

It Starts With Us
Truth Telling: A first step
September 28th, 2021

Roslyn Goldner:

Good afternoon and welcome to our session of It Starts With Us: Truth Telling.

I just want to acknowledge that we are gathered together today as a community, Indigenous, settlers, and immigrants, to reflect on some uncomfortable and tragic aspects of this country's history and how these events have shaped our experiences and relationships and continue to act as a barrier to a path toward reconciliation.

I want to start by acknowledging that the UBC Faculty of Medicine and its distributed programs, which include four university academic campuses, is located on traditional, ancestral, and unceded territories of Indigenous peoples around the province. Today, I am on the traditional, ancestral, and unceded territory of the Musqueam Band and the Squamish and Tsleil-Waututh nations. I am an immigrant and I'm grateful to work and live here.

I recognize that we are indebted to First Nations, Métis, and Inuit people for their stewardship of this land. I acknowledge the harms brought to this land and its people through colonization and the legacy of colonialism. The Government of Canada officially designated September 30th as a National Day for Truth and Reconciliation in an effort to encourage all Canadians to recognize and commemorate the legacy of Indian residential schools. I hope that this Thursday will be a day of solemn reflection for all of us.

We need to be mindful that this will be a sensitive day for Indigenous people and communities. Raising awareness and speaking the truth is essential, but it comes at a price. Indigenous people have been living with the pain and harms of the experiences and legacy of the residential Indian schools. They have been speaking this truth largely to an unresponsive country. The appalling discovery in the summer of increasing numbers of unmarked graves at various residential school sites may have at last opened the ears and hearts of this nation.

Since 2013, September 30th has been designated as "Orange Shirt Day" in response to Phyllis Webstad's account of her arrival at the St. Joseph's Mission Indian Residential School in Williams Lake. In 1973 on her first day at St. Joseph's Residential School, Phyllis's shiny new orange shirt, which had been given to her by her grandmother to mark the exciting, what they thought would be exciting beginning of her education, was stripped from her never to be seen again. Forty years later, on September 30th, 2013, Phyllis spoke publicly for the first time about her experience that day and in the years that followed, as her enthusiasm from beginning school was systematically eroded, and thus began the Orange Shirt Day movement.

The day honours and acknowledges the individual and collective stories of all survivors of the Indian residential school experience in Canada. We are fortunate today to be able to gather to mark this National Day for Truth and Reconciliation. This session is also a follow-up to commitments made by the

faculty at our June 25th launch of the Faculty Response to the Truth and Reconciliation Committee's Calls to Action. That day, we as a faculty acknowledged the need to confront the cultural and personal harms imposed by colonialism, and we formally apologized to all those affected for the role the UBC Faculty of Medicine has played in causing and perpetuating these systems and the resulting and persistent damages.

Perhaps the most damaging action was an act of omission. By having remained silent and failing to speak out during that time, we as a faculty were complicit in the colonial policies, practices, and structures designed to oppress Indigenous peoples and eradicate Indigenous cultures in this country. For this Starts With Us session, we have chosen the theme "Truth Telling," an integral component of reconciliation and the next step for the faculty in our journey to meet our commitments to Indigenous people. When we speak the truth, we engage in a difficult conversation in which harsh realities must be faced.

We recognize that the content of today's session may trigger feelings in those listening connected to past and present abuse and trauma. We regret that once again, Indigenous people must experience the pain of grief and loss to ensure their stories are heard. We can honour this pain by acknowledging the wrongs done and the harm caused. It's the first step in making good on our apology for remaining silent. We've committed to no longer be silent. We've also committed to act. It is not enough to acknowledge the past. We must look to the future and seek change through action.

As non-Indigenous people, we must be accountable and we must take responsibility through self-reflection and examination of our colonial legacy to authentically support the needed change. The faculty has to commit, has committed to working in solidarity with Indigenous people toward reconciliation and the creation of a new relationship, one based on mutuality, reciprocity, acknowledgment, and respect. We must not forget the past, but we need not be forever bound by it. We can forge a new path that takes us beyond the pain of the past to a place where the dignity and human rights of all members of our community are celebrated and respected.

The planning of today's session was a collaborative exercise inspired by actions taken by James Andrew, the Undergraduate Indigenous Student Initiatives Manager, to commemorate Orange Shirt Day. James will say a few words later in this program. James generously agreed to integrate the undergraduate program's plans with those of us who were planning the session of It Starts With Us. Together, James and Derek Thompson, the Respectful Environment, Equity, Diversity & Inclusion Indigenous Initiatives Advisor, have brought together a group of speakers who are willing to speak truth to us. It's imperative that we listen with open minds and hearts.

It's an honour and pleasure for me to introduce our first guest, Musqueam Elder Doris Fox. In a previous address to our community, Elder Fox encouraged us to listen with everything, not just our ears, to feel what we hear. I will not say more to introduce Elder Fox. It is our privilege to hear and to feel her words today directly from her. Welcome, Elder Fox.

Elder Doris Fox:

Thank you, Roslyn.

[speaking in Indigenous language].

Welcome, everyone, to the traditional, unceded, ancestral, and continually occupied territory of the Musqueam people. I raise my hands in gratitude to each one of you for coming here today to share some of your valuable time to hear what has to be said today.

I raise my hands in gratitude to Roslyn for reminding us of the truth telling. You cannot have reconciliation without telling the truth first, and although the truth is going to be very difficult for a lot of people to hear, it's very difficult – please remember – it's difficult for us to say, to acknowledge the horrible things that have happened. The things that have happened in the past we cannot escape unless we acknowledge them so that we never repeat that terrible past. When people ask me, "How can we talk about this to our children?" well, it was difficult for us to talk to our children when they were being taken away from us.

Fortunately, I did not attend residential school because my mother hid us. Whenever the Indian agent would come to the community, she would tell us to go and hide in the bush, hide in the trees so that he couldn't find us. And I remember hiding under a big cedar tree where the branches swept down and touched the ground. And I remember shaking so hard that I was scared it would move the branches and he would find out where I was and he would take me away from my mom and my dad.

I remember there was a time when I was a very little girl that my mom was crying because she wasn't allowed to go to Tsleil-Waututh to one of her family members who was dying, because the Indian agent said no. And even though the law had changed by then, they still controlled our comings and goings and we could not go to another community, even though it was our family.

I remember when my dad and my grandpa got our first car, because we weren't allowed to before that.

I remember my parents and my grandparents telling me that we had to have permission from the Indian agents to even get married. That if he didn't approve, it didn't happen.

I remember hiding in my great-grandfather [Monett's 10:29] house, scared, because he was teaching me the language and our history and our traditions, and having my uncles patrol around the house to keep us protected from the spies that were paid by the RCMP to report on people who were sharing language and our ceremonies, etc., and being afraid that they would find us out.

And I was just a little girl. And I thought, now, how brave of them, how courageous and strong they were to know that they had to pass this on, all our stories, our songs, our history, everything. And even under threat of jail and possible murder, abuse, beatings, they did it anyway. Underground, so nobody knew. These are some of the truth. This is a small bit of the truth that needs to still come out.

I remember being a small girl of about four or five, watching my cousins leave in cars, going off to residential school, and crying my heart out because there would be nobody else to play with because it

was only my family and another couple families whose children didn't go to residential school because our parents hid us.

We don't think about those kinds of truths, because we only think... our mind is stuck on only thinking about residential school. But what happens after residential school when some of them, some of our kids luckily came home for the summer? And the fear and the sickness they felt on knowing that come September, they had to go back, back to the torture and the abuse. Imagine what it felt like as a little child to have that happen to you every year.

We had almost 130 years of residential school. Think about 130 years of torture and abuse, of being stripped of your language, your traditions, your values, your beliefs, your songs, everything that made you you, to have been taken away.

It's no wonder why so many of us have troubles in our life – because our blood tells us we're one thing and society tells us we're something else, that we're not worthy, that we're not good enough, that we're stupid, that we're ignorant, and the list goes on and on. But remember, despite all those things, we have many people who are very accomplished. Like my dear friend James, who set the wheels in motion to make this come about, this beautiful event to honour not only Phyllis, not only our dear Phyllis, but for everyone else who attended residential school and all the parents who stayed behind wondering, always wondering where their children were and what was happening to them.

These are the things that we need to consider when we talk about truth telling. It wasn't just the children going to residential school, it was the families that were left behind, the traumas that they must have felt not knowing where their children were, not knowing what was going on. And then later knowing what was going on with their children and being powerless to do anything about it. That is truth telling. It's hard for us to hear and it's hard for us to tell.

So, I raise my hands in gratitude to each one of you for coming here today, in this day of honour. Because it is to honour the ones who were forced. Someone said, "When the children were *sent* to residential school..." and I said, "No. They were not sent, they were kidnapped, dragged kicking and screaming, trying to hang onto their mums and dads or their grandparents, crying, 'Don't let them take me.'" That's another truth.

So, I raise my hands in gratitude to each one of you for being brave enough, for having the courage and the strength to stand up and acknowledge, acknowledge the truth. As Roslyn said, the truth telling. Because once we get past the truths, then we can reconcile. And I want you all to remember that there are a lot of things that have happened to many of our peoples that may never be reconciled. So, know that, but please never give up. Never give up doing your best to reconcile, to right those wrongs, to make balance, to bring the peace to all. Because now everyone is suffering because of residential school.

As you sit here and listen to these speakers, it will hurt your heart and your mind. And that's okay, because that proves to me that you have a heart, you have compassion, and you have love. And I, for one, am grateful because now you will stand beside us as an ally. Instead of looking down on us, now you stand with us.

So, I raise my hands in great gratitude to all of you and honour, and I humbly thank you, each one of you, for being here today. [speaking in Indigenous language]. Thank you so much, everybody.

James Andrew:

Oh, Roslyn, you're muted. Okay.

Hello, everyone. It's so good to see everyone here, and I just want to thank our Elder Doris Fox for the wonderful opening remarks.

My name is James Andrew and I'm a member of the Lil'wat Nation, and I'm the Indigenous Student Initiatives Manager for the Faculty of Medicine that Dr. Goldner mentioned briefly. I also want to let you know that I am also a son of parents who went to residential school. Particularly, they went to the St. Mary's Residential School in Mission, BC.

I've been here at UBC now for over 25 years, and 20 of those years have been with the Faculty of Medicine. And I just want to thank REDI, the Office of Respectful Environments, Equity & Diversity, Inclusion in organizing this important and long-time-coming event. Now it is my honour to introduce Dr. Alika Lafontaine.

Dr. Lafontaine is Cree-Anishinaabe, born and raised in southern Saskatchewan, Treaty 4 territory. He completed his MD at the University of Saskatchewan, followed by a five-year fellowship in anesthesiology. Dr. Lafontaine was also past president of the Indigenous Physicians Association of Canada and is now the elected president of the Canadian Medical Association.

I give you Dr. Alika Lafontaine.

Dr. Alika Lafontaine:

Thanks so much for that, James.

And I'll just echo what you said about Elder Doris's comments at the very beginning. You know, it reminds me of a teaching that was shared to me when I was young that we are often taught that the truth sets us free, but the truth actually binds us to each other. And I think that in the course of understanding truth and reconciliation, what we're really achieving is revelations of the truths that bind us together.

If I could just ask the host just to turn on sharing, if that's all right. I was asked just to speak a bit about racism and the Indian hospital system. And some of these things participants may be familiar with, some may not, but it might help just for those kind of following around just to follow with the slides.

So, the objectives of what I'll talk about over the next few minutes are really to talk a bit about the world out there that we don't see. And I think in the course of the Truth and Reconciliation Commission,

you know, the revelations recently about lost gravesites, unmarked graves, there's a lot that non-Indigenous Canadians are starting to see that they didn't see before. And as Elder Doris rightfully said and as Roslyn shared at the beginning, persons who have experienced this history have always experienced it.

This is not new for us. My great-grandparents both attended residential school. Those stories were shared with me. I've had uncles and aunts and other family members caught up in the Sixties Scoop and the foster care system, relatives that were impacted by the justice system and those who were flagged within health systems related to birth alerts and other types of inequities that exist within our health and social systems. We live with these experiences every day, and the world that you're starting to see as non-Indigenous Canadians is an opportunity for you to chart a new path for us going forward and to have that truth bind us together.

I'll talk a bit about the history of Indigenous health care, including the Indian hospital program, and then just a bit of reflection on how these racialized structures can change in this era of Truth and Reconciliation, and then turn the time over to the next speaker.

So, there's a concept out there in medicine called scotoma. Scotoma is a clinical situation where you end up having blind spots even though you can see everything else in your normal field of vision. And these can happen for a variety of different reasons. In medical school, we're taught that these can arise because you have some sort of neuromuscular disorder, maybe you had some sort of trauma to your eye, maybe you experienced a stroke or some other progressive disease. But for whatever reason, you can see everything except for that one area, your one blind spot.

And so I'm going to take those viewing the webinar just through this exercise. Just because of the format, it won't get to be as interactive as it usually is. But you'll have to trust me, because I've presented this many times across the country. And I'm going to give you a paragraph here and I just want you to read through the F's. So not much of a trick. Just read through the F's here. So I'll give you four seconds here. So one, two, three, and four, then we'll move on to the next.

And there's this question of "How many were there?" I'm not sure if the chat function is on or not, but if you can use the chat function, if you saw three F's, just type the number three just into the chat. If you saw four F's, just type that into the chat. And if you saw more than four – and you guys can see each other typing – just type that into the chat. So, I'm going to show you now how many F's there actually were.

So, there are actually six. So "Finished files" is two, as "the result of years of scientific study" takes us to five, "combined with the experience of years," which takes us to six. So, what often happens with persons who go through this exercise is the majority of individuals that read this paragraph actually only see three or four.

And so, there's a variety of different reasons why this happens. So, the first is, is that we read aloud in our heads, so the signs don't the sounds don't really line up. The second is that although I gave you the task of counting the F's, you were still looking for your content. So, you wanted to know what the

paragraph was about. So, this just means that even though we've been given an assigned task, we often do what we're used to doing. The third reason is that we skim to be efficient. So big words in the paragraph mean content to us, small words equal filler. So, we tend to focus on those big words and misreading the F's because of that.

Now, I'm going to have you go through one more exercise, which is reading some triangles, and it'll just go from left to right. And I'll just have you read triangle number one, triangle number two, and triangle number three. And then I'm going to ask you to read them one more time.

So, the first triangle actually says "Paris in **the the** spring," "Once in **a a** lifetime," and "Bird in **the the** hand." And it's interesting when I present this in presentations that a good proportion of the audience doesn't see what's right in front of them, even though I more or less explained exactly what was going to happen immediately before doing the same trick again. And this is really where bias and visibility are illustrated through this idea of a scotoma, because these actually happen in our minds as well. They're inabilities for us to perceive distortions that are obvious to other people.

And along the course of hearing truth and understanding truth, you may have those moments where you question, "Could this really be true? Is this really the history of Canada? Could these experiences have actually happened?" or wonder, "Was this only a one-off situation? Could this really have happened as broadly as it occurred?" And so bias and belief can't really be eliminated. The goal is actually to assess whether or not your bias and belief are maladaptive, doesn't take you where you want it to go.

And so, this takes us into just a quick description of some different terms that you may have come across during this conversation, which is important to understand the context of Indian hospitals. The first is "bias," which we just discussed, which is the whole idea that our minds apply distortions to things that we see based on our lived experience. The second is "discrimination," when we make the conscious or unconscious decision to project those biases onto other people based on the way they look, their age, their gender, socioeconomic status, etc. The "isms," which include racism, sexism, etc., which is when you combine discrimination with taking something away or not providing something to someone. And then the specific instance of "racism," which is common within health care. And then "colonialism," which is using these different tools as a way to remove the rights of Indigenous peoples to land and resources.

So, let's learn a bit about Indian hospitals. Oppression and disempowerment have a history, and understanding that past often helps us understand why we're where we are today. Finding the truth is necessary in Indigenous health, because it's often been changed or twisted. Becoming aware of the truth does not mean others haven't been living the truth, as has been shared by Elder Doris and others. Colonialism really was a means to an end, and Indian hospitals, if you think of them in a broader context, were just a tool in achieving that end. And finally, the truth is hard to believe because our expectations of what health systems should be and can be are often very different than the lived experience of those who went through the Indian hospital experience.

If you want to take a screenshot here, these are some additional resources that you can use to read through the history of Indian hospitals. I'll just give you a moment there just to copy that if you need to. There are many, many books and writings about this nowadays. There's many news stories with first-person patient experiences, and many stories of persons who've had family members share their experiences in Indian hospitals that have been published online.

So, this is a picture of the residential school in Sardis, Chilliwack, BC. It was converted into an Indian hospital in the mid-1940s. And if you think about how health systems work within Indigenous communities pre-contact, they were actually quite advanced relative to their European counterparts at the time.

At the time that Indigenous peoples were using things like poultices and concentrating medicines within teas, assigning different types of plants and naturally harvested things like clay, etc., to treat certain types of wounds and other illnesses, European settlers that were traveling over the ocean were still focused on different humours and the balance of those humours as a way to understand disease. You know, bleeding was a very common approach to medical care at the time. Indigenous peoples had always had an alignment between the body, mind, and heart, while at that time Western medicine was really focusing on separating those things into different components and treating each one individually.

So, before settlers came to Canada, there were actually very well-developed Indigenous health systems that did a very good job at diagnosing and managing disease. As an effect of war, disease, and colonization, many of these systems were disrupted. And as colonization spread across Canada, this was supported through coordinated attacks against Indigenous culture and history.

In 1885, legislation was passed that made Indigenous ceremonial practices illegal, which included many healing ceremonies. You could be arrested, jailed, and have your items confiscated. That actually lasted until 1951. Canada at the time had a mostly private system of care leading into the creation of Medicare with pockets of publicly funded or supported institutions. But within Indigenous communities, it was mainly church-sponsored hospitals as the way for Indigenous peoples to access Western approaches to medicine.

These often segregated Indigenous from non-Indigenous patients, and even before the Indian hospital program was set up, many of these received federal government support through the Ministry of Indian Affairs. With the ongoing wave of tuberculosis infection in the early and mid-1940s and '50s, there was this belief that caught hold among medical providers and government officials that there was a specific strain of TB that needed to be isolated and pushed away from the general population. And as a result of that, many of these church-sponsored hospitals transitioned into government-funded and -controlled Indian hospitals, starting all the way back in the 1920s and then really formalized into a national program in 1946.

As far as staffing and funding for Indian hospitals, Indian hospital patients were funded at around half the rate that you'd expect from patients in non-Indigenous hospitals. There was very high staffing turnover. At the beginning of the formal Indian hospital program, many physicians and health care workers were looking for work because of the Depression. But following the rebound of the economy,

many of these providers left the Indian hospital system for better paying and improved work conditions elsewhere.

There was a formal program that was ongoing within Indian hospitals to transition patients into actual entry-level staff. There's multiple stories of persons, you know, recovering from tuberculosis and then being hired as entry-level orderlies, support workers, translators, etc. And there was a government policy to actually encourage patients who were in the hospital to then become employees of that hospital or other hospitals close by within the Indian hospitals program. Health providers were overworked and under-resourced.

The majority of staff only spoke English or French, which means that they had very little understanding of Indigenous culture and languages. And as a result of all these policies taken together, there are very high morbidity and mortality rates relative to non-Indigenous hospitals.

So, this is a quote from Brooke Claxton, who was the Minister of National Health and Welfare and the individual who helped set up these programs and oversaw them for several years. And what he stated was "Neither law nor treaty impose an obligation on the dominion government to establish a health service for Indians and Eskimos... However, for humanitarian reasons and as a very necessary protection to the rest of the population of Canada, it is essential to do everything possible to stamp out disease at its source wherever it may be within the confines of the country."

Now, one of the things to remember with this statement is that because it was grounded in this idea that there was no legal obligation, despite the treaty obligations for health programs, the policy of the government was grounded in this idea that they were really doing these things because of a moral imperative. This meant that policies and procedures related to the care of Indigenous peoples were often much lower, and those were justified through this whole frame that the government was really just doing this out of the goodness of their heart. And so program support and funding, it varied greatly depending on who was kind of in which position at the time and whomever was within the bureaucracy at the time.

As far as admissions and life in Indian hospitals, in 1953 it was actually made a crime to refuse to see a doctor, refuse to go to the hospital, and to leave a hospital before discharge. And so, as a result, people were literally forced to receive medical care.

There was a policy decision not to build or support hospital infrastructure or health system support in northern Canada, so as a result, all patients were transferred down further south, which meant separation from their families, separation from their languages and cultures.

There is this one story that I was given by someone in the Inuit community in the North who talked about how they worked as a translator within a hospital in Ontario and that they just all assumed all Inuit spoke the same language when in reality there's many different dialects. So even in talking to other Inuit individuals and patients from that hospital, they weren't actually able to communicate. And so you can only imagine what it was like to be a patient in that sort of environment.

There was a coordinated approach to managing TB across Canada. There's many stories about "TB ships," the most notorious which was the C.D. Howe. These ships travelled through Northern communities and took X-rays of entire communities, and if they flagged something that they thought was concerning, they'd force these patients to actually leave their community and travel to hospitals hundreds of miles away. Sometimes patients from Inuit communities would travel to Edmonton, to the Indian hospital here. Other times they'd travel to Ottawa or other places.

And policies of forcible and obligatory transfer of patients out of their communities actually continues on today. When you read about the experiences of late-term pregnancies and being forced out of their communities, you know, under the policy that all pregnancies, high-risk or not, must deliver within a hospital down south, these types of policies are the result of these original policies that sprung up in the time of the Indian hospital era.

For the most part, autonomy of patients was not respected. Often people would undergo treatments or experience medical interventions that they didn't know why they were getting it or what they were for. There was implementation of mass treatment protocols, a lot of them related to TB. One of the more notorious examples of this was, in 1928, doctors over at the Fort Qu'Appelle Indian Hospital were provided federal funding to develop drugs related to TB, and in 1933 they actually began running experiments and vaccination trials on Indigenous children from nearby communities.

The low salaries, poor working conditions, and isolation from other health systems made it very difficult to monitor quality and keep qualified staff.

There's many, many stories of abuse within these hospitals. There's one particularly severe experience where a patient talked about remembering in the Nanaimo Indian Hospital being tied to their bed for most of the day, almost 24 hours a day, except when they were eating, bathing, or using a latrine that was brought to the side of the bed. And you'd think that that would be bad just in of itself, but they recollect it happening for almost 10 years.

Physical abuse by staff was common. Sexual abuse by staff occurred. Admissions could last several years. Some persons report being in hospital for more than a decade. And many families that were split because of these policies actually never ended up making it back to each other because of poor record keeping, lack of consent and follow-up, unreported discharge, or patients' deaths that were never shared with the families where they came from.

So, in the 1960s, the Indian hospital program was wound down. It coincided with kind of a decrease in the TB epidemic. And the last Indian hospital actually closed in 1981. Funding from these hospitals were transferred to their respective provinces and the impact of these policies can still be felt today.

So, I think this really brings us to where we are today, which is "Racialized structures in an age of Truth and Reconciliation." I think there's a real challenge for all of us to bear witness, to transition from bearing witness to actually acting towards reconciliation. It's not enough now, I think, for us to talk about these horrific things that did occur, but to actually do something to not only continue to educate ourselves but also educate each other. And as part of that, it's really a shift in the burden of change from

the shoulders of those who experienced these horrific acts and oppression onto the shoulders of those who are more empowered to actually do something about it.

Over the course of preparing this presentation, I became familiar with your local approach to reconciliation, UBC 23 24. I personally think that it's really a path forward for you to take as you consider how to operationalize the TRC Call to Action 23 and 24. The fact that you train more than 45 persons within your health system and more than a hundred facilitators, going through these online modules and in-person training sessions to have people learn about this history and unpack what this means for them as providers – I think is really once again that way of having the truth bind us together and help us move past and towards a better future together.

I'll just end my presentation today just sharing a quote from Ted Quewezance. He is a Past-Chief of Keeseekoose First Nation and someone that I've become good friends with and learned a lot from. And he says that "Our stories are so out of norm and removed from other experiences that those others have a hard time believing that these things could happen. They believe these experiences are extremes. This is our status quo. For those of us that live this reality, the status quo is no longer an option for us, our children or our communities."

I personally feel a strong obligation to do my part for reconciliation. I hope that those who have taken the time to watch this webinar either live or through recording can take the things that you learn today and actually action them. That way you can move forward reconciliation through not just your own effort but the momentum that's built when we all join hands together.

Thank you very much for the opportunity to share today, and I look forward to hearing from the rest of the speakers.

Roslyn Goldner:

Thank you very much, Dr. Lafontaine. I take to heart your comment that we do need to shift the burden of change, and one of the things we are trying to do here in the Faculty of Medicine is to deliver on that, on our commitment to act in solidarity. And it's time for the non-Indigenous people to do some of the heavy lifting. So, I very much echo your sentiment in that regard.

I am very happy now to introduce the newest member of our REDI team. And this position was a long time coming, we felt. And we are very thrilled to welcome Derek Thompson, Thlaapkiituup, who is our Indigenous Initiatives Advisor. And he has an opportunity to meet the Faculty for the first time now, this broader faculty. And I'm going to ask Derek to say a few words about himself and then to introduce the next speakers. Thanks, Derek.

Derek Thompson:

Thank you, Roslyn.

ukthlaa-a-mah Thlaapkiituup. histak-shitl-mah Diitiidaatx. uuts Buukwilla nuu-wiik-suu Buukwilla. o-miiksuu ukthlaa-a-mah Ki-ke-in-isaksa. o-miiksuu histak-shitl-mah Hayslaa. nuu-wiik-suu histak-shitl-mah Ts'uubaasatx.

Greetings, everybody, and thank you for joining us on this important day. My name is Thlaapkiituup, Derek Thompson. I am the newly-appointed Indigenous Initiatives Advisor with the Office of Respectful Environments, Equity, Diversity & Inclusion with the Faculty of Medicine at UBC. It's an honour to speak to you today to commemorate both Orange Shirt Day and the newly affirmed National Day for Truth and Reconciliation.

I think two of these commemorative days are both timely and relevant to acknowledge not just truth and reconciliation, but as Elder Fox pointed out in her introductory remarks, that the stories of those still living today that survived the Indian residential school experience in Canada, and the profound hurt and legacy of those children that didn't survive the Indian residential school experience in Canada.

So, I think it's really important to always anchor our sensibilities around what those truths are and what it means to come to terms with, to understand, to reconcile, to redress the relationship between Indigenous peoples in this country and that of the average Canadian who now call Canada their home.

This important day, in the humble time that we've done this work this afternoon, it really does start with us. And this year it started with 215. In the spring of this year. We got the news that at Kamloops Indian Residential School that they found, "discovered" if you will, 215 unmarked graves of children.

At the release of the Truth and Reconciliation Report in 2015, the commissioners had identified 3,200 unmarked graves across various Indian residential schools in this country. Two hundred and fifteen and the unmarked graves discovered since then have only added to that number. The commissioners also identified that a great number of those 3,200 unmarked graves were not documented. So, no name, no last name, no male, no female, no origin of community, no age, no circumstance of death.

So, you have to challenge the process of truth and reconciliation insofar as asking, I think, what is a fair and just question: "How then do you begin to reconcile that truth?" "How do you begin to have a conversation around those kinds of truth?" I think is an important question to ask of ourselves, and to reflect on "How then do we come to terms with that? Do we come to terms with that? Are those truths in fact irreconcilable?"

There's no more of a profound truth than having to come to terms with the death of a child. There aren't words that begin to describe the deaths of many children. I just think that it's important that we acknowledge the deaths of those children, the circumstance that they found themselves in in the era of Indian residential schools, that we never forget that truth. And it is a great truth today that survivors today were children. They were children that survived the Indian residential school in Canada.

I think it's really important to also reflect that Canada's history, Canada's history is but a single grain of sand on an unending beach of our own history, our collective Indigenous history. So, let us unearth this rich history and honour every child in our homes, in our community. Let us unearth the legacy of hurt

and grief and renew our spirits with the promise of hope and prosperity. Let us make every child matter and let us make each and every one of us matter.

I think it's of a profound and humble ability for us to come together during this time to reflect on these important things. So, thank you for your time. Thank you for listening to me. Thank you to those that spoke before me.

It is now my great privilege to introduce to you Aki-Kwe. Aki-Kwe is also known as Mary Ellen Turpel-Lafond. She is the Academic Director of the Indian Residential School History and Dialogue Centre here at the University of British Columbia. And of course, she led the publication of the recent *In Plain Sight* report that talks about racism and discrimination within BC's health care systems.

Notably, for a long period of time, for over 10 years, we were very fortunate to also have Mary Ellen Turpel-Lafond in the role of our Special Representative for Children and Youth in the Province of British Columbia, where the tone of her work and certainly the importance of all of the reports that she put out have made a fundamental shift in the way systems better respond to Indigenous children currently in care in this province and arguably across the country. So, Mary Ellen Turpel-Lafond, Aki-Kwe, is going to provide us with an important message on this day.

Mary Ellen Turpel-Lafond:

Hi. My name is Mary Ellen Turpel-Lafond. I'm the Academic Director of the Indian Residential School History and Dialogue Centre at UBC, which exists today on the unceded and unsurrendered territory of the Musqueam First Nation. I'd like to acknowledge Musqueam Hul'qumi'num-speaking people for allowing us to work, live, and play on their territory.

I've been asked to speak to students, faculty in the UBC Medical School, and to talk a little bit about Orange Shirt Day and our first national holiday in terms of truth and reconciliation. It is in fact a very meaningful day, and I thank you all for pausing, in fact, in advance of the day, and reflecting on what it means, and what it means for students at UBC but also students in medicine.

For those of you that don't know much about the residential school system in Canada, there was a system of schools established between the 1800s and 1996 in which Indigenous students were forced by law to attend. More than 150,000 students, First Nations children, some as young as three, all the way up to adolescents, were taken from their families under force of law and required to attend these schools.

About a year ago, I conducted a review of BC's health care system to look at anti-Indigenous racism and BC's health care system. And some of you might wonder, why would someone who works in residential schools look at anti-Indigenous racism in health care? Not surprisingly, there is a very direct connection between the incredible discrimination and poor experience that Indigenous people suffered in residential schools, where, of course, they were forced to attend without the consent of themselves, their parents. And when a student was sent to residential school, guardianship of the child was transferred to the school. The parent was no longer even a parent.

And in the residential schools in British Columbia, in Canada, students were subject to medical experimentation. There were nutrition experiments. Students frequently went to the Indian hospital because there was sickness, there was illness, there was an incredible level of maltreatment, which is at the level, certainly I would allege and suggest at the level of a genocide, an intentional decision to remove children from their community, to strip away the culture, identity, and beliefs of those children, to stop the transmission of knowledge and culture and the continuation of Indigenous people as Indigenous people.

This is a very heavy subject, and it has lingering and continuing effects for medical students who will be practising medicine, not only in British Columbia but all over the world, but particularly in Canada or in the US, where you will be engaging with survivors and their families from residential schools. The need to rebuild trust, the need to have cultural safety in how you practice, the need to positively engage and welcome Indigenous people into your profession, including the Indigenous students that are with you today.

These are positive obligations we all must carry to reverse the legacy of residential schools, but also before we can do that, we need to understand the truth of the schools. And as many of you may have learned in the past year, we are far from understanding the legacy of those schools. And in fact, the only way in which the residential school wrongs came to light was because more than 18,000 students took legal action and sued the operators of those schools, which were church entities and the government, in the superior courts of the provinces of Canada, including BC. That led to a class action settlement in 2006, the resolution of which led to a Truth and Reconciliation Commission and a process where more than 5,000 statements were gathered about the experience of the schools.

If it was not for the determination of the survivors to seek justice for the wrongs they experienced, you would know nothing of their story today. And it's an incomplete process. The settlement of the residential school class action is still under examination, and many of you may have seen how there are a lot of grievances around how, for instance, Canada allowed the Catholic entities, the 55 or so Catholic entities that ran 70 percent of the churches to exit their financial liabilities, causing a lot of difficulties with accessing records and moving forward with telling the truth about the schools.

These are powerful and complex issues around accountability, around the right to truth and justice. Why do they affect medical students, your scientists? Why should this concern you? It should concern you because it is important to be able to listen to and understand your patients and to also understand the role that UBC itself played in the residential school history. UBC has awarded honorary degrees to people who ran these schools. UBC educated the teachers who taught at these schools. UBC educated the physicians and health care professionals who worked at these segregated Indian hospitals, where a second-tier or lower level of health care was provided.

And when I did the review on anti-Indigenous racism and I talked to thousands of Indigenous people with a small Indigenous-led team, many of the people I spoke to were First Nations residential school survivors in their seventies. And they said to me, "Mary Ellen, I have hundreds of examples of where I've experienced racism and discrimination in the health care system. Hundreds. And I'm going to outline a

few of them.” And they gave me multiple examples of where they were treated in a way that profiled them as alcoholics, as noncompliant with orders of health professionals, as not being as capable as others, and many other racist and prejudicial beliefs that they encountered in the health care system. And those survivors said to me, “It’s so good that someone’s listening and will change the system.”

Addressing racism in the health care system is really intimately involved to responding to the legacy of residential schools. At UBC, I hope we will make that part of your curriculum, part of your understanding. These two are related. In which way? Residential schools existed on the basis that you could dehumanize a student, strip away the culture, language, and identity of an Indigenous person, and substitute English, French, or a Christian faith in its place as progress.

As we all know now, that’s a horrific, horrific, misguided, and genocidal project. But it did happen. And along the way, the attitudes, the beliefs and values of many Canadians today were shaped by that, were shaped by the idea that Indigenous people are less worthy, do not deserve the same kind of human rights as others, and the mistreatment of Indigenous people is something that we can sweep under the carpet in Canada. None of this is possible.

So, for students at UBC, this is really important for you to stop and be a leader in this. Be a thought leader. Do the work. Practise cultural humility. What is cultural humility? Cultural humility is acknowledging that maybe you don’t know everything about this. And that’s fine. But to explicitly say, “I did not know this and I need to learn more. I need to learn more about the Hul’qumi’num-speaking people here on whose territory I’m getting my education.”

And maybe some of you are on Vancouver Island and you’ll be in the territory of the Songhees, Esquimalt, or Lekwungen-speaking people, or WSÁNEĆ peoples. Or some of you might be in the north, the Carrier Sekani territories. You need to understand the territory you’re studying in and you’re working in, and when you practise, in British Columbia or elsewhere in Canada, you need to make it a priority to ensure that you can provide culturally safe care to Indigenous people, respectful environment for the human rights of Indigenous people, and you have that kind of cultural humility.

Cultural humility, like anything, is a tool. It’s a practice. You learn it. I hope you learn it in medical school. But one of the ways you will learn it is if you understand not just the legacy of residential schools, but the continuing effect of residential schools. The fact that today, with the mass burials in the unmarked graves, the work must continue to identify every missing child, have every missing child returned to their community, their loved ones, because those children who died and who didn’t return from the schools, we don’t just move forward and forget about those children. That is not possible for Indigenous people. It should not be possible for Canadians.

Some of that work in the years ahead will be community-driven and it’ll use the work of medical and other specialists who will partner respectfully and appropriately with Indigenous communities. And quite apart from that, it’ll require a kind of understanding and space for all British Columbians and Canadians to have that cultural humility and understanding to ensure you, your children, your families, your relatives come to grips with this and come to grips with it in a trauma-informed and supportive way.

So, I'm very pleased that you're having this education opportunity today. I do want to encourage you to listen to the voices of survivors. When it is safe with our COVID restrictions, I would like to invite you to visit the Indian Residential School History and Dialogue Centre, where you can interact and learn more in both a digital format and, of course, in person. We have a lot of resources on our website. We have other information that we can provide.

We are also running a major project on the Indian hospitals in British Columbia, partnering with the First Nations where these hospitals were located to understand better the records and the experiences of First Nations people at these hospitals. This research and inquiry may also be of interest to you, and no doubt you'll have an opportunity to contribute to it.

So, let me just say thank you for your time. Please engage with these topics respectfully and appropriately, but also understanding the magnitude of the issues that are being dealt with. At UBC, we must address the legacy of residential schools with a survivor-centred approach, and we must ensure that we promote an approach that is one that seeks justice and support for Indigenous people but also makes space for Indigenous people to tell the stories in their living memories of residential schools, and that to the extent that they call upon us to partner with them, that we assist them in that regard.

So, I look forward to seeing you at the Indian Residential School History and Dialogue Centre at some point in the future. I wish you well in your studies and I appreciate this opportunity to talk to you. Thank you.

Derek Thompson:

On behalf of the UBC Faculty of Medicine and certainly the Office of REDI, we extend our most sincere gratitude to Mary Ellen Turpel-Lafond for that important message.

So, I introduced myself as Derek Thompson, Thlaapkiituup. My parents are Charlie and Maude Thompson. My paternal grandparents were Webster and Ida Thompson, who was Ida Modeste from Cowichan Tribes. My maternal grandparents were Irene and Micha Shaw. Irene was Irene Larsen from Bella Bella. So, I'm honoured to have lineage in Ditidaht, one of 14 Nuu-chah-nulth villages along the west coast of Vancouver Island, direct extended family ties in Cowichan Tribes, and in the Haisla Nation up in Kitimat, at the head of Douglas Channel, where my mom is from, and her mother from Bella Bella.

My family- I literally come from three sisters who came from a place called [He Kouf 1:16:15]. Those three sisters from [He Kouf] married and branched off into Ditidaht, HUU-ay-aht, and Hupacasath. So my dad is closely related – in fact, call them brothers – to my uncle Ron Hamilton, [High-oops 1:06:33] and to my uncle Jeff Cook, [Yaw-shoo-ah], from HUU-ay-aht and Hupacasath respectively. My uncle Jeff, [Yaw-shoo-ah] has a brother named Jackie Cook. Jackie Cook was lucky enough to marry Deborah Cook, Anaapiiatuk, who will be speaking to you today. It's an honour and a privilege to introduce my Auntie to you to give you an important message. [speaking in Indigenous language].

Deborah Cook:

Hello, everyone. My English name is Deborah Cook. I am Nisga'a by birth. I come from a village called Laxgalts'ap. In English, it's called Greenville, and it's one of four villages along the Nass River. I come from the House of Hay'maas, Chester Moore. I come... I belong to Ganaada Tribe, and it has a dual crest of Frog and Raven. In 2004, at my late [Auntie Bessie's 1:07:45] Stone Moving Feast in Prince Rupert, I received my Nisga'a name, [speaking in Indigenous language].

My name is Deborah Clark. I am nine years old. My brother Dexter is eight and my sister Marilyn is seven. My father and mother put us on a chartered Greyhound bus in Prince Rupert heading to Alberni. We had lots of stops to pick up more children along the way. We made lots of stops to stores, to use the washroom and buy some food to eat if we had money. We stopped at big city with lots of lights, and we had a late supper. There were lots of children in the hall. All of the kids had to get off the busses while they cleaned and gassed up the busses.

We slept on the bus the next day. I remember they made lots of stops to let some children off of the bus. We got to a ferry boat. And there were two or three busses. More kids got off the bus before we got to Alberni.

When we stopped at a school, it was big. I cried when they took my brother away. And then they took my sister away. Another girl from the school about my age took me to a big room upstairs and it had lots of beds. She told me to stop crying and helped me to understand the rules of the school. She helped me to keep me out of trouble.

I had to repeat Grade 3. The classroom was another building next to the big building. I joined a choir. I loved singing. It was singing like I remember doing at Sunday school in my home village, Greenville. I loved that I had lots of sisters and friends in the dorm. We had lots of chores to do before the school, before going to school and big clean-ups on weekends.

In 1953, my birthplace of Mill Bay Cannery on the Nass River and my home village of Laxgalts'ap, these were the only two places I'd been to until moving to Sunnyside Cannery in the summer of 1962. In 1962-63 school year, myself, my brother Dexter, and my sister Marilyn were sent to the Alberni Indian Residential School system until the school closed in 1973. In 1967 to 196-... Oh, sorry. In 1965 to 1967, two of my younger brothers, Wayne and Whitney, started out at St. Michael's Indian Residential School in Alert Bay. In 1967, the next school year, Wayne and Whitney joined us when another of my sisters...

Roslyn Goldner:

I apologize. It seems that we've lost our connection with Ms. Cook. We will try to restore that as quickly as we can. In the interim, perhaps we'll just move the scheduling around a bit and we'll ask Dean Kelleher, who's with us today, to make what would be his closing remarks. I hope that these remarks can be made and then we can reconnect with Ms. Cook. So, Dean Kelleher, if you would be able to speak.

Dean Dermot Kelleher:

Thank you very much, Roslyn. And I'm sorry that I'm kind of effectively interrupting Deborah Cook's narrative, because it was such an extraordinary story I think that we were beginning to hear.

So good afternoon, everybody, and thank you for being here. It's really important for us to come together. It's very important for us to come together at this time as a community – Indigenous people, settlers, immigrants like myself – so that we can reflect on some of the uncomfortable facts and uncomfortable history that we've heard today and that we have heard over recent months and years, and think about how they shape our experience and also think about how they shape how we work together in the future to bring together both that concept of truth and reconciliation.

So, just to say that our Faculty of Medicine and its distributed programs, which actually span across the province, include four university campuses located on traditional ancestral land, unceded territories of Indigenous people around the province. I'm speaking to you today from the traditional, ancestral, and unceded territories of the Musqueam people, the Squamish and Tsleil-Waututh nations. And I will just say that I'm an immigrant, I've been here for six years, and I'm very grateful to work and live and play here on these lands, and recognize that we're indebted to First Nations, Métis, and Inuit people for their stewardship of this great land. And also, personally, at a personal level, I acknowledge the harms brought to this land and its people through colonization and the legacy of colonization.

September 30th is now recognized as a National Day for Truth and Reconciliation in an effort, an important effort to encourage all Canadians to actually recognize the truth of the past and to mark the legacy of Indian residential schools and to think about how we mark this legacy in a positive way, although there's not much positive about the history.

Reflecting on that very sad story, that brings us to the situation where we're wearing orange shirts. Phyllis Webstadt's story, the story of a young woman who's a young person who's losing something of such value to her, and the resonance of that true history, the resonance of that through the entire process of recollection, the process of truth and reconciliation, the fact that that individual memory is burned in that person's mind and in their memory. It is such a profound, profound event and such a profound message to us all, and it has created what is a powerful symbol. It's created a powerful symbol of both oppression and, I hope, a symbol of hope.

So, I do want to acknowledge the inspiration of James Andrew in bringing all of this together. James is always prompting us to think. And as soon as this day was announced, he got onto us and said, "We have to mark this." And I also want to acknowledge the extraordinary contributions of Roslyn Goldner and her team. And welcome to Derek Thompson as a new member and Dr. Mike Allard in bringing us together on this day.

This is a sensitive day for Indigenous people and communities. For us to raise awareness and speak the truth is so important, but it does come at a price. For those for whom that orange shirt has a deep and profound meaning, that price is painful. I'm sorry we didn't get to hear Deborah Cook's story, but I did feel that she was going to tell us an extraordinary tale. And at the same time, the real sadness of this

tale of residential schools is that it was so ordinary for people. It was something that happened to so many Indigenous children and it left imprints on lives that are multi-generational.

And as Derek Thompson said, I believe he spoke about the fact that Indigenous people have been speaking this truth of pain and multigenerational harm, but they've been speaking to deaf ears for many years. And the appalling discovery this summer of the numbers of unmarked graves at various residential schools, I believe, have at last opened the ears and hearts of the nation.

And we also heard from Mary Ellen Turpel-Lafond about the systemic racism that still exists within our health system, an important lesson for our medical students, but not just for our medical students, for all of our health students, for all of our graduates, for all of those involved in delivery of health care.

Every single Indigenous person that I have spoken to has a story to tell of racism and dehumanization in contact with the health system. That is truly shocking. So, I'm going to come back to my own status as an immigrant, and Dr. Fontaine has emphasized that oppression and disempowerment have a history. And there are very conscious decisions involved in these processes of oppression and disempowerment. But I also want to say to you something that I believe is really important as an immigrant from a country that was colonized for 800 years, and that is that culture has a very powerful history.

Yesterday, I had the privilege of hearing Knowledge Keeper Dr. Gwen Point sing two songs. One was a welcome song from the Fraser River, and another was the salmon song. This was sung at a meeting to discuss the First Nations Chair in Cancer and Wellness, and she sang those two songs. And so, I'll just tell you what my reflection is. I'm Irish. I'm an immigrant. And, you know, I've come from a country where our culture has been suppressed for many years, but not in the last century, thankfully. But Elder Doris Fox's words on language and cultural suppression are familiar to me from our Irish history. And, as she said, we must feel what we hear. So, when I heard Dr. Gwen Point and when I hear other people sing, I know that we're hearing the voices from hundreds and thousands of years past. Dr. Fontaine referred to that, the fact that there is a culture of healing and of healing practices that predates many of the misconceptions in our in our Western approaches. So, when I hear that song. I know that we're hearing the voices from those hundreds and thousands of years, and that those are the voices of a culture that cannot and will not be suppressed.

The truth must be told and continue to be told, and we must and we will respond. As Elder Doris Fox says, we must never give up on truth and reconciliation. And we at the Faculty of Medicine are united in our strong support. We look forward to working with you all over the years to come, and we look forward to doing our part to rectify this terrible legacy.

So, thank you all so much for being here today and thank you all for your contributions.

Roslyn Goldner:

Thank you very much, Dean Kelleher. And I'm thrilled to say that Deborah has found her way back to our transmission. And Deborah, if I could ask you, if you don't mind... I'm so sorry that there's been an interruption in your telling of your story, but we very much would like to hear you continue.

Deborah Cook:

Sorry for that little blip. Where I had gotten to is to share, I believe, from 1962 to 1970, all of my mother's nine children were sent to the Alberni Indian Residential School until it closed in 1973. In 1973, I married my school sweetheart, Jack Cook. At our wedding reception, my husband and I received our Huu-ay-aht [cluas 1:23:07] name from his grandmother, and my [cluas] name is Anaapiiatuk.

I apologize for seeming to bounce all over the place. About 1980, I started to be interested in finding my family history and learning my husband's culture so that I could have it there for my children and grandchildren. As an adult now, it horrified me that the churches and government have not had anyone on the busses to watch the children. From 1972 to 1973, this is the regular route and routine by bus to get to Alberni. Children from Haida Gwaii, Tsimshian, and Nisga'a nations got on the busses in Prince Rupert. Next stop is Terrace with more children from Kitselas and Kitimat, and more busses. Next stop was a village of... villages in Gitksan Nation and picking up more children in Hazelton.

When we left Prince Rupert, it was morning. When we got to Prince George, it was evening. Prince George was the usual stop for a very late supper. The church and community halls were very crowded and noisy with all us children from all the busses. A few times, I believe they split us up into different church halls. I remember there were many stops, but remember only a few of the place names where more children were dropped off.

In Lytton, we dropped off some children at St. George Indian Residential School. The place was very hot as I remember it and seemed very isolated. All the busses just seemed to disappear because there were only two or three left of us to get on the ferry in Nanaimo. We dropped off more children in Nanaimo, and then the rest of the way were going to Port Alberni.

After leaving Prince Rupert, I was amazed at the change in scenery along the way heading to Alberni. I saw huge rivers, mountains, lots of hayfields, desert-like terrain, lots of tunnels and smelly farms, and then the ferry to Vancouver Island. Through the years of traveling to Port Alberni, the trip down and back was always by chartered bus.

But when I was in junior and senior high, because we were dismissed a few weeks earlier, we returned home one year by railway train. I remember that only because of the 10-hour layover in Jasper. I chose to stay at the train station because I didn't want to miss the train heading back home. Most of the others took the chance to be tourists. We also did a ferry boat trip from Port Hardy. We were in what must have been the staff quarters, way down in the bottom of the ferry. It had lots of bunk beds in a large room. It was not a good experience listening to all the debris that hit the ferry. It was very loud.

In 2007, when we received or when I received the Common Experience Payment, I learned that my paternal grandparents and my father had attended an Indian residential school too. My father had never talked of attending any residential schools before that. I am a third-generation Indian residential school survivor. My paternal grandparents attended the Thomas Crosby Girls and the Thomas Crosby Boys

School in Port Simpson. I'm told by my father that my grandparents got married at that same school before heading home to the village of Laxgalts'ap.

My father attended Coqualeetza Institute in Chilliwack. He said he came down to the Lower Mainland by steamship. He said he stayed at the school for eight years before going back to the home in Laxgalts'ap. He remembered working in orchards and they taught him to be a carpenter. My father built homes and fishing boats when he returned to Laxgalts'ap. A couple of houses and a boat are still in the village of Laxgalts'ap.

My parents and grandparents tried to prepare us for our new experience in Alberni. We were told to listen to our teachers, supervisors because they were there to help us learn new things. While at the Indian residential school, I felt as if I was all alone. I could only imagine how my younger siblings might have felt so all alone as well. I know I felt abandoned and unloved. Socializing with my own siblings was discouraged while at the residential school. I could only gaze at my brother across an invisible line through the middle of a walkway between buildings, and just see them in the dining room. Marilyn and Dexter shared the same classroom for one year, so they could at least spend some time with each other during class hours.

In 1963, we were bussed to Port Alberni public schools. What had once been eight classrooms from two buildings are now being used as dorms, so we now have many more new children in Alberni Indian Residential School. One building with four dorms is for the mid-teen girls. The other building with four dorms is for the mid-teen boys.

Being so far from my home, my parents couldn't afford to pay for our holiday travel to Laxgalts'ap and back, so we stayed at the school. The United Church families from Vancouver Island and Lower Mainland opened their homes to us to spend Christmas and Easter with them. I remember staying at [a Penney's 1:30:13] home in Parksville, [Hoops's] home in Bamfield, and a [Potts] family in Courtenay for Easter. I stayed with the Scott family in Comox, [Scholey] family in Bamfield, and in the residential school for Christmas. If I hadn't experienced the different homes and watched how these families treated their children, I'm not sure that I would have been the same person today.

In 1967, the boarding school program was offered to junior and senior high students. Reverend Dave Hoops tried to convince me to accept a home to stay at, and I turned it down because I didn't want to leave my eight siblings. He asked what it would take for me to stay in a home. I think I tried to kiddingly say I'd stay with his family and no one else. He went back home to his family and asked what they would think, and they had agreed to allow me to stay with them.

It was one of the happy times for me. I got to see how a loving family, free of fights and substance abuse, was like. The Hoops let me take my siblings out for a day to celebrate birthdays or just [share me 1:31:52]. After staying with the Hoops's for a few years, the United Church had the family move to Victoria and they offered me the chance to move with them, and I turned it down. I still couldn't move from Port Alberni and my other eight siblings.

My second boarding family were [Alec and Patricia Thompson 1:32:17], and they were just as amazing. My roommate and I were like their children and we got thoroughly spoiled. I kept in touch with the Hoops and Thompson families, and I kept them in my life and my children knew them as their grandparents until they all passed away. The children that boarded out to local Port Alberni homes made room for even more younger children to be at the Alberni Indian Residential School.

While in the Alberni Indian Residential School's government system, I disliked my parents for giving me away. The system made me a stranger to my family and grandparents. Two months of the summer holidays we went home to our parents, who were BC Packer seasonal fish cannery workers. On weekends, when they were not working, they partied. We had no quality family time.

I became a stranger to my maternal grandparents, who I had been very close to before being sent to the residential school. Trying to talk to my grandmother and understand a language that I couldn't use anymore is awful. The residential school took my siblings, my parents, my grandparents away from me.

When the school closed, it took my dorm sisters away from me. We all come from different nations and locations in BC. It hurt to find out that my great-great-grandparents, my grandparents, and my parents didn't have a choice in their children being stolen from them or that they were threatened to do prison time if they did not allow their children to be taken away.

I understand the first settlers right from first contact took from Indigenous First Nations. They took land for the English monarchy. The government displaced villages if it got in the way of their planned cities. They stopped our families from providing their own food by hunting, outlawed our culture, cultural practices, and our history, and stole our children, our future. They clawed back on promised foods, shelter, medicines, and education.

The schools where we were sent to did not teach us how to survive as family, who our families were, how to be family, how to be parents. Our cultural practice [is over 1:35:30]. When they outlawed potlatches and feasts, they took away my family history. While at the Alberni Indian Residential School, I didn't know that some of the children and friends were relatives from other villages and nations.

I would like for the first responders and medical service industries, all services to be open-minded on dealing with Canadian Indigenous First Nations. It has taken generations for the government and churches to work to destroy our way of life. And for what? We are still here.

To make changes, I am one person, one family, one community. This is my truth. Help us fix the changes that is still happening today to our Indigenous First Nations. I joined the Kith and Kin program, and they helped me to discover more of my family tree, but it can only go back as far as the government's first census in late 1800s.

[speaking in Indigenous language]. I thank you all for listening to me.

Roslyn Goldner:

Thank you, Deborah. And I am actually grateful for the glitch because I think we should end our program with your words in our hearts and with your message in our minds and a commitment to work toward reconciliation and change. Thanks, everyone, for joining us today. It has been a very moving experience. I hope that we can all take these words and commit to put into action to meet our TRC commitments and to meet our commitments and our obligations to Indigenous people with whom we share this land. Thank you.