusion -- dense confusion that's, that's hard to get out of.

Q How informed are the students about their history?

A Um-hum. You know, we know that, that people come. They're, they're hurting. They don't understand. Sometimes they don't, they don't even know the, the cultural context because -- especially if they were raised in child welfare systems. They don't know the cultural context that they're -- who they are. They, they don't know their relatives. Many people -- I mean, I know that there's -- you know, we've, we've -- in, in 2013, and

there's, there's a -- some, some of our communities are, are very Christian.

And, and just let me say as I -- when I'm, when I'm on that, that we never force our culture on anybody. It's absolutely a opportunity for, for people to learn, and we never then try to condemn other person -- another religious experience. If that is the experience that we try to honour all of it. So it's not, you know, just to -- we do focus in on our strength, and honour that and, and, and practise that, but we, we don't force it on anybody. I forgot what the --

Q Okay. You also have --

A -- the -- I lost the, the question when I, when I ...

Q That's fine. You also have another program called honouring gifts. That also is an education and training program. Can you tell us a little bit about that?

A Yeah, it's more of a career exploration program, so it's work. We work with young single parents, mothers, all, between 18 and 30, and this is a group of people that have had their, their education or training opportunities prematurely ended because of, because of an unplanned pregnancy, or sometimes planned pregnancy. You know, not all pregnancies are unplanned pregnancies.

So that, that -- they -- so it's just to give

them -- and, you know, aboriginal people's experiences with the, with the education system is also -- it's also been difficult. I know that we have very high -- what some people call dropout rates, what I try to -- I, I retextualize as push-out rates. That they, they, they are -- there's, there's only about a 30 percent graduation rate in the city, and I think it's lower in Manitoba, of, of high school graduates.

So there is -- there -- people in their, their school experience -- not secondary school -- secondary school experience, not post-secondary, early, so it's giving young women an opportunity to explore careers, and at the same time when they're doing that there's always this parallel purpose. There's always exploring careers because we know that we -- that, that in order to have a good life or I know that we -- you probably have heard the terminology that mino piinosowin, that good life. A part of it is knowing how -- you know, how you're going to get your next meal. A part of it is --

Q Before you go on, Ms. Spillett --

A Okay.

Q -- do you know how to spell that phrase you just --

A Mino piinosowin?

Q Yeah.

A It's, it's, it's a -- it's spelled differently, but I spell it M-I-N-O, and that's a word, mino, that's good; life, piinosowin. And I would spell it P-I, P-I-I-N-I -- you know what, I, I'm sorry, Cathy. Geez, you asked a difficult question, but I'll definitely get the --

Q Okay, we'll --

A -- get the --

A -- get the --

A -- spell for --

Q -- the spelling for the clerk.

A -- mino piinosowin.

Q Sure.

A It's kind of like if you phonetically kind of --

Q Yeah.

A -- break it down.

Q Okay.

A And I'm too nervous right now to --

Q Yeah, sorry to interrupt --

A -- to do that.

Q -- your train of thought. Go ahead.

A Gee. So the, the other part of it is that, that -- so we do the, the, the -- let's call them essential skills, for lack of a better, better word right now, because -- but although the province would look at essential skills differently and, and ours is a little bit

more -- I know we're trying to tighten that up as well, but essential skills are communication around, around, around how to get -- how to, how to do an interview, how to find a job, how to, how to, to create a résumé. So it's around career exploration and, and, and trying to find how, how you would -- if, if -- say somebody wanted to be a lawyer, and there's lawyers here, so that we would, we would sit with them and they would know at the end of their nine months with us what steps this -- the one -- the step by step on what it would take for them to go into law and what they would need in terms of education, what they would need in terms of resources, how long it took. They would have a real opportunity to explore that field.

Sometimes it'd be in childcare. Like, people want a range of, a range of opportunities so that -- and so we do that, that kind of more hard -- not hard, it's not -- that's not the word I want to use, but the more skill specific training.

We also do the cultural training so that they, they do this very same ways of being -- that, that our -- that all of our programs would, wd, would have an opportunity to, to, to participate in so that they do that indigenous-based life skills as well.

Q You also have an after school program for girls ages nine to 13; is that correct?

A Correct.

Q And --

A That's our Butterflies Club.

Q Right.

A Yes. And, and that is, you know, that's funded by the Canadian Women's Foundation. That is a, that is a -- just a girls social development. All of our projects look at social development. That's the, that's the work we're in. We're work -- we, we, we invest in people.

Our work is around social development and so it's -- there's some gender specific program, there's age specific programming that we engage in, and the Butterflies Club is, is specifically for girls that they do -- they learn about their culture, they learn about bullying, they learn how to build, build the skills that they would -- that would make them more resilient to bullying, to racism, to the difficulties that they might, might have, and it also gives them the opportunity to, to, to do recreation, to have opportunities to go to -- like, for example, they go to the ballet once in a while, so that they engage in, in, in a range of activities. And the idea there is to, is to just build girls that have, that have a -- that feel that they, that they have a place of belonging, that they, that they, that they're empowered, that they feel that, that they have a place in this society.

Q You also have a program specifically called Empowering Our Little Sisters for, for girls age 10 to 14.

A Yes. And unfortunately, you know, one of the things that we struggle with at Ka Ni Kanichihk is the lack of significant and sufficient sustainable funding, so unfortunately that project is one that ended.

Q Okay.

A It's not being re-funded.

Q All right.

A And that was, that was just using the powwow as a -- the powwow and the, the beauty and the, the skill building aspects of the powwow to -- it was a mentorship program with moms and their, and their daughters to learn about women's dancing, to make, to make a regalia, and to, and to get honoured and welcomed into the powwow family as a part of the program, and, and at that -- so they're doing that, but they're -- at the same time they're building relationships, they're building trust, they're building community, they're building, they're building identity, they're building all of those, those things that we talked about in terms of those four questions that the Honourable Murray Sinclair had posed.

Q You have a daycare set up called the Medicine Children's Lodge daycare?

A That's correct.

Q And that's --
A I just want to also reference --
Q Yes.
A -- because I think it's important in, in this inquest -- inquiries like this is that -- is to the previous -- and Murray Sinclair did the Aboriginal Justice Inquiry --
Q Right.
A -- many years ago, and had we had a -- you know, had we implemented that, that -- the spirit and the recommendation of, of that work more significantly then, I, I think maybe we would be at a different place. We might still be here because, you know, we, we wouldn't -- things wouldn't be perfect, but we may have been at a different place in our development, in our relationship with one another.

THE COMMISSIONER: If what had happened?

THE WITNESS: If, if the recommendations from the Aboriginal Justice Inquiry had been, had been implemented to the spirit and letter of that, of that Inquiry, and also the RCAP. We would be at a much different place if we listened to our own wisdom.

BY MS. DUNN:
Q You also have some education community support

programs in terms of elder services and counselling and support services. Could you tell us a little bit about that?

A Yes. Well, we have a project because -- well, here's, here's the, here's the thing. You know, we're, we're a grassroots community-based organization and we operate south of the, of the tracks, so we, we -- and we, we strategically built our organization at 455 McDermot Avenue because there was a significant indigenous population and the tracks is a real barrier in terms of navigating. Some people in the North End want to stay in the North End and that's, that's very cool, but there's very -- a lack of aboriginal identified and culturally safe services south of the bridge so we strategically located our, our, our main office there. So we're a very, very grassroots organization.

So then in, in -- and I've been around, you know, I've -- I'm an old, I'm an older, older woman. I've been around the community for, for 35, 40 years. I was involved in -- prior to -- in, in child welfare, what would we do in child welfare. Prior to the creation of Ma Mawi 25 years ago, 30 years ago, I was advocating for an aboriginal mandated services that was, that was community based, that was, that was, that was invested in the community 25 years ago and so, like, I've been around for a long time.

And in that -- and I'm in the community. I, I go to the ceremonies; I go to the powwows. I, I'm where -- when people die, I'm, I'm there. I've been -- I go to the -- I go to Idle No More. All of the stuff. That's, that's my community. I love my community. And so I, I have been, I have been around for a long time, and people have -- people come to us not because we get funded. We don't get -- many of the -- much of the services that we provide does not get funded by any federal, provincial, municipal, or corporate sector. We just do it because we have the relationships with people in the community.

So we were -- we've been working with missing and murdered women now since about 2000, 2000, before people even -- really, it wasn't -- was not on the agenda and we were working with those families. We were out at those vigils when they, when they lost their relatives.

So just recently, in the last two years, we got a little bit of money -- and it's always just a little bit of money to -- it's a huge, it's a huge issue, and it, it's growing, this, this missing and murdered women phenomenon, and, and it just speaks to the structural violence, the racialized and sexualized, sexualized violence of women in our community. And we got a hundred and fifty thousand dollars to start what we called Medicine Bear Elder Support and Counselling Services. So that's, that's been

operational for just over a year. We just got a little bit of money from Victims Services through the, through the property forfeiture, which I think is very, very brilliant, to, to expand our program a little bit. But it's huge issue, and our -- and, and that's part of the, the struggle that we face as a grassroots community organization.

Well, we are -- it's, it's natural that our community comes to us because we are there. We are known for this; we -- we're known for our work. And then people come to us but we don't have a lot of structural support to be able to provide the services that they really deserve. We do it off the side of a desk in, in amongst all of the other things that we do, to try to -- to, to do the work that we are actually funded to do, but we do so much more.

So I guess the point that I'm trying to make is that, that people come to us naturally and so once in a while we have the opportunity to identify small pots of funding. So all of the programs that you're referencing, Cathy, are, are, are programs that are, are -- some of them are federally funded. They're funded one, two, three years. Often turnover is, is on an annual basis and so we, we get -- we -- they, they come to us because we can write very, very good proposals and present a very good case, but federal funding is not sustainable funding. So you're almost like -- with our really young -- we had a gang

project. We called it Circle of Courage, and I referenced that before. We were operational for four years and you almost get, you almost get to the point where you really can start doing some wicked work, good work, and then done, nobody will, nobody will pick it up.

And just before I came here one of the young men that was in that program for a long time -- and this is what distinguishes us between a grassroots community-based service and maybe one of those more mainstream services, is that the people that we employed within the Circle of Courage -- his name was Curly Mousseau -- and this young man was a part of Circle of Courage as a, as a participant. We never, we never call our, our, our relatives that come there clients; we do not clientize our own people. They come in the door, we're, we're relatives. They're our, they're our, our family. That's kind of a real essential ingredient or element when you distinguish between a mainstream agency where you're always clientized, you're always the, the other, and you're, you're always in need of services. We, we, we recognize people coming in the door. That was my, that was my grandson or my nephew that came in to see us.

And even though that program ended in March, March 31st, that young man still has a relationship with Curly, his mentor, because it's not about the clock. It's

not about, you know, the, the wage, the salary. That he still lives down the street from, from this young man and he still has a relationship.

Money that goes to mainstream services, once the funding ends, the relationship ends. They're not in the community. There's no -- it's not -- there's no natural relationships that develop and, and that's why I am a very, very, very strong advocate of the need.

I mean, one example -- I mean, and there's hundreds of examples why the, why the provincial government, why, why all of our governments, why we have to shift their paradigm and, and why, you know, why we can do it, why this, this -- we can use this forum as an opportunity to advocate for that, to shift funding from non-aboriginal organizations to aboriginal organizations.

I think we, we need to take those brave steps now because we don't want to be back here in 20 years, there's 20,000 aboriginal children in child welfare system and we're still asking what the heck is going on. I can -- I am here to say that we believe that, that the answers are within our collective, and they have to be within our collective if we're going to change the dynamic and the relationship that, that, that has caused this in the first place. You can't fix a vehicle that's broken by putting another broken wheel on it; it's just not going to happen.

So that's why I'm so passionate and I so wanted to be at this, at this inquest -- or Inquiry, because I want, I want things to change. I think we all want things to change in, in a profound way. We just don't know how to do it. I am saying indigenous people deserve enough respect at this time in the development of our relationships to put us in the leadership of our own solutions.

And I say if we -- we are so disproportionately -- I say we, we dominate all the problems, we dominate child welfare, we dominate the criminal justice system, we dominate the, the poor health outcomes, we dominate all those systems. And unless we dominate the solutions, we are going to continue on the same way. Nothing is going to change. You know --

THE COMMISSIONER: How, how are you suggesting you go about that?

THE WITNESS: How --

THE COMMISSIONER: Or we go about that?

THE WITNESS: That, that we get, we get to be in charge and that is -- we, we have to change the funding structure of the provincial government to support aboriginal land organization to be able to do the kind of work that we know how to do, and that we know works and that research has demonstrated works.

The, the, the -- two things I'll, I'll share. The, the piece of research that we filed with Drs. Chandler and Lalonde said that what makes the most difference in terms of, of -- in the, in the case of the research, it was the, the, the youth suicide rates amongst First Nations in British Columbia, so that in some First Nations communities the, the youth suicide rates were 800 times the national average. It's a tragedy.

And even in our, in our city, Mr. Commissioner, that -- our children are killing themselves, they're hanging themselves, they're killing each other. It's -- we are in a crisis situation here.

THE COMMISSIONER: All right, I want to hear the solutions.

THE WITNESS: The solution is that Chalmers and Lalonde -- and this is why there's researched evidence that, that, that validates this. It said that it's not who does the -- it's not what the program is, but who does the program. When First Nations are in charge of their own selves, their own institutions, it makes the biggest difference.

It's, it's the, the critical element in, in, in determining whether or not -- in, in the case of the, of the study, it was the First Nations communities where suicide rates were 800 times the national average versus

communities where suicide rates were virtually unknown. It's in those communities that were in control of their own lives that were at -- that, that were -- that had power --

THE COMMISSIONER: How, how, how are you proposing we go about this --

THE WITNESS: I'm proposing --

THE COMMISSIONER: -- in, in -- here in the --

THE WITNESS: Yes.

THE COMMISSIONER: -- City of Winnipeg.

THE WITNESS: I'm proposing that we, that we move towards changing the funding relationship and start, and start building capacity -- or, or continue to build, but enhanced -- in an enhanced way, the capacity of indigenous-led organizations, that to transfer control of our, of our families to aboriginal communities and, and organizations.

And we have organizations that can do it. Ka Ni Kanichihk is not the only organization. We have Ma Mawi, we have Ndinawe, we -- and if we don't have them, we can build them, but we need institutional support. No one does it without institutional support and that's, and that's, and, and that's -- it's, it's a funding, it's a funding model.

And then work -- that we have to work with one another. And, and I know, Cathy, this might be premature, but in our, in our particular research that, that we also

filed as evidence, we talked about the, we talked about the need -- one of the recommendations out of that report was the need to, to have an organization that could assist parents who are involved in the child welfare system and with the legal system to navigate those systems, to help them and to, and to be that bridge between the child welfare, legal system and the, and, and the aboriginal family, to, to, to have better -- more positive and more long-term outcomes.

Because -- so it's institutional. It's programming. It's designing programs that work. And I, I'm -- I think that one of the things that we're seeing here is that we know that, that, that programs that are aboriginal-led, programs that, that utilize the culture as a, as a significant part of their, their practice, have positive outcomes, have good outcomes.

THE COMMISSIONER: And what changes, then, are you proposing with respect to the child welfare system in this province, particularly in light of the fact that devolution has occurred.

THE WITNESS: Correct. So I mean -- and I'm not -- I want to just put it on the record, I am not an expert in, in the -- in devolution. I mean, at the beginning of that process, I, I advocated for a different structure and that, that's on the record. I presented at a legislative

hearing when this, this whole devolution process was, was taking place, but that was not what the, what the, the parties at that time wanted to do so we are -- so I'm not, I'm not going to defend it nor am I going to criticize the devolution process. I do not have enough experience.

What I do know, though, is that our, our children -- since that time, our families have, have become increasingly connected to the child welfare system, so I know that more prevention, more community-based services -- we need to keep people out of those systems.

And, and, well, the other thing I, I recognize -- and I really, really struggle with this and, and I just -- and the only way I can give you -- you know, talk about it is by sharing examples. We, we work with people that have nothing, that do not know where they're going to sleep, that, that don't -- that, that they're -- or they're living in, in social housing with bedbugs, they don't have enough money, they are the -- they are in, in, in extreme forms of poverty.

So they can go out, though, and then access services that are therapeutic, that are, that are social development, that are, that are, you know, some training maybe. But, but, but they can't address those fundamental issues that, that the people are living in. So they can't give 20 bucks to do the laundry to get rid of the, to get

rid of the bedbugs. That's not what they do. You know, you can't counsel, you can't do therapy on bedbugs to leave the, the house, eh? They -- you need resources.

People are entrenched in, in, in the most extreme forms of poverty and yet, you know -- so we, we as a system create the, the condition that then, that then unravels in terms of, of, of systems that come in, then. So then there's lots of, there's lots of resources in child welfare, those systems; there's lots of resources in the criminal justice system. There's lots of resources in those systems, but we can't, we can't -- we need to start, we need to start building. And it's, and it's, and it's not glamorous work, but it's, it's -- it is where you need to start, and that --

BY MS. DUNN:

Q So, Ms. Spillett --

A -- is where community --

Q -- if I could just --

A -- based organizations start. We start with -- at that very -- those very human needs of, of people -- sorry, Cathy -- and we, we fundraise. We don't -- we -- there's no government that says, Okay, here, Leslie, here's a bunch of money to support community. We fundraise every year so we have small discretionary emergency funds so when

that, when that mom comes to me, Leslie, I can have my babies for the weekend and I really want to have my babies for the weekend but I've got bedbugs, I have no -- my sheets are all clean. I've got 20 garbage bags that need to get to the, to the laundromat, can I have 20 bucks. And I give, I give that woman 20 bucks because that's what she needs.

She doesn't need therapy -- at that moment, I'm saying. You can't get to therapy unless you address those immediate needs, though. Those are the thing that, that, that -- the differences. That's how, that's how fundamental -- and I -- so I don't want to either criticize or, or, or, or -- the opposite of criticize, but the, the -- what the --

THE COMMISSIONER: Compliment?

THE WITNESS: Compliment the, the whole differential -- you know, I've had some very, very good, as, as an advocate and I do advocacy weekly on -- with child welfare. There are some wonderful child welfare workers so it's not, it's not -- these -- this is not an individual criticism. These are systemic issues that are -- that we need to address. It's not whether someone is good or bad, or, you know, that is not where this is at.

It's around support, fundamental, significant, long-term funding, you know, and I -- when I look at New

Zealand -- and, and I've had the opportunity to, to go to New Zealand three times, it's, it's an amazing place. You step off the plane in Auckland, you see Maori people engaged in every aspect of what would consider -- be, be considered a normal life. So they're there at customs, they're shopping, they're flying, they're -- in the, in the shops, as, as, as staff. They're everywhere. If you step off the plane in Winnipeg, I don't think you can even seen an aboriginal person. Maybe a traveller once in a while. But we're not so evident even though we, we comprise 20 percent of, of Winnipeg's population. To me, that says something. We are shut out here.

Why is Maori different -- Maori people different in -- and I know that there's historical -- although they're a colonized people as well, but the state of New Zealand recognizes through a system of, of -- a social policy called parallel development that if Maori people are represented in a particular system -- say in this case child welfare system where indigenous people are overrepresented, say we, we dominate, probably 80 to 90 percent -- then in Maori, in, in the -- in New Zealand, the state policy would, would then adjust and look at its, look at its funding -- and, and it's a policy, it's a state policy. So 80 percent of the funding would go to Maori-led organizations to, to, to work on its social development.

It doesn't go to non-Maori organizations to work on Maori development. It goes to Maori organization; it powers Maori people.

It's, it's, it's a parallel development. It's -- and we have that, too, in our historical memory around the, the Two, Two Row Wampum treaties that some of our ancestors -- that was a treaty process that we -- that you -- that we are in charge of our own social development. We are in charge of our own lives.

Women, women had a liberation movement. Men didn't lead that liberation movement. Men didn't tell women how to be women; women did that. We deserve the same right.

And, and I also want to reference the, the United Nations Declaration on the Rights of Indigenous People. That's not -- that's 25 years in the making that, you know, we've, we've experienced residential schools, we've experienced all of that domination, all of that, all of that power over, all of that ideology that somehow we needed to be fixed, we needed to be -- we, we needed to be engineered in a different way, we need, we needed to be recreated as a people, and look at where it's got us.

So we, we do know, I believe, in, in -- from the -- from my -- I believe with everything that we've got. Yeah, we'll make mistakes. Who doesn't make mistakes? We,

we, we -- everybody makes mistakes. You know, we, we, we need to start -- we need to go forward with a different paradigm here that, that, that, that at the, at the foundation of that is that, that, that we need to be a part of -- an equal part of the leaders of our own development, and then things will change. You know, we will, we will, we will -- the colonial relationship will shift. Things will change, I, I guarantee it.

But -- and if we don't, if we don't do that, we are just going to get more of the same. If the status quo persists into the next generation -- we have now 10,000 children in child welfare, that is 10,000, that is 10,000 too many, but it creates the next cycle of, of, of what we -- of more of what we have. It creates just the next cycle.

We got to get off of that and, and the -- to me, the antidote is not more of the same or a little bit of a better dosage, a little more dosage if, if the first dosage didn't take. It's, it's, it's empowering indigenous, it's building leadership, it's building capacity. It's that Ka Ni Kanichihk. It's that Ma Mawi Wi Chi Itata. It's that -- it's those, it's those organizations that are the vehicle. Support indigenous leadership, indigenous development. We know what we need.

Our children are coming to us. They're hungry.

They're starving for, for this. I would rather have the resources that, that -- in our community to prevent some of this stuff. There's very few prevention dollars, very few prevention dollars, but our children are locked up in jail. I mean, it's like a -- it's a nightmare, our, our, our children are being jailed, and they, and they be -- they go through the system.

This is how I conceptualize indigenous children -- not all indigenous children, but a great, a great, a great portion of indigenous children -- and you will relate to this, Commissioner -- is that -- remember the old, the old system of the, of the pinball machine where the little silver ball would be, would be flung out and then that ball would start ricocheting off all kinds of, of, of widgets up there, and they go -- sometimes the widget -- they would, you know, ricochet off it several times. Every time they ricochet off that, they're generating somebody's income.

We are an industry here. We are, we are -- they -- and then they ricochet, ricochet, ricochet, sometimes on -- in the same, in the same agency, sometimes, you know, you know -- so that's how I conceptualized our children, and then they fall into the gutter. So the gutter, to me, is jail and, and death.

If, if -- I wouldn't be here -- I would not be advocating a change if these systems worked, if the

outcomes were good, but the outcomes are not good. They, they -- and there's no, and there's no accountability for poor outcomes. Who's asking the questions? Why are our children -- our, our community is asking these questions, but why are our children dying? Why are our women being brutalized? Why are our children incarcerated? Why are our children not be -- not in their families where their -- you know?

It's, it's -- and, and I, you know, sometimes get exasperated asking these questions, but we need some answers. Where is the accountability here? I am holding the systems accountable, but I'm -- you know, we, we are. Our children are. But the system needs to hold itself accountable. There is a lot of social development dollars going into non-indigenous organizations because they dominate our -- the, the resources, and, and the outcomes, you know, are, are, are very, very small. And when they, when they -- and, and when the outcomes are negative, they don't look at themselves, they look at us. They blame us. The victim blaming starts. It's -- I call it -- it's kind of criminal, in, in, in my, in my, in my opinion.

I know I could go on, but ...

BY MS. DUNN:

Q So cultural self-determination, in your view, is

the answer to some of these issues that --

A Yeah.

Q -- the Commission is --

A Self-determination, yes. And it's -- but there was a cultural thing. But it also requires -- we can't do that on our own. We -- it requires a paradigm shift from the dominant culture. We are your equals. We know what we need. We know what to do. We're intelligent, capable, powerful people, we -- that have been significantly interfered with as a people.

We are on the point of genocide. A genocide has happened here. I mean, that's, that's not my words. That's Justice Hamilton's words. A genocide has happened here but, you know, hey, it's, it's just, it's just -- it doesn't get transformed into, okay, if a genocide happened here because we did this, then maybe we shouldn't be doing the same thing, you know, maybe we should do something different. That's, that's what I'm -- I'm thinking that's what -- that's where -- that's, that's where we're at here.

Q And do you see community based organizations -- aboriginal community based organizations such as yourself, where are you in, in the child welfare plan?

A Yes.

Q Are you --

A Well --

Q -- fully engaged, your organization or other organizations? Are you somewhere else? Where, where do you see the community, the aboriginal community in child welfare?

A So, well, it's kind of complex. These are -- I'm -- this is very simple -- my, my, my -- what I have to say. These are very complex, multilayered issues.

Q Right.

A So that in terms of child welfare -- and I know that, that we can speak very truthfully here, that in terms of some aspects of it -- just for an example, Ka Ni Kanichihk, you know, we've, we've -- we're, we're very -- so just looking at it from our little, our little corner of the world, we are a significant part of what, what's called the sexually exploited youth community coalition. We, we part -- it was, it was, it was a group that started as to bring all the, all the community stakeholders together to, to see if we could begin to address the issues around child sexual exploitation and it was because of, of, of a death. I mean, unfortunately, all of these things that come out kind of come out as a result of some tragedy, Tracia, Vanessa, Phoenix among them.

So that we, we are, we are at the table. I fought my way to a lot of tables. Some people don't want me at tables because they -- I say things that they don't

like, and I understand that, because when you, when you rattle the power structures, you know, women knew that. Women know, know, know that. When you rattle around the power structure, it, it makes people uncomfortable. I get that. But, but that doesn't mean I can't -- they can't -- it can't -- they shouldn't be rattled.

So -- but we, we -- and I try to do it in a respectful way. Sometimes I get a little frustrated, but I try to maintain professionalism. We advocate for, for aboriginal-led, culturally-based services for our, our -- again, I, I say the thing -- same thing in every table I'm at. I don't say one thing at one table and another thing at another table. This is my position: We, we have to be in charge of ourselves. That's, that's ...

And then in terms of a program, we have -- and I, I have heard this anecdotally and I can share this with you. We have a small program called At Our Relatives' Place, which was -- it -- we are attempting to make it a culturally based foster family. And so we call it At Our Relatives' Place instead of we -- instead of calling the, the foster parents foster parents, we call them aunties and uncles, just to kind of create different discourses, and then, you know, you kind of change discourse to, to have different -- even to -- because, because language is so complex and powerful, as well. So we, we, we use, we use

the different aunties and uncles to, to describe the foster families.

We try to encourage and engage birth families because we know that once the child welfare age -- once they age out, they, they often go home. They want to go home. They're, they're -- they need to go home. They run to home. So we try to build in healthy connections with their families where that -- where they're able to. It's, it's children that are, that are the -- that are in -- fairly entrenched in the, in the, in the -- in terms of child exploitation. And, and we get -- we, we do get institutional support from the provincial government for that, but it's, it's, it's a very small part of the whole child welfare, child protection branch funding. It's, it's --

Q Do you feel --

A It's --

Q -- that the amount of funding you get is disparate to non-aboriginal organizations who might be providing similar services?

THE COMMISSIONER: I don't hear you, Ms. Dunn.

MS. DUNN: Sorry.

BY MS. DUNN:

Q Do you feel that aboriginal organizations such as

yourself receive disparate funding than non-aboriginal organizations?

A So --

Q The services that --

A Yeah.

Q -- you're providing --

A Yeah.

Q -- are culturally based.

A Yeah.

Q Another non-aboriginal organization may be providing similar services but not necessarily aboriginally run, self-determined proposals such as yourself.

A Let me say this: So the funding formula would be similar, but we have, we have one program compared to other -- I mean, there's, there's millions of dollars that go into -- and we -- so we have one program. The, the funding formula would be, would be similar so we wouldn't be -- I'm not -- we wouldn't be discriminated against because we're an aboriginal-led organization to, to do equivalent work, but we, we have one program out of -- and we don't, we don't -- even though, say, in, in this particular case -- this is just, this is just the, the family services and housing, so that we have one program out of a number of programs that, that would, that would be focused on child sexual exploitation.

So you know the point I'm, I'm making, the funding formula wouldn't be lower than a non-aboriginal organization. It would be -- it would reflect fairly similar formulas.

Q All right.

A But we -- I'll just give you an example. You know, we, we just did our, we just did our, our service purchase agreement so that there's one master agreement and then there's a number of schedules -- A, B, C, D, E, F, G, H, I, J. Anyways, we, we have schedules 1 to F. We started with 1 to F, or 1 to E, and then we got cut back to F, and then that morning the, the person I was meeting with had gone to another mainstream organization, one of the, the big four -- there's four big mainstream organizations -- and she told me that they ran out of the alphabet in terms of their schedules.

So you -- and -- but -- and I know that, that aboriginal people dominate in terms of the, of the, the clientele of those organizations so, in that respect, there's -- yes, there's a lot of -- there's, there's disparity in that way. We do not -- we are not in control of, of our own social development in this province.

Q Where do you get your own funding from, for the organization?

A Sorry?

Q Where, where do you get your current --

A We get it from a variety of places. We get a small amount from the United Way or -- well, I mean, maybe it's a small amount, about a hundred and fifty-some thousand now. We get some federal funding, we get some provincial funding, and --

Sorry, I stand corrected, and I know Carolyn will be saying -- or Ms. Loeppky will say, No, they got two programs. We do. We actually have two programs. We've got another program that's funded by child -- the child protection branch at Family Services called Restoring the Sacred, which is trying to keep children who are relocating from northern First Nations and Métis communities --

Q Okay.

A -- to the city to go to school --

Q Yeah.

A -- so that they would have no high school in their communities and would have to come to the city to go to school, so we do some peer mentorship training program supports for them as well so we have a -- and it's -- again, it's funded. I fought for that program. I fight for our programs, I -- to, to do this work.

Q Okay. Is it --

A We shouldn't be -- yeah.

Q Is it fair to say that your funding is partly

from the Government of Canada --

A Correct, but --

Q -- partly from the Province of Manitoba?

A Correct. The --

Q Some --

A The --

Q -- municipal --

A The, the federal -- the provincial government, you know, you know, of course, we have to have outcomes. We have to have good outcomes. Oh, my gosh, and I have to stand corrected again, because we have actually three provincially funded projects right now, so stand corrected. I'm correcting myself.

But a lot of our, a lot of our funding comes from, from the, the federal government and they are one-off, one-off programs. You -- they -- the way they work is, is that they do not fund what they call -- they do not fund programs. The -- after the, the funding agreement, whether it's one year, two years, or three years, once it's over, it's over. You have to do something completely different.

Even though you're having great outcomes, you have to do something completely different using another model, because they're not looking at long-term. They're looking at more evidence-based stuff. They want to know

what works, and it's just a knowledge gathering exercise rather than a -- you know, they work in prevention, but it's not long-term.

You have to have long-term intervention here. Long-term. This is -- this didn't happen overnight and it's not going to change overnight, but, but you have to start somewhere, you know. They -- somebody -- sometimes it looks really big but -- and, and it's not going to transfer. Like, you know, some people say, well, perhaps the, the, the transfer to aboriginal-led child welfare happened too quickly. Maybe, maybe it did. But if it had happened 25 years ago when I thought it should be happening, when Ma Mawi was created, again, we would be -- it takes time.

These things take time. You have to have patience. It has to have resources. It has to have everybody supporting it. We, we, we need, we need everybody to come together to support it. That's how you build success. You know, you don't give people a little bit of money and let them explode. You don't do that. Not, not at this stage of our development. If you -- we need to stick together and do it together, but it needs to happen. You know, it can't be done otherwise.

Q All right. So one of the programs that Ka Ni Kanichihk became involved in was the program called Jumping

Through Hoops. That was a research literature review, correct? And can you tell us a little bit about that, that program and what the results were?

A Well, it wasn't so much as a program, but we were funded through Status of Women Canada to do a piece of research. So the, the genesis of that was that we were working with a mom who had lost all of her children through the -- to the child welfare system and -- but she was -- she had done a lot of work, a lot of work on herself in terms of, of, of reclaiming her identity, and she did this -- some people just do it on their own. I mean, she found her way to somebody's lodge, she found her way to a healer, to an elder. She kind of did that piece on her own.

She got herself healthy enough to feel that she was able to, to start building a relationship with her, with her children, three, three children. All the siblings, siblings were in one family. But she was really -- it was like she was like a criminal to the -- this actually preceded the, the devolution process when we started this, this, this relationship because, of course, you represented her in the, in the court system.

And so what we found out was that, you know, she needed -- she, she had done a lot of work. She changed, but, you know, the, the system didn't, didn't see those changes. They weren't able to, to make the adjustments to

be able to, to, to build -- to let her build a relationship with her, with her children. And, and she was virtually on her own and so what, what we, what we, we thought, well, what if we asked mothers, you know, what if we asked them what their experience is? You know, they're the experts in this.

You know, they, they -- we -- sometimes in our, in our, in our experience, aboriginal people, you know -- for example, there was research done on aboriginal gang -- women in gangs, and so the researcher talked to everybody but aboriginal women in gangs, and came up with, you know, her, her, her thesis, eh? She's now -- she did get a thesis, she's now got a Ph.D. in it, but she didn't talk to the women.

We said, Let's talk to the women. So we, we, we got this research, we, we, we brought, we brought a really dynamite committee around the research, Prairie Women's Health Centre of Excellence. We had people from the University of Manitoba, University of Winnipeg, Elizabeth Fry Society, so people that, that led, that, that formed an advisory committee, developed the questions, developed the, the -- put the team together, and we went out and talked to aboriginal women.

We were trying to get -- we were trying to also talk to social workers in the system. Unfortunately, at

the same time we were doing this, the devolution was in full swing and there was nobody talking to anybody. We talked a little bit to some judges and some lawyers, but the, the -- what came out of it was that there was -- that it's so adversarial that the, the aboriginal mothers and sometimes grandmothers -- because grandmothers begin parenting their, their grandchildren -- we found out that they felt so isolated, so alone, so bewildered, so alienated, so small and, and helpless in the face of these systems, that there was nobody, not even their own lawyers ...

And I can attest to that, personally. I was in a room with child welfare and sitting with the mom, and even her own lawyer was the most disrespectful, the most -- it was jaw-dropping, his performance that day in terms of attacking that mother. She gets to hold the, the bag of a hundred and fifty years of history and, and -- in terms of, of her, her experience and where she sits, and nobody's on her side. I was on her side that day.

So that, that our -- that their experience with the, with the child welfare is all quite adversarial and it should be a system of, of -- like, we were trying to build a different system where we could -- where -- that, that families felt support, where families felt nurtured, but that wasn't the case. So the, so the, the research was,

was -- came from that, that original woman and her experiences, but we were able to then do the, do the research, design the research, and, and execute the research and come up with some recommendations that we thought would be -- and I think still, although the, the research is a little dated, because I think it was published in 2005, that the, the, the out -- the recommendations are still very relevant because, you know, even just this week I sat with women whose children were in, in the, in the child welfare system.

And, and again -- and I want to just give a snapshot of the story because I think it's relevant, because this young woman who was -- kind of comes out of a history of, of significant violence and dysfunction and child welfare, and now she's got all her children in the child welfare system, and her, her social worker who was really actually trying to be very supportive and helpful, but in the face of -- so she was trying to get another six months VPA signed, and there was an imminent court case.

She -- the, the young woman did not feel her, her lawyer was representing her because she wasn't explaining exactly what was going on. It was just not -- and even, and even if she was explaining, this woman suffers from post-traumatic stress syndrome, like, diagnosed, and other mental, mental health difficulties. She wasn't even able

to hear. She really needed somebody who she felt was on her side, and that was me at the time, that she trusted enough to be able to kind of very, very patiently and negotiate and explain what, what was happening, to, to translate -- almost translate the, the social worker -- what the social worker was saying to her.

So the, the -- this -- the, the main recommendation of the report and --

Q Yeah.

A -- another part of this puzzle --

Q And, and those recommendations are set out at page 5 of that report in general, correct?

A Correct.

Q Yeah. And --

A So the, the main recommendation, then, is to have what, what we were referring to as a resource for, for women, although we recognize that it's not just women, although it, it -- women dominate that, too. It, it -- predominant. But, yeah, there are single men who are facing the same kind of issues, so to set up -- to kind of get a resource that we, that we could support, like the children's advocate -- similar to the children's advocate but only for mothers, so that there would, there would be more positive outcomes for them so that they wouldn't feel so isolated.

And then to create -- you know, one of the, the, the greatest advocates -- and that would -- we, we, we know -- I know this from my own experience, that the best advocates for people are people that have been through it, that have gone through it, that, that can absolutely nail the, the situation, to be able to translate that information or transfer that knowledge to the, to the person that's in it and -- so train some peer, peer educators to assist or peer advocates to assist people that were currently going in it.

And again, we, we do this off the desk. We don't, we don't do this as a part of any program.

THE COMMISSIONER: Whoops.

THE WITNESS: See the power of Creator is, is -- that's, that's amazing. Someone turned the lights off.

The, the ...

BY MS. DUNN:

Q One of the main recommendations was that there would be a development --

THE COMMISSIONER: You, you said at page 5?

MS. DUNN: At page 5 of the report, yes, there's --

THE COMMISSIONER: I don't see -- the thing --

MS. DUNN: There's actually seven

recommendations, Ms. Spillett, that the report came up with.

THE COMMISSIONER: Is, is this Exhibit 150?

MS. DUNN: Yes, it's the Jumping Through Hoops report.

THE COMMISSIONER: Yes. But you say the recommendations are at page 5?

MS. DUNN: Yes, of that report.

THE COMMISSIONER: Chapter 6, Chapter 7.

MS. DUNN: Chapter 6. The synopsis of it is at page 5 of the, the introductory part of the report --

THE COMMISSIONER: Oh.

MS. DUNN: -- that sort of sets it all out.

THE COMMISSIONER: Where do I see the recommendations?

MS. DUNN: At page 5 of the hard copy, you've got --

THE COMMISSIONER: What, what's the heading?

MS. DUNN: Mothers and Grandmothers Recommendations and Solutions for Change.

THE COMMISSIONER: Oh, yes, okay. That's Chapter 7.

MS. DUNN: That's right. And it is summarized in --

THE COMMISSIONER: There are --

MS. DUNN: -- at page --
THE COMMISSIONER: -- seven recommendations.
MS. DUNN: That's right.
THE COMMISSIONER: All right.

BY MS. DUNN:

Q So the first, first recommendation, Ms. Spillett, is that you are recommending a "development of an aboriginal mothers' advocates office [or] institute." You indicated that:

> "This would involve the development of a formal organization to assist Aboriginal mothers navigate all the aspects and complexities of the ... child welfare system in the Province of Manitoba."

That was one of your, your main recommendations. How do you see that looking in, in 2013? What, what do you see for that?

A Well, I think it's still very relevant. I mean, I think it's even more so with the increased number of, of, of children that are involved in the child welfare system.

I just -- I still -- I just think that it just -- it, it -- the urgency just grows as, as the numbers grow.

Q Do you think that it would be different from the Office of the Children's Advocate? How do you see that differing or being the same?

A I, I see it as somewhat different. I mean, the functions -- the Office of the Children's Advocate is there for children, so mothers don't -- can't -- cannot go there and, and get services for their -- so if their children are in, in care. If they, if they think that their children are not getting a quality of care or there's some abuse going on, they can go and advocate on behalf of their children, but they, they cannot -- you know, it's not a, it's not a system that's designed for the mothers to navigate.

So I, I -- but I don't see it as, as in the same official way. I don't see the province pointing, you know, a mother's advocate. I don't see that -- the functionality of it is -- that's, that's -- and I know that there's a reason for that in terms of the whole independence of, of that, of that office, so I'm, I'm -- but I don't see it in, in that parallel.

What I see the, the similarities are is the functions of that would be similar to, to, to support mothers to, to, to -- and just to, to be a resource, a

consistent, capable, authentic resource for, for people that are involved in the, in the, in -- who need that service because I know mothers go -- people go crazy. I mean, I'm not, I'm not, I'm not exaggerating here. I've seen, I've seen mothers literally go crazy because they believe such an injustice has been done to them when the police show up, when the social worker shows up, when their children are taken from schools, when they're removed from their homes.

There is a -- it is, it is -- and then it starts a huge process that, that is, that is, that is so damaging to relationships and the -- and, and it causes intense trauma. I mean, this is -- I can't understate the, the complexities and the significance of the trauma. It's a trauma, and a part of the historical trauma because, of course, our children have historically been removed because that was the policy. That was the social policy of the prevailing, of the prevailing wisdom at the time, right up until the sixties.

And then in the fifties when, when aboriginal children -- when the federal government transferred responsibility for aboriginal children to the provinces, we became a commodity, and our, our, our communities were emptied out of their children.

So this -- these are just, you know, again, it's

-- there's historical threads that, that are interwoven in all of these systems up into the present time and so we need to have a way to unravel it, and this is one -- only one --

THE COMMISSIONER: Now --

THE WITNESS: -- only one of that.

THE COMMISSIONER: Ms. Dunn, how are we doing time-wise?

MS. DUNN: I think we're --

THE COMMISSIONER: We've got to take an afternoon break.

MS. DUNN: Yes.

THE COMMISSIONER: How much longer are you going to be?

MS. DUNN: I'm not going to be much longer. We could take the break now, though, and --

THE COMMISSIONER: Well, I mean, if you're going to be through in 15 minutes, we'll carry on and, and then take --

MS. DUNN: Yeah, I think we can certainly get it done in the next five to ten minutes.

THE COMMISSIONER: All right. Well, you, you carry on, then, and finish --

MS. DUNN: Okay.

THE COMMISSIONER: -- up and that --

MS. DUNN: All right.

THE COMMISSIONER: -- in about that period of time, then we'll take a break and --

MS. DUNN: Okay.

THE COMMISSIONER: -- take the --

MS. DUNN: Fair enough.

THE COMMISSIONER: -- other questions.

BY MS. DUNN:

Q So, Ms. Spillett, in terms of your suggestion of a development of an aboriginal mothers' advocate's office, the difference that you see, if I can sum up what you said, between the Office of the Children's Advocate as it exists now and your suggestion through the report or research, having discussed this with aboriginal women in Manitoba, would be to treat child welfare issues as a family issue, including the aboriginal mother in part of, of the case for, for them as opposed to segregating the children's issue by itself.

A Yes.

Q Is that fair to say?

A Yes, and that's, that's a value base. I mean, that's the value of our culture, is that, that children belong to families and belong to, you know, belong to families and communities.

Q All right.

A Absolutely. And that's -- I mean, that's part of the, the reason -- I know I go on a long, long time, but that's part -- it's, it's a very value based response, indigenous value based response. And you find, you find the same kind of response, I think, in all the solutions that, that, that get presented, that absolutely fundamentally -- and, and not necessarily birth children, but the whole kinship systems that, that, that get worked, that are, that are also value-based, that -- even children that are not necessarily -- which is a difference between dominant culture and indigenous culture, is that, that kinship system requires that, that they -- we are, we are responsible for, for them, that they absolutely do not exist in isolation. They are fundamental.

In fact, you know, for, for aboriginal people, to take away your child is to -- and that's -- and I think that's why it was done, because it was recognized that, that, that, you know, that that was one of our strengths, was, was -- is the fabric of our nation. That's why Judge Hamilton called it genocide and, and that's why it is genocide, because we don't have the relationships with our children. Then the, then the, then the fabric of our, of our nations and our families unravels, our communities unravel.

Q The -- another recommendation that you had -- and I think you've touched on it -- is that there would be aboriginal mothers' advocates in the, in -- actually in the courtroom who would sit at case conferences, et cetera, and, and talk on behalf of aboriginal mothers in addition to any legal representation that they might have.

A Yes.

Q Why do you feel that that's --

THE COMMISSIONER: Just a minute. Are you going to another one of these recommendations?

MS. DUNN: I'm on number 2.

BY MS. DUNN:

Q So it's talking about the establishment of a training program for the aboriginal mothers advocates, who would be responsible for training Aboriginal mothers to become advocates for the Mothers' Advocates Office" and to advocate with mothers who have intimate knowledge and experience dealing with the child welfare systems. What do you mean by that?

A So just -- and it comes out of, again, our experience that in the criminal justice system everyone -- anyone can go and look at see; it's very transparent. Anyone can go see what, what's going down in the -- in a, in the criminal, in, in the criminal justice system. In

the family court system, though, because of privacy laws and other considerations that sometimes I don't understand, that the -- only the lawyer that -- only the court party, the, the social worker, the, the social workers, the lawyers, and the judge can -- is, is, is entitled to go into the courtroom. And so the, the woman -- so she's in there, even sometimes her own lawyer is adversarial or she doesn't understand it, so she goes against -- you know, she's, she's -- again, this is where the feelings of alienation and, and being, you know, really desperately helpless. She goes in there on her own. You cannot -- I've been stopped at many court doors and, and not been able to go in, into the, into the court to be even a witness, to be even a silent supporter of, of a mother who's up there and her children, whether they're, you know, going for permanent status or, or whatever the -- you know, whatever the situation is. There's no one to talk on her behalf. There's no one to be a witness on her behalf. It's not that transparent.

And so that was -- we, we tried to -- and, and I just wanted to say -- and maybe this is a part of a change in, in this, but just quite recently, probably within the last year, for the first time I got -- I was in, in court with a mom who lost her, her child to, to the child welfare system, and, and it was aboriginal, aboriginal child

welfare agencies were involved and they invited me into the, into the courtroom, the, the child welfare agency. It was the first time I ever got to sit in. It was quite a profound breakthrough, I thought --

Q All right.

A -- and, and I thought maybe this was one of the changes in, you know, the positive changes in the devolution of child -- of aboriginal child welfare, is that that, that there was a little bit more openness there.

So what -- but the, the -- to answer your question, that the, the, the woman, the woman who was, who was there on her own, again, sometimes dealing with a hundred and fifty years of history on her own, is, is, is, I think, further victimized. I think it's structural violence. That's my -- that's how I see it in terms of all the array of power before her. It's her children and she has the least, the least amount of support, and she's the most, she's the most vulnerable, she's the most powerless.

Q And so as, as a result of that, one of the other specific recommendations you have --

MS. DUNN: Which is found, Commissioner, at page 6 --

THE COMMISSIONER: Yes.

MS. DUNN: -- recommendation number 5.

BY MS. DUNN:

Q -- is that specifically in the courtroom experience that aboriginal mothers have a supporter, whether it be an advocate or a close family member or friends or other supporters, to be there in that system to support them, notwithstanding that this is supposed to be a confidential or in-camera hearing. Many of the aboriginal women that, that spoke to you through the study felt isolated by that inability to bring somebody with them into the courtroom experience; is that fair to say?

A That's, that's correct, yes.

Q Okay. Now, is there anything else that I haven't addressed to you this afternoon, Ms. Spillett, that you would like to say before we take a break?

A No, except that I think that this -- I mean, my, my own personal opinion is this, this, this Inquiry has, has a huge responsibility, and, and that I'm, I'm very grateful for having the opportunity to, to be here and to share my experiences, that, that we have to, we have to take, I think, the example of, of some, of some jurisdictions including, including example that I cited, like New Zealand. And another example which, which is a different -- little bit of a different context was the experience of, of what, what's been referred -- what is called the Harlem Children's Zone and, and it's -- very

briefly to describe that, it was, you know, in, in Harlem -- and if anybody knows New York, Harlem was a very dangerous place at one time, and, and it can be a metaphor to our community because I think some people would say that our communities are dangerous places. And, for sure, for our own children and our own families, they're dangerous places.

And so the Harlem -- so the, the -- and they, and they, and they -- and the public school system, which can be a metaphor for our child welfare system, was, was having extremely poor outcomes. Extremely poor outcomes. You know, children never graduated from school, never got beyond, never got beyond basic literacy and numeracy, if that, and it was, it was, it was being felt in the community. High gang involvement, high criminality, high child welfare, all the indicators that, that certainly characterize our community. And a group of African -- because it was African American in this, in this context, they took control of their own selves and they, and they selected 97 blocks of Harlem and have transformed that community by, by self, by self -- through self-determination and being in control of their own social development.

So there -- this is not rocket science. This is just, this is just shifting our paradigm a little bit. I

think that, that if we are to go forward as a, as a, as a nation -- and again, that unless -- you know, unless we start dominating the solutions -- and that means -- when I say dominating the solutions, I mean being at every table. You know, if you go around -- if you go into a lot of places where everybody is discussing -- and just an example, somebody told me here there was just a big provincial meeting on business leaders and premiers from four or five decades came here, and, and all the corporate community and, you know, everybody was here in town and, you know, the big issue was all about aboriginal people: Aboriginal people need this, aboriginal people need that, we need to do this, we need to do that. But there was about five aboriginal people in the room. That's, that's not, that's not how it's going to work, you know, my relatives. We need a different relationship here and we need to dominate the solutions and be at every table that we are.

I at -- I'm an advocate for an aboriginal school division. You know, like, it's fundamental. Our children are, are, are not learning who they are in those systems. They're learning to, to not really like themselves and, you know, the -- I always say the French people have a school people, the Jewish people have a school division, the Catholics have a school division, rich people have a school

division, like, in terms of, of, you know, the private schools. But aboriginal people, the most interfered-with people in terms of our cultural identity and our, and our resources, do not have an aboriginal school division. To me, that's such a blatant act of discrimination and, you know, it's normalized. It's, it's the norm.

And we, we are -- we need to do things differently, and this, and this -- we have an opportunity to think, to think big and creatively and courageously, and (inaudible) to, to all of you.

MS. DUNN: Thank you very much, Ms. Spillett.

THE COMMISSIONER: Now, Ms. Walsh, I assume there'll be some questions.

MS. WALSH: I have a few questions, not a lot of questions. I don't know about other lawyers.

THE COMMISSIONER: Well, I guess we'll, we'll take a break, will we? It'd be pretty long to carry on, I would think.

MS. WALSH: We have been sitting, and the witness has been --

THE COMMISSIONER: Yes.

MS. WALSH: -- on the stand for a long time.

THE COMMISSIONER: Yeah, she, she's entitled to a break, amongst all people here. So let's rise for 15 minutes. We may not be long afterwards, but we'll ask you

to stay, Witness.

THE WITNESS: Okay.

THE COMMISSIONER: Thank you.

MS. DUNN: Thank you, Mr. Commissioner.

(BRIEF RECESS)

THE COMMISSIONER: All right, Ms. Walsh?

MS. WALSH: Thank you, Mr. Commissioner.

CROSS-EXAMINATION BY MS. WALSH:

Q Ms. Spillett, you have painted a very vivid picture for us and I thank you for that. My job is to try and clarify certain things.

First of all, a small detail, but you contrasted your organization with, for example, you said four mainstream organizations. What do you mean by mainstream organizations?

A Well, the -- what I mean by mainstream is that they would follow dominant culture or western pedagogy and practice, so that they would be run primarily by European ancestry individuals, that their board of directors would not reflect at all or significantly the, the population that they would be providing services for. That's the -- those are kind of some of the characteristics.

Q So -- and, and you're not saying there's anything inherently wrong with such an organization, just that, that --

A I'm just saying that they don't work for us.

Q Right. So what do you mean when -- can you give me a specific example? What's an example in Winnipeg or Manitoba of one of those organizations, just so we understand?

A Well, I mean, I, I came out of an experience and so I was hired as a clinical director by New Directions for Children, Youth, and, and, and Families at that time, but they've adjusted their name. And so they are a multi-million dollar operation, the largest, the largest -- so that they serve a very broad demographic, but a significant part of that demographic are indigenous people.

And I'm not -- I, I want to make it very clear that I'm not -- this is not a personal attack, but it's a systemic analysis. So that they use a very clinical model of, of, of practice and so the -- they -- so that the, that the, that the -- you know, you're all -- their, their -- they work with clients. You're always a client there.

They -- the, the people that -- and I, and I know this from my own personal experience, so I -- that's why I chose to talk about that particular organization. They, they, they -- their -- they either do not use -- I mean,

and, and I'm, I'm -- they don't understand -- I mean, the, the, the staff or the, or the -- and the board, their -- the board of governors would have a very particular analysis of indigenous people but they would not have the kind of -- necessarily, the kind of connections and relationships that are, that are, that are, that are as a result of longstanding, you know, normalized relationships with, with the indigenous community.

So that their services is always, you know, that they designed the service mostly without any input from aboriginal people. They see an issue, so if -- for example, an issue with child exploitation -- so that they have a program that works with, with young people and the, the format is basically a life skills kind of format to, to, to train young women who are sexually exploited to, to -- so it's a social development. So --

Q Yes.

A -- they're in charge of a certain aspect of social development for primarily an indigenous population.

THE COMMISSIONER: Isn't that an organization that exists today?

THE WITNESS: Correct.

THE COMMISSIONER: And what's it called?

THE WITNESS: It's called -- this is one organization.

THE COMMISSIONER: Yes.

THE WITNESS: There's many organizations. There are several organizations, but this -- the one I'm referring to is called New Directions for Children, Youth -- I think adults and families, maybe. I might be wrong about the name.

BY MS. WALSH:

Q So that's an example of an organization that while it may provide programming for -- to support aboriginal people, doesn't involve aboriginal people at the leadership level or the --

A In, in any --

Q -- program design level?

A In any, in any level, at any level.

Q Okay.

A They just do on us, eh? That's the -- it's a do-on approach or do-for approach.

Q Okay.

A Another -- I wanted to -- I think that this is important feature and a characteristic, is, is the, is the -- and I, and I don't think they, they -- so, for example, when I started there, I think -- and I, and I have the, the deepest respect for the individual that asked me to come and join their team; that was a woman by the name of Dr.

Trigg. And I think that she really thought that because -- I think it was, like, very sincere that because there's changes in the child welfare system that were imminent at the time, they needed to be seen in some form of leadership in hiring indigenous people to be in their senior -- at their -- at a senior level.

And I think that in, in a very genuine way she thought that I had something to offer in terms of, of looking at indigenous people, informing people's practice, supporting people's practice in, in a different way, using a different paradigm or, or asking questions that would shift, shift practice. And, and when I actually got there, I, I actually was met with significant resistance, hostility, anger. You know, people didn't really want to change their practice. They wanted to do what they had been doing for, for the last hundred years because the organization was a hundred years, and they, and they -- and even though they didn't know a lot about aboriginal people or indigenous people or, or -- and, and, and yet indigenous people were way overrepresented in their client group, they just didn't seem to have an interest other than their, their very mainstream approach, their very western approach to, to providing services.

So it, it, it became really obvious to me. I mean, it took me a long time -- five years because I'm

quite stubborn -- to, to try to shift that but I wasn't able to shift that, that. And there was a lot of racism --

Q So this --

A -- that was, that was embedded in, in that, in the attitudes and in the behaviours, some of it just normalized racism, some of it overt racism, but it was an unpleasant experience. And our people come there and, and they're, they're always, they're always being, being serviced, you know.

Q So this paradigm shift that you're talking about, certainly one aspect of it, you're saying, is to, to build capacity in, in organizations which are run by aboriginal people; is that right?

A Correct.

Q Are you also saying that aboriginal people should be more widely represented at mainstream organizations, but in an equal way, not in the way that, that you say you felt.

A Absolutely.

Q Yes? So --

A Yes.

Q -- both are true.

A Both are true.

Q And then --

A And, and the thing I wanted just to, to say that,

you know, it's a cultural imperative in terms of that whole identity that I talked about, is it's not something that the mainstream should be doing or, or, or they should not be doing that because it's a part of -- when they start doing it, it, it's a part of an appropriation. It's, it's cultural theft when they -- when after a hundred years of trying to beat the Indian out of you, then suddenly you can turn around and become -- you know, help you become Indians again, there's a real lack of genuine -- you know, it's, it's about power. It's about who has power, who doesn't have power, and how do we maintain our power.

So when they put in, you know, a dreamcatcher or an Indian -- they call themselves by Indian names and, and, and if they look at -- they produce reports that, that are all about the powwows and stuff like that, it's just, it's just not -- it's not genuine, it's --

Q Right.

A -- not authentic, and you --

Q So you're saying to avoid --

A It's --

Q -- tokenism is important.

A It's totally -- it's in the relationships that are, that, that are the test. It's not in all that other, other stuff that, that is completely window dressing.

Q But certainly, education -- I mean, one of the

recommendations that we heard made to the Commission is that the curriculum -- certainly early childhood education curriculum -- and taking an example from New Zealand -- the curriculum overall, the education curriculum should be infused with knowledge from the aboriginal background and perspective at, at every level.

A Absolutely. And, and not only infused -- I mean, I think that if you're, if you're, if you're developing, if you're working with indigenous people, it, it should be -- it should mirror their, their cultural heritage. And, and not only the curriculum, the people that are -- that own it. Because that's what Chalmers and Lalonde -- or Chandler and Lalonde said. It's not who -- it's not the program that, that makes the difference; it's who does the program that makes the difference. And when you -- when we support as a, as a, as a culture, as a, as a system, indigenous people to be independent, to be powerful, then you have -- and to be in charge, then there's outcomes that are, that are positive.

Q And I hear what you're saying, and I heard you say that you advocated for an aboriginal school division, and I simply want to, to get your perspective on in addition to empowering and educating aboriginal people in their own culture, whether you support recommendations that would educate the non-aboriginal population in aboriginal

culture and values since we, we live together.

A Absolutely.

Q Okay.

A I mean, I think that this should be fundamental to every curriculum in, in -- and we should not have to wait to go to university to understand what, what happened here.

Q Now, in terms of -- still on, on this paradigm shift that you talk about, you talked about self-determination, you said that aboriginal people need to be in control of their own social development. What is needed in order to effect that?

A It needs, I think, you know -- it's, it's --

Q And I'm --

A No, I --

Q -- talking from a very --

A Yeah.

Q -- practical perspective.

A And, and I don't have all the answers, but I know --

Q Sure.

A -- I know it's about shifting the provincial funding regimes that currently exist. So the organizations that I talk about, is to look at -- and, and with their consent, I think, decolonization is when, when everybody's

involved in it, but shifting power and control over resources where, where aboriginal -- where indigenous people are the -- are, are the majority of the, of the participants to aboriginal-led community-based organizations. And I know I'm talking from an urban perspective, but I think that this can apply -- be applied generally. I understand that there's very few resources in the north. That -- it, it can't be changed by doing nothing. You know, you have to do something in order to get a different result.

Q So practically, you're talking about an infusion of resources, financial resources.

A Shifting the resources.

Q Shifting.

A It's not like new resources. It's resources --

Q Okay.

A -- that already exist, but shifting them. So, like, using -- you know, a practical approach would be adopting a principle of parallel development in, in terms of social policy similar to New Zealand so that, that there -- that would be -- that would, that would prompt a fundamental shift.

So just an example -- and I think that we're kind of working on that so I just want to give you an example. In, in all the resources under what's called Tracia's Trust

which is -- it's, it's prevention and intervention around sexually exploited youth, primarily youth, so that there's a legislative piece but there's also some social development piece.

There was phase one where the, where the -- I don't know the, the -- I'm just putting -- using these numbers and examples. Say there's an envelope of $10 million. I would say about 95 percent went to non-aboriginal-led organizations and five percent to aboriginal, and this -- don't quote me, I'm just kind of using an example here. In the second phase of Tracia's Trust, because we, we -- aboriginal people are advocating in the province, is beginning to make some adjustments, and I recognize and acknowledge that, about, about -- so that there is, say, an additional two or three thousand dollars in -- million, sorry, million dollars in the second phase of Tracia's trust. About 70 percent of the three million dollars has gone to aboriginal-led organization, which, which recognizes that shift in terms of, of resourcing.

So what I'm saying, that's, that's -- that is, that is already happening, but we need to, we need to use -- we need to, I guess, accelerate that. We need to really analyze, you know, using that parallel development model, and to see -- to, to examine it and to accelerate that process, that community-based organizations should not be

struggling from day-to-day to try to figure out how they're going to survive.

You know, we have -- we, we -- and I understand economies of scale but we, as you're aware, are a very small organization. Much of our resources come from federal government. Federal government funding says we're going to give you programming dollars but we're not going to give you any dollars for things like HR, you know, things like --

Q Operations.

A -- all operations. So, so we operate in kind of a -- we are vulnerable. Our organizations are vulnerable and our community is vulnerable. So how do we really get behind aboriginal-led organizations to support them and to, and to make them successful? And I, and I talk -- you know, I, I -- another organization when you -- when I, when I look at the four mainstream organizations that are heavily involved in social development of indigenous people, Marymound comes to mind.

I think that they have to start on their own devolution, their own devolution of services. In the aboriginal justice inquiry and the implementation committee, they talked about moving group two resources to aboriginal-led organizations, but in those -- in the, in the time between the, the implementation of the devolution,

the AJIC, and today, those four organizations have grown stronger, not, not the other way around.

They've, they've enhanced their budgets by, by millions of dollars, so we're going in the opposite direction of what was envisioned by the AJI-AJIC, and, you know, the -- and the, and the leadership of the community and, and what we know as, as best practice. So those are the kinds of, I think, evidence that I would suggest that we look at.

Q And in addition to shifting funds, is there anything else that you can point to?

A Well, I mean, of course, there's, there's a lot of, a lot of things that need to -- there's a lot of steps that need to be taken. You know, there's relationships that need to be built. There's people invited to particular tables that need to be -- that are, that are not there. So, I mean, all -- I mean, I think the, the system has to do its own self-reflection and self-examination and see who's not at the table. How do we involve indigenous people to be in front of, of, of the, of the change that we need to, that we need to be making?

I'm, I'm a total advocate of, of equitable funding in terms of children that are on reserve. I'm, I'm in -- you know, in terms of the, the, the whole federal envelope for child welfare, I, I believe that, that, you

know, you, you -- that, that, that change doesn't, doesn't happen swiftly. Although we'd like it to, it does -- that's not the case. To be able to, to have, to have real, solid structural, long-term support when, when we're looking at, at making the changes. So, so organizations shouldn't have to struggle. They should be given the supports to do the job that they're being tasked to do.

And the other piece of it is, is to, is to -- that somehow we need to get resources. Somehow the system that's supposed to the social safety net of this great Canadian experience is not working for indigenous people and we need to figure that out. And so, you know, that mothers shouldn't have to make a decision whether to go sell their bodies on the street to be, to be able to feed their families or pay the rent or, or do those sorts of things. It's, it's so inhumane.

And so there are lots of things. It is complex, but I, but I think, for me, what -- I think the big piece is, is to, is to really, really start acting, you know, in a -- you know, in terms of the, the -- I don't know if it's a legislative piece, but certainly a social health policy, social development policy, is to start transferring responsibility.

Not like this. You know, things don't change that way. You -- we need to have a long-term strategy on

how to, how to get there and, and, and it will be done, but we need to, we need to have the, we need to have the vehicle to get there.

We need to design the vehicle that -- and we're all a part of that. I mean, it's, it's not -- you know, it's not just for one group. Here's your problem, you know, we're all in this so it means looking at, it means looking at our, our systems and, and ...

I'm going on and on, but about -- you know, we have to design a new system, I think, that -- and, and that's complex, you know. It's not -- those are not easy things.

MS. WALSH: Okay. Thank you. Those are my questions.

THE COMMISSIONER: Thank you, Ms. Walsh.

Anyone else? It would appear not.

Anything further you want to ask?

MS. DUNN: No, Mr. Commissioner --

THE COMMISSIONER: Ms. Dunn?

MS. DUNN: -- thank you.

THE COMMISSIONER: All right. Then I think we're finished. And thank you, Witness, very much for coming --

THE WITNESS: Thank you.

THE COMMISSIONER: -- and making the contribution you have here this afternoon. I appreciate you putting all

that on the record.

THE WITNESS: Thank you.

(WITNESS EXCUSED)

THE COMMISSIONER: All right. We're through till 9:30 tomorrow morning?

MS. WALSH: Yes.

THE COMMISSIONER: Thank you.

MS. WALSH: Thank you.

(PROCEEDINGS ADJOURNED TO JUNE 6, 2013)