

## INDIAN HOSPITALS CLASS ACTION

COOPER REGEL, a member of Masuch Albert LLP and KOSKIE MINSKY LLP commenced a class action on January 25, 2018 against the Attorney General of Canada alleging that its operation of "Indian Hospitals" was negligent and breached fiduciary duties owed to Indigenous People.

The statement of claim alleges, among other things, that between 1945 and 1981 Canada transported Indigenous people to dilapidated facilities converted into hospitals where they were isolated from their family, friends and communities. The hospitals were substandard, overcrowded, and rife with physical and sexual abuse. Patients were tied to their beds, placed in full body casts and not afforded the ability to be educated or retain their Indigenous culture and heritage. Patients left these hospitals physically and psychologically traumatized.

The proposed class includes Indigenous people who were admitted to an Indian Hospital operated by Canada from **November 1, 1945 until 1981** as well as certain family members.

Please return this form by email: [info@CooperRegel.ca](mailto:info@CooperRegel.ca)  
or Fax: 780-570-8467  
or mail: Cooper Regel  
77 Chippewa Road  
Sherwood Park AB T8A 6J7

### QUESTIONNAIRE

**NAME** (First, Middle, Last):

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**OTHER NAMES :**

by which you have been known

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**ADDRESS:**

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**EMAIL:**

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**TELEPHONE & CELL:**

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**DATE OF BIRTH:**

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**WHERE WERE YOU BORN:**

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**Status**  **Non-Status Indian**  **Métis**  **Inuit**  **None**

## HOSPITAL YEARS

1. Check off or list the name(s) of the Hospital(s) that you attended and indicate what years you were there.

- Tobique Indian Hospital (NB); Years: \_\_\_\_\_
- Manitowaning Indian Hospital (ON); years: \_\_\_\_\_
- Lady Willington Indian Hospital (ON); years: \_\_\_\_\_
- Squaw Bay Indian Hospital (ON); years: \_\_\_\_\_
- Moose Factory Indian Hospital (ON); years: \_\_\_\_\_
- Sioux Lookout Indian Hospital (ON); years: \_\_\_\_\_
- Brandon Indian Hospital (MB); years: \_\_\_\_\_
- Dynevor Indian Hospital (MB); years: \_\_\_\_\_
- Fisher River Indian Hospital (MB); years: \_\_\_\_\_
- Fort Alexander Indian Hospital (MB); years: \_\_\_\_\_
- Clearwater Lake Indian Hospital (MB); years: \_\_\_\_\_
- Norway House Indian Hospital (MB); years: \_\_\_\_\_
- Fort Qu'Appelle Indian Hospital (SK); years: \_\_\_\_\_
- North Battleford Indian Hospital (SK); years: \_\_\_\_\_
- Peigan Indian Hospital (AB); years: \_\_\_\_\_
- Sarcee Indian Hospital (AB); years: \_\_\_\_\_
- Blood Indian Hospital (AB); years: \_\_\_\_\_
- Morley / Stoney Indian Hospital (AB); years: \_\_\_\_\_
- Hobbema Indian Hospital (AB); years: \_\_\_\_\_
- Blackfoot Indian Hospital (AB); years: \_\_\_\_\_
- Charles Camsell Indian Hospital (AB); years: \_\_\_\_\_
- Coqualeetza Indian Hospital (BC); years: \_\_\_\_\_
- Miller Bay Indian Hospital (BC); years: \_\_\_\_\_
- Nanaimo Indian Hospital (BC); years: \_\_\_\_\_
- Fort Simpson Hospital (NWT); years: \_\_\_\_\_
- Fort Norman Indian Hospital (NWT); years: \_\_\_\_\_
- Frobisher Bay Hospital (NWT); years: \_\_\_\_\_
- Inuvik Hospital (NWT); years: \_\_\_\_\_
- Whitehorse Hospital (YK). years: \_\_\_\_\_
- OTHER: \_\_\_\_\_

2. What did you go to the hospital for (what medical treatment)?

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3. How old were you when you went to the Hospital: \_\_\_\_\_

4. How long did you stay at the Hospital: \_\_\_\_\_

5. Did you experience any of the following: If Yes, please explain

- sexual abuse;
- physical abuse;
- tied to hospital bed;
- full body casting;
- partial body casting;
- forced feeding;
- experimental medical procedures;
- threats to life or well-being;
- isolation from other patients;
- restriction from food or drink;
- surgeries (provide details)

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6. Were you ever forcibly confined?  Yes  No

please explain, how or who: \_\_\_\_\_

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7. Were you sexually abused  Yes  No if YES, who: \_\_\_\_\_

8. Were you physically abused  Yes  No if YES, who: \_\_\_\_\_

9. Please describe in detail the abuse you suffered that you want us to take action for:  
(What happened, approximately when and how often the abuse happened and where it happened.  
Provide as much detail as you can)

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10. Were there any witnesses to the abuse you suffered? If so, please provide names  
and contact information:

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11. Did you witness the abuse of any others? If so, please give full details:

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12. Did anything else take place at the Hospital that you did not think was right?

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13. For the incidents you listed above, please tell us in your own words how the abuse has affected your life, education and work history. Give as much detail as you can:

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature