

The Story of
a National Crime

Episode 5: The Right to Know

Written by
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Content Warning

NARRATOR

A warning before we begin: This series discusses Residential Schools, medical racism, segregated health care, and missing patients.

Support is available to Residential School Survivors and intergenerational Survivors 24 hours a day, 7 days a week through the National Indian Residential School Crisis Line. The Hope 4 Wellness Helpline also offers mental health and crisis support over the phone or on-line. Contact information is available in the show notes.

MUSIC

NARRATOR

Before we jump into this episode, let's talk about the end of the Indian hospital system. Most federally funded Indian hospitals were opened in the 1940s and early 1950s, and most closed by 1981. Throughout the era of Indian hospitals, Indigenous communities advocated for the expansion of health services because the facilities were not adequate or easily accessible. However, the federal government slowly stopped operating hospitals because the need for tuberculosis treatment decreased, and Medicare emerged.

In the 1960s, the federal government began training and employing Indigenous staff in health and sanitation roles in hospitals and communities. The government also began phasing out the policy of segregated hospitalization, which meant that community hospitals were expected to treat Indigenous patients. However, federal and provincial governments argued about who was responsible for paying for

Indigenous health care. Municipal hospitals also expressed concerns that white patients would be uncomfortable with integration and that Indigenous patients put a strain on their budgets. Many Indigenous People knew they would face discrimination in municipal hospitals and wanted community hospitals exclusively for their use.

In 1968, the federal government released the Health Plan for Indians. Indian Health Services reduced health services and restricted financial assistance to only those who had no means to pay for care. National and provincial Indigenous Groups rejected the plan and Treaty nations asserted that paying health care premiums would violate their Treaty rights.

The following year, the federal government proposed the policy commonly known as the White Paper, intended to abolish the Indian Act and do away with all related rights, treaties, and responsibilities. Due to widespread organized opposition, the White Paper was withdrawn in 1971, but the Health Plan for Indians remained in place until 1979. Throughout the 1970s, Indigenous communities and organizations advocated for participation in decision making and better health care services based on their Treaty rights, which resulted in a new health policy a decade later.

By the late 1980s, the federal government focused on creating on-reserve nursing stations and transferring health service delivery to First Nations. The system was less centralized, but many patients still needed to travel for care and

critics considered health transfers an offloading of responsibilities. The federal government also continued to contest the treaty right to health care.

MUSIC

NARRATOR

In this final episode, we talk to people and organizations helping Survivors and families find out what happened in sanatoria and segregated hospitals in Manitoba, Saskatchewan, and Alberta. They describe barriers to accessing records and how knowing what happened and sharing experiences contribute to Survivors' healing. We also look at the on-going inadequacies in health care for Indigenous Peoples in Canada.

ERIN MILLIONS

I'm not a scholar of the United Nations Declaration on the Rights of Indigenous People, whose short form is UNDRIP, but the Right to Know is enshrined under it, and it's also enshrined in the United Nations Joint-Orentlicher Principles.

NARRATOR

This is Erin Millions from the Manitoba Indigenous Tuberculosis History Project.

ERIN MILLIONS

The Right to Know means that Indigenous Peoples have a right to know their history. They have a right to transmit that history and the right to access the documents about their history. Canada is a signatory to UNDRIP, which means that it has agreed to put the principles into action. UNDRIP and

the Jointet-Orentlicher Principles are also enshrined in *Call to Action 69*.

NARRATOR

The Truth and Reconciliation Commission's *Call to Action 69* states: We call upon Library and Archives Canada to fully adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples and the United Nations Jointet-Orentlicher Principles, as related to Indigenous Peoples' inalienable right to know the truth about what happened and why.

ERIN MILLIONS

So, what the Call to Action is saying is that archives in Canada need to allow for Indigenous access to Indigenous records about their own histories. In general, policies around restrictions on records are interpreted narrowly to prevent access to records, rather than to allow access.

NARRATOR

Erin's colleague, Anne Lindsay, has encountered many of these barriers:

ANNE LINDSAY

The first thing to understand about privacy restrictions is that they contribute to the complexity of the research in how uneven they are - different levels of government and different kinds of functions within the services that would have made up most patient experiences. For instance, if a person has passed away then the family may be able to access records 20 years after their

death, 70 years after their death, or never. It really depends on which archives you're approaching. There are other complications as well, if we talk about after death, because you may need to find a record to show that person has passed away. Even if you manage to get access to restricted records, what you can do with them is very restricted. So, you may know answers you're not able to share.

NARRATOR

Anne also shared that private records may fall under restrictions requiring the record holder to seek a legal opinion before releasing a record to a family member.

ANNE LINDSAY

If we think about the ages of the people that we are often dealing with, these are delays that can be the equivalent of denying access. I can't emphasize enough how much the privacy regulations make an already difficult situation more difficult for both researchers who want to do overarching research, but also for families and communities who would like to be able to get some answers and to bring this information back into their own information and memory systems. Having these answers is part of people seeking healthy lives and healthy outcomes.

MUSIC

NARRATOR

We also talked to Angie Merasty and Sheldon Krasowski about similar work at the Office of the Treaty Commissioner of Saskatchewan.

ANGIE MERASTY

My name is Angie Merasty, originally from northern Saskatchewan and Pelican Narrows, part of the Peter Ballantyne Cree Nation. I speak Woodland Cree fluently. I'm currently the Executive Director of the Office of the Treaty Commissioner of Saskatchewan.

SHELDON KRASOWSKI

My name is Sheldon Krasowski. I'm the Director of Research for the Office of the Treaty Commissioner in Saskatoon. I was born in Saskatoon, which is Treaty Six territory. I am non-Indigenous. My grandparents came to Saskatchewan in the 1930s to farm.

ANGIE MERASTY

My own experience, I'll share a little bit with you. My late father was in two sanatoriums. One was in Prince Albert, and one was at Fort San. Last fall, when Sheldon and I met with the Archives in Regina, I started asking questions about how I can access my own father's records because he passed [away] when I was little. I wanted to know more history about my own father, about when he was in these sanatoriums. What years? How old was he? Just something for me to have more of a connection to my own father. Even starting that process was difficult. It was a form that I was sent. I've since filled it out and they're asking a bunch of questions that I don't know about because I was too young. I have to go to my elderly aunts and uncles to try and get some information about my father, their brother. It's quite the journey. Even phoning up funeral homes who

may have had his obituary. We come from northern Saskatchewan. Many of us were born up in that area or in the bordering town of Flin Flon, Manitoba, where there was a hospital. And so, lot of our records are in the Pas at the archdiocese there. So, my father's baptismal record would probably be there.

NARRATOR

The Office of the Treaty Commissioner mediates discussions about Treaty implementation and promotes Treaty education in Saskatchewan.

SHELDON KRASOWSKI

Residential Schools were one of the first violations of Treaty. We've focused a lot of our efforts regarding education on Residential School history. We've ramped that up with the discovery of unmarked graves. We're working with four First Nations communities and four Residential Schools to complete oral history and archival research. Even a cursory look at those records shows that many of the children died from tuberculosis at the different sanatoriums.

NARRATOR

To better understand the connection between deaths in Residential Schools and tuberculosis, the Office of the Treaty Commissioner contacted the Provincial Archives of Saskatchewan.

ANGIE MERASTY

When Sheldon and I met with the archives last fall, and they mentioned HIPA, which is the *Health*

Information Privacy Act, I started thinking, "Are they going to redact information once I gather my documents or once I am able to get the archival information that I needed from my father?" Because if I do get those records and there's information redacted, it's going to be very upsetting. I don't think they have a right to redact information, especially when it's going to an immediate family member.

I believe that every single person has a right to their own family's history. When you think about Residential Schools, when you think about the Sixties Scoop, when you think about people being removed from their communities and having lost that connection... having access to records will make that connection a bit better, stronger. They'll probably be able to find more family members from those records. There is so much good that can come from families accessing their own family's history and archival records.

NARRATOR

Erin Millions explains the complexities of the situation in Manitoba:

ERIN MILLIONS

It's very difficult to access information about patient experiences in the [Indian] hospitals because the hospitals were administered by the Sanatorium Board of Manitoba and not directly by the federal government. The records about the hospitals run by the Board are under privacy restrictions for health information at the provincial level. That means in Manitoba,

historical health records never become unrestricted. Patient files from 1913 are treated the same way as my records in my doctor's office right now. The other hospitals across Canada that were run directly by Indian Health Services, those records are in the Department of Indian Affairs Files, Library and Archives Canada, and they become unrestricted 20 years after somebody's death.

MUSIC

NARRATOR

This is Miranda Jimmy:

MIRANDA JIMMY

One of the most challenging parts of doing Indian hospital research and collecting the documentation is that it's medical information. So, many of the records were destroyed or transferred in different ways or exist in public archives or private archives.

One of the first places that I started to look for information was in the public records related to Residential Schools. In the government records related to Residential School, quarterly reports had to be filed by each school and that would allow for the payment from the federal government to the schools. Library and Archives Canada has digitized many of these records. They're available online. On those quarterly reports, there's a note section, and in the notes section you'll often see transferred to so-and-so. Deaths are also put in the notes. One or two words noting what happened to that student.

I know directly from family members that they know their family member died in a particular year, but they show up in the reports for two or three years after, which meant that the school was getting funding for that student.

The other thing that exists is photographs. The photographs exist in a lot of different places. Most of them are in private collections. Think about that box in a basement and someone forgets it's there or it's going to be discovered when someone passes away or someone's downsizing.

NARRATOR

Archives are also not easy to navigate:

MIRANDA JIMMY

Most of the records related to the Charles Camsell and the Indian hospital system in general live within the walls of Library and Archives Canada. That is a fortress that privileges those who know how to navigate the system, have academic precedents navigating the system, and isn't intended for people like me or Survivors of these systems.

NARRATOR

Miranda also shared what needs to be done:

MIRANDA JIMMY

The piece that's really missing, that I think has the most significance, and I don't have the capacity to follow up on in an informed, systematic way is the

collection of those oral histories. So, that's the living knowledge, the memories, the lived experiences from those who were there, documented in their own words, in the ways that they want to share today. So, that future people can understand what happened. Each passing day takes away the opportunity for that to happen.

NARRATOR

We have heard this several times. Some Survivors want to share their truths and histories, but there isn't funding or capacity to create an archive.

AD BREAK

NARRATOR

The Manitoba Indigenous Tuberculosis History Project shared an example of assisting a family with their search. Here's Erin Millions:

ERIN MILLIONS

As Dr. Lindsay was working on her research about burials related to sanatoriums and hospitals in Manitoba, it became evident that there were connections between patients who had died at Brandon Indian Sanatorium and the cemetery at Sioux Valley First Nation. We contacted Sioux Valley Dakota Nation to let them know. They were already working on their own process to map those graves and figure out the names that were associated with the graves as best as they can.

NARRATOR

There are approximately 50 graves of sanatorium patients. The list is available on the Project's website.

ERIN MILLIONS

Dr. Lindsay recognized a woman's name, and her name was Doreen Day. And Doreen is the mother of Saul. Saul is a Residential School Survivor, and he was a patient at the Fort William Sanatorium in northwestern Ontario. Saul has written and spoken about publicly before about not knowing where his mother was buried. His mom had gone to Brandon Indian Sanatorium when he was very young. We let him know that we had figured out where his mother was buried.

NARRATOR

Saul Day was happy to receive this news.

ERIN MILLIONS

In May, Saul and his family came out to Sioux Valley Dakota Nation, to visit his mother's burial site. The family was hosted by Sioux Valley Dakota Nation. They had a feast. They gave them a tour, and it was just a wonderful experience all around.

APTN also went along to sort of document this process.

APTN CLIP

APTN REPORTER

He says no child should ever have to live without their mother.

SAUL DAY

Living without a mother is so devastating. It's not good for any young person. I am 76 years old today. To feel that closure, my inner child is well now.

ERIN MILLIONS

We are honoured to have been involved in helping to make that happen. What has come out of it is that Sioux Valley has put together a committee that will work with families who are coming to visit their missing loved ones at the Sioux Valley Cemetery, to welcome them into the community and provide them with support.

NARRATOR

The Project launched the Missing Patients Initiative Research Guide on June 21, 2022, to help with similar searches. Anne elaborates:

ANNE LINDSAY

We wanted to create a resource that families and communities could use to locate their own information and that we could put information out generally to the public, but also to some of the archives that might not know they hold this kind of information. So, we set about to create a guide. Through research we've identified the most common places that you would want to look for information and the most common places people might have been buried, as well as a bit of information because sometimes you need information from one source to be able to access information from another source.

We will also be working on something that can be like a print source to bridge the digital divide for some people - especially if you don't live in an urban centre.

If we think back to Saul Day's story and the impact that finding out what had happened with his mom has on him, we also have to remember that he's in his seventies and a number of his siblings have already passed away.

I think we need to take a serious look at the parts of the system from the past that we may be replicating today. It is part of health to be able to find out what has happened.

NARRATOR

The Project's website also hosts an on-line tuberculosis database, a photo database, as well as historical documents, articles, and multimedia resources on Indigenous tuberculosis histories in Manitoba and Canada.

MUSIC

NARRATOR CONT'D

Miranda Jimmy works with Survivors of the Charles Camsell Indian Hospital in Alberta. She has learned a lot about the healing process:

MIRANDA JIMMY

I think Survivors are motivated by two specific wants and needs. One is someone to listen and validate what they have to say. They have been forced to keep these stories inside, to build up their own kind of disregard for their experiences and put aside how they feel about

medical care, how they were treated, how it's affected or impacted the rest of their life because they just need to survive. And it is about self-preservation. Oftentimes, they don't want anything more than just someone to listen who doesn't question, doesn't challenge, and comes from a place of understanding. When I can say to a former patient, I've heard that same story from someone else, you can see the relief on their face. And that validation is so incredibly important and healing.

The second thing is they want to be able to know for a fact that what happened to them and what they remember is true. How can that be complemented by black and white documents? Sometimes it's a photograph, sometimes it's a search. For people to be able to see that on a screen or on a printed paper comes with such a sense of relief.

NARRATOR

Witnessing peoples' experiences and providing printed evidence is a healing practice.

MIRANDA JIMMY

Well, and I think for maybe non-Indigenous people or those who are professionally trained in providing medical services, no one thinks about that as a healing practice. For me, without any training, without any paperwork to say that I provide medical support, I do. Healing comes in a variety of ways and comes through a variety of practices.

NARRATOR

The Office of the Treaty
Commissioner of Saskatchewan will
soon offer some supports for
Survivors and families. Here's
Sheldon and Angie:

SHELDON KRASOWSKI

We became involved with Lung
Sask(at)chewan) and the University of
Saskatchewan regarding information
sharing of TB records due to
frustration with our search at the
Provincial Archives of Saskatchewan.
When we reached out to the
Provincial Archives of Saskatchewan
regarding their TB records, we were
told that no one had looked at them
for years, and they needed to do a
complete evaluation of those
records. Finally, we were able to
review the records, but what we were
able to access was redacted and a
lot of the collection we were unable
to access.

Around that same time, Lung Sask
reached out to us and let us know
that they were also curating their
records of Indigenous Peoples'
experiences at the TB sanatorium,
especially Fort San at Qu'Appelle.
It was hoped that we would be able
to assist them with scanning,
compiling, and putting them on that
database. It would be accessible
both on site at the Treaty
Commissioner's Office and online. We
do have a reading room and we do
have archival assistance and staff
to help people who aren't that
Internet savvy or who need a little
bit of help to find those records
for individuals who they may be
looking for.

ANGIE MERASTY

If the Office of the Treaty Commissioner can make it easier for any First Nations person looking for any kind of a record of their loved ones, whether it be in the sanatoriums or the Residential Schools, then we are here to help.

NARRATOR

OTC is also working with Lung Saskatchewan.

ERIN KUAN

My name is Erin Kuan and I'm the President and CEO for Lung Saskatchewan. Our predecessor organization was the Saskatchewan Anti Tuberculosis League. The Saskatchewan Anti Tuberculosis League was formed to help in the fight against tuberculosis. We work with everything lung related. That includes advocacy, education, health promotion and support to patients and caregivers.

NARRATOR

The Saskatchewan Anti Tuberculosis League operated three sanatoriums, in Saskatoon, Prince Albert, and Fort Qu'Appelle. Erin described some issues in tuberculosis care in Saskatchewan in the second half of the 20th century:

ERIN KUAN

A lot of the information that we have found shows jurisdictional issues between the provincial and federal governing bodies regarding payment for First Nations patients at sanatoria. In July 1965, the League assumed full responsibility

from the federal government for the treatment of tuberculosis in First Nations patients. Until 1975, First Nations patients were treated in the League's sanatoria. After 1975, the government required all children and as they were known "registered Indians" with tuberculosis to be admitted to Indian hospitals that were actually operated by the federal government. Later on, further restrictions were created by the feds, where First Nations patients were not allowed to be treated for more than ten days at the sanatoria.

NARRATOR

Now, Lung Sask is motivated to share archival documents:

ERIN KUAN

Much of the historical information we have, we hope, or we believe could help individuals that are looking for information about a loved one's past. Right now, we're working with the Office of the Treaty Commissioner of Saskatchewan, File Hills Qu'Appelle Tribal Council, and, of course, the University of Saskatchewan to create a database of sorts with all the historical pieces that we have, such as photos and newsletters and things like that. We don't have patient records - those were turned over to the province back in the 1980s. But what we do have is just pieces of history that may be of value to someone. We have lots of photos and we have copies of the Valley Echo, which is the newsletter that described the comings and goings of life at the sanatoria. We still have the information from the sanatoria, including letters of correspondence,

much of it surrounding
jurisdictional care and
responsibility for patients.

We had one woman come in a few years ago that found a photo of herself as a child. And that was the only photo she had ever seen of herself as a child. So, you can imagine that gives her some peace of mind or at least helps her start to link the pieces of her journey together.

NARRATOR

The National Centre for Truth and Reconciliation also has several efforts underway. Kaila Johnston shares more:

KAILA JOHNSTON

We're focusing on four deliverables. Number one, developing the missing children database to integrate information of unmarked burials so that we can have that link between children listed and their final place. This also includes GIS [Geographic Information System] mapping to show relationships between these communities, schools, and facilities.

Our second deliverable is to build a register of marked and unmarked burial sites related to Residential Schools, and then engaging with communities.

The third is developing a network of experts across the country who can work under the direction of communities throughout the project. This country has a tough lesson to learn as the accounts from Survivors regarding unmarked burials went unacknowledged for many decades until proof was presented. This

underscores the need for Survivors and communities to be leading the work rather than being seen as subjects for these investigations.

Now, the fourth piece here is offering a central repository for communities to access digital storage and guidance, if requested, for the files that they bring, and a space to share that information. And it also sets up partnerships between the centre and the communities who wish to have their research data preserved at the Centre.

NARRATOR

The Centre is also providing access to its larger off-line archival collection to communities searching for records of children who went missing or who died, or communities looking for information on potential burial sites.

MUSIC

NARRATOR

There are clear continuities between historical health care and current care available to Indigenous Peoples. Here is Paul Hackett:

PAUL HACKETT

I think students need to understand just how big of an issue this is. Part of that is going to be the mortality that was associated and the suffering that people went through, but also how it's seen within First Nations communities. How important it was. How much of a stigma that was attached to it. How much guilt was attached to it. How it continues to be an issue that hasn't gone away.

KAILA JOHNSTON

A number of studies have found that the current experiences of tuberculosis in communities are being interpreted through past experiences. Studies show that fears about being sent away from community remain present in Indigenous Peoples conceptualizations of not only tuberculosis but other illnesses. Studies among contemporary TB patients point to the legacy of the Sanatorium era contributed to delays in seeking treatment and diagnosis and a general apprehension about health care. Research in Montreal reported very similar findings on the impact of negative memories and the experiences rooted in colonial treatment as being a significant piece of the mistrust Indigenous Peoples have expressed towards our contemporary health care system. For many former patients, their removal distanced them not only physically but also culturally and spiritually from their community. Even if they did return, many felt that they were unwelcome strangers. So, they returned back to urban settings.

So, when it comes to our current health care in Canada, creating culturally appropriate and effective intervention strategies requires us to understand how contact and colonization impacted Indigenous history and culture and influenced how communities react to illness or intervention today.

PAUL HACKETT

There's a sense that tuberculosis is an ancient disease and that we're one of the most developed countries in the world. And therefore, TB doesn't occur here. In fact, it

does. It goes back to social deprivation and economic inequities. We just hide it. It's located in areas where newcomers live, or it's located in a Northern Reserve. We can go about our business and say, "TB is not an issue in Canada, we're just a healthy nation." TB never went away.

As Canadians today, as non-Indigenous people in Canada today, we need to become better informed and inform our children. We as individuals need to acknowledge why it occurred in the past, the suffering that occurred and the failure of Canada - for many reasons - to act in an appropriate way. This is not a political issue. It's a Canadian issue. We need to find solutions going forward, but we also need to acknowledge the past.

KAILA JOHNSTON

All we need to do is to look at the case of Joyce Echaquan in Quebec to see that racism in the healthcare system is still there.

NARRATOR

September 28, 2020, Joyce Echaquan, an Atikamekw woman, recorded the racist mistreatment she received from hospital workers in Joliette, QC. She died of pulmonary edema shortly after she posted the footage online. Coroner Gehane Kamel concluded that Joyce's death was not of natural causes, but "accidental" because she did not receive the care to which she was entitled. Her death was the result of racism and prejudice. The coroner also asked the Quebec government to address systemic racism in its institutions.

In a news conference held by Joyce's family a short time after, her husband Carol Dube said: "Joyce died, because she was Indigenous."

Teresa Edwards from the Legacy of Hope Foundation also shared with us, "There continues to be a deep mistrust of the medical and dental community because of the cruel and unethical procedures and practices conducted on Indigenous Peoples within our lifetime. These experiences impede people's willingness to seek treatment, even for minor issues."

NARRATOR

Here's Angie:

ANGIE MERASTY

We hear stories of Indigenous People being left waiting in the emergency rooms for hours and hours and hours. Stories of Indigenous People not having the quality care that they deserve - like everybody else. I'm from Northern Saskatchewan where the quality of care would be less because we have a lack of resources. We don't have ambulances. Thank goodness for the STARS air ambulance because they have been able to go up north during times of crisis and emergencies. There aren't very many hospitals in northern Saskatchewan either. And so, the quality of health care when they come down South is expected to be better and sometimes it's not. Our province, as a whole, the health care system really needs to improve how they treat our Indigenous People.

NARRATOR

Apeksha Heendeniya works as a health promotion coordinator at Lung Sask.

APEKSHA HEENDENIYA

Over the last 10 to 15 years, the incidence rates of tuberculosis in Saskatchewan have been stable. However, specific First Nations communities in Saskatchewan continue to be unequally burdened by this disease. 40% of the cases in Saskatchewan are in the north, but just 4% of the province's population actually live there. So, the high burden of tuberculosis among some specific First Nations communities is indicative of factors beyond that biomedical. I think there's a reason that tuberculosis is known as a social disease with a medical aspect. It really shows that there are systemic issues that are still going on today, and it's still a very stigmatized disease. So, when a person has to leave their home community for treatment, they may be stigmatized, but they also have to learn to navigate the complexities of our healthcare system while being away from home.

MUSIC

NARRATOR

You may be thinking about what to do with the histories you have heard. Interview participants shared some actions for individuals and organizations. This is Miranda Jimmy:

MIRANDA JIMMY

I think we are benevolent racists in Canada, which means that it's

covert, it's in our actions and in our systems. How that relates to health care is that it's, again, a way for us to pat ourselves on the back without getting into the nitty gritty of how and why healthcare is the way it is. Yes, I have access to health care. I can go to a hospital and receive emergency medical treatment. How I look when I walk in the door, will determine the kind of treatment I receive. If we're [not] actually critically thinking about the systems we uphold, we're always going to be patting ourselves on the back instead of trying to be better.

The practices that created segregated health care in Canada exist today. There is still a lack of access in many rural and remote communities, especially for First Nations and Inuit communities. The access to the types of care and how quickly you can access that care vary drastically compared to major, white-predominant communities in Canada.

We know people get treated differently in our systems that are supposed to be accessible to everyone. We know that safe drinking water is not available in every First Nations community. We know that there are houses filled with 18 people and that's the norm. We know that there is black mold in those houses that will never be fixed. When people think about this, people who say, "I am liberal, forward, progressive thinking. I am not a racist. I know that these problems exist. I'm aware. I've read the TRC report," I ask them to think about what the systems in place are today that 100 years from now your ancestors are going to look at and say, "I can't believe they knew that

was happening and they didn't do anything about it."

NARRATOR

Cindy Blackstock shared related advice:

CINDY BLACKSTOCK

Caring is not enough. You have to do something. You don't have to worry; these solutions are already out there. So, what you can do is actually look at the Murdered and Missing Indigenous Women and Girls Calls to Justice. Look at the TRC's *Calls to Action*. Look at the Royal Commission on Aboriginal Peoples and ask yourself, "Why is an Indian Act still around?" Then invite your local member of Parliament over to your school and ask them questions. "What have you personally done, member, to implement this?" And then, "What are you going to do to implement what remains? "

It's not that everyone has to be overwhelmed by this. That's part of the colonial project is to make people feel overwhelmed. The key is, challenge yourself to learn something every week, then to write that down and share that with your friends and have new conversations.

NARRATOR

Here is Kaila Johnston from the National Centre for Truth and Reconciliation on the concept of micro reconciliation:

KAILA JOHNSTON

Structural racism is embodied in our institutions and in our ideas, such as the treatment of Indigenous

Peoples. The goal of micro reconciliation is to transform our work environments by encouraging personal and collective investment in reconciliation. And this is done in three pieces.

The first part is acknowledgment. We have to acknowledge Canada's colonial history and how institutions continue to fail Indigenous Peoples today. Once we acknowledge the fact that structural racism is there, we can begin to address it by having these open discussions.

Part of that is bearing witness to those who have called out institutionalized racism and beginning to question the status quo. Now, the process of witnessing is only possible if individuals feel empowered to ask those questions, to create those opportunities for change or a shift in the way we see or do things.

And the last piece is moral courage. That's naming and speaking what we know to be true. An expectation of reconciliation is to facilitate a context where Indigenous Peoples are heard, listened to, and respected, and where Indigenous people are in roles to lead this discussion.

NARRATOR

Erin Kuan at Lung Sask shared thoughts for health care providers related to the TRC's Calls to Action 22 and 23.

ERIN KUAN

As we work towards reconciliation, we have a responsibility to answer

the Calls around inclusion and support and promotion of Indigenous care by Indigenous professionals. One of the things we're able to do is ensure that we recognize that care needs to be provided in both a culturally sensitive way, but also in consideration of the communities that need it most. We have a responsibility to help deliver that, whether that is through education of health care professionals or advocating for better access.

One of the things I think we all have a responsibility to do is to socialize that, and to talk about, "How you are meeting a certain Call? What is changing in your organization, or within yourself?"

There's so much work to be done and we have an option to help grow that community of health care professionals and an understanding of culturally sensitive care.

NARRATOR

How can you contribute to not recreating historical harms if you work in a profession related to education, health care, social work, or justice? If you are a student, how can you increase your awareness of Indigenous Peoples' histories and Indigenous-settler relations? If you are a public servant who thinks speaking up is futile, remember Dr. Bryce and his countless attempts to improve federal policy. If you're an archivist, can you reduce barriers for someone looking for a loved one's records?

Learn more through additional clips and resources on our website nationalcrimepod.ca.

Thank you to everyone who made this podcast possible!

NARRATOR CONT'D

The Story of a National Crime Podcast is written and produced by me, Maia Foster-Sanchez, and presented by Knockabout Media. It is co-produced by Ryan Barnett with additional voices by Gabriel Maracle.

If you are a Residential School Survivor or Intergenerational Survivor, you can access support through the National Indian Residential School Crisis Line at 1-866-925-4419. Mental health and crisis support is also available through Hope 4 Wellness at 1-855-242-3310.

Our series advisors are Teresa Edwards, Kaila Johnston, and Erin Millions.

This episode featured interviews with Miranda Jimmy, Erin Millions, Anne Lindsay, Angie Merasty, Sheldon Krasowski, Kaila Johnston, Paul Hackett, Erin Kuan, and Apeksha Heendeniya.

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