



# Inquiry into hate in the pandemic: Hearing transcript

Transcription prepared by BC's Office of the Human Rights Commissioner

**Presentation date:** Nov. 30, 2021

**Presenting organizations:** Support Network for Indigenous Women and Women of Colour (SNIWWOC)

**Roundtable attendees:** Dominique Jacobs, Boma Brown, Kaoruko Sasaki, Joni Oldhoff, Vasil

**BCOHRC<sup>1</sup> attendees:** Human Rights Commissioner Kasari Govender, Sarah Khan, Carly Hyman, Camellia Bhatti

*Please note that third-party personal information has been removed from this transcript.*

**[Introductory comments by Human Rights Commissioner Kasari Govender not included in transcript.]**

**Dominique Jacobs:** Thank you so much Commissioner, I'm going to go ahead and share my screen once more. So we want to thank you again to the Office of the BC Human Rights Commissioner for the invitation to discuss the rise of hate incidents in BC during the COVID-19 pandemic and how the increase in these incidents has affected our work at the Support Network for Indigenous Women and Women of Colour. We're also known as our abbreviations, SNIWWOC or the Support Network.

Over the past while, we've learned that COVID-19 is a gendered problem. Family violence, women's economic security, mental health has all been affected in gendered ways during this crisis, and we need gender responsive solutions. Through our work, we do provide gender-based solutions as an organization to uplift and support BIPOC communities who face systemic barriers and been the most greatly impacted by COVID-19 in the province of BC.

I want to take a moment and do our land acknowledgement before we begin. I want to acknowledge the traditional and unceded territory of the Lekwungen speaking people of the

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<sup>1</sup> BC's Office of the Human Rights Commissioner

Songhees First Nation, Esquimalt First Nation, and the WSÁNEĆ people for allowing us to work, play and live on their land. Our head office is located in what is colonially known as Victoria, BC.

My name is Dominique Jacobs and I work as the communications and campaigns manager for the Support Network. I'm joined here today by our Executive Director, Boma Brown, our Programs Manager, Kaoruko Sasaki, our seminar facilitator, Joni Oldhoff, and our Communications Assistant Vasil. I'm an immigrant from South Africa, and we had to flee my home country in the mid 80s during the apartheid regime. And many of you know about apartheid, it was a racist system of laws which separated people by the colour of their skin, giving white people supreme advantage and privilege.

We were forced to flee the country because my father was a member of the then banned political party called the ANC or African National Congress, which was led by Nelson Mandela. He was under threat of imprisonment, torture, and death. So I'm no stranger to hate incidents and hate crimes. I'm a member of an ancient tribe called Khoisan, and I belong to one of the very first Indigenous tribes of humankind. I'm deeply and inextricably tied to the fight for Indigenous sovereignty here, because colonization did the same thing to my people in my home country.

Today we're going to briefly discuss some of the issues here. I'm going to go over a little bit about our work. Some of the inquiry questions we've got answers to from our point of view. We are a holistic health organization for BIPOC women, so all of our answers to the inquiry questions are coming from that viewpoint.

We're going to talk a little bit about our work with the In Plain Sight report, taking a stand against hate and what you can do at home within your communities, and then a brief conclusion with some time for Q&A at the end, hopefully.

So about our organization. Our mission is to support Black and Indigenous women and women of colour, youth and children taking greater control of their lives. We provide culturally appropriate services, programs and events in different languages. All of our programming is developed and delivered by BIPOC women for BIPOC women. SNIWWOC is a non-profit organization that was founded in Victoria, BC in 2014. We operate from a holistic and integrated service model that addresses the social, cultural, and political realities of immigrant, Indigenous, racialized and marginalized communities.

Our work is informed by a commitment to reproductive justice. Reproductive justice recognizes the struggles for sexual and reproductive rights and that it is not a singular issue, it is linked to wider struggles against oppression like racism, sexism, colonialization, immigration rights, income, education and more. And these intersecting oppressions limit a person's ability to have control over their bodies and their decisions, making them more vulnerable to hate incidents, which we will be discussing today.

As an organization we address issues like social isolation, which has become even more prevalent in the community during the pandemic. Social isolation is associated with negative health outcomes, and this isolation is particularly hard on visible minorities and Indigenous people. Since the outset of the pandemic, we've built an impressive portfolio of online intentional spaces like town halls, workshops, events, yoga classes, and healing circles, where women can come together, find



community, heal and connect. And by creating these networks of support from women, we reduce loneliness, isolation and strengthen individuals to fight against the economic and structural constraints that limit our choices to health care and full reproductive choice.

The beautiful thing about SNIWWOC is we are the community that we serve. So the experiences shared here today are close to home, and are experiences of both staff and the wider community that we serve.

In this presentation, we're looking to discuss on all points of the increased scope from my point of view. Storytelling is a way that our ancestors passed on stories through generations. This is a wonderful way to retain information and pass it on, so we will be sharing some stories with you today.

Question one. What has caused the apparent rise in hate incidents in BC experienced during the COVID-19 pandemic? The first is emboldened white supremacy, and that's due in part to a polarized political atmosphere of the Trump era, where the knee on a neck of a man was allowed to happen in broad daylight for 9 minutes and 29 seconds until his last breath was caught on a cell phone camera. This was a catalyst of the second civil rights movement, called Black Lives Matter, which started in May of 2020 and spanned the globe at the onset of the pandemic. But where are the hashtags, marches, black squares and T-shirts now? In a snapshot, that's what hate looks like today. It's briefly recognized and then forgotten by the dominant culture because it doesn't affect or impact their daily lives in any way. In fact, the lack of acknowledgement of these issues upholds the status quo and white privilege.

The second is social media conspiracy theories, a virulent combination filled by warped facts mixed with manufactured lies added to social media companies who don't restrict the flow of false information, and so it continues to grow.

Isolation, which I briefly touched on. We know that increased mental health crisis like depression is a direct outcome of the COVID-19 lockdowns, but it's also been responsible for the rise of domestic violence incidents in both frequency and severity. So while COVID-19 related lockdowns may have decreased the spread of the virus, they appear to have created an ideal environment for increased domestic violence. Extra stress in the COVID 19 pandemic caused by income loss, lack of ability to pay for housing and food, has also further exacerbated the often silent epidemic of intimate partner violence. This isolation also deprived people of the resources that they had previous to the pandemic. So while calls to victim services went down, abuse and violence went up.

Another factor is lack of access to resources. With soaring food prices, lack of access to healthy food, lack of access to social gatherings, to sports, mental health, peer and community support, people are left to fend for themselves in highly stressful situations. Many people turned to drugs and alcohol for stress relief, and we know this to be true during COVID lockdowns as cannabis and alcohol retailers reported a massive surge in sales. But when adding substances to an already high stress situation, people start making poor choices, and this is when violence can further arise.

The entire world knows that George Floyd was murdered by Minneapolis police, and during the year following this murder, and despite the pandemic, there been hundreds if not thousands of



demonstrations, pickets and marches against reckless police brutality against Black, Indigenous and racialized people.

We know that 30 minutes before the jury in the Floyd case rendered its guilty verdict for Chauvin, a 16 year old honour roll student, Ma'Khia Bryant, was killed by a policeman.

Bryant, who is Black, was shot four times by Nicholas Reardon, a white cop in Columbus, Ohio. Officer Reardon shot Bryant within 11 seconds of his arrival at the scene, but it had been Bryant who called 911 to ask for police help when a gaggle of bigger teens had come to bully and threaten her. Instead, the police arrived and killed her in 11 seconds.

This scene was painfully reminiscent of the June 2020 murder of Chantel Moore of Edmundston, New Brunswick. Moore, a 26 year old Indigenous mother of one, had recently moved from BC to Edmundston to be close to her five year old daughter, who was living with her grandmother. Again, a white cop pumped five bullets into Moore's chest just because she was holding a little kitchen knife.

As in the Bryant case, the cops had received a phone call that night from Moore's former boyfriend in Toronto. He asked them to go to her apartment to check on her in a wellness check. One rookie cop banged on Moore's door after 2:00 AM and then proceeded to shoot her to death. Pictured here is Chantel's tree of life, which her mother and aunt had started and contacted us at SNIWWOC to share widely across our platforms. Indigenous women and women of colour in BC are using this mechanism instead of calling police, because of the fear of police violence. Often women call our offices in cases of domestic violence instead of calling the police.

In January, the phrase "White Lives Matter" was spray painted on the side of a wall in West Shore Parkway. Swastikas and the N word were spray painted all over the trees at Royal Roads University, which is a five minute walk from my home where I live with my five year old daughter. The white supremacist message, a statement against the Black Lives Matter anti-racism rallying cry, was spray painted on the wall of a building under construction near Landing Lane. It was reported to the Westshore RCMP on January 21<sup>st</sup>. The very next day, the department was informed that there were swastikas and racial slurs all over Royal Roads University trees.

And this story, because it is in my neighborhood, I was afraid. I was scared. It made me feel really, really unsure of who my neighbors are. After the story was published, I was taking my daughter to school and just outside of my home. As we exited the underground parking lot on my little disability scooter, I was met by a very large man with a shaved head wearing a black T-shirt covered in white supremacist insignia. Now, how does that make me feel in my home?

We also got calls to the office from another man who wanted to know where I lived, wanted to find me. As a single mother, I was in fear of my life for myself and my child. I actually started looking into legal carry weapons and how to go about getting a gun license in order to keep us safe. That's in Colwood, BC.

There's more stories from our staff, and I'll be quoting a few directly. The first is I've really struggled to access mental health care through my family doctor since she only provides phone appointments. I've been regularly dismissed, being told she can only address one concern at a time,



leaving me to wait months before being able to connect about my mounting health concerns. It's been so difficult because my problems are all interconnected, so managing one symptom at a time doesn't do anything to help me.

The second story. **[third party personal information removed]** Indigenous man, broke his hip last year. He was repeatedly told he was drug seeking and repeatedly questioned if he was an alcoholic. He experienced racism from nurses and doctors where they would deny him a phone for his bedside. They also gave him medication that was very dangerous to mix with other prescribed medication that he's on. He had to tell them that it wasn't safe. It was just awful. He couldn't walk, and he told me regularly how unsafe he felt in the hospital.

The third story. In spring of 2020, after becoming ill with a viral disease that caused me to feel like I was suffocating, at that time I thought it was COVID-19. Combined with the health care system's known treatment of Indigenous people and after the death of Joyce Echaquan in a Quebec hospital, I strongly hesitated to seek medical attention for the fear of poor treatment or no treatment. Indigenous communities feel that there is either a lack of medical care when desperately needed, or negligence and hatred when health care is received.

Our fourth story. Having seen firsthand the treatment of BIPOC people at the hands of the RCMP at the Fairy Creek blockades, I have heard countless stories of BIPOC people being refused medical attention by the RCMP after incurring injuries such as broken ribs and ankles, concussions, even seizures. We've also witnessed the differences in the manner of which people arrest white people versus Black and Indigenous people or land defenders. With the CBC recently reporting that Indigenous people and criminology experts say the hands-off police treatment of people protesting mandatory vaccinations, many of whom are white, starkly differs from the way they treat Indigenous and Black protesters.

In September, when crowds swept the cities across British Columbia, with mostly white protesters blocking roads to health care facilities, verbally accusing health care workers and assaulting hospital employees, police presence was minimal and only one person was arrested. Versus the violent police arrests at Fairy Creek, where Indigenous people have had their braids pulled and have been punched in the face, dragged by the hair for protecting their own old growth forests, which are on unceded territories.

Our fifth story. **[third party personal information removed]** A few minutes after he arrived we started chatting, and he uncomfortably told me that his father had given him a ride and had a conversation. When his father asked him who he was meeting up with, he listed off all his friends, including myself. And his father asked, "Is that the First Nations girl you hang out with?" When my friend said yes, his father replied, "COVID is out there, be careful. They are dirty people."

In response to the discovery of the blood alcohol guessing game, a hate incident at Saanich Peninsula Hospital, in June 2020 Minister Adrian Dix announced an inquiry into Indigenous-specific racism in health care. The review, called Addressing Racism in Health care, was conducted by former judge Dr. Mary Ellen Turpel Lafond and resulted in a report titled In Plain Sight. It's based on the consultations with nearly 9,000 people, including 2,780 Indigenous people and 5,440 health care workers. SNIWWOC consulted on the inquiry and gave recommendations which were used in the final report.



In Plain Sight describes findings of widespread systemic racism against Indigenous people in the BC health care system. In particular, 84% of Indigenous people describe personal experiences of racism and discrimination that discourage them from seeking necessary care, that reduce their access to care, negatively affecting their health. These outcomes reinforce stereotypes and perpetuate the cycle of inequity.

Dr. Turpel-Lafond's report makes recommendations to improve equity in health care, and calls on the BC government and the health care system in collaboration with Indigenous people to remedy the lasting consequences of colonialism and improve accountability for Indigenous-specific racism. The report also calls attention to the need for improved cultural safety in health care and increased Indigenous leadership within health services, regulators and education.

The Support Network for Indigenous Women and Women of Colour was created in 2014, created specifically to address the inequities and mistreatment in health care. Since October 2015, we've held monthly community dinners and have heard from hundreds of women who identify as Black, Indigenous and people of colour. Over the years we've heard doctors say that racialized women were problematic patients. Those patients, our members, have shared the following and much more.

First, doctors repeatedly refuse to prescribe patients with pain medication after they've experienced bone fractures. The next, nurses take babies away for longer, ignoring the overwhelming evidence that skin to skin contact is beneficial for both the mother and the baby soon after the delivery. Racialized mothers were not being asked about pain during postpartum recovery and check-ins. Doctors were yelling at mothers for money or insurance cover while still in active labour. There are instances of nurses separating moms from their children and then proceeding to drug test moms who've experienced precipitous birth at home. We're still seeing these things today.

I do have a story to share. It does have a trigger warning of suicide, so I will just need a head nod if it's OK to proceed. Thank you. **[third party personal information removed]**

When seeking medical help, they were constantly misgendered and told that they were just drug seeking and attention seeking, which is a common response to Indigenous people when seeking health care. And now we know this to be true, especially after the release of the In Plane Sight report. And it hits differently when it's told to you in person. You feel it right here. And after PES, the Psychiatric Emergency Services, rejected them in the midst of a suicide attempt, they were intent on ending their life. Luckily, their roommate found them poised to overdose and called SNIWWOC, because there was no where else to turn, because emergency services had refused to help.

At that time I worked tirelessly as a community advocate to contact social and mental health workers, which took weeks. Finally, through the FNHA mental health intake, we were able to get an urgent appointment. **[third party personal information removed]** they finally had a complete psychiatric assessment and were able to get the lifesaving medication they needed. **[third party personal information removed]**



[third party personal information removed] they had set a suicide date, and when they passed that milestone a few months later we received a message from their roommate which said, and I quote, “You have absolutely saved a life, and I want you to know that. I’m so incredibly grateful to you and Boma. There is no way we would have gotten to where we are today without you.” SNIWWOC saves lives through our community advocacy programs as well as all of our early intervention programs listed on the screen. We are supporting our BIPOC community.

In answer to question three, we believe that all incidents of hate stem from racism and bias towards a group of people. These biases can be unlearned through a process of self-reflection, professional education and training. SNIWWOC offers comprehensive anti-racism training for organizations looking to build and develop equity practices. We also find education campaigns which are published across social media channels and in our newsletter to be helpful. We believe that police and health care reform is necessary and that anti-racism training should be built into every level of the process of becoming a police officer, officer, a doctor, a nurse, or even a hospital orderly. Our lives are in their hands, and this is not much to ask or.

There is a huge and ongoing issue with accountability. We critiqued Mary Ellen’s statement during her July 9, 2020 press conference that bystanders and participants in the racist blood alcohol game would be able to share their information without recrimination from their workplaces to be extremely troubling, because what kind of message does this send to the Indigenous communities? How does this statement build trust in the investigation or that the medical system as a whole will make significant changes?

At that time we received information from an anonymous source working within Island Health that the Health Authority was not interested in holding individuals accountable for racist behaviors. And this sends a definitive message that hate incidents in health care can be acknowledged but continued without consequence, and this is devastating for the racialized people that it impacts. At present, there is no space safe space for Black and Indigenous patients in the current health care system in BC.

How can we change this? Well, by holding people accountable and responsible for racist hate incidents, meaning that they would receive warnings, up to and including dismissal from their roles. And this record would follow them to any other job within the industry as part of a permanent file.

I see the time note there, thank you. We’re almost done. Addressing hate incidents. Ongoing training with explicit anti-racism focus, critical reflection on knowledge, attitude, beliefs, practice. Incorporating anti-racism into quality improvement initiatives. Developing and implementing guidelines on how to address racist or prejudicial comments. Mandate targets and actions. Representation matters. BIPOC people should see themselves reflected. Create a culture of safety. Examine organizational policies. What does recruiting look like? What does reporting look like? What does accountability look like? And asking for feedback from staff.

Many people jump on bandwagons like the Orange Shirt Day, proudly rocking their orange shirts, then turn around and chastise the traumatized survivors of residential schools who may be part of the unhoused community and may be facing addictions issues. The remains of over 7,300 children have been identified on the grounds of former residential schools in Canada, but where is the



accountability? Why haven't the nuns, priests and staff responsible for the brutality and murder of these innocent children been charged with crimes?

Similarly, organizations will call people like myself to present to staff during Black History Month then forget all about it until the following February. You'll see commercials being saturated with BIPOCS actors and interracial couples, but what have these companies actually done to support the communities that they're showcasing? Many companies came out and made public statements after the execution of George Floyd, but do you ever wonder what that company has actually done to take a stand against police brutality? Have they contributed positively to affect societies imbalance when it comes to the distribution of wealth? Have they done anything substantial to address poor health outcomes for BIPOC people or systemic racism within their own organizations? Have they examined their labour force or who is in the C-suite office, who is in leadership positions and who makes the decisions? Highly doubtful.

There's a course on vampires at UVic. Did you know that? But there's none on Black or African history. What's wrong with that picture? There was a huge campaign in BC to add Black history to K-12 education, but since a round table of advisors was established last year with Minister Rob Fleming, then Education Minister, we've seen one elective class in Black history that was added for grade 11 and grade 12. You tell me how effective that is.

There needs to be a massive shift in the thought process to address these issues, because organizations simply have not done enough. In BC, there's a general policy for anti-racism which simply states that violence, hatred and discrimination on the basis of racial identity have no place in our society. The province's anti-racism program empowers communities and organizations to maintain partnerships and develop projects to promote multiculturalism, address racism and build inclusive communities. However, when we contacted the Health Ministry for funding as a lifesaving organization in BC who supports the BIPOC community, we were turned down. So when the government doesn't even follow its own policies, where does that leave us?

The government is now looking for public input to shape BC's anti-racism data legislation. They do acknowledge that systemic racism exists everywhere, and that's why they're making this move. While that is great, we wouldn't actually be in this situation if government leaders and elected officials actually represented the demographic that they serve. There's not one Black MLA in BC. There's no Black ministers, meaning there's no representation for our community.

It's been 40 years since the BC Civil Rights Protection Act was passed in the wake of rising crimes against people of colour in the province. The law, which is right now, prohibits the promotion of hatred, means perpetrators can be fined up to \$2,000 or spend up to six months in jail, or both. What is the price of our safety? What is the price of my security? What is the price of me feeling safe in my own home?

We encourage everyone to stand up against hate in your homes, workplaces, schools and community. Study the characteristics of white supremacy culture, and this can be done by reading, working on developing the ability to notice when people do things differently, and how those different ways from different cultures might improve your approach.





One of the purposes of listing characteristics of white supremacy culture is to point out how organizations unconsciously use these characteristics as their norms and standards, making it difficult if not impossible to open the door to other cultural norms and standards. As a result, many organizations, while saying, “We want to be multicultural. We want to be diverse and inclusive,” really only allow people from other cultures, ethnicities, gender diversities to come in only if they adapt or conform to the already existing cultural norms.

Being able to identify and name the cultural norms and standards you want is a first step into making room for truly inclusive, diverse and anti-oppressive organizations. Listening with respect for the range of cultural practices and dynamics that often exist within the BIPOC communities, not being motivated by personal guilt or shame, but rather by growth, progression and learning. Being mindful of your impact on marginalized people and gentle on ourselves, and apologize if you make a mistake, because this work takes time.

And lastly, in conclusion, I did skip over some because I noticed we’re running out of time here. But I just want to conclude with the last few words. Racism is a public health issue. And racism stems into hate incidents and hate crimes. From police violence to nutrition justice to medical health care, across every sector of a society that purports to provide equal protections to its citizens, people of colour, Black and Indigenous people specifically, are not supported by this system.

Hate remains legally undefined, and in a recent interview with CBC, Dr. June Francis, Chair of Hogan’s Alley Society, said, “There’s this issue of the law being not precise enough and allowing for discretion to be applied. But the more discretion, the more likely systemic racism is going to affect the outcome. So in fact the discretion works against us.”

The federal government is trying to address this issue by adding the definition of hatred into the Criminal Code. There are laws that talk about what it is, and that in itself isn't defined in law. And because hate crimes and hate groups aren't defined by law, there's no legal definition of what can constitute hatred, and much of what is considered a hate group is expressed through the media and public opinion, meaning that legal deterrence won't stop hate crimes from happening in BC. Instead, we need systemic changes and accountability.

We urge you to seek strong accountability measures and put them in place. If people lost their jobs or did jail time for committing hate incidents, it would get the message across that hatred is not OK in BC and it will no longer be condoned by our society. Thank you.

**Sarah Khan:** Thank you so much. Thank you so much for that presentation. We really appreciate it. And Commissioner Govender and I have a few questions, and maybe I'll just start with some of them. Or my first one is, you talked about... Hold on. Just going to... You’ve talked about that calls to crisis centres, crisis lines went down, and incidents of intimate partner violence went up during the pandemic, and I'm wondering if you could elaborate on that a little bit. How you know that the calls went down, how you're aware of the incidents of intimate partner violence went up? Yeah, just anything you can add to that.

**Dominique Jacobs:** Yeah, it was reported actually on by the CBC, and the report was an interview with the Executive Director of Battered Women's Services, BWSS through Vancouver, Battered Women Support Services. So the difficulty with lockdowns is oftentimes you're locked in the home



with your partner, who at the same time could be your abuser. So getting to the phone is not as easy as it was when that partner may have gone to work for the day and you'll have the opportunity to make the calls.

And yeah, the reason that we know is that we have these discussions and we actually host a domestic survivor support group through our organization, and many women have also said the same thing that was in the report, the CBC report. That they were unable to get to the phone, but everything was getting worse at home. Just the increased stress, the increased use of drugs and alcohol during the pandemic were also factors in the increase of domestic violence. I hope that helps.

**Sarah Khan:** That does, thank you.

**Commissioner Kasari Govender:** Thanks.

**Sarah Khan:** And one other question, have you noticed any increase in the incidence of online hate during the pandemic?

**Dominique Jacobs:** We certainly see a lot of online hate towards the organization. We actually are not able to enable reporting features or a review feature on our social media or any of our public presence because we're bombarded by racist comments. So we typically get a lot of racist comments on our event pages, because we do publicly advertise our events which are open to the public, and we would see influx of racist comments. "Why is it just for BIPOC women? Why don't you support white people and white women?"

And as Boma just noted in the comment box here, we've had to just very recently hide our office address. I take care of most of the press, or all of the press for our organization, and because we're in the news a lot people are seeking us out and specifically myself. So we had a man coming around the office, calling the office looking for me and our other staff, and also as Boma noted, we've just had to scrub the internet of our office address so we don't get visitors that we don't want.

**Sarah Khan:** Thank you. Thank you very much.

**Dominique Jacobs:** Thank you, Sarah, for your questions.

**Sarah Khan:** Commissioner Govender, over to you.

**Commissioner Kasari Govender:** Thank you. I just had one follow up question for you, Dominique. Thank you very much for your presentation. You talked about accountability mechanisms and you highlighted a piece around accountability for health care providers, I wondered if you had anything else you want to add about recommendations or directions that you'd like to see or your organization would like to see in terms of accountability?

**Dominique Jacobs:** Oh, absolutely. What a great question, Commissioner, thank you for that. We are really strongly urging every sector, really, of society and really including health care professionals, because our lives are in your hands, you know? And we see these stories coming out of hospital rooms like the young lady who recently gave birth to a stillborn baby because she was



bounced around from hospital to hospital and dismissed. Nobody would give her any information about her baby while the doctor was listening to the baby, couldn't find the heartbeat, but nobody would tell her. Nobody would operate on her.

So what we really would like to see in these instances is training, training, training. We strongly believe anti-racism training an implicit bias training needs to be built in. It needs to be a foundation. When you take a stethoscope and learn how to use a stethoscope, that's just how foundational anti-racism training should be. And every step of the way, so when you're looking, this shouldn't be just sort of a one-off course, or a clickthrough course. It needs to be immersive. You need to show that you have these understandings, that you've examined your own implicit bias in your work.

So there needs to be reflections, there needs to be written submissions. If you want to get a promotion, you need to show your supervisor you've completed all of the courses leading up in order for you to apply for that promotion. So when you're getting to top positions of leadership within the hospital, for example, you've got, say, 10 courses already on anti-racism. And now you can train other executives.

So we want to see that all across the board for every position that deals with patients and emergency situations. Everything in health care. Police need to do it, so we want to see it in the police force and foundational courses, that these things are built in. It's an automatic thing, just like learning to fire your service weapon, you're learning about Black people, and you're learning about how to handle and how to be culturally sensitive. I hope that helps. Thank you [crosstalk] question.

**Commissioner Kasari Govender:** Yes. Thank you so much for your presentation, for the preparation that you did to be here. Thank you to all of you for the work that you do. It was very interesting to learn more about your organization, and again, really appreciate the time and effort you put into being here. Camellia, do you want to talk about next steps before we wrap up?

**Sarah Khan:** And would you mind if I just... We would love to have a copy of your PowerPoint presentation if you wouldn't mind.

**Dominique Jacobs:** I'd be delighted to send it over. I did skip over a little bit of my speaking notes because we were running out of time, but certainly yes, I would be happy to email it over. Thank you.

**Commissioner Kasari Govender:** Wonderful.

**Sarah Khan:** Thank you, and we'll review the full presentation. Thank you.

**Dominique Jacobs:** Thank you so much.

**Camellia Bhatti:** Thank you so much, Dominique. I'll follow up with an email, and thank you for being willing to provide that PowerPoint. Just in closing, we just wanted to remind folks about the public survey that will be at the end of January, and also for the deadline for written and video submission if you're interested in doing that. The deadline for that is March 31<sup>st</sup> of 2022.

Yeah, so thank you so much for your time.



**Dominique Jacobs:** [inaudible] Camellia. We're really grateful to be here to be able to answer some of those questions from our holistic health point of view. So really appreciate your time and attention to these matters. It's much needed and long overdue. Thank you.

**Commissioner Kasari Govender:** Thank you all.

**Sarah Khan:** Thank you so much.

**Commissioner Kasari Govender:** Take care.

**Dominique Jacobs:** Take care.

**Commissioner Kasari Govender:** Bye-bye.

**Dominique Jacobs:** Bye.

