



www.nativeyouthsexualhealth.com

NYSHN statement to National Energy Board regarding Line 9 Pipeline Proposal

October 18, 2013 - I am here today presenting on behalf of the Native Youth Sexual Health Network. We are a by and for Indigenous youth organization working across issues of sexual and reproductive health, rights and justice throughout the United States and Canada.

Throughout this statement, you will hear me refer to Indigenous peoples, not Indians or Canada's "Aboriginal people". For us, this term is capable of fully recognizing our humanity, relationship and stewardship of land and is more globally understood. We also recognize and affirm the right of Indigenous peoples to use our Nation names in our languages which encompass the more than 650 diverse First Nations, traditional names for Métis historic and current communities and territories, as well as the 5 Inuit regions who also have their own ways of understanding responsibility to land. We say this to recognize the knowledge, sovereignty and self-determination that exists for Indigenous peoples since time immemorial, not granted by the Canadian state since we pre-date the very existence of Canada.

While we recognize the National Energy Board (NEB) has been given a very narrow mandate, despite the breadth of the Enbridge Line 9 proposal, we wish to contextualize our presence here today with the understanding that this proposal and process does not happen in vacuum. There are impacts and implications much more far reaching than the mandate of the NEB and this must be recognized. Additionally, extractive industry development - whether it be pipeline construction, mining projects, or other projects also do not happen without a social context around them which affect the everyday lives of many people.

What we are reflecting back to you today is based on the lived and personal experiences of Indigenous youth, women, families, communities and Nations who are impacted by extractive industries in their cities, community and traditional territories. It also applies to communities and people directly on the Line 9 who would be affected not only by the pipeline itself, but the agenda of swift and unsafe resource extraction practices and the implications along the way. Organizationally, this is also based on our front line work in communities on the ground who are dealing with the intergenerational effects often of multiple resource development projects in and around their land, schools and homes.

Firstly, we would like to refer to evidence already been submitted and point out specific realities and implications based on that. While the United Nations Declarations on the Rights of Indigenous Peoples is often quickly dismissed by states like Canada as non-legally binding, we wish to remind the NEB that the rights enshrined in the Declaration are indeed the same human rights guaranteed to all in international human rights law to which the Canadian Government is not exempt and must in fact respect, protect and fulfill those human rights. We know that Line 9 is just one example of many projects that directly violate our right to Free, Prior and Informed Consent (FPIC) in addition to directly contributing to various health and social impacts for which no responsibility is taken. The foundation of FPIC when actually taken seriously maintains decision making processes should be led by all the Indigenous communities who would be affected by any new project on their territories. FPIC is a much different framework than simply “consultation”. Consultation is too often rushed, inaccessible to communities, and limited in its understandings of the relationship of land to Indigenous Peoples and/or engaging in the process itself is seen as consent.

For example, it is our experience that Indigenous women and children often bear the brunt of negative consequences of resource extraction and are suffering the detrimental, devastating, multi-generational and deadly impacts of environmental toxins and contaminants. This particular impact of environmental racism on Indigenous women and children is increasingly referred to as ‘environmental violence’.

In our work with the International Indigenous Women’s Reproductive and Environmental Health Initiative¹, we see that the detrimental health effects of toxic contaminants on Indigenous women are well documented. These impacts include:

- Contamination of mothers’ breast milk at 4 to 12 times the levels found in the mother’s body tissue in some Indigenous communities;
- Elevated levels of contaminants such as POPs and heavy metals in infant cord blood; disproportionate levels of reproductive system cancers of the breasts, ovaries, uterus, prostate and testicles, including in young people; elevated rates of respiratory ailments such as asthma and lung disease; high levels of leukemia and other cancers in infants, children and youth; rare, previously unknown forms of cancer among all ages in our communities; devastating, and in many cases, fatal birth defects known to be associated with environmental toxins such as nuclear waste, mining, and pesticides, including the increasing birth of “jelly babies” in the most contaminated areas
- Developmental delays, learning disabilities and neurological effects on babies and young children which have lifelong impacts, associated with prenatal exposure to mercury, pesticides and other environmental toxins; increasing numbers of miscarriages and stillbirths, and high

¹ Declaration for life, health and defense of our lands, rights and future generations - International Indigenous Women’s Reproductive and Environmental Health Symposium Initiative

levels of sterility and infertility in contaminated communities.

We have seen that the introduction of resource extractive industries (mining, drilling, logging etc.) has resulted in increased sexual violence and sexual exploitation of Indigenous women and girls in many communities, as well as increased alcohol and drug abuse, sexually transmitted infections, divisions among our families and communities, and a range of other social and health problems which can also be understood as placing stress or strain on the social systems of our communities. These social stressors cause severe psychological, relational, emotional and economic damage to mothers, families and communities and that who are especially concerned about here today in relation to Line 9.

By approving this project, the NEB and Enbridge are saying they're ok with increasing violence against women, ok with contaminating break milk and impeding the reproductive health of Indigenous women. This would in fact not come as a surprise as our communities have grown accustomed to the indifference and apathy from the Canadian government and their industry partners. This in the face of the fact that all profits derived are a direct result of our resources that come from the territories of Indigenous peoples.

Additionally, environmental contaminants causing disease, birth defects and death are deliberately released into the environment *because* they are toxic to living things, or as a result of industrial processes like Line 9 that are judged by governments, corporations and bodies like the NEB to pose an "acceptable risk" and "allowable harm." States and corporations deny "proveable" impacts despite the clear evidence that they cause a range of serious health and reproductive impacts which disproportionately affect Indigenous women and children. This constitutes "environmental violence" by states and corporations and must be identified as such by Indigenous Peoples and human rights bodies.

In other words, should this project be approved, Enbridge, the National Energy Board and the Canadian government will be directly responsible for enacting environmental violence onto the bodies of Indigenous women, youth and children. It also sends the message that, because it our Indigenous bodies specifically that will face the majority of these negative consequences, we are disposable and it is worth it to risk our lives and well being. Is it any wonder Indigenous women face so much more violence? That we are 6-7 times more like to die a violent death than anyone else? These statistics are reflective of the broader attitude towards us as individuals, but also as communities and Nations.

We should be taking note of what happens to communities once resource extraction happens, and instead of explaining away the negative social realities like mental health issues, suicide, sexual violence and health issues and instead actually take and place responsibility onto all parties involved whether they seem themselves as a direct cause or not. This is also referred to as the 'precautionary principle' as opposed to 'risk management, assessment and mitigation' that deems certain kinds of risk as excusable. Instead, the precautionary approach allows us to more closely examine potential impacts and actually plan for those realities. This principle has

been codified in several international treaties to which Canada is a signatory.

The precautionary principle is not a new concept to Indigenous Peoples. Many of our nations have and still consider the impact of our decisions on the future generations. What Line 9 will risk, is that future. Your decision as the NEB will affect that future.

For example, we know that in areas where there is concentrated resource extraction - mining, natural gas, refining, etc. - the process itself of construction, not just the end product contribute to certain realities. In our work, we see this especially within local health care systems which are often overworked and overburdened to begin with. Now imagine a few thousand workers, majority from outside the community, are now living and working in that concentrated area. While corporations like Enbridge often promise an increase in local employment opportunities, this is rarely the reality for the majority of workers or is short lived.

All of a sudden, health care for locals is impossible to receive, longer than usual wait times puts a strain on the system and people who already experience marginalization such as youth and Indigenous peoples are left with the consequences. In sexual health, this also means an increase in highly communicable sexually transmitted infections (STIs) such as chlamydia, syphilis and gonorrhea. While testing and treatment are widely available, these present serious consequences when left untreated and are easily spread throughout a concentrated area leading to outbreaks of more serious strains of the virus. Incurable STIs such as HIV also spread, again affecting the most vulnerable. Currently Canada has an HIV epidemic among young Indigenous women that it refuses to recognize specifically in areas where resource extraction is the number one activity in the area.

While we recognize the importance of scientific data and research studies documenting these links, it's also important not to discount the evidence of lived realities and experiences of people who are living these impacts everyday. There is so much still unknown when it comes to the substances involved in the Line 9 project that we must trust and rely on direct observation from affected communities in the vicinity of this and similar projects.

Evidence has also been submitted in relation to various toxins that may or may not be released into the environment and at what levels these toxins may or may not be safe for human consumption. However, this does not take into account children who may be consuming traditional foods harvested by Indigenous peoples such as fish with high levels of mercury in addition to consuming breast milk, also a traditional food. Bioaccumulation of this kind specifically in relation to the bodies of children has not been considered, especially when these foods are related to traditional cultural practices inherent to healthy identity development.

In conclusion, we expect the NEB to seriously consider in their decision making the relationships to environmental violence and the real consequences and impacts to our bodies that will be, and currently are faced not only by Indigenous women and youth, but all of us.