00:00:09:00 - 00:00:41:00

June Commanda

As a Councillor, like a lot of people come to you and call you. I'd even come with some of the people just to get their status card even, or other-- even to the Health Center. And this one young man particularly was a Type One diabetic. I met him in North Bay at the hospital. I went for a test and he was sitting outside and he said he was waiting for somebody to come and pick him up.

00:00:42:14 - 00:01:19:11

June Commanda

He had lived in a Orillia, he was working at Rama. And then he moved up here like hoping to get help with services because they didn't cover off reserve people. Yeah. So he couldn't find an apartment here and he was living in town and he couldn't get a ride or anything. He had to go to North Bay and he said he had eye treatments and he said he had paid for one himself... $3,000 that's not covered.

00:01:20:08 - 00:01:40:17

June Commanda

And he couldn't get rides, so he had to find a ride there himself. And he said he had a second treatment, but he wasn't finished paying for it. So they told him we have to get that second payment first before we can do the third one. And he's one example and there was others that would come to you for something.

00:01:40:26 - 00:02:13:24

June Commanda

There was this man too... his apartment, the house where he was living in an apartment, burnt in Sturgeon. So and they were wondering what to do. And somebody let him live in their fish shack for the summer. So it was like this... around this time of year, October or early November. And somebody said, “Oh, that man, he's still living there and that. He can't live in there.”

00:02:13:24 - 00:02:40:23

June Commanda

“It's not heated, like.” So I told Dwayne about it again. I'd go and tell him every time about something. Anyway, next thing I know, there's a meeting set up and I was called to it. I didn't know what it was, but there was other department people there and that's how Wiidooktaadyang came to be, like, because other people had experiences like that.

00:02:40:23 - 00:03:20:14

Dwayne Nashkawa

We had this sort of legacy of doing things the way Indian Affairs or Health Canada used to do things. And so we were sort of more concerned with what external funders might think of decisions that we were making then, you know, what the community we were serving might think. And we were very siloed because we were very-- everybody's job was dependant on whatever funding envelope they worked within so social services

00:03:20:23 - 00:04:04:09

Dwayne Nashkawa

sort of focused on the social services and what their funders thought about things, and health staff thought the same way. And it was early days in the development of our administration and governance and so that's all we knew because that's what we came into. Those are the systems that existed very much legacy issues from colonialism. And, you know, I was seeing, and a number of us were seeing, circumstances where people would go to one area for help: housing or health or for mental health supports or employment or training or whatever, and they would be moved around.

00:04:04:09 - 00:04:26:21

Dwayne Nashkawa

“Oh, I can't help you in this program here because you really need to go over there first,” or, you know, they wouldn't qualify for... they couldn't do the training program because they didn't have child care, you know. So we it was a lot of pushing people around and people would go to one door and they'd be redirected to another and another.

00:04:26:21 - 00:04:56:01

Dwayne Nashkawa

And they were getting frustrated, you know. And the problems were getting more and more complex, you know, new mental health challenges, new addictions challenges, new, you know, education challenges and that sort of thing. And so we needed a new model for the way we thought about solving problems. And really what we needed to do was try to promote thinking in our own way.

00:04:56:12 - 00:05:26:06

Dwayne Nashkawa

And like that these models that we'd been given from the colonial system were failing us and they were failing our people. And so, you know, the impetus, you know, we had a few, you know, you know, incidents where people were falling through cracks and that was not the way we used to solve problems before we had all the resources we have now.

00:05:27:00 - 00:05:54:11

June Commanda

And I used to say, you know, if we're going to think like this, we better put that “Indian Agency” sign back up at the front. There's always ways around rules. How you can help them. Maybe you can help them over there. If you go back to school, you'll get funding, you know, a few or if you can get them a job.

00:05:54:11 - 00:05:59:13

June Commanda

And some people just don't want to ask for anything. Like, yeah.

00:06:00:02 - 00:06:22:02

Dwayne Nashkawa

We have one staff member over here saying, “Yeah, we should help this person here, so we should do it.” And the other staff member saying “No, we shouldn't, We don't have resources. It's too taxing, it's too much liability.” I'm like, who do I listen to here? You're both trying to convince me as this band manager to make a decision that impacts that person's life.

00:06:22:02 - 00:06:25:21

Dwayne Nashkawa

That's crazy. I don't-- our grand parents didn’t think that way.