

Long Term Care Covid-19 Commission Mtg.

Meeting with OFIFC
on Friday, January 15, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 15th day of January, 2021,
9:00 a.m. to 9:55 a.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

1 PRESENTERS:

2

3 Jennifer Dockstader, President Ontario Federation
4 of Indigenous Friendship Centres (OFIFC), and
5 Executive Director of the Fort Erie Native
6 Friendship Centre

7

8 Sylvia Maracle, Executive Director Ontario
9 Federation of Indigenous Friendship Centres (OFIFC)

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11 Sean Longboat, Director of Programs Ontario
12 Federation of Indigenous Friendship Centres (OFIFC)

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14 Jennifer Jamieson, Senior Executive Assistant to
15 Sylvia Maracle Ontario Federation of Indigenous
16 Friendship Centres (OFIFC)

17

18 PARTICIPANTS:

19

20 Alison Drummond, Assistant Deputy Minister
21 Long-Term Care Commission Secretariat

22

23 Ida Bianchi, Senior Legal Counsel Long-Term Care
24 Commission Secretariat

25

1 Kate McGrann, Co-Lead Commission Counsel Long-Term
2 Care Commission Secretariat

3

4 Derek Lett, Policy Director Long-Term Care
5 Commission Secretariat

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7 Dawn Palin Rokosh, Director, Operations Long-Term
8 Care Commission Secretariat

9

10 Jessica Franklin, Policy Lead Long-Term Care
11 Commission Secretariat

12

13 Alain Daoust, Team Lead Long-Term Care Commission
14 Secretariat

15

16 Adriana Diaz Choconta, Senior Policy Analyst
17 Long-Term Care Commission Secretariat

18

19 Angeline Hawthorn, Senior Policy Analyst Long-Term
20 Care Commission Secretariat

21

22 Rose Bianchini, Senior Policy Analyst Long-Term
23 Care Commission Secretariat

24

25 Angela Walwyn, Senior Policy Analyst Long-Term Care

1 Commission Secretariat

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3 Jennifer King, Gowling WLG

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5 Michael Finley, Gowling WLG

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7 John Callaghan, Co-Lead Commission Counsel Gowling
8 WLG

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10 Lynn Mahoney, Counsel Gowling WLG

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13 ALSO PRESENT:

14

15 Janet Belma, Stenographer/Transcriptionist

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I N D E X

The following list of undertakings, advisements and refusals is meant as a guide only for the assistance of counsel and no other purpose

INDEX OF UNDERTAKINGS

The questions/requests undertaken are noted by U/T and appear on the following pages: 8, 43

INDEX OF ADVISEMENTS

The questions/requests taken under advisement are noted by U/A and appear on the following pages:
None

INDEX OF REFUSALS

The questions/requests refused are noted by R/F and appear on the following pages: None

1 -- Upon commencing at 9:00 a.m.

2 COMMISSIONER JACK KITTS: Well, good
3 morning everyone. I'm Jack Kitts. I'm one of the
4 Commissioners with Commissioner Marrocco. And my
5 colleague, Commissioner Angela Coke is with us.

6 Angela, do you want me to start? Or do
7 you want to start?

8 COMMISSIONER ANGELA COKE: Certainly.

9 COMMISSIONER JACK KITTS: Okay. Okay.
10 So Commissioner Marrocco usually does the
11 introductions, but I'll try and fill in for him
12 this morning.

13 Welcome. We truly appreciate you
14 taking the time to share your experiences during
15 this COVID crisis with us. What we're really here
16 to do is to hear directly from you what happened
17 during this crisis, you know. What were your
18 experiences and those of your friends and
19 colleagues? And then spend some time discussing
20 recommendations that you might offer us to help
21 prevent something like this in the future.

22 So basically, very simple, tell us --
23 tell us about your experiences, and then let's talk
24 about what you think could be done differently or
25 should be done differently in the future to try and

1 prevent such a -- such a disaster.

2 And Commissioner Coke and I are here.
3 You've heard that Commissioner Marrocco won't be
4 able to make it this morning, so we're ready if
5 you're all here and wish to start.

6 JENNIFER DOCKSTADER: Okay. Good
7 morning. Thank you for the invite, and we're very
8 happy to speak with you today. Before we begin, we
9 just, even though we're meeting in a virtual space,
10 we would like to acknowledge that this meeting is
11 taking place on the traditional territory of the
12 Mississaugas of the Credit First Nation
13 [indecipherable] Territory, and it is the ancestral
14 home of the Anishinabe, the Haudenosaunee, the
15 Ojibwe, the Chippewas, and the Huron Wyandot
16 Nations.

17 My name is Jennifer Dockstader, and I
18 am the President of the Ontario Federation of
19 Indigenous Friendship Centres.

20 COMMISSIONER JACK KITTS: Thank you.

21 JENNIFER DOCKSTADER: I'd also like to
22 introduce that with us, we have Sylvia Maracle who
23 is the Executive Director of the Ontario Federation
24 of Indigenous Friendship Centres, and Sean Longboat
25 who is a Director with the Ontario Federation of

1 Indigenous Friendship Centres. And helping us out
2 is Sylvia's assistant, Jennifer Jamieson.

3 COMMISSIONER JACK KITTS: Well, welcome
4 to all of you. And I should -- do you have a
5 presentation or slides that you're going to show,
6 or just you're going to speak from memory?

7 SYLVIA MARACLE: It -- we -- I'm sorry.

8 JENNIFER DOCKSTADER: Go ahead, Sylvia.

9 U/T

10 SYLVIA MARACLE: We actually -- we do
11 have some speaking notes we're going to speak, and
12 we thought we'd follow up with some -- with a
13 letter saying, here is the summary based on the
14 conversation and the way that it goes, so...

15 COMMISSIONER JACK KITTS: Okay. So the
16 way we've been running these is that if you -- if
17 you say something that we have a question about or
18 we have a question in -- during your speech, I hope
19 you won't mind if we interrupt and ask at the point
20 in time as opposed to going back and trying to
21 remember, if that's okay with you.

22 SYLVIA MARACLE: Yeah, that's -- I
23 think it's great.

24 COMMISSIONER JACK KITTS: Okay. Thank
25 you.

1 JENNIFER DOCKSTADER: So here in
2 Ontario, we actually are home to the largest
3 Indigenous population in Canada. And we actually
4 have Indigenous people throughout the Province, and
5 off Reserve, over 85% of our population does live
6 off Reserve.

7 Of that, 57% of our Urban Indigenous
8 population actually lives in cities and rural areas
9 and towns that are serviced by a friendship centre.

10 So with that, friendship centres are
11 culturally based community hubs and incredibly
12 dynamic, and we actually service our people as an
13 expression of our self-determination, our
14 responsibility toward one another, and we are based
15 on the principles of reciprocity toward one
16 another.

17 We do represent the most significant
18 off-reserve Indigenous service infrastructure in
19 Ontario, and we are dedicated to our people's
20 ability to participate and to be inclusively in
21 society, so that is both -- that is with First
22 Nation status and non-status, Métis, Inuit, and
23 other people who identify as Indigenous.

24 We do offer 25 different programs and
25 services in the areas of education, justice,

1 health, healing, family support, housing,
2 employment, and training, and we do have 29
3 friendship centres across the Province.

4 This allows us to adopt a model which
5 is a true wrap-around service approach that we --
6 that meets the wide spectrum of needs of the Urban
7 Indigenous people in community.

8 Today, we're going to be focusing on
9 our life-long care program, and that is a program
10 that we deliver that is a 20-year-old program that
11 is culturally based home and community care
12 services to our Urban Indigenous population. We
13 have 48 life-long care workers across 26 sites, and
14 these services that we offer include congregate
15 dining, home maintenance, caregiver support, adult
16 day service, medical transportation, friendly home
17 visiting, security checks, and Indigenous supports.

18 Because of our services, the elderly,
19 frail, physically disabled, and people living with
20 cognitive impairments and chronic illness are able
21 to participate in the social aspects of our local
22 communities. They also are able to live
23 independently for longer periods of time and enjoy
24 an improved quality of life. Our workers have
25 created that atmosphere of trust both with the

1 families and with our seniors as well as in the
2 broader community.

3 We do work collaboratively with
4 long-term care homes to address service gaps, and
5 we do build relationships and cultural awareness
6 with mainstream agencies and organizations as we
7 know this is a priority both provincially and
8 locally with long -- life-long care.

9 So the pandemic has been devastating to
10 our seniors, as we know, and it really has
11 highlighted the vulnerabilities of the long-term
12 care system for both the residents and the staff
13 and beyond.

14 The risk to Indigenous people in
15 long-term care have always been there, but the
16 pandemic has exacerbated these risks, and it's
17 dropped their needs as a priority to combat
18 overwhelming outbreaks. When in survival mode,
19 this might make sense, but it has created suffering
20 and undue burden on our most vulnerable.

21 Social isolation, lack of cultural
22 affirmation, and racism and discrimination were
23 some of the core issues Indigenous [indecipherable]
24 facing in long-term care prior to the pandemic. We
25 know there are not enough Indigenous

1 community-based long-term care homes, forcing many
2 Indigenous seniors to leave their communities when
3 they must receive long-term care.

4 In this instance, Indigenous people's
5 long-term care residency has led to a loss of the
6 traditional family mechanisms in which
7 intergenerational families live together and
8 elderly families were created for.

9 Friendship centres have seen Indigenous
10 Elders in long-term care especially those who only
11 speak Indigenous language who are completely cut
12 off from social contact with their families, with
13 the local Indigenous community, and with society
14 overall.

15 The long-term care program is
16 specifically mandated to provide supports to Urban
17 Indigenous people who are not living in long-term
18 care. The program aims to offer and coordinate
19 community-based supports that promote independence
20 and good quality of life for aging, chronically
21 ill, and physically disabled Urban Indigenous
22 people.

23 While a lot of long-term care program
24 workers continue to visit their clients after they
25 move into long-term care, it is not the norm due to

1 the parameters of the program. As such, when Urban
2 Indigenous community members move into long-term
3 care, they usually become disconnected from the
4 friendship centre community and Indigenous culture.

5 Because of the legacy of oppression,
6 violence, and racism toward Indigenous people
7 within the healthcare system, Indigenous people are
8 mistrustful and fearful of long-term care residency
9 and services.

10 The fundamental principles of the
11 Long-Term Care Act state that a home is primarily
12 the home of its residents and is to be operated so
13 that it is a place where they may live with dignity
14 and in security, safety, and comfort and have their
15 physical, psychological, social, spiritual, and
16 cultural needs adequately met.

17 For the majority of Indigenous
18 residents, this principle is not being met because
19 long-term care homes are largely not places that
20 affirm Indigenous identity, support Indigenous
21 cultural practices, or connect to the Indigenous
22 community. Yet the need for long-term care among
23 Indigenous people is increasing especially as a
24 result of COVID-19.

25 Friendship centres have reported the

1 following issues related to long-term care: The
2 physical, mental, and cognitive health of community
3 members are declining significantly as a result of
4 social distancing and isolation efforts to contain
5 the spread of COVID-19. We're seeing worsening
6 symptoms of dementia and increased falls among
7 Indigenous seniors in the programs who were
8 previously living mostly independently. They are
9 now requiring long-term care.

10 There are significant issues of
11 extensive wait times for long-term care,
12 placements, and insufficient hours allotted to
13 persons in need of home care.

14 So we have a few recommendations. Of
15 those, we really need to have a strategy specific
16 to the Urban Indigenous people and communities that
17 have been impacted by COVID-19 and beyond. We
18 recommend that the -- that Ontario develop and
19 implement jointly with Indigenous partners as well
20 as -- partners a well-funded Indigenous-specific
21 strategy to make all long-term care homes and
22 services culturally safe for Indigenous patients
23 and their families.

24 We recommend culturally safe training
25 for all staff and the development and

1 implementation of culturally safe policies and
2 procedures for all long-term care organizations and
3 homes; that we develop partnerships with Indigenous
4 communities and service providers to support the
5 transition into community care; deliver culturally
6 based programming such as access to ceremonies,
7 medicine, healers, and traditional foods; promote
8 social support and Indigenous community
9 development; additionally, to provide Indigenous
10 human resources such as registered nurse, personal
11 support workers, language translation, navigation,
12 board membership and so on.

13 And we should develop
14 Indigenous-specific information and resources about
15 dementia, palliative care, and end-of-life
16 practices. And we should establish and invest in
17 Urban Indigenous-specific long-term care and
18 alternative long-term care options for Indigenous
19 people.

20 While all should be done to make
21 long-term care homes safe and comfortable for
22 Indigenous residents, the Government of Ontario
23 should seek out alternative Indigenous housing
24 approaches to long-term care homes for the benefit
25 of Indigenous people, and we have several

1 successful models of this. They're called
2 multigenerational homes or facilities where seniors
3 live alongside younger generations in innovative
4 models that aligns with traditional Indigenous
5 values and community structures and acknowledge
6 traditional roles in seniors -- of seniors in the
7 community as teachers and caregivers of younger
8 generations and keep seniors engaged and fulfilled
9 in these and other roles.

10 The multigenerational housing models is
11 seeing some success in some friendship centre
12 communities. Notably, the Timmins Native
13 Friendship Centre has multigenerational housing
14 units adjacent to the friendship centre, and these
15 families are the recipients of friendship centre
16 supports and programming right next door to them.

17 Dryden Native Friendship Centre is
18 involved in a project to build seniors' housing on
19 the Urban Indigenous Homeward Bound property to
20 integrate young families and seniors. In Midland,
21 the Georgian Bay Native Friendship Centre is
22 currently in discussions with the Ontario
23 Aboriginal Housing Services and Senior Housing
24 Model in which four seniors live together with
25 shared common spaces to support independent living

1 and socialization.

2 In Ottawa and Quebec, there are
3 examples of ongoing seniors' housing projects that
4 involve building new, affordable, accessible
5 housing for seniors with access to land, laundry
6 facilities, and common areas to support social
7 activities.

8 Hamilton's Indigenous Seniors Residence
9 is a best practice. They have 26 permanent housing
10 units for seniors at risk of becoming homeless,
11 common areas, and supportive services. These are
12 all innovative ideas that demonstrate success in
13 offering appropriate community-based and culturally
14 relevant housing supports delivered with friendship
15 centre wrap-around service delivery approaches. If
16 properly resourced, these housing models could
17 provide supplementary support to long-term care
18 homes for Indigenous seniors.

19 Finally, the life-long care program is
20 also an alternative approach to long-term care for
21 Urban Indigenous people. Because of the program,
22 many Urban Indigenous people who are elderly and
23 frail or living with disability are able to live in
24 their homes independently and experience a good
25 quality of life that comes from being independent

1 and part of the friendship centre community.

2 For many Indigenous seniors, life-long
3 care support and connection to the community help
4 delay the requirement for more intensive home and
5 community-care services and provides support for
6 their independent living. The life-long care
7 program is able to connect direct service users to
8 community supports and resources that meet their
9 needs.

10 But at this time, they are unable to
11 connect broadly with long-term care homes on a
12 programmatic basis. More human resource staff and
13 support is needed for the life-long care program to
14 provide high-demand home care and personal support
15 services.

16 And we need to provide increased
17 support to the Urban Indigenous organizations so
18 that we can actually partner with long-term care
19 homes to support in residence. Communities and
20 organizations with pre-existing relationships
21 between long-term care homes and healthcare
22 partners would better -- were better able to
23 mobilize resources and support home experiences --
24 homes experiencing a COVID-19 outbreak. Forming
25 relationships with Urban Indigenous organizations

1 will allow for the mobilisation of a network of
2 support for Indigenous residents.

3 To close things off, through decades of
4 experience, we can say conclusively that building
5 productive relationships with Indigenous
6 partnerships -- partners is foundational to
7 addressing Indigenous health and safety in
8 long-term care homes in pandemic and when
9 conditions are optimal.

10 The long-term care homes require a
11 systems change, and for the Indigenous community,
12 it is time to be bold in revisioning how long-term
13 care and alternatives to long-term care could be
14 implemented with incorporation of Indigenous health
15 and healing approaches.

16 Urban Indigenous people, especially
17 Indigenous seniors, are a growing and dynamic
18 population with unique needs, and everyone is
19 needed to carry out their roles and
20 responsibilities to improve Indigenous health
21 outcomes.

22 This pandemic has placed pressure on
23 the vulnerable corners of society, but it has
24 provided the opportunity to work collaboratively to
25 correct and strengthen them. With Indigenous

1 partners, we all work to strengthen the long-term
2 care system. And thank you for listening.

3 COMMISSIONER JACK KITTS: Thank you
4 very much. I just want to introduce Commissioner
5 Marrocco who has joined us and fixed his Internet
6 difficulties, so welcome, Mr. Marrocco.

7 COMMISSIONER FRANK MARROCCO (CHAIR):
8 Well, thanks. I apologize. My wars with Rogers
9 and I -- and I regret being late, but fortunately,
10 there's a transcript.

11 SYLVIA MARACLE: Yeah.

12 COMMISSIONER JACK KITTS: So we've
13 heard from Ms. Dockstader, her concerns, you know,
14 how the system works, how the system isn't working,
15 and some things that we might be able to help with
16 fixing that.

17 Did -- Ms. Maracle or, Mr. Longboat,
18 did you want to say a few words before we get into
19 discussion?

20 SYLVIA MARACLE: I did. I just want to
21 put the sharp edge of COVID-19 on it. So
22 historically, obviously, we set out for you that we
23 have problems in terms of providing supports to
24 aging populations and people who are vulnerable who
25 have chronic illnesses.

1 So when COVID-19 has come along, people
2 who are already suspicious of health systems and
3 particular -- and very few communities have good
4 relationships with Public Health units, and so as
5 we moved into the pandemic, we're being asked to,
6 sort of, trust and believe in people who never had
7 a relationship with us before.

8 And then you can appreciate as well
9 that, in fact, as the Justice has experienced, a
10 lot of our people who are elderly have not had
11 access -- have not had a requirement to use
12 technology, and all of a sudden, they're isolated,
13 right, in a home, but they're literally isolated.
14 They don't -- and so one of the things -- one of
15 the, sort of, important roles was to have our
16 workers in a -- you know, in a social-distancing
17 way try to figure out how to help them and how to
18 communicate. And some of that meant technology,
19 not something that, historically, government has
20 been interested in doing, but I think absolutely
21 critical in this time, and certainly, you know,
22 issues with food security.

23 And friendship centres have talked
24 about two, three, four times pressures on them to
25 actually deliver food to seniors who are isolated

1 at house, and then as President Dockstader has
2 said, really stepped up to the plate to make sure
3 that isolation didn't mean total isolation so that,
4 you know, workers were creative. They come and,
5 you know, talk to you through, you know, your front
6 door in a -- in a way, trying -- trying to make
7 sure, you know, simple things: Somebody has to
8 pick up prescriptions.

9 And in some of these communities, you
10 know, you have to remember, we're talking about --
11 we're talking about Geraldton and Sioux Lookout as
12 well as Toronto and Ottawa and London, right? So
13 we're talking about very large infrastructures with
14 large Indigenous populations. And we're also
15 talking about very remote and isolated.

16 And so the friendship centre found
17 itself driving three and three-and-a-half hours
18 from Geraldton to Thunder Bay to be able to pick up
19 things and do things to help people during COVID-19
20 and particularly helping seniors.

21 You know that there were not -- you
22 know, I mean, there were shelves that were empty in
23 local stores, right? And so I think -- so I think
24 that friendship centre workers, in particular, the
25 life-long care workers have been incredibly

1 creative about making sure lots and lots of
2 conversation from our community, you know,
3 ceremony, traditional ceremonies, not just healing
4 ceremonies, but ceremonies that provide, sort of,
5 comfort for your mind and emotionally and, of
6 course, crossing-over ceremonies at the end, all of
7 that, of course, eradicated in COVID-19, and that
8 kind of trauma, that kind of experience carries on.
9 And I'm sure it carries on for everybody, right,
10 when we cannot say good-bye.

11 So I -- so moving forward, I know that
12 our Elders and traditional people who are
13 involved -- and -- and the other thing for us is
14 that, you know, when people have had to come out of
15 First Nations communities, remote and isolated
16 communities, the only one who can be checking up on
17 their people in town is usually the friendship
18 centre, so we've kind of taken on this bigger issue
19 as well.

20 So our COVID-19, I think in some
21 respects, has -- has a -- will have longer-lasting,
22 profound mental and emotional impacts on the
23 community, and I think, as a society, we'll all --
24 we'll all grieve our loss. But as I said, for us,
25 there are extra steps, and as I watch the news and

1 talk to other people, I understand other
2 communities are dealing with it as well.

3 The other thing is we're not big on
4 institutionalising our people, so very, very large
5 long-term care homes are generally not attractive
6 to our community. And so when it has to occur,
7 because there are no other options, and so you've
8 heard that we have alternative housing, which isn't
9 covered, for instance, by the Long-Term Care Act
10 because they're kind of seniors residences or
11 Elders or you've heard some of the creative ways
12 that we approach housing.

13 And because they're outside of the Act,
14 they don't get the kind of attention and support
15 that they should because they're a group of
16 Indigenous seniors who probably have multiple
17 risks, and so COVID-19, as I said, has had us to
18 have to ramp up how creative we are about providing
19 the services right down to food because it's not an
20 institutional setting, whether for-profit or non.

21 It -- you know, the meals are coming
22 from the friendship centre, and that means, again,
23 safe ways of trying to do all that which is -- as
24 opposed to them coming to an environment at the
25 centre where they might have historically had their

1 meal or meals, so those are some of the -- as I
2 said, the, sort of, sharp edge of COVID-19 for us.

3 COMMISSIONER JACK KITTS: Thank you.

4 Mr. Longboat, did you have anything to
5 add?

6 SEAN LONGBOAT: Yeah, so as President
7 Dockstader and Sylvia noted, the preference of
8 Indigenous people overwhelmingly is to age at home,
9 to age in the community, to not be
10 institutionalised wherever possible. And we know
11 that a small percentage of those accessing the
12 life-long care program actually reside in long-term
13 care facilities. There are some regional
14 variations of course, but province-wide, less than
15 3% of those accessing the program actually reside
16 in long-term care facilities.

17 So there are some limitations in our
18 data about, you know, the experience of Indigenous
19 people in long-term care homes, but we do know,
20 based on some of the narratives and stories coming
21 from communities that, as a result of being
22 isolated and being disconnected from community, the
23 experience that Indigenous people have in long-term
24 care homes has resulted in, you know, worsening
25 symptoms of depression, increased instances of

1 experiencing racism within those facilities, and an
2 overall disconnection from community.

3 So, you know, this was an issue prior
4 to COVID, but it has really worsened as a result of
5 the pandemic. And as Sylvia mentioned, we do have
6 limited access to the long-term care homes as a
7 result of COVID, but in many instances, we have
8 been relatively successful through partnerships
9 providing residents with technology supports so
10 that, at least in a virtual setting, those living
11 in long-term care homes can remain connected in
12 some way both with family and with the broader
13 community.

14 And that's been a success from the
15 perspective of, you know, maintaining that
16 connection, although there is a limitation in that,
17 of course, you know, the physical connection is
18 lost through the pandemic. And so by and large,
19 the impact for us as a community is -- you know,
20 the pandemic has resulted in, you know, that
21 breakdown of connection both, you know, in a
22 program model, but in a broader community as well.

23 COMMISSIONER JACK KITTS: Thank you.

24 So, President Dockstader, you mentioned
25 at the beginning that there are 29 friendship

1 centres across the Province. You named a few,
2 Timmins and Midland. And your focus is on life --
3 a life-long care program. Now, to me, it appears
4 that the hub or the liaison for the community for
5 the Indigenous people is the friendship centre.

6 Could you give us a little more
7 description of what's a typical day in a friendship
8 centre, who's there and what does everybody do? I
9 know you serve meals, but there's other things, I'm
10 sure.

11 JENNIFER DOCKSTADER: Well, friendship
12 centres actually are incredibly dynamic, so it's
13 based on what the community need is. So a lot of
14 friendship centres, of course, you report to work,
15 and you start your day. And the first thing that
16 we do is we collaborate amongst programmists --
17 programs. So while we're highlighting the
18 life-long care program whose mandate includes our
19 senior population as well as our chronically ill
20 and disabled, they're going to be having
21 conversations with our cultural coordinator, for
22 example, as to what, sort of, programming is needed
23 and wanted and desired by our senior population who
24 will be set to come in.

25 And so we have to plan the menu for the

1 congregate setting. We have to plan the
2 activities. We have to coordinate across multiple
3 programs. We've got health programs that we'll
4 bring in, maybe gentle exercise that will be
5 brought in and through collaboration, and then
6 cultural activities.

7 A lot of the seniors will also sit down
8 maybe to help us to prepare for a larger feast for
9 some, sort of, cultural event that we'll do for the
10 broader community. You know, again, depending on
11 time of year and the cultural needs of the
12 friendship centre community, they may actually be
13 collaborating with young children as well.

14 All of that, of course, has come to a
15 stop during the pandemic. What it looks like right
16 now is friendship centres combining to answer the
17 phone, make phone calls, create virtual
18 opportunities of connection, do socially-distant
19 visits, dropping off food and medication to a
20 vulnerable community. And it is not unusual in a
21 friendship centre to receive phone calls all day
22 long from seniors who just want to talk.

23 And so then the staff are on the phone
24 with seniors across community. They'll have an
25 excuse for calling, and it's -- you know, my faucet

1 is dripping. Do you have some idea of where -- but
2 really, that's not why they're calling. They're
3 calling to have that conversation because they're
4 feeling lonely, and they're isolated.

5 In the long-term care homes, this is
6 even worse. So, you know, our long-term care staff
7 as well as our friendship centre staff going out to
8 long-term care homes, finding out where people are
9 living to look in windows and sometimes to gather
10 in circular formation, small groups outside of
11 windows and do some drumming.

12 Smudging is not an option. Medicines
13 have never really been an option, but what we're
14 trying to do is lay eyes on people. What we're
15 trying to do is actually connect because when --
16 tragically when we have not and when we've -- when
17 we've missed those phone calls or we've missed
18 those opportunities, that's when we find out two
19 days later that somebody has passed.

20 And, of course, there's no connection
21 back to us, and mostly, we've got to keep a very
22 vulnerable population safe while at the same time
23 keeping them connected.

24 So and when we're talking about
25 increased risk of increased falls, you know, that's

1 the thing; we can't divorce the mental, the
2 emotional, the spiritual, and the physical from the
3 human being. And so when there's a lack in one of
4 those areas, it manifests most acutely in our
5 seniors in physical form whether that be dementia,
6 or whether that be falls, or whether that be some,
7 sort of, injury. So the challenges abound. Does
8 that answer your question?

9 COMMISSIONER JACK KITTS: Yes, very,
10 very, very well. Thank you.

11 I have one more question, and it's part
12 of your recommendations. You talked about
13 multigenerational homes and some successes in
14 Timmins and Midland and perhaps -- can you tell --
15 is a multigenerational home alternative to
16 long-term care, or is it home and community care?
17 And tell me a bit about -- tell us a bit about how
18 they were -- how they achieved success.

19 SYLVIA MARACLE: So if I can take that
20 one on, Commissioner. So the Timmins model was --
21 we have -- we have a number of people who end up
22 being forced to be in urban areas because they
23 require care, dialysis, right? The only
24 First Nation in the Province who can -- who has
25 dialysis in their community is Six Nations of the

1 Grand River. So, you know, it's a chronic
2 situation. You don't necessarily need to be
3 hospitalized, but you need to be near the facility
4 as an example.

5 So in the -- and so the original notion
6 was to establish 12 and then 16 homes that were
7 safe, affordable, new, physically close to the
8 friendship centre. People had chronic health
9 problems, and they were grandmothers who were
10 moving in.

11 At the same time that that was
12 occurring, child-and-family-service issues were
13 coming up for their grandchildren, and
14 grandchildren were moving in. So we had to, sort
15 of, change the kind of approach, and so you have --
16 in that case, you have grandmothers who are -- who
17 have agreements with CAS to care for their children
18 usually in a customary-care model.

19 You know, there are problems with it
20 because, of course, in Ontario, the Legislation
21 does not, sort of, let us -- we can do kinship
22 care, but we don't pay them. We'd rather pay
23 non-Indigenous people, I guess, to warehouse our
24 kids, and -- but there's a model, for instance.

25 There's also a model -- the model

1 that's emerging in Midland is multiple generations
2 of families that mom of children need some help.
3 She's not a perfect parent, but, you know, maybe 25
4 days of the month she is, and again, moving,
5 moving, you know, the grandparents in if they are
6 both -- or Indigenous women still out -- you know,
7 still survive if more -- many more years than
8 Indigenous men who have a shorter life expectancy.
9 Then we create a family unit where the children
10 don't have to be disturbed, and there's not a
11 problem.

12 So I think -- so there are some
13 emerging models. The model in Hamilton is really
14 around, you know, having safe, affordable housing
15 with some common areas for people to interact with,
16 and it's not quite multi, but it is -- I think it's
17 a model. I think it's consistent with our
18 traditional model.

19 First off, Jennifer and I and Sean, all
20 of us, happen to come from Iroquoian (phonetic)
21 Nations, and we lived in long houses, so every --
22 your whole family was right there. All be that a
23 long time ago, I think, in some respects, our blood
24 memory remembers these things, and, you know, we're
25 not a community where it's ideal for us to send our

1 parents and grandparents off to a facility that's
2 not very home-like a lot if there are no options,
3 and I certainly have had personal experience with
4 that.

5 So but, you know, the thing that's
6 happening about this, sort of, family notion that
7 Jennifer raised is we're telling -- we're talking
8 to you about long-term care, our program, life-long
9 care because it is about the vulnerable, and it is
10 about people who have been very impacted on -- by
11 COVID-19 because of, sort of, preconditions.

12 We continue as an Indigenous population
13 to have high smoking rates known by the economic
14 activity called, you know, smoke shops on our
15 reserves where you go get cheap gas, cheap
16 cigarettes, and now, of course, marihuana. And so
17 that leads, as you appreciate, since you're a
18 doctor, I'm guessing a medical doctor, of
19 preconditions that COVID's certainly going to
20 attach itself to a lot quicker. So there are --
21 there are some kind of nuances.

22 We do other things in friendship
23 centres. We're telling you about, sort of, what --
24 you know, we do COVID -- I mean, we have childcare
25 centres. We have early-on centres. We have

1 alternative secondary schools in 11 of the centres
2 for kids who have been pushed out of mainstream
3 high school. We have court support services. We
4 have mental health.

5 We -- now, we don't have a hundred
6 percent coverage of every program in every centre,
7 but it really is a notion of a community hub. And
8 a lot of those programs, you know, ending violence
9 programs because, of course, we've seen increases
10 in domestic violence and in child abuse, the, sort
11 of, disciplining of them in COVID. So there's a
12 lot of other things that's going on that are COVID
13 responses.

14 But part of our conversation, because
15 your notion, you know, very much in your mandate
16 was the Long-Term Care Act and its facility, so we
17 wanted to attempt to focus on that, but there are
18 lots of other areas in COVID-19 that -- where we
19 have interaction.

20 COMMISSIONER JACK KITTS: Thank you.

21 SYLVIA MARACLE: You know, we have an
22 increase in survival crimes, and so when people
23 are -- you know, people are stealing food or worse
24 yet, you know, diapers or formula, not the formulas
25 and food, I suppose, to a baby, but, you know,

1 those -- it doesn't matter who in society needs to
2 do that. It -- we all should say this should not
3 happen.

4 And so having them go to jail where
5 it's not safe in COVID-19 either, or, sort of,
6 delaying it, so there's all kinds of work that goes
7 on in the centre that has had to change as a result
8 of COVID-19. We're just -- we're emphasizing the
9 mandate with respect to the --

10 COMMISSIONER JACK KITTS: Yeah.

11 SYLVIA MARACLE: -- to generally what
12 the Ministry looked like they asked you to do as a
13 commission, so...

14 COMMISSIONER JACK KITTS: Well, then
15 I'll take us back to your recommendations again,
16 President Dockstader. You talked about the need
17 for a well-funded strategy to make long-term care
18 homes safe and culturally appropriate. And you
19 read the promise of the fundamental principle and
20 how it's not being -- it's not being achieved in
21 many homes in general but specifically,
22 particularly, for the Indigenous people.

23 Would the -- would the friendship
24 centre be, as you say, the hub of a community where
25 discussions between long-term care, the Government,

1 and the Indigenous people, would the friendship
2 centres be that representative for the Indigenous
3 people in the various local areas?

4 JENNIFER DOCKSTADER: From a functional
5 point of view to actually be able to speak on
6 behalf of what our community members in long-term
7 care are facing and their experiences, absolutely
8 because we're actually talking to the people.
9 We're working with the people. And we -- so many
10 of us who work in friendship centres actually are
11 dealing with this -- with these issues ourselves.

12 You know, before -- just before you
13 came on, Sylvia and I were talking, and I timed my
14 mother moving in. She was in a seniors' facility
15 and I moved her into my home knowing that a
16 senior's facility was particularly vulnerable, and
17 the Government actually recommended where that was
18 possible that that happen. I took it up on that.

19 So in my own home, I'm a
20 multigenerational home. My son who's an adult has
21 moved home. You know, again, and we combine our
22 efforts to care for my senior mother who has a
23 number of underlying conditions.

24 Does that make me qualified, then,
25 to -- as a person who works at a friendship centre

1 to be able to speak to the issues? Absolutely.

2 Last week, I had a relative who died of
3 COVID-19 in a long-term care facility. She
4 contracted it in the long-term care facility.
5 Again -- and I'm not the only one. That's just it.

6 The -- what we're able to represent is
7 what's actually happening on the ground, what's
8 actually happening to the people in a way that is
9 honest and, really, the need to address the
10 systemic issues.

11 I cannot tell you how often I've walked
12 into long-term care homes that smell abysmal; where
13 when I talk about a cultural practice, I look --
14 I'm looked at like I have five heads.

15 So when's the last time that that
16 person has actually eaten their traditional food,
17 seen a face that looks like theirs, or been able to
18 practice? You know, even singing in their room,
19 which may be important to their well-being, we've
20 got to shush because a room is being shared three
21 or four people to a room.

22 This was ripe to happen, and quite
23 honestly, we've got to look at this differently and
24 approach it differently to prevent it from
25 happening in the future. This isn't healthy for

1 people what's happening currently.

2 COMMISSIONER JACK KITTS: Thank you.
3 Any questions? Commissioner Coke.

4 COMMISSIONER ANGELA COKE: I'm just
5 wondering if you have any successful partnerships
6 with long-term care homes in terms of, you know,
7 providing some culturally sensitive training to
8 staff there.

9 SYLVIA MARACLE: We do a lot of
10 Indigenous cultural competency training for a
11 variety of groups, but I cannot say that any
12 long-term care facility has asked us. Hospitals
13 ask us, board of educations ask us, non-Indigenous
14 service providers in the community, but I don't
15 recall one long-term care home, you know, in
16 London, who has a bunch of seniors, for instance,
17 from Oneida ever asking us to do cultural
18 competency training. So I think the answer to that
19 is a resounding no.

20 You know, it's a real issue sometimes,
21 Commissioner, getting -- like, getting the service.
22 Sean spoke about it. You know, they don't -- they
23 don't really want us in there doing things, right?
24 They have their control, so even -- you know,
25 things like friendly visiting is sometimes

1 difficult with those -- with the facilities, so...

2 COMMISSIONER ANGELA COKE: And I'm just
3 wondering if you can speak to, as well, the
4 experience of any health service professionals who
5 are in long-term care who are Indigenous. Do you
6 have any insight into their experience?

7 SYLVIA MARACLE: Yes, we do. There is
8 a -- there is another group who may be coming to
9 see you, which is the -- which is the Indigenous
10 Primary Care and Community Health Centres Group,
11 and that's where you're going to get the doctors
12 that exist, and nurses.

13 There are, you know, some Indigenous
14 locums into Northern communities, small
15 communities, that, you know, don't have a doctor or
16 need someone who comes in. And there is an
17 Indigenous Physicians Association nationally but
18 certainly, Ontario-wise.

19 So do we talk to them and interact with
20 them? Yes, and, you know, they're -- I mean, we're
21 having these COVID-19 vaccine conversations. We
22 were having the planning conversations. Now we're
23 having vaccine planning conversations.

24 And, you know, the system makes things
25 seem so large you can't do it, and we have a

1 residence here in Toronto called Wigwamen Terrace
2 that is for seniors. There are about 150
3 residences, and all of a sudden, they got -- you
4 know, they said, well, you know, it's the whole
5 notion of, you know, the people who have -- who are
6 actually going to do physically the inoculation.

7 You know, we were all at a meeting, and
8 I don't know if you seen it in the press the last
9 couple of days, but all of a sudden, eight
10 Indigenous, you know, nurses and doctors showed up,
11 and they did the whole place, in, you know, two
12 hours. Like, it's done. Like, it's not
13 insurmountable.

14 So we do have professionals who have
15 experience, but if we don't ever put the call out
16 or ask -- and I think that's one of the things that
17 Dr. -- sorry -- Kitts asked, which is, can
18 friendship centres do that? And the answer is yes.
19 Friendships centres could get the groups of people
20 together that you need, (a) to have the
21 conversations.

22 And for instance, Jennifer's centre,
23 the Native Women's Association, the Housing
24 Corporation, and the Friendship Centre and their
25 childcare and Head Start, they already have

1 agreements with each other to work together. So
2 they sit down and do social planning and, sort of,
3 critical response issues all the time together. So
4 it's possible to use friendship centres to get the
5 group together that you need to talk about it.

6 And certainly, we're -- as an
7 organization, we're happy to identify some of the
8 places you can go to if you want direct
9 conversations with people.

10 There's a Well Living House in Toronto,
11 Dr. Janet Smylie, who's been doing a lot of very
12 grassrootsy COVID work lately in the city here in
13 Toronto, would have some experiences and other
14 groups like that, so...

15 COMMISSIONER ANGELA COKE: Thank you.

16 COMMISSIONER JACK KITTS: Okay.

17 SEAN LONGBOAT: If I could just add,
18 Sylvia, on the question, one of the other things
19 that friendship centres do is support the
20 development of an Urban Indigenous labour force.
21 We have an employment and training program in
22 friendship centres, and we know that we're
23 increasingly training personal support workers,
24 nurses, and other medical professionals; and
25 certainly, they work in long-term care facilities,

1 but they're few and far between, and often times,
2 they become tokenised. They become the only
3 Indigenous person working in a long-term care
4 facility, and they're relied upon to, sort of,
5 build cultural awareness and competency within the
6 facility. But that's not -- that's not a system's
7 change, right? It's a Band-Aid solution, and
8 really, I think what we're talking about is
9 system's change and the strategy that goes beyond,
10 you know, having basic level of training or having,
11 sort of, an in-house Indigenous person that, sort
12 of, leads the work.

13 It's really about system's change, and
14 I think it goes beyond those pieces that I
15 mentioned, and it requires -- it requires
16 resourcing, right?

17 And Jennifer spoke about
18 Indigenous-specific long-term care facilities. I
19 think that's a vision, and that, sort of -- and
20 that would require significant investment, but
21 there are things you can do, sort of, in the short
22 term with existing resources to make meaningful
23 change. And friendship centres are part of that
24 solution. And sometimes, it just requires reaching
25 out and asking, but as Sylvia mentioned, there

1 haven't been a lot of instances, unfortunately,
2 where the sector is reaching out to the OFIFC or to
3 friendship centres, so there's some low-hanging
4 fruit. There are some, you know, change that can
5 be done over the long term, but it needs to start
6 with, sort of, building some competency and
7 creating safer environments, and it's been slow to
8 move within the sector.

9 COMMISSIONER JACK KITTS: Thank you. I
10 don't think the Commissioners have any more
11 questions. This has been extremely helpful to
12 me -- and I'm sure I speak for my fellow
13 Commissioners -- in understanding the role that
14 friendship centres play in the Indigenous
15 community, the important role they play and how
16 COVID-19 has impacted them which impacts the whole
17 community, and the need for a stronger relationship
18 and presence of the Indigenous people at the table
19 looking at how to improve long-term care.

20 U/T President Dockstader, you began by
21 saying that you would send us a -- your notes with
22 your recommendations. I wrote a lot down, but I
23 didn't quite get them all.

24 And I think, Mr. Longboat, you've
25 summed it up well saying this is -- this is a

1 system issue and that it's time to get the parts of
2 the system together to try and work as a system to
3 bring better care should another pandemic come
4 along.

5 So we've got -- we've got the notes.
6 We've learned a lot, and I want to thank you, and
7 have a good day.

8 SEAN LONGBOAT: Thank you.

9 JENNIFER DOCKSTADER: Thank you for
10 your time.

11 COMMISSIONER ANGELA COKE: Thank you
12 very much.

13 -- Adjourned at 9:55 a.m.

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1 REPORTER'S CERTIFICATE

2
3 I, JANET BELMA, CSR, Certified
4 Shorthand Reporter, certify:

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth;

9
10 That all remarks made at the time
11 were recorded stenographically by me and were
12 thereafter transcribed;

13
14 That the foregoing is a true and
15 correct transcript of my shorthand notes so taken.

16
17
18 Dated this 18th day of January, 2021.

19
20 *Janet Belma*

21
22 _____
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25 CHARTERED SHORTHAND REPORTER

WORD INDEX

< 1 >

11 34:1
12 31:6
150 40:2
15th 1:17
16 31:6
18th 45:18

< 2 >

2021 1:17 45:18
20-year-old
10:10
25 9:24 32:3
26 10:13 17:9
29 10:2 26:25

< 3 >

3 25:15

< 4 >

43 5:12
48 10:13

< 5 >

57 9:7

< 8 >

8 5:12
85 9:5

< 9 >

9:00 1:18 6:1
9:55 1:18 44:13

< A >

a.m 1:18 6:1
44:13
ability 9:20
Aboriginal 16:23
abound 30:7
absolutely
21:20 36:7 37:1
abuse 34:10
abysmal 37:12
access 15:6
17:5 21:11 26:6
accessible 17:4
accessing
25:11, 15
achieved 30:18
35:20
acknowledge
7:10 16:5

Act 13:11 24:9,
13 34:16
activities 17:7
28:2, 6
activity 33:14
acutely 30:4
add 25:5 41:17
additionally 15:9
address 11:4
37:9
addressing 19:7
adequately
13:16
adjacent 16:14
Adjourned 44:13
adopt 10:4
Adriana 3:16
adult 10:15
36:20
advisement 5:17
advisements
5:4, 15
affirm 13:20
affirmation
11:22
affordable 17:4
31:7 32:14
after 12:24
age 25:8, 9
agencies 11:6
aging 12:20
20:24
ago 32:23
agreements
31:17 41:1
ahead 8:8
aims 12:18
Alain 3:13
aligns 16:4
Alison 2:20
allotted 14:12
allow 19:1
allows 10:4
alongside 16:3
alternative
15:18, 23 17:20
24:8 30:15 34:1
alternatives
19:13
Analyst 3:16, 19,
22, 25
ancestral 7:13
Angela 1:24
3:25 6:5, 6, 8

38:4 39:2
41:15 44:11
Angeline 3:19
Anishinabe 7:14
apologize 20:8
appear 5:12, 18,
25
appears 27:3
appreciate 6:13
21:8 33:17
approach 10:5
17:20 24:12
31:15 37:24
approaches
15:24 17:15
19:15
appropriate
17:13 35:18
areas 9:8, 25
17:6, 11 30:4,
22 32:15 34:18
36:3
asked 21:5
35:12 38:12
40:17
asking 38:17
42:25
aspects 10:21
assistance 5:6
Assistant 2:14,
20 8:2
Association
39:17 40:23
atmosphere
10:25
attach 33:20
attempt 34:17
attending 1:16
attention 24:14
attractive 24:5
awareness 11:5
42:5

< B >

baby 34:25
back 8:20
29:21 35:15
Band-Aid 42:7
based 8:13
9:11, 14 10:11
15:6 25:20
27:13
basic 42:10
basically 6:22
basis 18:12

Bay 16:21
22:18
becoming 17:10
began 43:20
beginning 26:25
behalf 36:6
believe 21:6
Belma 4:15
45:3, 24
benefit 15:24
best 17:9
better 18:22
44:3
Bianchi 2:23
Bianchini 3:22
big 24:3
bigger 23:18
bit 30:17
blood 32:23
board 15:12
38:13
bold 19:12
Bound 16:19
breakdown
26:21
bring 28:4 44:3
broader 11:2
26:12, 22 28:10
broadly 18:11
brought 28:5
build 11:5
16:18 42:5
building 17:4
19:4 43:6
bunch 38:16
burden 11:20

< C >

call 40:15
Callaghan 4:7
called 16:1
33:14 40:1
calling 28:25
29:2, 3
calls 28:17, 21
29:17
Canada 9:3
CARE 1:9 2:21,
23 3:2, 4, 8, 10,
13, 17, 20, 23, 25
10:9, 11, 13
11:4, 8, 12, 15,
24 12:1, 3, 5, 10,
15, 18, 23, 25
13:3, 8, 11, 19,
22 14:1, 9, 11,
13, 21 15:2, 5,
15, 17, 18, 21, 24
17:17, 19, 20
18:3, 6, 11, 13,
14, 18, 21 19:8,
10, 13 20:2
22:25 24:5, 9
25:12, 13, 16, 19,
24 26:6, 11
27:3, 18 29:5, 6,
8 30:16, 23
31:17, 22 33:8,
9 34:16 35:17,
25 36:7, 22
37:3, 4, 12 38:6,
12, 15 39:5, 10
41:25 42:3, 18
43:19 44:3
caregiver 10:15
caregivers 16:7
carries 23:8, 9
carry 19:19
CAS 31:17
case 31:16
Centre 2:6 9:9
13:4 16:11, 13,
14, 15, 17, 21
17:15 18:1
22:16, 24 23:18
24:22, 25 27:5,
8 28:12, 21
29:7 31:8 34:6
35:7, 24 36:25
40:22, 24
Centres 2:4, 9,
12, 16 7:19, 24
8:1 9:10 10:3
12:9 13:25
21:23 27:1, 12,
14 28:16 33:23,
25 34:1 36:2,
10 39:10 40:18,
19 41:4, 19, 22
42:23 43:3, 14
ceremonies
15:6 23:3, 4, 6
ceremony 23:3
Certainly 6:8
21:21 33:3, 19
39:18 41:6, 25
CERTIFICATE
45:1
Certified 45:3

<p>certify 45:4 CHAIR 20:7 challenges 30:7 change 19:11 31:15 35:7 42:7, 9, 13, 23 43:4 CHARTERED 45:25 cheap 33:15 checking 23:16 checks 10:17 child 34:10 child-and-family- service 31:12 childcare 33:24 40:25 children 28:13 31:17 32:2, 9 Chippewas 7:15 Choconta 3:16 chronic 10:20 20:25 31:1, 8 chronically 12:20 27:19 cigarettes 33:16 circular 29:10 cities 9:8 city 41:12 clients 12:24 close 19:3 31:7 cognitive 10:20 14:2 Coke 1:24 6:5, 8 7:2 38:3, 4 39:2 41:15 44:11 Co-Lead 3:1 4:7 collaborate 27:16 collaborating 28:13 collaboration 28:5 collaboratively 11:3 19:24 colleague 6:5 colleagues 6:19 combat 11:17 combine 36:21 combining 28:16 come 21:1 22:4 23:14</p>	<p>27:24 28:14 32:20 44:3 comes 17:25 39:16 comfort 13:14 23:5 comfortable 15:21 coming 24:21, 24 25:20 31:13 39:8 commencing 6:1 COMMISSION 1:9 2:21, 24 3:1, 2, 5, 8, 11, 13, 17, 20, 23 4:1, 7 35:13 Commissioner 1:23, 24, 25 6:2, 4, 5, 8, 9, 10 7:2, 3, 20 8:3, 15, 24 20:3, 4, 7, 12 25:3 26:23 30:9, 20 34:20 35:10, 14 38:2, 3, 4, 21 39:2 41:15, 16 43:9 44:11 Commissioners 6:4 43:10, 13 common 16:25 17:6, 11 32:15 communicate 21:18 communities 10:22 12:2 14:16 15:4 16:12 18:19 21:3 22:9 23:15, 16 24:2 25:21 39:14, 15 community 9:11 10:7, 11 11:2 12:13 13:2, 4, 22 14:2 15:5, 8 16:5, 7 18:1, 3, 8 19:11 23:2, 23 24:6 25:9, 22 26:2, 13, 19, 22 27:4, 13 28:10, 12, 20, 24 30:16, 25 32:25 34:7 35:24 36:6</p>	<p>38:14 39:10 43:15, 17 community- based 12:1, 19 17:13 community-care 18:5 COMPANY 45:23 competency 38:10, 18 42:5 43:6 completely 12:11 concerns 20:13 conclusively 19:4 conditions 19:9 36:23 congregate 10:14 28:1 connect 13:21 18:7, 11 29:15 connected 26:11 29:23 connection 18:3 26:16, 17, 21 28:18 29:20 consistent 32:17 contact 12:12 contain 14:4 continue 12:24 33:12 contracted 37:4 control 38:24 conversation 8:14 23:2 29:3 34:14 conversations 27:21 39:21, 22, 23 40:21 41:9 coordinate 12:18 28:2 coordinator 27:21 core 11:23 corners 19:23 Corporation 40:24 correct 19:25 45:15 Counsel 2:23 3:1 4:7, 10 5:6 couple 40:9</p>	<p>course 23:6, 7 25:14 26:17 27:14 28:14 29:20 31:20 33:16 34:9 court 34:3 coverage 34:6 covered 24:9 COVID 6:15 26:4, 7 33:24 34:11, 12 41:12 COVID-19 1:9 13:24 14:5, 17 18:24 20:21 21:1 22:19 23:7, 20 24:17 25:2 33:11 34:18 35:5, 8 37:3 39:21 43:16 COVID's 33:19 create 28:17 32:9 created 10:25 11:19 12:8 creating 43:7 creative 22:4 23:1 24:11, 18 Credit 7:12 crimes 34:22 crisis 6:15, 17 critical 21:21 41:3 crossing-over 23:6 CSR 45:3, 24 cultural 11:5, 21 13:16, 21 27:21 28:6, 9, 11 37:13 38:10, 17 42:5 culturally 9:11 10:11 14:22, 24 15:1, 5 17:13 35:18 38:7 culture 13:4 currently 16:22 38:1 customary-care 31:18 cut 12:11 < D > Daoust 3:13</p>	<p>data 25:18 Dated 45:18 Dawn 3:7 day 1:17 10:16 27:7, 15 28:21 44:7 45:18 days 29:19 32:4 40:9 dealing 24:2 36:11 decades 19:3 declining 14:3 dedicated 9:19 delay 18:4 delaying 35:6 deliver 10:10 15:5 21:25 delivered 17:14 delivery 17:15 dementia 14:6 15:15 30:5 demonstrate 17:12 depending 28:10 depression 25:25 Deputy 2:20 Derek 3:4 description 27:7 desired 27:23 devastating 11:9 develop 14:18 15:3, 13 development 14:25 15:9 41:20 dialysis 30:23, 25 diapers 34:24 Diaz 3:16 died 37:2 different 9:24 differently 6:24, 25 37:23, 24 difficult 39:1 difficulties 20:6 dignity 13:13 dining 10:15 direct 18:7 41:8 directly 6:16 Director 2:5, 8, 11 3:4, 7 7:23, 25 disability 17:23</p>
---	---	--	--	---

<p>disabled 10:19 12:21 27:20 disaster 7:1 disciplining 34:11 disconnected 13:3 25:22 disconnection 26:2 discrimination 11:22 discussing 6:19 discussion 20:19 discussions 16:22 35:25 distancing 14:4 disturbed 32:10 divorce 30:1 Dockstader 2:3 7:6, 17, 21 8:8 9:1 20:13 22:1 25:7 26:24 27:11 35:16 36:4 43:20 44:9 doctor 33:18 39:15 doctors 39:11 40:10 doing 21:20 38:23 41:11 domestic 34:10 door 16:16 22:6 dripping 29:1 driving 22:17 dropped 11:17 dropping 28:19 drumming 29:11 Drummond 2:20 Dryden 16:17 due 12:25 dynamic 9:12 19:17 27:12</p> <p>< E > early-on 33:25 eaten 37:16 economic 33:13 edge 20:21 25:2 education 9:25 educations 38:13 efforts 14:4 36:22</p>	<p>elderly 10:18 12:8 17:22 21:10 Elders 12:10 23:12 24:11 emerging 32:1, 13 emotional 23:22 30:2 emotionally 23:5 emphasizing 35:8 employment 10:2 41:21 empty 22:22 end-of-life 15:15 engaged 16:8 enjoy 10:23 environment 24:24 environments 43:7 eradicated 23:7 Erie 2:5 especially 12:10 13:23 19:16 establish 15:16 31:6 event 28:9 everybody 23:9 27:8 exacerbated 11:16 example 27:22 31:4 examples 17:3 excuse 28:25 Executive 2:5, 8, 14 7:23 exercise 28:4 exist 39:12 existing 42:22 expectancy 32:8 experience 17:24 19:4 23:8 25:18, 23 33:3 39:4, 6 40:15 experienced 21:9 experiences 6:14, 18, 23 18:23 36:7 41:13</p>	<p>experiencing 18:24 26:1 expression 9:13 extensive 14:11 extra 23:25 extremely 43:11 eyes 29:14</p> <p>< F > face 37:17 facilities 16:2 17:6 25:13, 16 26:1 39:1 41:25 42:18 facility 31:3 33:1 34:16 36:14, 16 37:3, 4 38:12 42:4, 6 facing 11:24 36:7 fact 21:9 falls 14:6 29:25 30:6 families 11:1 12:7, 8, 12 14:23 16:15, 20 32:2 family 10:1 12:6 26:12 32:9, 22 33:6 faucet 28:25 fearful 13:8 feast 28:8 Federation 2:3, 9, 12, 15 7:18, 23, 25 feeling 29:4 fellow 43:12 figure 21:17 fill 6:11 Finally 17:19 find 29:18 finding 29:8 Finley 4:5 fixed 20:5 fixing 20:16 focus 27:2 34:17 focusing 10:8 follow 8:12 following 5:4, 12, 18, 25 14:1 food 21:22, 25 24:19 28:19</p>	<p>34:23, 25 37:16 foods 15:7 force 41:20 forced 30:22 forcing 12:1 foregoing 45:6, 14 form 30:5 formation 29:10 Forming 18:24 formula 34:24 formulas 34:24 for-profit 24:20 Fort 2:5 forth 45:8 fortunately 20:9 forward 23:11 found 22:16 foundational 19:6 frail 10:19 17:23 Frank 1:23 20:7 Franklin 3:10 friendly 10:16 38:25 friends 6:18 Friendship 2:4, 6, 9, 12, 16 7:19, 24 8:1 9:9, 10 10:3 12:9 13:4, 25 16:11, 13, 14, 15, 17, 21 17:14 18:1 21:23 22:16, 24 23:17 24:22 26:25 27:5, 7, 11, 14 28:12, 16, 21 29:7 31:8 33:22 35:23 36:1, 10, 25 40:18, 24 41:4, 19, 22 42:23 43:3, 14 Friendships 40:19 front 22:5 fruit 43:4 fulfilled 16:8 functional 36:4 fundamental 13:10 35:19 future 6:21, 25 37:25</p>	<p>< G > gaps 11:4 gas 33:15 gather 29:9 general 35:21 generally 24:5 35:11 generations 16:3, 8 32:1 gentle 28:4 Georgian 16:21 Geraldton 22:11, 18 give 27:6 good 6:2 7:6 12:20 17:24 21:3 44:7 good-bye 23:10 Government 15:22 21:19 35:25 36:17 Gowling 4:3, 5, 7, 10 Grand 31:1 grandchildren 31:13, 14 grandmothers 31:9, 16 grandparents 32:5 33:1 grassrootsy 41:12 great 8:23 grieve 23:24 ground 37:7 group 24:15 39:8, 10 41:5 groups 29:10 38:11 40:19 41:14 growing 19:17 guess 31:23 guessing 33:18 guide 5:5</p> <p>< H > Hamilton 32:13 Hamilton's 17:8 happen 32:20 35:3 36:18 37:22 happened 6:16 happening 33:6</p>
---	---	--	---	--

<p>37:7, 8, 25 38:1 happy 7:8 41:7 Haudenosaunee 7:14 Hawthorn 3:19 Head 40:25 heads 37:14 healers 15:7 healing 10:1 19:15 23:3 health 10:1 14:2 19:7, 14, 20 21:2, 4 28:3 31:8 34:4 39:4, 10 healthcare 13:7 18:21 healthy 37:25 hear 6:16 heard 7:3 20:13 24:8, 11 Held 1:16 help 6:20 18:3 20:15 21:17 22:19 28:8 32:2 helpful 43:11 helping 8:1 22:20 high 33:13 34:3 high-demand 18:14 highlighted 11:11 highlighting 27:17 historically 20:22 21:19 24:25 home 7:14 9:2 10:11, 15, 16 13:11, 12 14:13 18:4, 14, 23 21:13 25:8 30:15, 16 36:15, 19, 20, 21 38:15 homeless 17:10 home-like 33:2 homes 11:4 12:1 13:19 14:21 15:3, 21, 24 16:2 17:18, 24 18:11, 19, 21, 24 19:8, 10 24:5 25:19, 24 26:6, 11 29:5, 8</p>	<p>30:13 31:6 35:18, 21 37:12 38:6 Homeward 16:19 honest 37:9 honestly 37:23 Honourable 1:23 hope 8:18 hospitalized 31:3 Hospitals 38:12 hours 14:12 22:17 40:12 house 22:1 41:10 houses 32:21 housing 10:1 15:23 16:10, 13, 18, 23 17:3, 5, 9, 14, 16 24:8, 12 32:14 40:23 hub 27:4 34:7 35:24 hubs 9:11 human 15:10 18:12 30:3 hundred 34:5 Huron 7:15 < I > Ida 2:23 idea 29:1 ideal 32:25 ideas 17:12 identify 9:23 41:7 identity 13:20 ill 12:21 27:19 illness 10:20 illnesses 20:25 impact 26:19 impacted 14:17 33:10 43:16 impacts 23:22 43:16 impairments 10:20 implement 14:19 implementation 15:1 implemented 19:14 important 21:15 37:19 43:15</p>	<p>improve 19:20 43:19 improved 10:24 include 10:14 includes 27:18 inclusively 9:20 incorporation 19:14 increase 34:22 increased 14:6 18:16 25:25 29:25 increases 34:9 increasing 13:23 increasingly 41:23 incredibly 9:11 22:25 27:12 indecipherable 7:13 11:23 independence 12:19 independent 16:25 17:25 18:6 independently 10:23 14:8 17:24 INDEX 5:9, 15, 22 Indigenous 2:4, 9, 12, 15 7:19, 24 8:1 9:3, 4, 7, 18, 23 10:7, 12, 17 11:14, 23, 25 12:2, 4, 9, 11, 13, 17, 21 13:2, 4, 6, 7, 17, 20, 21, 23 14:7, 16, 19, 22 15:3, 8, 9, 18, 22, 23, 25 16:4, 19 17:8, 18, 21, 22 18:2, 17, 25 19:2, 5, 7, 11, 14, 16, 17, 20, 25 22:14 24:16 25:8, 18, 23 27:5 32:6, 8 33:12 35:22 36:1, 2 38:10 39:5, 9, 13, 17 40:10 41:20 42:3, 11 43:14, 18</p>	<p>Indigenous- specific 14:20 15:14, 17 42:18 information 15:14 infrastructure 9:18 infrastructures 22:13 in-house 42:11 injury 30:7 innovative 16:3 17:12 inoculation 40:6 insight 39:6 instance 12:4 24:9 31:24 38:16 40:22 instances 25:25 26:7 43:1 institutional 24:20 institutionalised 25:10 institutionalising 24:4 insufficient 14:12 insurmountable 40:13 integrate 16:20 intensive 18:4 interact 32:15 39:19 interaction 34:19 interested 21:20 intergenerational 12:7 Internet 20:5 interrupt 8:19 introduce 7:22 20:4 introductions 6:11 Inuit 9:22 invest 15:16 investment 42:20 invite 7:7 involve 17:4 involved 16:18 23:13 Iroquoian 32:20</p>	<p>isolated 21:12, 13, 25 22:15 23:15 25:22 29:4 isolation 11:21 14:4 22:3 issue 23:18 26:3 38:20 44:1 issues 11:23 14:1, 10 21:22 31:12 36:11 37:1, 10 41:3 < J > Jack 1:25 6:2, 3, 9 7:20 8:3, 15, 24 20:3, 12 25:3 26:23 30:9 34:20 35:10, 14 38:2 41:16 43:9 jail 35:4 Jamieson 2:14 8:2 Janet 4:15 41:11 45:3, 24 January 1:17 45:18 Jennifer 2:3, 14 4:3 7:6, 17, 21 8:2, 8 9:1 27:11 32:19 33:7 36:4 42:17 44:9 Jennifer's 40:22 Jessica 3:10 John 4:7 joined 20:5 jointly 14:19 justice 9:25 21:9 < K > Kate 3:1 keeping 29:23 kids 31:24 34:2 kind 23:8, 18 24:10, 14 31:15 33:21 kinds 35:6 King 4:3 kinship 31:21 Kitts 1:25 6:2, 3, 9 7:20 8:3, 15, 24 20:3, 12</p>
---	---	---	--	---

<p>25:3 26:23 30:9 34:20 35:10, 14 38:2 40:17 41:16 43:9 knowing 36:15 known 33:13</p> <p>< L > labour 41:20 lack 11:21 30:3 land 17:5 language 12:11 15:11 large 22:13, 14 24:4 26:18 39:25 largely 13:19 larger 28:8 largest 9:2 late 20:9 lately 41:12 laundry 17:5 lay 29:14 Lead 1:23 3:10, 13 leads 33:17 42:12 learned 44:6 leave 12:2 led 12:5 legacy 13:5 Legal 2:23 Legislation 31:20 Lett 3:4 letter 8:13 level 42:10 liaison 27:4 life 10:24 12:20 17:25 27:2 32:8 life-long 10:9, 13 11:8 17:19 18:2, 6, 13 22:25 25:12 27:3, 18 33:8 limitation 26:16 limitations 25:17 limited 26:6 listening 20:2 literally 21:13 live 9:5 10:22 12:7 13:13</p>	<p>16:3, 24 17:23 lived 32:21 lives 9:8 living 10:19 12:17 14:8 16:25 17:23 18:6 26:10 29:9 41:10 local 10:21 12:13 22:23 36:3 locally 11:8 locums 39:14 London 22:12 38:16 lonely 29:4 long 11:8 28:22 32:21, 23 43:5 Longboat 2:11 7:24 20:17 25:4, 6 41:17 43:24 44:8 longer 10:23 longer-lasting 23:21 LONG-TERM 1:9 2:21, 23 3:1, 4, 7, 10, 13, 17, 19, 22, 25 11:4, 11, 15, 24 12:1, 3, 5, 10, 15, 17, 23, 25 13:2, 8, 11, 19, 22 14:1, 9, 11, 21 15:2, 17, 18, 21, 24 17:17, 20 18:11, 18, 21 19:8, 10, 12, 13 20:1 24:5, 9 25:12, 16, 19, 23 26:6, 11 29:5, 6, 8 30:16 33:8 34:16 35:17, 25 36:6 37:3, 4, 12 38:6, 12, 15 39:5 41:25 42:3, 18 43:19 looked 35:12 37:14 looking 43:19 Lookout 22:11 looks 28:15 37:17</p>	<p>loss 12:5 23:24 lost 26:18 lot 12:23 21:10 27:13 28:7 33:2, 20 34:8, 12 38:9 41:11 43:1, 22 44:6 lots 23:1 34:18 low-hanging 43:3 Lynn 4:10</p> <p>< M > made 45:10 Mahoney 4:10 mainstream 11:6 34:2 maintaining 26:15 maintenance 10:15 majority 13:17 making 23:1 mandate 27:18 34:15 35:9 mandated 12:16 manifests 30:4 Maracle 2:8, 15 7:22 8:7, 10, 22 20:11, 17, 20 30:19 34:21 35:11 38:9 39:7 marihuana 33:16 Marrocco 1:23 6:4, 10 7:3 20:5, 6, 7 matter 35:1 McGrann 3:1 meal 25:1 meals 24:21 25:1 27:9 meaningful 42:22 means 24:22 meant 5:5 21:18 mechanisms 12:6 medical 10:16 33:18 41:24 medication 28:19 medicine 15:7</p>	<p>Medicines 29:12 meet 18:8 MEETING 1:9 7:9, 10 40:7 meets 10:6 members 13:2 14:3 36:6 membership 15:12 memory 8:6 32:24 men 32:8 mental 14:2 23:22 30:1 34:4 mentioned 26:5, 24 42:15, 25 menu 27:25 met 13:16, 18 Métis 9:22 Michael 4:5 Midland 16:20 27:2 30:14 32:1 mind 8:19 23:5 Minister 2:20 Ministry 35:12 missed 29:17 Mississaugas 7:12 mistrustful 13:8 mobilisation 19:1 mobilize 18:23 mode 11:18 model 10:4 16:24 26:22 30:20 31:18, 24, 25 32:13, 17, 18 models 16:1, 4, 10 17:16 32:13 mom 32:2 month 32:4 morning 6:3, 12 7:4, 7 mother 36:14, 22 move 12:25 13:2 43:8 moved 21:5 36:15, 21 moving 23:11 31:10, 14 32:4, 5 36:14 multi 32:16 multigenerational</p>	<p>16:2, 10, 13 30:13, 15 36:20 multiple 24:16 28:2 32:1</p> <p>< N > named 27:1 narratives 25:20 Nation 7:12 9:22 30:24 nationally 39:17 Nations 7:16 23:15 30:25 32:21 Native 2:5 16:12, 17, 21 40:23 navigation 15:11 near 31:3 necessarily 31:2 needed 18:13 19:19 27:22 needs 10:6 11:17 13:16 18:9 19:18 28:11 35:1 43:5 NEESONS 45:23 network 19:1 new 17:4 31:7 news 23:25 non 24:20 non-Indigenous 31:23 38:13 non-status 9:22 norm 12:25 Northern 39:14 Notably 16:12 noted 5:11, 18, 24 25:7 notes 8:11 43:21 44:5 45:15 notion 31:5 33:6 34:7, 15 40:5 nuances 33:21 number 30:21 36:23 nurse 15:10 nurses 39:12 40:10 41:24</p> <p>< O > occur 24:6 occurring 31:12</p>
---	---	--	---	---

<p>offer 6:20 9:24 10:14 12:18 offering 17:13 off-reserve 9:18 OFIFC 2:4, 9, 12, 16 43:2 Ojibwe 7:15 Oneida 38:17 ongoing 17:3 Ontario 2:3, 8, 11, 15 7:18, 23, 25 9:2, 19 14:18 15:22 16:22 31:20 Ontario-wise 39:18 operated 13:12 Operations 3:7 opportunities 28:18 29:18 opportunity 19:24 opposed 8:20 24:24 oppression 13:5 optimal 19:9 option 29:12, 13 options 15:18 24:7 33:2 organization 41:7 organizations 11:6 15:2 18:17, 20, 25 original 31:5 Ottawa 17:2 22:12 outbreak 18:24 outbreaks 11:18 outcomes 19:21 outside 24:13 29:10 overall 12:14 26:2 overwhelming 11:18 overwhelmingly 25:8</p> <p>< P > pages 5:12, 18, 25 Palin 3:7 palliative 15:15</p>	<p>pandemic 11:9, 16, 24 19:8, 22 21:5 26:5, 18, 20 28:15 44:3 parameters 13:1 parent 32:3 parents 33:1 part 18:1 30:11 34:14 42:23 participants 1:16 2:18 participate 9:20 10:21 particular 21:3 22:24 particularly 22:20 35:22 36:16 partner 18:18 partners 14:19, 20 18:22 19:6 20:1 partnerships 15:3 19:6 26:8 38:5 parts 44:1 passed 29:19 patients 14:22 pay 31:22 people 9:4, 12, 23 10:7, 19 11:14 12:17, 22 13:6, 7, 23 14:16 15:19, 25 17:21, 22 19:16 20:24 21:1, 6, 10 22:19 23:12, 14, 17 24:1, 4 25:8, 19, 23 27:5 29:8, 14 30:21 31:8, 23 32:15 33:10 34:22, 23 35:22 36:1, 3, 8, 9 37:8, 21 38:1 40:5, 19 41:9 43:18 people's 9:19 12:4 percent 34:6 percentage 25:11 perfect 32:3 periods 10:23 permanent 17:9</p>	<p>person 36:25 37:16 42:3, 11 personal 15:10 18:14 33:3 41:23 persons 14:13 perspective 26:15 phone 28:17, 21, 23 29:17 phonetic 32:20 physical 13:15 14:2 26:17 30:2, 5 physically 10:19 12:21 31:7 40:6 Physicians 39:17 pick 22:8, 18 pieces 42:14 place 7:11 13:13 40:11 45:7 placed 19:22 placements 14:12 places 13:19 41:8 plan 27:25 28:1 planning 39:22, 23 41:2 plate 22:2 play 43:14, 15 point 8:19 36:5 policies 15:1 Policy 3:4, 10, 16, 19, 22, 25 population 9:3, 5, 8 10:12 19:18 27:19, 23 29:22 33:12 populations 20:24 22:14 possible 25:10 36:18 41:4 practice 17:9 37:13, 18 practices 13:21 15:16 preconditions 33:11, 19 pre-existing 18:20</p>	<p>preference 25:7 prepare 28:8 prescriptions 22:8 presence 43:18 PRESENT 4:13 presentation 8:5 PRESENTERS 2:1 President 2:3 7:18 22:1 25:6 26:24 35:16 43:20 press 40:8 pressure 19:22 pressures 21:24 prevent 6:21 7:1 37:24 previously 14:8 primarily 13:11 Primary 39:10 principle 13:18 35:19 principles 9:15 13:10 prior 11:24 26:3 priority 11:7, 17 problem 32:11 problems 20:23 31:9, 19 procedures 15:2 proceedings 45:6 productive 19:5 professionals 39:4 40:14 41:24 profound 23:22 program 10:9, 10 12:15, 18, 23 13:1 17:19, 21 18:7, 13 25:12, 15 26:22 27:3, 18 33:8 34:6 41:21 programmatic 18:12 programming 15:6 16:16 27:22 programmists 27:16 Programs 2:11 9:24 14:7</p>	<p>27:17 28:3 34:8, 9 project 16:18 projects 17:3 promise 35:19 promote 12:19 15:7 properly 17:16 property 16:19 provide 12:16 15:9 17:17 18:14, 16 23:4 provided 19:24 providers 15:4 38:14 provides 18:5 providing 20:23 24:18 26:9 38:7 Province 9:4 10:3 27:1 30:24 province-wide 25:14 provincially 11:7 psychological 13:15 Public 21:4 purpose 5:6 pushed 34:2 put 20:21 40:15</p> <p>< Q > qualified 36:24 quality 10:24 12:20 17:25 Quebec 17:2 question 8:17, 18 30:8, 11 41:18 questions 38:3 43:11 questions/reques ts 5:11, 17, 24 quicker 33:20 quite 32:16 37:22 43:23</p> <p>< R > R/F 5:24 racism 11:22 13:6 26:1 raised 33:7 ramp 24:18 rates 33:13 reaching 42:24</p>
---	---	--	--	---

<p>43:2 read 35:19 ready 7:4 real 38:20 really 6:15 11:10 14:15 22:2 26:4 29:2, 13 32:13 34:7 37:9 38:23 42:8, 13 recall 38:15 receive 12:3 28:21 recipients 16:15 reciprocity 9:15 recommend 14:18, 24 recommendation s 6:20 14:14 30:12 35:15 43:22 recommended 36:17 recorded 45:11 refusals 5:5, 22 refused 5:24 regional 25:13 registered 15:10 regret 20:9 related 14:1 relationship 21:7 43:17 relationships 11:5 18:20, 25 19:5 21:4 relative 37:2 relatively 26:8 relevant 17:14 relied 42:4 remain 26:11 remarks 45:10 remember 8:21 22:10 remembers 32:24 remote 22:15 23:15 remotely 1:17 report 27:14 reported 13:25 Reporter 45:4, 25 REPORTER'S 45:1</p>	<p>represent 9:17 37:6 representative 36:2 require 19:10 30:23 42:20 requirement 18:4 21:11 requires 42:15, 24 requiring 14:9 Reserve 9:5, 6 reserves 33:15 reside 25:12, 15 Residence 17:8 18:19 40:1 residences 24:10 40:3 residency 12:5 13:8 residents 11:12 13:12, 18 15:22 19:2 26:9 resounding 38:19 resource 18:12 resourced 17:16 resources 15:10, 14 18:8, 23 42:22 resourcing 42:16 respect 35:9 respects 23:21 32:23 response 41:3 responses 34:13 responsibilities 19:20 responsibility 9:14 result 13:24 14:3 25:21 26:4, 7 35:7 resulted 25:24 26:20 revisioning 19:12 ripe 37:22 risk 11:14 17:10 29:25 risks 11:16 24:17 River 31:1</p>	<p>Rogers 20:8 Rokosh 3:7 role 43:13, 15 roles 16:6, 9 19:19 21:15 room 37:18, 20, 21 Rose 3:22 running 8:16 rural 9:8 < S > safe 14:22, 24 15:1, 21 24:23 29:22 31:7 32:14 35:5, 18 safer 43:7 safety 13:14 19:7 school 34:3 schools 34:1 Sean 2:11 7:24 25:6 32:19 38:22 41:17 44:8 secondary 34:1 Secretariat 2:21, 24 3:2, 5, 8, 11, 14, 17, 20, 23 4:1 sector 43:2, 8 security 10:17 13:14 21:22 seek 15:23 self- determination 9:13 send 32:25 43:21 Senior 2:14, 23 3:16, 19, 22, 25 16:23 27:19, 23 36:22 seniors 11:1, 10 12:2 14:7 16:2, 6, 8, 18, 20, 24 17:3, 5, 8, 10, 18 18:2 19:17 21:25 22:20 24:10, 16 28:7, 22, 24 30:5 36:14 38:16 40:2 senior's 36:16 sense 11:19</p>	<p>sensitive 38:7 serve 27:9 service 9:12, 18 10:5, 16 11:4 15:4 17:15 18:7 38:14, 21 39:4 serviced 9:9 services 9:25 10:12, 14, 18 13:9 14:22 16:23 17:11 18:5, 15 24:19 34:3 set 20:22 27:24 45:7 setting 24:20 26:10 28:1 share 6:14 shared 16:25 37:20 sharp 20:21 25:2 shelves 22:22 shops 33:14 short 42:21 shorter 32:8 Shorthand 45:4, 15, 25 show 8:5 showed 40:10 shush 37:20 significant 9:17 14:10 42:20 significantly 14:3 simple 6:22 22:7 singing 37:18 Sioux 22:11 sit 28:7 41:2 sites 10:13 situation 31:2 slides 8:5 slow 43:7 small 25:11 29:10 39:14 smell 37:12 smoke 33:14 smoking 33:13 Smudging 29:12 Smylie 41:11 social 10:21 11:21 12:12</p>	<p>13:15 14:4 15:8 17:6 41:2 social- distancing 21:16 socialization 17:1 socially-distant 28:18 society 9:21 12:13 19:23 23:23 35:1 solution 42:7, 24 Somebody 22:7 29:19 son 36:20 sorry 8:7 40:17 sort 21:6, 15 23:4 25:2 27:22 28:9 30:7 31:14, 21 33:6, 11, 23 34:10 35:5 41:2 42:4, 11, 19, 21 43:6 space 7:9 spaces 16:25 speak 7:8 8:6, 11 12:11 36:5 37:1 39:3 43:12 speaking 8:11 specific 14:15 specifically 12:16 35:21 spectrum 10:6 speech 8:18 spend 6:19 spiritual 13:15 30:2 spoke 38:22 42:17 spread 14:5 staff 11:12 14:25 18:12 28:23 29:6, 7 38:8 start 6:6, 7 7:5 27:15 40:25 43:5 state 13:11 status 9:22 stealing 34:23 Stenographer/Tra nscriptionist 4:15</p>
---	--	--	---	--

<p>stenographically 45:11 stepped 22:2 steps 23:25 stop 28:15 stores 22:23 stories 25:20 strategy 14:15, 21 35:17 42:9 strengthen 19:25 20:1 stronger 43:17 structures 16:5 success 16:11 17:12 26:14 30:18 successes 30:13 successful 16:1 26:8 38:5 sudden 21:12 40:3, 9 suffering 11:19 summary 8:13 summed 43:25 supplementary 17:17 support 10:1, 15 13:20 15:4, 8, 11 16:25 17:6, 17 18:3, 5, 13, 14, 17, 19, 23 19:2 24:14 34:3 41:19, 23 supportive 17:11 supports 10:17 12:16, 19 16:16 17:14 18:8 20:23 26:9 suppose 34:25 survival 11:18 34:22 survive 32:7 suspicious 21:2 Sylvia 2:8, 15 7:22 8:7, 8, 10, 22 20:11, 20 25:7 26:5 30:19 34:21 35:11 36:13 38:9 39:7 41:18 42:25 Sylvia's 8:2</p>	<p>symptoms 14:6 25:25 system 11:12 13:7 20:2, 14 39:24 44:1, 2 systemic 37:10 systems 19:11 21:2 system's 42:6, 9, 13 < T > table 43:18 talk 6:23 22:5 24:1 28:22 37:13 39:19 41:5 talked 21:23 30:12 35:16 talking 22:10, 11, 13, 15 29:24 33:7 36:8, 13 42:8 teachers 16:7 Team 3:13 technology 21:12, 18 26:9 term 42:22 43:5 terms 20:23 38:6 Terrace 40:1 territory 7:11, 13 thanks 20:8 theirs 37:17 thing 23:13 24:3 27:15 30:1 33:5 things 19:3 20:15 21:14 22:7, 19 27:9 32:24 33:22 34:12 38:23, 25 39:24 40:16 41:18 42:21 thought 8:12 three-and-a-half 22:17 Thunder 22:18 time 6:14, 19 8:20 10:23 18:10 19:12 21:21 28:11 29:22 31:11 32:23 37:15</p>	<p>41:3 44:1, 10 45:7, 10 timed 36:13 times 14:11 21:24 42:1 Timmins 16:12 27:2 30:14, 20 today 7:8 10:8 tokenised 42:2 Toronto 22:12 40:1 41:10, 13 total 22:3 town 23:17 towns 9:9 traditional 7:11 12:6 15:7 16:4, 6 23:3, 12 32:18 37:16 tragically 29:16 training 10:2 14:24 38:7, 10, 18 41:21, 23 42:10 transcribed 45:12 transcript 20:10 45:15 transition 15:5 translation 15:11 transportation 10:16 trauma 23:8 true 10:5 45:14 truly 6:13 trust 10:25 21:6 trying 8:20 22:6 24:23 29:14, 15 typical 27:7 < U > U/A 5:18 U/T 5:11 8:9 43:20 unable 18:10 underlying 36:23 understand 24:1 understanding 43:13 undertaken 5:11 undertakings 5:4, 9 undue 11:20</p>	<p>unfortunately 43:1 unique 19:18 unit 32:9 units 16:14 17:10 21:4 unusual 28:20 Urban 9:7 10:6, 12 12:16, 21 13:1 14:16 15:17 16:19 17:21, 22 18:17, 25 19:16 30:22 41:20 users 18:7 < V > vaccine 39:21, 23 values 16:5 variations 25:14 variety 38:11 various 36:3 VERITEXT 45:23 view 36:5 violence 13:6 34:8, 10 virtual 7:9 26:10 28:17 vision 42:19 visit 12:24 visiting 10:17 38:25 visits 28:19 vulnerabilities 11:11 vulnerable 11:20 19:23 20:24 28:20 29:22 33:9 36:16 < W > wait 14:11 walked 37:11 Walwyn 3:25 wanted 27:23 34:17 warehouse 31:23 wars 20:8 watch 23:25 ways 24:11, 23 week 37:2 well-being 37:19</p>	<p>well-funded 14:20 35:17 when's 37:15 wide 10:6 Wigwamen 40:1 windows 29:9, 11 wish 7:5 WLG 4:3, 5, 8, 10 women 32:6 Women's 40:23 wondering 38:5 39:3 won't 7:3 8:19 words 20:18 work 11:3 19:24 20:1 27:14 35:6 36:10 41:1, 12, 25 42:12 44:2 workers 10:13, 24 12:24 15:11 21:16 22:4, 24, 25 41:23 working 20:14 36:9 42:3 works 20:14 36:25 worse 29:6 34:23 worsened 26:4 worsening 14:5 25:24 wrap-around 10:5 17:15 wrote 43:22 Wyandot 7:15 < Y > Yeah 8:22 20:11 25:6 35:10 year 28:11 years 32:7 young 16:20 28:13 younger 16:3, 7 < Z > Zoom 1:16</p>
---	--	---	--	---