

Val-d'Or, March 26, 2018

To: Mr. Daniel St-Amour
Executive Director
Cree Board of Health and Social Services of James Bay

From: M^e Edith-Farah Ellassal, Counsel

Subject: Request for information within the scope of the work conducted by the *Public Inquiry Commission on Relations between Indigenous Peoples and certain Public Services in Québec: listening, reconciliation and progress*

File: DG-0136-DEF

Mr. St-Amour,

Within the scope of its work, the *Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Québec: listening, reconciliation and progress* (Public Inquiry Commission) solicits the cooperation of the Cree Board of Health and Social Services of James Bay regarding health, social services and youth protection services, **to obtain information on cultural security practices, particularly relating to Cree language, rules of life, traditional activities, traditional food and spirituality.**

Accordingly, the Public Inquiry Commission wish to obtain the following information and documents:

1. Any information related to current policies, rules, regulations, directives, professional practices, advice and instructions, both formal or informal, communicated orally or in writing, with respect to interdiction or limitation imposed upon Cree children cared for in rehabilitation centres on expressing themselves in Cree, both in oral or written form, whether among themselves, with their parents or with another person who is important to the child.
2. Any information on the justification given to children, their parents and another person who is important to the child for imposing such a measure whereby the use of Cree is banned or restricted from use in this specific context.
3. Any information related to accommodation measures (e.g.: assistance of an interpreter) provided in health, social and youth protection services to any patient and enabling them to express themselves in Cree.
4. Any pamphlets, brochures and documents on rules of life established in rehabilitation centres or health centres as regards cultural safety for Cree patients and users
5. Any information pertaining to policies, directives and professional practices governing all communications in this context used to explain the rules of life established at rehabilitation centres or health centres as regards cultural safety for Crees.
6. Any information related to policies, programs, initiatives, directives and professional practices promoting and enhancing the use of Cree traditional activities such as handicraft.

7. Any information related to the provision of traditional food in this context.
8. Any information related to policies, programs, initiatives, directives and professional practices promoting Cree spirituality and believes, for example holistic medicine.

You are kindly requested to provide us with any information or documents supporting the information that you will send us in response to this request, even if they are not included in the aforementioned list. These documents will help the Public Inquiry Commission fulfill its mandate, which reads as follows:

The Public Inquiry Commission has the mandate to investigate, address facts and conduct analyses in order to make recommendations concerning concrete, effective, lasting remedial measures to be implemented by the Government of Québec and indigenous officials to prevent or eliminate, regardless of their origin or cause, all forms of violence, discriminatory practices and differential treatment in the delivery of the following public services to Québec's indigenous people: police, correctional, legal, health and social services, as well as youth protection services.

Firstly, we ask you to notify us within **five (5) working days** if you are unable to respond to this request (e.g.: the information is not available or is nonexistent), and explain the reasons for this in an email message to genevieve.richard@cerp.gouv.qc.ca.

Secondly, we ask you to respond to this letter by communicating the requested information and documents **within the next thirty (30) days**.

Any non-confidential information can be emailed to nicole.durocher@cerp.gouv.qc.ca. If the documents are tagged as confidential, we suggest you use our Secure Document Sharing (*Partage sécurisé de documents* – PSD) platform for safe transmission. If you find this solution convenient, please confirm by email nicole.durocher@cerp.gouv.qc.ca so that we can send you the procedure for using it. Otherwise you may choose any other safe electronic means to send us the documents. If you prefer to send the information in hard copy, please have it delivered by courier service to the following address:

Mrs. Nicole Durocher
*Public Inquiry Commission on Relations between
Indigenous Peoples and certain Public Services in Québec*
600, avenue Centrale, Val-d'Or (Quebec) J9P 1P8

For any matters concerning this request, please contact M^e Geneviève Richard by email genevieve.richard@cerp.gouv.qc.ca or phone 819 527-0847.

Thank you for your attention.

M^e Edith-Farah Elassal

Procureure / Counsel

Commission d'enquête sur les relations entre les Autochtones et certains services
publics au Québec : écoute, réconciliation et progrès

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Chisasibi, May 2, 2018

M^e Edith-Farah Elassal

Procureure / Counsel

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(Nicole.durocher@cerp.gouv.qc.ca)

RE: DG-0136-DEF Request for Information dated March 26, 2018

Respected colleagues,

This information package is provided in response to your letter dated March 26, 2018. I hope that this meets the requirements of the request and proves to be helpful in understanding our organization's approach to cultural security, Cree language, rules of life, traditional activities, traditional food and spirituality.

As Coordinator of Communications I compiled the information submitted to me by managers of the services implicated by your questions. The main contributors were the Directors of Wiichihituwinn (Cree Patient Services), the Director of Youth Protection, Director of Youth Healing Services and the nutrition team in Regional Public Health. Our website www.creehealth.org describes all of the services mentioned in our response.

Below each question you will find a short written answer and references to documents placed in Annexes to this letter. We included a photo selection that will give you a more visual idea of some of the subjects covered.

On behalf of Daniel St-Amour and the CBHSSJB CERP Working Group I wish you the very best in your important work and look forward to reading the recommendations of the Commission.

Sincerely,

Katherine Morrow

Coordinator of Communications

CBHSSJB

Encl.

Questions and Answers

Question 1 – Limits to use of Cree language by youth in care

Any information related to current policies, rules, regulations, directives, professional practices, advice and instructions, both formal or informal, communicated orally or in writing, with respect to interdiction or limitation imposed upon Cree children cared for in rehabilitation centres on expressing themselves in Cree, both in oral or written form, whether among themselves, with their parents or with another person who is important to the child.

Answer

- For rehabilitation centres we understand this to mean youth in care who are staying in the Mistissini Reception Centre or Group Homes in Mistissini or Chisasibi. For general information about this service please visit: <http://www.creehealth.org/services/youth-healing-services>
- For children and youth in residential care in one of the Cree communities, the Cree Health Board never prevents or limits their ability to express themselves in Cree. The workers are local community members and the service is provided in Cree.
- The parent or a translator or another adult who speaks Cree One of the parent is there as escort to help translate for their child and we have interpreters' services if needed.
- If a youth is placed in another region, it can happen that he or she is not able to access an interpreter. That is one of the reasons why the Cree Health Board wants to be autonomous in placement of youth in readaptation services.
- Written Cree is not generally used as a language of communication for printed materials. This is because there are many Cree, both youth and adults, who are not able to fluently read the written language. English is the most widely understood language for written communication among the Cree population.

Question 2 – Justifications relating to Question 1

Any information on the justification given to children, their parents and another person who is important to the child for imposing such a measure whereby the use of Cree is banned or restricted from use in this specific context.

Answer

- There is no situation in which a child would be intentionally banned or restricted in their use of Cree to communicate. In the living environment the frontline caregivers are for the most part Cree speaking members of the local community. In situations such as court appearances, a Cree translator is present.
- If the child or youth requires services outside the community, there may be situations where a Cree translator or Cree speaking adult is not available.

Question 3 – Translators and interpreters

Any information related to accommodation measures (e.g.: assistance of an interpreter) provided in health, social and youth protection services to any patient and enabling them to express themselves in Cree.

Answer

- In Youth Healing Services, there is no need for interpreters because all the workers speak Cree.
- At Wiichihituwin Val d'Or we have 3 Cree interpreters available from 8h00 to 17h00 to help client to translate at their medical appointment if needed, they are available to go with client at the other medical site in the Abitibi-Temiscamingue. In Montreal, 4 interpreters are available in the RUISS McGill establishments. A Cree community worker at centralized lodging visits and supports Cree clients in difficulties. In Chibougamau, 2 interpreters are available 24hrs.
- For those receiving services in the community, there are Cree speakers whose role it is to assist with translation if needed: Beneficiary Attendant, Community Health Representative (CHR), Telehealth Technician and others.
- The Cree Health Board recently launched an online app called East Cree Medical with the specific purpose of assisting frontline workers to explain medical issues to clients in Cree language.

Question 4 – Rules of Life pamphlets and brochures

Any pamphlets, brochures and documents on rules of life established in rehabilitation centres or health centres as regards cultural safety for Cree patients and users

Answer

The Cree Health Board defines the vision of the organization as follows: “The Eeyou Nation of Eeyou Istchee, with the guidance of Tsheymendo, is committed to developing responsible, healthy communities in such a way as to result in:

- Individuals who are well-balanced emotionally, spiritually, mentally and physically
- Families that live in harmony and contribute to healthy communities
- Communities that are supportive, responsive and accountable
- **A healthy environment that will continue to produce traditional resources;** In the context of a strong national Eeyou government that exercises complete jurisdiction and control over the delivery of quality comprehensive, integrated, inter-agency health and social services. That promotes Cree human resources development and applies adequate resources to address our needs with **a strong expression of the Cree values of respect, honesty, loving, caring and sharing**

The main reference with regard to rules of conduct is the Code of Ethics (Annex 1 document 1). The rights and responsibilities outlined in this document provide the foundation for the conduct of workers towards clients and the expectations with regard to the conduct of clients while receiving services.

The Cree Health Board encourages clients to understand and become engaged in decisions around their care and to take responsibility for their own health. Choice is an important concept driving the development of services such as midwifery. The ability to make choices and enter into an active relationship with doctors and nurses is an aspect of decolonization. The emphasis on clear information to empower decisionmaking, and offering a range of choices and approaches, can be seen in the following documents:

- Wiichihituwin brochure (Annex 1 document 2)
- Maanuuhikuu brochure (Annex 1 document 3)
- Nutrition Policy (Annex 2)

Question 5 – Rules of Life policies and directives

Any information pertaining to policies, directives and professional practices governing all communications in this context used to explain the rules of life established at rehabilitation centres or health centres as regards cultural safety for Crees.

Answer

The Code of Ethics informs all the policies and procedures of the CBHSSJB. The ethical framework of the Code itself is a description of Cree values as they relate to health and social services. Professionals such as Nurses, Social Workers etc. working with clients are subject to the professional codes of conduct of their respective Orders.

Question 6 - Handicraft

Any information related to policies, programs, initiatives, directives and professional practices promoting and enhancing the use of Cree traditional activities such as handicraft.

Answer

In Youth Healing Services the Bush Program, an important component of YHS, is a holistic land-based program that teaches cultural and traditional Cree life skills at camps for both inland and coastal communities. Cree elders are invited to participate in guiding the program's development and delivering traditional knowledge. The program offers long term activities (one week or two) as well as daily activities. These activities are mainly offered to the clients placed in all the facilities of Youth Healing Services, but can also be offered in a placement prevention goal.

Another aspect of Cree Health Board Services where traditional activities play an important role are day programs offered at community Multi-Services Day Centres. Activities such as beading, sewing, carving and snowshoe making form the core of the day programs offered to Elders and adults with special needs, and these activities are also integrated into Occupational Therapy programs. (See Annex 3 – for examples of this).

In midwifery and perinatal care the CBHSSJB works with the cultural department, Nishiiyuu, to give young families access to traditional baby care items and teachings to help them perpetuate traditional practices in baby care.

These are just a few examples of areas where traditional practices are integrated into service delivery. Having a Cree Board of Directors and Cree leadership across most services ensures that cultural safety is not an afterthought. Cultural Safety is achieved when there is space to allow Cree cultural and language to enter the service... to allow space for a Cree approach to achieve the goal instead of importing a southern solution.

Question 7 – Traditional Food

Any information related to the provision of traditional food in this context.

Answer

Traditional food in our services

CBHSSJB Traditional Food Program:

Serving and promoting Cree traditional foods in our food service establishments and service points

Traditional food is an essential part of the Cree culture and Cree way of life. As a Cree organization, the CBHSSJB strongly believes that its clientele should have access to traditional foods in its food service establishments and service points (e.g. Hospital, MSDC, Group Homes, Cree Patient Services, etc.).

Throughout the years, the CBHSSJB has developed a Traditional Food Program for its food service establishments. In the early 2000's, seeing the preference of our clientele, a pilot project was initiated at the Chisasibi Hospital. Later on, other food services of Chisasibi and Mistissini were added, and remaining CBHSSJB food services establishments should soon be included.

The CBHSSJB benefits from an authorization from the Ministry of Agriculture (MAPAQ). In order to serve traditional food in its establishments, the CBHSSJB had to request the authorization from MAPAQ, and subsequently request the renewal and addition of other food services multiple times throughout the years. This authorization is in fact an exemption from section 11.1 of the P-29 Quebec Food Law (i.e. inspection of meats, in this case wild harvested meats, hunted on the Cree territory by qualified trained hunters). In order to ensure and preserve the quality of wild meat served, the CBHSSJB is required to put certain measures in place. Such protocols include safe hunting practices, transportation, reception, preparation, as well as food safety training. All employees involved in the Traditional Food Program must successfully complete the training.

The CBHSSJB Public Health team, in collaboration with MAPAQ veterinarians and Cree Elders, organizes Safe Food Handling trainings for hunters, cooks and managers of those food service establishments. This training includes the Safe Food Handling Certification from MAPAQ, as well as more specific training on safe food handling of traditional foods (e.g. zoonosis, necropsy laboratory). This training allows hunters, cooks and managers to inspect meat themselves, and eventually identify any issues or measures to be taken to ensure food safety. A Quality Assurance and Meat Sampling Program is also being developed.

In order to support the implementation of this Program, ongoing visits of the different food service establishments are necessary to provide support and training, and ensure required measures are in place (identification of foods, logbooks, samplings, etc.).

Finally, at Cree Patient Services, Espresso Hotel in Montreal where patients go for medical treatments and specialized appointments, a community kitchen has been built where patients can cook and eat their own foods, including traditional foods. Cooking equipment, fridges and freezers are at their disposal to prepare their food. Food safety awareness trainings are being offered to patients using the community kitchen. These trainings include: best practices for handling of wild meats, MAPAQ awareness course for safe food handling and food safety, transport recommendations as well as workshops to promote healthy and safe Cree food while receiving services at Wiichihituwin (CPS).

Promoting consumption of traditional food to our clientele

Promotion of traditional food is an important part of our activities and programs. Throughout the years, the CBHSSJB has developed a great number of tools, activities and programs aiming to promote healthy eating, safe food handling and safe hunting practices to our clientele. Traditional food is an integral part of the nutrition and public health interventions aiming to promote the health and well-being of our population.

Supportive documents (Annex 2):

- MAPAQ Letters and Protocols
- Training material (Agenda, Presentations)
- CBHSSJB Nutrition Policy
- Plate Method Placemat
- Nutrition Month posters
- CBHSSJB Recipes
- Puzzle Out your Carbs tool
- Building a Healthy Baby Food Guide
- Fish Facts for Families
- Northern Fish Guide
- Non-lead ammunitions poster and material

Note: This is not an exhaustive list. Here are examples of tools developed throughout the years.

Question 8 – Spirituality and traditional medicine

Any information related to policies, programs, initiatives, directives and professional practices promoting Cree spirituality and beliefs, for example holistic medicine.

Answer

In the Cree region people practice a variety of beliefs and the CBHSSJB respects the client's choice. That said, the CBHSSJB, guided by the medicine wheel, recognizes the importance of the spiritual as an aspect of Miyupimaatisiun (holistic wellness). Often the CBHSSJB works with local partners to enable access to these experiences if the person wishes, particularly in the context of healing from trauma and addiction. In Youth Healing Services traditional medicine is provided if the client requests and if there is parental consent.

Spirituality is taken into consideration in the architecture of new buildings. Spiritual rooms designed along Cree traditional spiritual principles are included in the architecture of new buildings. The rooms are designed with the guidance of Cree Elders and include features such as: circular design, cedar construction, attention to the cardinal points, and art.

Nishiiyuu

The CBHSSJB has a department that has the responsibility to provide leadership on the integration of traditional practices into services. Examples:

- The Nishiiyuu department documents medicines, healing practices and traditional knowledge.
- Nishiiyuu chairs the multidisciplinary Clinical Coordination and Integration Committee, thus ensuring that these discussions are infused with a cultural perspective.
- Nishiiyuu is steering the development of midwifery and birthing.
- Nishiiyuu is providing guidance on language policy and Cree language training and translation services, to be able to increase the amount of written Cree used in communications and patient education materials.

- Nishiiyuu is the link with the Council of Chishaaiyuu (Elders). The Council of Elders play an advisory role in the development of services, thus ensuring that cultural safety and Cree values are reflected in the way that services are developed.

See photo gallery in Annex 3 for relevant images.

See Annexes 1, 2, 3 provided with this reply.



Le 19 mai 2010

Monsieur Daniel St-Amour
Directeur
Hôpital de Chisasibi
Conseil Cri de la santé et des services sociaux de la Baie James
Chisasibi, Baie James (Nouveau-Québec) J0M 1E0

Monsieur le Directeur,

Le ministre de l'Agriculture, des Pêcheries et de l'Alimentation m'a transmis, pour réponse, votre demande de passer outre aux articles 6.5.2.28 et 6.5.2.29 du Règlement sur les aliments (P-29, r-1) afin de pouvoir servir des viandes de caribou, d'oiseaux aquatiques et terrestres et d'animaux à fourrure aux patients de l'Hôpital de Chisasibi bénéficiaires de la Convention de la Baie James et du Nord québécois.

J'ai le plaisir de vous annoncer que l'autorisation demandée vous a été accordée. Cette autorisation vous est consentie pour une période de trois ans à compter de la date de sa signature, en vertu de l'article 11.1 de la Loi sur les produits alimentaires (L.R.Q., c. P-29).

Durant cette période, votre établissement devra respecter toutes les autres dispositions législatives et réglementaires, dont celles du ministère des Ressources naturelles et de la Faune. Le Ministère suit avec intérêt l'évolution de votre projet.

Veuillez agréer, Monsieur le Directeur, l'expression de mes sentiments les meilleurs.

MARC DION

p. j. (2)

HÔPITAL DE CHISASIBI
APPROVISIONNEMENT EN VIANDE DE CARIBOU, D'OISEAUX
AQUATIQUES ET TERRESTRES ET D'ANIMAUX À FOURRURE

AUTORISATION

Le ministre de l'Agriculture, des Pêcheries et de l'Alimentation autorise, par la présente, en vertu de l'article 11.1 de la Loi sur les produits alimentaires (L.R.Q., c. P-29) :

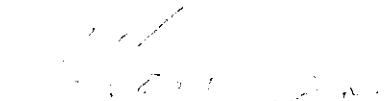
L'Hôpital de Chisasibi
Conseil Cri de la santé et des services sociaux de la Baie-James
Chisasibi, Baie-James (Nouveau-Québec) J0M 1E0
Téléphone : 819 855-2844

de détenir et cuisiner des viandes de caribou, d'oiseaux aquatiques et terrestres et d'animaux à fourrure, abattus par des chasseurs ou trappeurs de la communauté, pour les servir aux patients qui sont des bénéficiaires de la Convention de la Baie-James et du Nord québécois.

Cette autorisation est conditionnelle au respect intégral du document intitulé : « Protocole d'autorisation relatif aux viandes de caribou, d'oiseaux terrestres et aquatiques et d'animaux à fourrure, servies aux bénéficiaires autochtones ».

La présente autorisation s'applique pour une durée de trois ans à partir de la date de sa signature. Elle peut cependant être révoquée en tout temps par le ministre et ne dispense pas le titulaire d'obtenir toute autre autorisation requise par toute loi ou tout règlement, le cas échéant.

2010-05-17
Date


Le sous-ministre