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Woli Wolaqiwiiw, Good Evening, Bonsoir.

Woliwon, thank you for this opportunity to present to your Committee this evening. My name is Conrad Saulis and I am with the Wabanaki Council on Disability. We work in support of Indigenous persons with disabilities living on our traditional and ancestral Wabanaki lands that are now called Atlantic Canada. The Wabanaki are from the lands where the Sun first rises over Turtle Island what you now call North America. Wabanaki peoples live on the right front foot of sacred turtle and we are very proud to be of these lands and waters. In their respectful ways our ancestors took good care of these lands and waters and the resources provided on them. They did this to respect Mother Earth and to assure that children, youth, families and communities would have abundant foods and natural resources 7 Generations into the future.

I want to acknowledge that I am speaking to you this evening from and on the sacred, unceded and unsurrendered ancestral lands of the Algonquin Nation in the southwest area of Ottawa.

Woliwon, thank you to the Committee Chairs and Members for extending the invitation for me to present to you on your work as you investigate matters and issues pertaining to the Medical Assistance in Dying legislation.

I will say it right away - MAiD is not a readily welcomed concept or term for Indigenous peoples of the Wabanaki lands. We have experienced far too much death in our families – in our communities and in our Nations since first contact.

Colonization has brought over 500 years of death, of language and cultural knowledge loss and loss of ancestral lands for our Nations and our people. Believe me when I say that we are far beyond tired of losing things – including our identities as Wolastoqey, Mi’Kmaq, Innu and Inuit and our cherished family members.

We are tired of mourning the losses and deaths of our young people and of persons with disabilities.

Both of these populations are amongst the most highly vulnerable peoples of this country and we believe that we must do everything we can do to help them to continue to live their lives, to find their identities and to be meaningful people in our families, our communities and our societies.

Rather than finding ways of ending the lives of our young people (mature youth) and persons with disabilities we would so much rather be finding the ways to extend their lives and to keep them in our families.

Our families lost far too many children and youth during the Residential and Day Schools era which lasted for over 125 years. We have lost too many children and youth to Child Welfare

agencies – what we want is to find ways to keep individuals, families and communities strong and to be embraced in our languages, in our cultures and in our traditional ancestral knowledge. We want to establish the programs, services and supports that our youth and persons with disabilities need. They do not need to find a way to die. They need to find the ways to re-establish their self-worth – to combat mental illness – we want them to be well – they want to be well.

We want them to be well in their Emotional, Spiritual, Physical and Mental aspects – we want them to be well in the holistic views of our ancestors within the Teachings of the Medicine Wheel.

We want to see the world – Mother Earth and all life she sustains from the values of our ancestors through the Wabanaki world view of respecting all life.

We don't need or want to establish more ways for Indigenous youth to die there is enough death in our communities and families already and there are already enough existing threats. There is so much systemic discrimination in the Canadian medical system. I remember, we should all remember Joyce Echaquan and the humiliation she experienced and that contributed to her unnecessary death in a hospital. Ms. Echaquan sadly is only one example of the Indigenous people who have died due to systemic racism there are many many more in this country. Further in Canada the involuntary sterilization of Indigenous women happens at the hands of doctors. I have been to many meetings with Indigenous health specialists and researchers who for well over 30 years have warned about the systemic discriminatory ways of the Canadian medical system. They are working to try to improve things but for sure a lot more needs to be done.

We don't trust that medical people will offer good advice to our peoples when the topic of MAiD arises. We don't trust that options to continue the lives of our youth and persons with disabilities will be explored. I guess its extremely hard for us to trust Canadian systems given all of the 500 years of destructive impositions that we endured and continue to endure to this day. Rather than to sit here and discuss what the purported benefits are of MAiD – I - we would far much more prefer to discuss efforts, programs and policies that are focused on suicide prevention not on enabling death.

We want to find ways to enrich the lives of all Indigenous peoples and in particular Indigenous youth and Indigenous persons with disabilities.

To prepare myself for this presentation with you today I reached out to Indigenous youth. We held a Zoom call last week on this – on MAiD and on the possibility that it could be extended to include Indigenous “mature youth”. Their fear was immediate. Their fear of MAiD lasted throughout our conversation. It was an incredibly heavy conversation – they spoke of mental wellness challenges, of youth suicides in their families and communities, they wanted to speak about how can we help our youth to be mentally well – to be able to speak the language of their ancestors as a way to improve their self-worth, value and identities.

They spoke about how they go to school and make believe that nothing is wrong – yet there is much that is wrong. They spoke about “triggers” about the things that can bring about thoughts of suicide. This not what they want to think about.

They spoke about how their youth group and their conversations are a part of their healing – talking is healing. Being in and around people you trust, that care about you and that you care about is healing. Being able to learn and speak our language is healing. Learning the

knowledge of our ancestors is healing. Sadly, though these are not the things we readily learn in the Canadian school system.

My mother spent her later life helping to heal Wolastoqey children by teaching them the Wolastoqey language in the school they attended. The school was a part of the provincial education system located in the city not on a reserve. She has passed into the Spirit World now, but her legacy continues in the lives of those children she positively impacted through the language and cultural learning.

For my preparation I also reached to the partners we have in the Wabanaki territory to get their views about MAiD. The reaction – as with the youth was very much the same – fear and bewilderment.

These are the words of one of the partners that responded:

All Indigenous youth have specific lived experiences with intergenerational trauma stemming from displacement/forced relocations from ancestral lands, the Indian Act, Indian Residential School, the foster care system, and etcetera. For these reasons, we know and have empirical evidence to show that Indigenous youth mental health is poorer compared to non-Indigenous mental health. Would an Indigenous youth be more predisposed to seeking MAiD due to intergenerational trauma?

Additionally, for many of our communities, mental health is influenced collectively. For instance, when one community member dies, it can result in the triggering of suicides/mental health crises among the family/friends/community members left behind. Could a youth assisted death also be triggering for families and communities?

Compounding this intergenerational trauma are ongoing contemporary experiences with systemic racism permeating all of Canada's institutions (including the healthcare system). Due to systemic racism, it could be anticipated that Indigenous youth accessing the healthcare system may not be provided with the full range of support necessary for good quality of life. Due to systemic racism within the healthcare system resulting in poorer quality of care, would MAID be perceived by Indigenous youth as the only viable avenue for alleviating pain and suffering? Also due to systemic racism, would MAiD be more likely to be offered to Indigenous youth?”

Last week the Wabano Health Centre and the Ottawa Aboriginal Coalition released a new report focused on racism in the healthcare field titled; “Share Your Story, Indigenous-Specific Racism & Discrimination in Health Care Across the Champlain Region.”

Amongst the findings presented in the report they state: “There were five stereotypes that emerged from the data:

1. Indigenous people are racially inferior.
2. Indigenous people are diseased, addicted, and mentally unwell.
3. Indigenous people are a burden.
4. Indigenous people are angry and aggressive.
5. Indigenous people are bad parents.”

The summary version of the report concludes with the following:

Reducing interactions with the health care system might minimize incidents of racism and discrimination, but it will not address the fundamental need and right of Indigenous people to access and receive equitable health care services. It will not

address a systemic failure within health institutions to truly meet the needs of
Indigenous peoples and communities.

Indigenous people of the Wabanaki territory have many serious concerns about things like
MAiD. It is not the path to wellness it is an alternative to an easy way to die. We don't want
more death we want more life.

Please as you consider further possibly expanding MAiD think about how it will
negatively impact Indigenous youth and Indigenous persons with disabilities.

Woliwon psi-te wen – thank you everyone.