JULIAN N. FALCONER, B.A., LL.B., LL.D. (Hon.)
ASHA JAMES, B.A., LL.B., J.D.
MEAGHAN T. DANIEL, B.A., LL.B.
AKOSUA MATTHEWS, B.A., MPHIL (OXON), J.D



MOLLY CHURCHILL, B.A., M.S.W., B.C.L., LL.B.

NATALIE POSALA, B.A., J.D.

JEREMY GREENBERG, B.A., M.Sc., J.D.

WILLIAM WABOOSE PERRY, M.A., J.D.

FOR IMMEDIATE RELEASE

CORONERS ACCOUNTABLE FOR "NO-SHOWS" IN FIRST NATION COMMUNITIES:

PROVINCE'S HIGHEST COURT RULES THAT ABUSE AND DISCRIMINATION CLAIMS AGAINST THE CHIEF CORONER AND UNDERLINGS ARE LEGALLY VALID

Toronto, ON -

Today, the Ontario Court of Appeal released its judgment in *Meekis v. Ontario*, 2021 ONCA 534, allowing claims against the Chief Coroner, the Regional Supervising Coroner, and the Investigating Coroner to proceed over failures to investigate the death of First Nations child Brody Meekis in 2014.

The judgment and further information can be found at falconers.ca

The Court of Appeal's judgment reverses the decision of Thunder Bay Superior Court Justice John Fregeau, who in 2019 dismissed the claim, brought by the family of the late Brody Meekis, alleging serious, systemic failures by the coroner's office. In reversing that decision, the Court of Appeal upholds the legitimacy of the family pursuing a case of Abuse of Public Office and violations of equality rights under the *Charter*.

Today's judgment makes clear that the blanket policy of the Office of the Chief Coroner of Ontario, of failing to attend to investigate deaths in First Nations communities, is a blight on our system of justice. The message from the Court is clear: coroners have a duty to treat all deaths with equal importance, and they cannot refuse to attend the scene of a death simply because the person who died is a First Nations person from a remote community.

Quotes from the Family, Chief, and Legal Counsel

Chief Delores Kakegamic, Chief of Brody's home community of Sandy Lake First Nation, emphasized the Court's acknowledgment of the ongoing disadvantages faced by communities like Sandy Lake:

"The history of neglect suffered by our First Nation, and so many others like us, is only worsened every time we lose one of our members. What happened to Brody and his family is unacceptable, and sadly Brody's case is not alone. With today's decision, we expect Ontario and Canada to commence immediate compliance with their statutory and Treaty obligations



to provide equal and humane care at the same level that the rest of the country enjoys. This is an important day for holding the Office of the Chief Coroner directly accountable for this system-wide neglect, but the story is far from over."

Brody's parents, Fraser Meekis and Wawa Keno, jointly stated the following:

"This is an important day for us and our family. We continue to bear the grief of the loss of our son Brody, who died from the treatable illness of strep throat in 2014. The nightmare of his death was made all the worse by a system that doesn't care and by coroners who don't do their jobs. Our lawsuit is meant to ensure that First Nations families living on-reserve will finally get a measure of equality and accountability. Coroners should treat us like any other grieving family, but they did not. Seven years later, we still don't have answers about Brody's death that we could have had, if the coroner had simply done his job. We are grateful for those who have supported us, and to a Court that honoured Brody's memory today by recognizing the failures of the Coroner's Office. We look forward to our day in court."

Counsel to the Meekis family, Julian Falconer, noted that this judgment is long overdue:

"It has been over fifteen years since we first discovered the truth about the failures of the Coroner's Office in systematically being "no-shows" when deaths arise in First Nation remote communities. One would have thought that when the 2008 *Goudge Report* (the "Inquiry into Pediatric Forensic Pathology") uncovered this blanket policy, that shame alone would have reversed their behaviour. Instead, Brody Meekis's death in 2014 sadly proved that litigation and the Courts are the only tools that could change these doctors' behaviour. This case sounds the alarm in respect of discriminatory practices that continue today regarding Indigenous death investigations. Now that the case will proceed, the Coroner's Office will have some serious questions to answer about these discriminatory practices."

Contact:

For media enquiries, please contact Julian Falconer at (416) 420-4202.

