



Media Briefing / Mary Ellen Turpel-Lafond
Investigation Terms of Reference
Anti-Indigenous Racism In Health System
July 9 2020

TRANSCRIPT

Mary Ellen Turpel-Lafond:

I would like to recognize and acknowledge the leadership that's with me today from First Nations Health Council, First Nations on Vancouver Island, respected elders and knowledge keepers from various First Nations who met with me earlier today to provide cultural support and have made a commitment to provide cultural support to me and the small group I have assembled to do this investigation. I would like to recognize and acknowledge leadership of the Metis Nation of BC, who is also here with us today.

So it's a great honour to be able to speak a bit about the status of this important investigation and to be joined, even in this time of social distancing, with indigenous leadership that have come today because, as they have indicated to me in the last three weeks, this is an issue of urgent concern. The issue of racism and indigenous-specific racism in the BC health care system. As members of the media who are on the line know, less than about three weeks ago, I was appointed by Minister Adrian Dix to conduct an independent investigation into some specific and highly disturbing allegations of racism in BC hospital emergency rooms. And also, to take a wider look at anti-indigenous discrimination in the provincial health care system as a whole.

Since then, I've assembled a small team, and we've been busy mapping out the investigation, and we've been working closely with representatives of First Nations, First Nations Health Authority, Metis Nation in BC, communities, leaders, and individuals who have already reached out to me to talk about their concerns about how they or their loved ones were treated in the health care system in BC.

I have to say today that this investigation is not trying to determine whether racism exists in BC's health care system. It does exist. Just as it does in every aspect of Canadian society. What we want to gauge through this investigation and this process is the range and extent of that racism, both individual and systemic, and how it affects the quality of health care for indigenous people in this province.

What we want this investigation to accomplish, besides shedding a much-needed light on this issue, is to make some sound, informed recommendations that can address racism in the health care system and can improve the experiences of indigenous people, First Nations and Metis, or Inuit people if they are in our province, who are accessing that system. The review will be conducted in stages.

We are now into a focused investigation on the specific allegations around the game that was played in the emergency rooms, which has allegedly involved staff guessing the blood alcohol levels of indigenous patients. These are obviously very serious allegations, and an egregious example of racism that demeans and devalues indigenous people and our health. Our investigation will get to the bottom of those troubling allegations.

However, I also want to caution that the investigation is not about blaming and shaming. Blaming and shaming is something that indigenous people have experienced, and we certainly are not in the position where we want to reflect that back. That's not a healing process. That's not a truth-telling process. It is about truth telling and it's about doing the investigation and presenting an accurate report on the state of anti-indigenous racism in the BC health care system.

I can say, though, if I do find that there have been violations of the criminal code or the standards of health professions and health professional bodies. As I look into these investigations, I will report back to the appropriate authorities to be dealt with by them.

And I am pleased that BC's professional health care bodies overseeing doctors, nurses and others in the system have voiced strong support for this investigation. Unequivocal, strong support. They have also assured me that if presented with evidence of wrongdoing, they will take appropriate measures. Our investigation will no doubt uncover some difficult truths. But ultimately, it's about building up the competence for indigenous people in BC's health care system and to ensure that they will feel safe and that they are treated appropriately, respectfully, with dignity, equality and fundamental respect for their human rights.

The very last thing that I, personally, would want to do, or any of us standing up here today would want to do during this difficult time when we are dealing with two major health emergencies in BC, the COVID-19 pandemic and the opioid crisis epidemic, the last thing we want to do is discourage people from using the health care system. One of the important messages I want to send out today is, do not hesitate to seek and get the health care that might be needed if you're an indigenous person in BC.

We are investigating issues. We are launching today a process to address it. But do not hold back in fear. You must seek the support you need during this time, when there are very significant health crises facing indigenous communities, and the indigenous communities in BC have been working very hard with the First Nations Health Authority, the provincial health officer, and others to maintain the safety of their citizens, and that challenge will continue to face them for some time.

At the same time, our system clearly needs work. Our team is beginning to dive into the stories that have come forward, and the treatment that indigenous people have received, often inferior treatment. Despite having no formal presence until today, our investigation has already received countless phone calls and e-mails from people sharing their stories, and I am very grateful for that. I want to assure all indigenous people that you're safe to share the story with myself, my team. It will be treated with

utmost confidence and respect. It is independent from government. There will be no retaliation or recrimination to anyone that does that. You will be supported.

And in the same vein, anyone working in the health care system that needs to share their experience and story with what they may have been a bystander to or participated in, I encourage you to share that information. You will face no recrimination in your workplace for doing that. You have my sincere pledge on that. That's a very strong stand, and the Minister of Health has also affirmed that.

Today, as well, we launch a website. We will launch a survey. One of the roles of this investigation is to look at anti-indigenous racism. It is a monumental task. It isn't a new thing. We are, today, launching a survey, and we are encouraging indigenous people to complete the survey. The survey is independent from government. The survey will look into whether or not indigenous people have experienced racism, the nature of that experience, and so forth. Not everyone will want to tell their entire story, and I can understand and respect that.

But I urge and encourage you to complete the survey. It's very important that your voice be heard. You do not have to give me your personal story, but by completing the survey, by supporting people in your family to complete the survey, by calling me or the number that you're going to see on the new website that's been launched, we will support you to complete the survey. But we need to know the full extent of this experience in BC, and we need you to take this opportunity to speak up.

We will also be looking at the stories of individual racism and systemic racism, and we are looking at data in the health care system, speaking, as I said, with health care workers and leaders, to get a better sense of what needs to change in that system to make it better, to make it safer, and make it more welcoming and respectful for indigenous people and for indigenous people's ways of approaching health and well-being. Indigenous knowledge. Again, I'm honoured to be here today with indigenous knowledge keepers who have traditional indigenous knowledge on health. It may not always appear in the mainstream, but it's very significant. And they have told me today, and indigenous people tell me every day, about how important indigenous knowledge and values and approaches to health is in addressing trauma and the needs that indigenous people have when they go for health care.

Certainly, indigenous people want individual and systemic racism in health care to be rooted out. They want our investigation to help change the system for the better. I have been assured by Minister Dix that his ministry and government will implement recommendations from this investigation. This means this is a significant opportunity for change. We want to seize this opportunity in the most respectful, inclusive, and supportive way, and we want to build unity and support between Metis and First Nations in BC, which you will see here today, by the people who are standing with me. But also to make sure that all indigenous people of all ages and stages of life are treated respectfully and are heard.

Again, I urge all indigenous people to share your experiences through the survey. We are launching a 1-800 number, if you need to call and talk about a case. We will follow up with you on that. This is your chance to have your say. The pace of the investigation is an intense pace over the last few weeks, and we will be working hard in the next few months. I doubt I will be speaking to the media during this period of intense work, but I am hoping to have at least a parliamentary report on these matters and a preliminary view, a first stage report, available in a matter of months. That is something that the team is working on now with dispatch. So I thank you for that.

Again, I'd like to thank those who are standing with me, providing support, that kind of important cultural support, safety, so that there can be safety for indigenous people to tell the story of what's happened to them to me. I've been asked to do this not only by Minister Dix, but since Minister Dix called and asked me, First Nations leadership and Metis leadership has said, yes, we want you to do this. It has been 100% support, and I really do lift my hands up and thank you for that. So we will do that, and we must not have any stone unturned on this issue. These are times when we must deal with racism in our society. We must respect rights of indigenous people in all aspects of our society, and health care especially, with the global pandemic and epidemic I spoke about earlier.

Reporter: I'm already hearing from people that are trying to rationalize this in some way by saying, it's stressful to work in an ER. People need a way to cope, and this is just a coping mechanism, and why are we going after people for doing what they have to do to cope? Can you explain what is fundamentally wrong with that attitude?

Turpel-Lafond: Yes. If there are any corners in the health care system in BC where it is considered to be okay workplace behaviour to humiliate and demean indigenous people as a way to deal with stress in your workplace, I think it is very important to send a clear message that that is not a healthy and appropriate way to behave. I am very mindful of the fact that emergency rooms and hospitals are stressful places. They're crisis driven places, and I understand that there is need for support. But that kind of support is not at the expense of demeaning or playing a game about the patients that are coming in, and particularly when it comes to indigenous people, making games or demeaning comments about intoxication, addictions and so forth.

These are very, very significant matters, and they must end if they are happening.

Reporter: This isn't the first time that you have been asked to do a report. How confident are you that this report won't just be shelved and that we will see this kind of behaviour continue in the future?

Turpel-Lafond: Well, Minister Dix made it very clear when he asked me that this is an independent investigation, and that he welcomed this, and he made a commitment to act on the recommendations that are made. I have a fair bit of experience investigating and reporting on these matters. I take this job very seriously, and I would expect the recommendations that I bring forward to be implanted fully. Minister Dix will have the responsibility for that.

Obviously, it's not my responsibility, but I do note that the people that are standing here with me today, First Nations and Metis people of BC, they have been very clear to me, saying they expect whatever report comes forward, that they have put their stories into and their time and their effort and their life force into getting out, they expect it to be acted on. So I believe there will be significant pressure to take those recommendations and act on them. So we'll see where we get when we get there, but at this point, I've had a very receptive and positive relationship and discussion with Minister Dix.

Reporter: My first question is about folks who are saying that the allegations are about individual staff members with harmful biases in a system that otherwise works. Could you explain why that's not really the case, and how your contextualizing the allegations in the systems that would have enabled them?

Turpel-Lafond: Yes. I think you have hit on a key point. There are individual acts that happen when one chooses to do things like play a game about intoxication or to make jokes about individual patients. That's an individual act. But when you have an environment in which it's tolerated, and more than one person participates in it, people are bystanders to it and don't act, that becomes institutional and systemic.

And it appears we may have two kinds of situations here. Individuals who may be able to conduct and engage in that kind of behaviour, and environments or ecosystems and systems that do not stop it. So there are two levels to this. And both of them need to be evaluated. It's very important when it comes to racism and anti-indigenous racism. There are no bystanders to that.

Racism does not need bystanders. Indigenous people need allies, not bystanders that tolerate racism in BC.

Reporter: You mentioned the cultural support that you're accessing during this investigation. What kinds of supports are going to be available or made available to people who do come forward and share their stories, and the trauma and pain that that may bring up?

Turpel-Lafond: Yes. That's very important. Thank you for asking that question. I'm working now with First Nations Health Authority, and on the website there will be some links. And we will be ensuring that there are some connections with mental health supports for people who are coming forward. We want to ensure that that is available for Metis and First Nations.

And the FNHA has done that in the past very well. For instance, they have supported residential school survivors when they have had to come forward and tell their story or give their testimony in the past. They have had ongoing support. So I will be working closely with FNHA and the Ministry of Health in BC to make sure there are supports. This is traumatic material. Already in talking to people, particularly when someone has lost a loved one in a context where they felt so harmed, it's really important to get that support.

So we will do the best with my team to understand and respect the situation that people are in when they do call. This is very vulnerable. This is people sharing some of their most vulnerable stories. And that's something I certainly respect. And I will do my best to create those bridges for that service and support. And I'm glad I've got the support of the FNHA on that.

Reporter: Through the first few weeks, have you gotten any closer to better understanding what happened in this emergency room? And have there been further allegations around those types of incidents that have been brought to your attention over the last few weeks?

Turpel-Lafond: Yeah. It's fair to say there have been greater details brought to my attention. And I am in active stage of investigating, so I really don't want to go into a lot of detail today, except to say that I am very glad that Minister Dix did have an investigation and did command this process so this can be looked into.

It's being actively examined. And I do have some very credible information, which I am pursuing, and I will report on fully.

Reporter: When we originally spoke about this a few weeks ago, you were very clear, and you have been today, that this was about one allegation. When you originally report out -- is your sense that this happened in multiple emergency rooms involving multiple people over a long duration of time?

Turpel-Lafond: Of course, when I was first appointed, I think I may have spoken to the media the day after the day I was appointed, really. So I has just sort of took the file. In the last number of weeks, as I have been able to begin to pull apart what's in that file, hear directly from indigenous people, what I'm hearing is about concerns that are in all regions of BC; in all health authorities.

And there are specific incidents in specific emergency rooms, not only with the issue of playing games around intoxication. Other matters that have come forward. And so Minister Dix was clear that I needed to look at it, and look more broadly is there were incidents of racism -- individual or specific -- elsewhere. So at this point, I can say that there are incidents that I have before me in every health region in BC.

Reporter: What do you expect will be the largest hurdle in getting to the truth of these allegations?

Turpel-Lafond: I think the largest hurdle is probably well known. And that is the importance of having physicians, nurses, and staff that work in BC's health care system feel safe to be able to talk to me about what they may have been involved in or they may have seen.

That's a challenge because people are very fearful of retaliation and recrimination, which is why again today I am saying the purpose of this investigation is not to name and shame, but to ensure that this is their opportunity to speak up. The College of

Physicians and Surgeons, you will see in the press release I have today, gives full and complete support to this, as does the regulatory college for nurses. And other colleges that regulate health professions have been supportive.

Members of those colleges, members of those health professions, need to engage on this issue. If they have something to share, please share. The obstacle that I have is when systems shut down because they don't want to talk about it. And certainly I have seen that just from what I have seen so far; instances where it's been shut down.

Whether that's because there has been a complaint that has gone nowhere, or there has been an internal issue. We do have so-called whistleblower legislation in BC. It doesn't yet apply to the health authorities. But in the context of this review, individuals in the health care system have my absolute assurance that they can speak to me.

now is the time to speak. Please contact me. So the barrier, I may say, when I report, was I couldn't get them to talk to me. And I am offering a very friendly and positive process for this to come forward in a positive way. We have to root out anti-indigenous racism. Please engage.

I will be very disappointed if, when I release an initial report, I say to you I had no engagement with physicians in BC, whether they're emergency room or rural physicians. If I had no engagement with nurses and others. So I will be very disappointed. I don't think it's an obstacle, but I know historically, this has been one of the biggest obstacles. So I'm hoping that it can be overcome.

Reporter: Just to get to the logistics of your timeline -- do you envision different timelines? Because, on the one hand, you are investigating a specific allegation. But on the other, you're looking at a more wide-ranging systemic problem within the health care system. Do you envision reporting first on the allegations? Or do you expect it will be one full report encompassing all?

Turpel-Lafond: I think it's fair to say that at this point my thinking is it will be a staged process. I do want to get an initial report out to address these very serious issues. How extensive that initial report will be will depend on how industrious and capable my team is of doing the work. And, of course, the response from First Nations, Metis and others. So our times we're living in with COVID does create some barriers to do this work. But at the same time, the pressure is on to do it. So I don't have a perfect answer to that today because, of course, the report is not written. But if we can continue down the path of being very active as we are right now, we get full collaboration and cooperation, it could be that a more extensive and fairly extensive report could be offered first.

My preference would be to have a more comprehensive -- be as comprehensive as I can as soon as I can. But I need to make sure the work can get done. So that's where I am today. Unfortunately I don't have an exact answer on that. But you will have to check in again, and we will let you know how that's progressing over time.

Reporter: You referenced other incidents in every health region of BC. I'm wondering if you can whether they're related to each other, and or, if they're related to the specific allegations we already know about. And, just in general, what do these stories say to you? Does this signal how systemic or in-depth the root of this is and how long it's been going on for?

Turpel-Lafond: There are a few themes that are emerging. One is a constant theme where indigenous people that attend for urgent care are questioned about whether or not they're intoxicated, or whether or not they have addictions. And often minimizing the complaints that they bring forward based on the allegation that there is an addiction; that there is intoxication.

And so that's a theme I'm seeing and I'm hearing from indigenous people, in particular. And it's something that has really come forward since this review was launched. So it's the interaction between indigenous people seeking care and the care providers talking about them and their health needs, first through the lens of -- are you addicted? Are you under the influence? And so forth.

So there are things that have a lot of history and stereotypes. And the experience is very harmful and irrelevant to the matter for which the individual is attending for care. So that's one common theme I'm seeing. And that treatment of indigenous people, at times, it would appear from what I've heard so far, as though indigenous people are all suffering from profound addictions when we go to seek care, as opposed to being people seeking health care.

So there is a very significant theme there. It would appear this might have been present for a long time. But this is a time to address that.

Reporter: Just looking at the details around the framework of the investigation. I'm wondering if you have an idea of the scope of just how many people you anticipate to hear from, and under what conditions? Will this be in person or over the phone? And how critical is it, do you think, to encourage doctors and nurses to speak out realizing how critical their voices are in putting this inquiry together?

Turpel-Lafond: First of all, we have 1-800-number. That's a private phone. You can call it. Anyone can call it. Whether it's a health care provider or indigenous person. It's important that people each out. We also have an email. You will see the email, and I hope you will post it and link it in your media stories.

We have an email where it can be emailed confidentially. So you can just sent an email. You don't have to necessarily call. Some people don't want to call. They're busy. Maybe someone's working in the ER all night, ever night; they don't have a lot of time. And frankly, I've already had those calls from some people who will say I'm very busy, but I wanted to just give you an email.

But more importantly, with respect to the experience of racism that indigenous people have had in BC, I would like indigenous people to complete this survey so I have a

comprehensive response. It's one tool, but it's wayl can get to a lot of people, and I can amplify and understand their experience in this report. So again, with the assistance of FNHA, First Nations Health Board, First Nations Health Council, First Nations Leadership Council Metis Nation of BC, we're going to try and encourage all indigenous people to complete that survey.

I may do a second survey of health professionals if they're not calling me. I will go to try and get the information out. But I would like as comprehensive and complete. This is the opportunity. There will be a lot of opportunity for work, but this is the opportunity to lift up that voice; speak out and share that experience.

And again, when I'm talking to families they're like, well here we are. There's ten of us in this house right now. We all have a story to tell. So people have been very willing, once I engage with them, to go through the stories. But I need to make sure I get it. This is a very key time. It would be terrible if we did this work and someone was not heard. They have to be heard.

I will look at whether or not, and why they maybe haven't been heard in the past when they have made a complaint, or their complaints haven't been taken seriously. How will I make sure they will be heard in the future? I'm going to turn my mind to that. But first, I want to make sure I hear from indigenous people around their experience of racism. If they have experienced it, I want to know about it, and I want to understand it. So I encourage them to complete that survey.

Reporter: I'm just wondering what methods are being used to prove that these allegations are truthful? Because otherwise, it's just a case of he said, she said.

Turpel-Lafond: Right. So the methods that are being used in the review and investigation is I've got full access to the material. I've had full sharing of data. I have investigators that are able to talk directly with people that are impacted. So I have the usual suite of tools that we use in investigations. And so far, I have had collaboration. And that's really important because when you talk about individual circumstances, if I have an allegation -- a complaint of a very significant experience of anti-indigenous racism, I need to confirm, yes that person was in the hospital at that time, and so forth.

I will conduct a normal investigation so that findings that I make are grounded in evidence. But I think the most important thing I'm saying today is, I think it was very timely and important that Minister Dix did call this investigation and review, because it was something that perhaps they were sitting on; not necessarily him, but in health authorities and so forth. They have been sitting on this for some time.

And it hadn't been investigated. So it needs to be investigated. So the regular tools of investigation are underway. And I'm glad I have a small, independent team that's doing it. And I hope I will be able to get to the bottom of it. And if I can't get to the bottom of it, I will explain why I can't get to the bottom of it.

Reporter: I'm just wondering, are you shocked about how many stories have come forward of racism in the health care system?

Turpel-Lafond: As an indigenous person, I'm not completely shocked on the one hand. At the same time, I certainly feel a lot of pain for the suffering that I have heard over the last number of weeks. The amount to which families have suffered in silence; the amount to which they have not been able to commandeer the attention of the system to listen to them when something has gone wrong.

And the stories that I have heard are very difficult stories. And in some instances, they're stories where someone's life has been lost. And it's a really painful time. So I'm not shocked, necessarily, but I certainly feel that pain that I'm hearing. The fact that people have been suffering with this experience of racism and they have been bringing it into First Nations or Metis circles for a long time, but it didn't come out into the system and get attention that it needed.

So I alternate between feeling extremely sad and hurt for the people who have been through that. And I sometimes also get upset, because I think why has this been sat on for so long? Why wasn't this addressed three, five years ago? So here we are today. We have got to seize the moment. But I do certainly have a sense that this is overdue to be dealt with. And so the number of people have been just waiting to say I have been waiting for someone to hear this story.

And then when they tell it to me, I'm like well what did you do? And then they describe a very broken process to deal with the complaint. And again, I am not trying to be inappropriate, but sometimes these are very high status indigenous families who are very respected in their community, culturally respected. And they're very well known. And they cannot commandeer support in the health care system when they have been treated in a way. And then they're very worried about other people in their community.

So the extent of it -- that has been surprising to me. And I am very grateful for the fact that people have been sharing. And I will share some of that in the report that I eventually do. I will share some of those stories if families give me that permission; if they feel safe and comfortable I will tell those stories to British Columbians, because I think British Columbians need to hear them.

Reporter: We reported earlier that the hospital where this emergency room was -- where the initial complaint was -- was Saanich Peninsula Hospital. I wondered if you could say what that hospital and that health authority could do right now, without waiting for your report? What can they do right now to address the issue?

Turpel-Lafond: Any health authority where this has come out needs to take immediate steps with its urgent care team. Whether that's in an emergency room or a community-based urgent care team, there have to be immediate steps taken. In light of what's come forward, in fact, one doesn't have to wait for a recommendation or a report from me. The CEOs of all the health authorities need to take immediate measures to understand if it's happening and respond to it.

And probably proactively respond to it. And I believe some of them are doing that. And I will be asking them about that -- what steps have you taken? Because they don't need to wait for me to report. This is something that they need to proactively address. And I will be assessing that, and say what have you been doing to address it? And I will be asking them, as well, if this was known, what did you do about it?

Why didn't things happen more quickly? And since this has become public and there is a review, what have you done? So those are issues that I will be turning my mind to. And I expect the CEOs of the health authorities, the Provincial Health Service Agency, the Health ministry and others to be working on it.

And I have spoken with the Deputy Minister of Health, and I have talked to him about it, and I know he is actively engaged. So these are really significant points. We don't have to wait. There are things that can be done to address anti-indigenous racism immediately. And I hope they're taking those measured steps, and I'm going to want to hear what they are.

Reporter: We have heard some reports of health care workers being asked to sign non-disclosure agreements after either complaining about this, or possibly being fired after a complaint. Again, I say possibly. But have you heard of anything like that in the reports that you have received so far?

Turpel-Lafond: I have heard the fear that people have about coming forward -- that they will face repercussions if they're health care professionals, and they address it. That there are people in their workplace that maybe are more powerful than them and they will be consequences. So I have heard that fear.

That fear needs to be addressed. Again, in BC there is whistleblower legislation. It's not in effect yet for the health authorities. It has been delayed, and I believe that health authorities asked for it to be delayed. And I don't even know if it's planned -- and the ombudsman oversees this -- I don't even know if it will be in place until 2022 or more was what I recently heard.

We need to be able to provide protection to people coming forward. And that's why I'm saying that someone comes forward -- they can come forward to me on a confidential basis. They can say whatever they need to say. There will be no recrimination. They need to come forward.

And I will not be naming and shaming them in their workplace. I will be supporting them for coming forward. And it's important that people are not bystanders to racism. It's also important that I understand the experiences of indigenous people that are in the health care system. We are going to interview the people in the system. We have started talking to them because they have said -- we have tried to raise it as well, as an indigenous person in that system. And we haven't always been heard.

So there's that angle. But absolutely important that people do not get shut down or consequences for addressing racism in their workplace. It is a time where we have to bring

it out. We're seeing it across society. And health care is one of our most vital and important sectors. It's a care system. In a system of care, there is no place for racism in that system of care. It has to be rooted out.

Reporter: I wanted to know when this investigation launched, I've received a number of allegations from people who experienced an incident maybe five, ten years ago. I want to know what you would say to them, because a lot of them were saying that they felt because it happened so long ago, that it wasn't relevant or they shouldn't be sharing it.

Turpel-Lafond: I think first of all, because we have the survey, the survey has opened the door for them to share that experience no matter when it might have happened to them. It's good to have that. We're focusing these more recent incidents, but it's important to bring it forward. As I say, these investigations require truth telling. There's an element of truth telling, of come forward. People are carrying this burden of having this experience. They need to talk about it. So we have this vehicle right now for them to do it. Please distribute and encourage any First Nations, Metis people in any part of the province to complete that survey and share their experience. It doesn't matter if it happened five years ago. We need to hear it.

I'm certainly seeing sometimes these have an almost cumulative effect. It's not just one experience. They've been in the same emergency room many times, and they've had it several times. It might even sometimes span three years that they've had the same thing happening. It's not question about exactly the way. If it's been there, I need to hear about it. We will evaluate to see how things changed since that happened five years ago or not, or is it still a very live and big concern that has to be addressed now.

Reporter: My follow up is I would like to know if you think that there is an extra barrier for residential school survivors who might be coming forward with allegations from the health care system now.

Turpel-Lafond: Again, I'm the director of the Residential School History and Dialogue Centre at the University of British Columbia and work closely with survivors and families. Survivors of residential schools have had to speak out and tell their stories at great personal risk over many, many years. Their stories have been very important to understand the kind of systemic racism that was experienced through that colonial system of residential schools.

Some of those survivors also talk about the terrible health care system they had in the residential schools, the terrible treatment they had in Indian hospitals. These things are not unrelated. I will speak in the report about why the history of mistreatment and colonialism in the health care system against indigenous people, why it could be the current anti-indigenous racism is connected to that, because that was the law. You were allowed to send people to residential school. You were allowed to send people to the Indian hospital, where often there was substandard treatment. And even this week I was speaking to an indigenous person who said about her mother's generation was sent to the veterinarian to get medical care. They were sent to the animal doctor, not the real

doctor, because that was the belief of the kind of care that they had. That is an accurate story. That is something British Columbians need to grapple with.

In terms of understanding the history of the experience of racism by indigenous people in BC and in Canada, that is not irrelevant to what we're talking about here. Those survivors that have carried a huge load, they've talked about their experiences, they will receive particular support from me in this process. The treatment of elders in our society is a very significant point, especially as we deal with COVID-19. The elders need to be treated with utmost respect and dignity, and their voices will be heard and will be amplified by this review.

Reporter: I'm wondering do you think. You said you would be very disappointed if you got to the end of this and you hadn't heard from physicians and nurses and so forth, people working in the ER. Is it possible that you would need the powers of an inquiry commission to get to the bottom of this? Is it something you could imagine asking for if you needed it? And an inquiry might also provide a public hearing aspect, allowing people to tell their stories firsthand. Do you envision any of that?

Turpel-Lafond: Thank you for that question. These are things I'm turning my mind to. Right now, it's very important to collect the information, to protect the security of people that are being interviewed, not to disclose that personal information, to get consent to encourage the health professions. As we've seen through their regulatory body, they've been very supportive. They're encouraging their members to participate. This process, it can be a very positive voluntary process. One would like to think that in the health care system in BC, the commitment and unity to bring the issue out and work together means that those tools, like subpoenaed documents and other things, are not going to be needed. I have spoken to Minister Dix about it. If there are additional tools that are required or an additional process that's required, I am reflecting on that and I will make recommendations about that.

At this point, the input that I've had from First Nations and Metis in looking at how we conduct this is to conduct it in a space of creating the opportunity for people to come forward and deal with racism. If there is obstacles to that and it cannot be done, we need to go down another path. However, I would say to you, Vaughn, that in the health care professions, compelling evidence from physicians, for instance, is very difficult. It's a very difficult process. There are a lot of protected spaces in the health care system, sometimes maybe for good reasons and has nothing to do with this issue.

But when it comes to racism in BC, the moment that we're in is one where voluntary compliance and disclosure, protection for the security of person being interviewed, respect for the people that are coming forward is what is guiding my approach. That may shift and change, and I will advise the Health minister and the government of BC appropriately. At this point, that is the space I want to occupy. If that shifts and it's necessary to have those other tools, I certainly will bring that forward.

Reporter: You've made a couple of references to a small investigative team that you've put together. Could you give us some indication of what that consists of, in terms of

people and resources and expertise, and whether or not you have a preliminary idea of when you might hope to deliver a preliminary report?

Turpel-Lafond: I have a small team with different competencies. For instance, clinical experience in health care is important. So I'm very delighted that Dr Perry Kendall, the former provincial health officer, is on my team. I have Dr Margaret Moss, who's a professor of nursing. Very skilled indigenous nurse with experience. I have the clinical expertise, which is helpful. I have investigators on the team. I have individuals who can do data analysis so we can look at things like utilization rates of emergency rooms by indigenous people, or indigenous people getting primary care or only emergency care. I've got different competencies on the team, but it's also very important to note that in all of those areas, there are indigenous people on my team and there are indigenous professionals. That's important because safety and trust to be able to work in this space is a precondition.

It's a smaller team. I hope it's a high-performing team. I'm asking a lot. We're working very hard. I also am of the view, as someone who's done investigations and reviews over the years, and perhaps it's a personal bias -- and maybe it's not a completely appropriate personal bias -- but I'm of the view that this kind of work needs to be done with dispatch. It's not something that can wait. I was speaking yesterday to someone who conducted a major national inquiry into health care. Former premier Roy Romanow from Saskatchewan and his report, which is still being taught in medical schools -- chapter 10 on Aboriginal peoples in the health care system -- and he said address racism. This was almost 20 years ago. That was report that was issued and shelved. He was talking to me about how he was so disappointed that it didn't get the traction it needed.

I'm mindful of that, and I'm mindful of the fact that these long, dry processes that do not engage well with people directly and do not create this respectful space for change sometimes just don't work. That might be a personal bias. But my view in BC is I want everyone in the same canoe paddling together. I want health care professionals to feel like we want to support indigenous people. If there's racism, we're going to root it out. Indigenous people are like we want the health care professionals to be supported, and they've done a lot of work on cultural safety training to try and transform that. If there's more work to be done, we'll do it.

I feel like that big, long, dry inquiry process, while it's valuable -- we've had a lot of inquiries into issues that have impacted indigenous people and they've been valuable, but I've also found in my career sometimes a very focused, highly skilled team that can produce a report, that can parlay into public policy, can produce more change. That's my personal view. If I'm wrong, well, people can call for something else. I'll give it my best work. I certainly will identify tools that are needed if the tools I've got don't work.