

Dr. Rod McCormick, Professor and Research Chair in Indigenous health, Thompson Rivers University, as an individual:

Shé:kon. My name is Rod McCormick. I'm Mohawk or Kanien'kéha. I would like to thank this committee for this invitation to provide input once again on Bill C-7. Previously I testified on the implications of Bill C-7 for those suffering from mental illness. I would like to extend those views as they pertain to MAiD for mature minors. As I am an Indigenous health professor and research chair who has had approximately 35 yrs. of experience as a mental health service provider for Indigenous peoples my testimony will largely be from an Indigenous mental health perspective. I should start by saying that I have grave concerns over the extension of MAiD for Minors, and I use the term grave in a purposeful manner. As my partner and kids are members of Tkemlups te Secwepemc, and I live in their community, I experienced firsthand the impact of the announcement of the 215 children's graves in the grounds of the Residential School. I can clearly see the Residential School from the windows of my house and can make out a glimpse of the fields in which at least 215 children have been buried in shallow graves. This attempt to conceal the bodies is in some ways symbolic of the numerous historical attempts by Canada to deal with what Duncan Campbell Scott referred to as the need to get rid of the Indian problem. Those attempts have consisted of forced starvation; forced sterilization ; forced relocation to reserves with unsafe, unhealthy, crowded housing; the Introduction of liquor; smallpox blankets; forced residential schooling; experimentation with malnutrition in residential schools; Ignoring the contagion of tuberculosis in residential schools; the ongoing child welfare seizure of children; excessive imprisonment of Indigenous peoples in the penal system and the list goes on.

What I am saying is that because of the multitude of ways Canada had utilized to eliminate Indigenous peoples and culture, we are not surprisingly over-represented at every stage of the health care system including that of pre-mature deaths. This may all seem overly dramatic to you, but do we really need another path to death? My cynicism is partly based on decades of working with Indigenous youth to help them attain and maintain a good and healthy life. Granted there are those suffering from irremediable physical illnesses that may under some circumstances benefit from MAiD but those are extreme exceptions. As I mentioned in my previous testimony, I have worked with many Indigenous youth in emotional pain who were able to recover from being suicidal. The common reflection they had was one of relief that they did not choose a permanent solution to what proved to be a temporary problem. Getting the proper and timely help is the key to survival.

There are many barriers to attaining that help. Among them are a lack of accurate diagnosis and corresponding treatment; a racist health care system; a mistrust of the health care system which does not always have our "best interest" in mind; jurisdictional ambiguity and the abdication of responsibility by various governments; and the big factor: remoteness of our communities. Living on reserve and/or in a remote location often means that health services are provided by nurses or nurse practitioners who are often overworked and ill prepared to provide the range of services that are required. This is especially the case in the near total absence of palliative care services for Indigenous children and youth.

In preparing this statement I scoured the internet looking for evidence showing that mental illness can be predicted to be irremediable. I could find none. Shouldn't public policy such as this be evidence informed? Some argue that we discriminate against minors and those with mental anguish if they are not allowed access to MAiD but without evidence are we not discriminating against those very groups in

another way? Currently I believe that the law provides the option for the patient to self assess as to whether various methods of treatment are appropriate for them and to refuse such treatment that they deem inappropriate. From my clinical experience most youth are not aware of the various options that they have, nor do they have an accurate understanding of them. Granted for Indigenous youth those options might not even be available to them in their communities, but shouldn't equal health care in Canada be available to all Canadians? Can teenagers whose brains are still developing make such important decisions?

Although I obviously cannot speak for all Indigenous peoples, the pattern I am seeing in the introduction and modification of this legislation is that of an abdication of responsibility by the government of Canada and by extension the citizens of Canada. Instead of making every effort to provide the range of mental health services needed by Indigenous youth to overcome their pain we are instead imposing upon them the responsibility to decide if they should choose a government sanctioned permanent solution to what could easily be a temporary problem. Perhaps that is where mainstream Canadian cultural values fail us all. The emphasis on Individual rights and individual freedom is not balanced with need for collective responsibility. In closing I would like to read you a statement by the existential psychiatrist Dr. Viktor Frankl: "Freedom, however, is not the last word. Freedom is only part of the story and half of the truth. Freedom is but the negative aspect of the whole phenomenon whose positive aspect is responsibility. In fact, freedom is in danger of degenerating into mere arbitrariness unless it is lived in terms of responsibility. That is why I recommend that the Statue of Liberty on the East Coast be supplemented by a Statue of Responsibility on the West Coast."

I urge Canada to use the discussion of this bill to reach the realization that we need to substantially improve the mental health services available to Indigenous youth and for all the youth of Canada.

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