

SECTION 3 - MÉTIS SPECIFIC HEALTH CONSIDERATIONS

- **Political and jurisdictional considerations**
- **Determinants in the realm of the Métis specific reality**
- **Agreements specific to the Métis.**

A. Political and Jurisdictional Considerations

- **Some Differences between Métis and the Specific Health Care Programs and Services for First Nations and Inuit Peoples**

First Nations and Inuit persons, as recognized in the *Constitution Act* s.35.1, have a modern history and continuing relationship with the federal government and some provincial governments for First Nation and Inuit specific health programs and services. In reality, contrary to possible commonly thought belief, First Nations and Inuit peoples do not receive all of their health care programs and services from the Federal government. As Canadians, they are also eligible to access and receive the same health care programs and benefits as the general population of Canadians further to the *Canadian Health Act*. As well, what Status First Nations and Inuit persons do receive, is a number of further federal government health care programs and services through Indian and Northern Affairs Canada (INAC) and the First Nations and Inuit Health Branch (FNIHB) of Health Canada. The Government of Canada works with First Nations on reserve and Inuit in the north to ensure the availability of, or access to, health services primarily through Health Canada's First Nation and Inuit Health Branch contribution agreements, Non-Insured Health Benefits and Indian and Northern Affairs Canada programs focused on i.e.: safe water, province-like social programs and food related issues.

This is not the case *for* the Métis people of Canada. Not even persons who meet the definition of Métis as determined by the Supreme Court and the subsequent *Powley Test* and, as such, are recognized as the third Aboriginal peoples in Canada *with rights* as set out in s.35 of the *Constitution Act 1982*.

Political Relationship between the Federal Government and Métis Organizations

The Métis have a relatively new and sporadic relationship working on health related issues with the Federal government. Unlike First Nations and Inuit persons who have had a relationship since approximately the mid 1970's, it was another twenty or so years

and not until the late 1990's that the Métis started to be invited and included as participants of some Federal government health related processes.

Métis Specific Health Programs, Services, Projects and Funding

In 2002, the Métis National Council (MNC) stated that "less than 2.4% of federal resources dedicated to "Aboriginal" peoples was accessible to the Métis Nation, even though the Métis comprise approximately 25% of the total Aboriginal population within Canada. ¹

Historically, there have not been any health related programs and or services that have been government funded at any level that were specifically for Métis women or other Métis persons. Unlike the status First Nations and Inuit peoples, Métis have primarily only been eligible for the same programs and services as the general population. Although sometimes, Métis living in rural, northern and or remote communities may in certain circumstances and out of necessity of where they live, have limited access to First Nation and or other health care facilities within, close to and or bordering their own.

The MNC has never been a provider of health care *services* nor have the provincial Métis political organizations. The provincial Métis political organization(s) in Ontario and the Métis Settlements in Alberta have both been more successful in forging primarily provincial government relations that have resulted in some limited health related programs specific for the Métis.

That being said, most health related funding has and continues to be short-term project based. As well, this funding tends not to be Métis specific *directed* funding for Métis women and or any Métis persons. Also, historically the funding of projects is through an application / proposal process where the dollars must be competed for, with, not only First Nation and or Inuit persons, but also possibly non-Aboriginal applicants. For the past number of years the Métis have unsuccessfully aspired and tried to attain *directed funding* for the people of the Métis Nation.

¹ Métis National Council document: "*Snapshot of the Nation-Executive Summary*", 8

B. Determinants Affecting Health Within the Realm of a Métis Reality

- **Perceived Factors Determining an Effect on the Health of the Métis**

Preamble notes:

For the purposes of this document, no distinction has been made to exclude the comments of any person who self identifies as Métis; regardless of their definition being the ancestral one recognizing them as having rights under the *Constitution Act*, or not.

Further, although not exclusively, some of the enclosed is compiled from the information found in the literature review for this project. Concerning this information, it should also be noted that there was very little *Métis-specific only* information found; and even less *Métis women specific*; and overall most of the information was dated and primarily not current, dating from 1991 to most currently 2007.

That being said, as the historical Métis struggle for not only equal and or equitable rights relating to Métis specific programs and services with other Aboriginal peoples remains largely unresolved; the comments included, herein, are considered still relevant regardless of the date they originated.

As well, this raises, reveals and confirms a reality that the issue of concern for the lack of Métis women and other Métis specific data is real; at least in the context specific to the areas of research for this document. Further to this, a question arises as to.... *Why is this the case?* What "is" the status concerning the access and availability to and for Métis peoples for funding and other resources needed to support Métis specific health research, data collection, projects, programs and services?

Absence of Substantive Métis specific Health Related Research and Data - Outside of the health related data from part of any Stats Canada Census, Aboriginal Peoples Survey and or some relatively small sampling research projects, there is very little existing Métis specific health data. This is not only due to a lack of a recognition and formal relationship of the Métis by governments at all levels but also due to an absence of any completed comprehensive formal enumeration of the Métis people in Canada. The lack and or absence of financial and other support to complete an enumeration and ultimately the absence of an enumeration, makes it difficult to identify and consequently compile any substantive data specific to the Métis. Inclusion of Métis specific data

remains largely at the willingness of individual Métis persons to self-identify and or request to be included in data collection related activities.

Although, some mini but positive steps have most recently occurred in the form of discussions and agreements related to Métis specific health matters; still in question and largely remaining a concern today, are the issues related in 2002, by the Métis National Council (MNC) when they stated: " It is a myth that, Métis are included within "Aboriginal" initiatives announced by the federal government. Federal Ministries often use the term "Aboriginal"; however, they exclude the Métis from access to these initiatives because of a lack of understanding of the Métis Nations' unique needs and governance structures or they use the federal governments position with respect to jurisdiction vis a vis the Métis to avoid addressing Métis needs and issues."²

.....Also concerning a lack of Métis access, "currently there is a void in specific sectors due to:

- a lack of investment in resources
- a lack of willingness to develop a relationship with the Métis Nation on the part of specific Ministries; and
- a lack of any consistent policy vis a vis Métis within the federal system.

Specific to the Health sector - Although there is a significant investment in "Aboriginal" health by the federal government, the Métis Nation receives little to no access to these resources and has no on-going relationship with Health Canada to address health issues. Over the past few years, numerous attempts at forging a relationship with this Ministry have been undertaken to no avail. This is a priority area for the Métis Nation as Métis health indicators are well below the Canadian average and comparable to other Aboriginal peoples; however, current investments made in the health of other Aboriginal peoples (i.e. First Nation and Inuit) exclude the Métis."³

² *ibid.* at 3

³ *ibid.* at 9

Métis Demographics

"Approximately one third of all Aboriginal people in Canada identify themselves as Métis. Census data from 2006 shows Métis as the Aboriginal group that experienced the highest growth at 91%, reaching 389,785 people."⁴

The 2001 Census further reports that one third of the Métis population is under the age of fourteen and two thirds of the Métis population lives in urban centres.⁵

Métis and or Métis Women Specific Health Determinant Concerns

Although historically very little research and or consultation has occurred with Métis people concerning their health, excerpted below is a snapshot of some of what has been said by Métis individuals and or their organizations that has a determined effect on Métis health.

- **Gender** - Historically Métis women came from an egalitarian society where they were the key pillars of their communities and were the providers for those families, both immediate and extended.⁶
- **Culture** - The legacy of the residential schools is one of the biggest challenges faced by Métis women as keepers of traditional knowledge. Métis suffered a huge loss of culture, language and family due to residential schools and other government policies. Whereas traditional knowledge used to be widely held throughout the community, today fewer people hold that knowledge and are able to pass it on to new generations. Michif, once a vibrant language on the Prairies and the heart of Métis culture, is now at risk of becoming extinct.⁷
- A major practical issue facing Métis women, is *time*, as fewer elders remain who are able to transmit traditional knowledge to the young members of the community.⁸
- **Employment / Education** - Métis women in terms of their economic situation, remain heavily impacted by the colonial legacy and a lack of support for pursuit of education that would heal communities, lift them out of poverty and encourage the self-governing of Métis people, consistent with section 35 of the *Constitution Act*,

⁴ Web-site: Indian and Northern Affairs Canada, www.ainac-inac.gc.ca; INAC > Aboriginal Peoples & Communities > Métis

⁵ Métis National Council Web-site: www.metisnation.ca; Métis Population of Canada

⁶ Women of the Métis Nation Document; "*Health Policy Paper*", (2007) 5

⁷ Women of the Métis Nation Document; "*Traditional Knowledge Policy Paper*", (2007) 5

⁸ *ibid.* at 7

982. Under the federal government's Human Resource and Skills Development Canada (HRSD) guidelines, women are also prohibited from working for the duration of their studies. While non-Métis students who rely on loan programs are permitted to work to a certain degree, Métis women who chose to "take advantage" of what limited funding is made available to them in recognition of their unique place as Aboriginal peoples in Canada; are simultaneously negatively affected by the regulation stopping them from seeking even part-time employment. As it is, the programs are not designed to fully support Métis women and their families during the 52 weeks of study, and with no option to work women are forced to turn to federal and provincial loan programs again, if eligible.⁹

- **Healthy Child Development** - As per the national "*Women of the Métis Nation*" (WMN) Organization, in 2007 a major problem with the Federal-Provincial-Territorial childhood development Agreement is that while reporting measures do exist, no one at the federal level monitors whether Aboriginal people off-reserve, specifically Métis, are obtaining equitable allocations.¹⁰
- **Health Services** - Access to health services has been raised as an issue for Métis women both urban and rurally, but especially for those in rural, remote and northern communities where there may not be any local access at all. Some Métis women also feel that the lack of health care providers who may not speak their language and or be sensitive to them as Aboriginal people is also a barrier to access. As such, it is most critically important that culturally appropriate Métis specific health programs and services should be developed and provided to help reduce the stress in these relationships and increase the potential for positive access to the health care system.

Some Policy Gaps and Health Concerns of Métis Women

In 2007 a number of consultations, facilitated by the national "*Women of the Métis Nation*" (WMN) organization, were held with Métis women and service delivery organizations in preparation for an National Aboriginal Women's Summit held in Newfoundland. Through this process a number of policy areas that affect Métis women were identified as gaps that need to be addressed. As per the women consulted:

1. "Implementing holistic approaches for improving health and wellness outcomes for Métis women ;

⁹ Women of the Métis Nation, "*Education Policy Paper*", (2007) 7

¹⁰ *ibid.* at 5

2. Developing economic and investment strategies for:
 - improving Métis women's labour market participation; and
 - increasing Métis women's earned incomes;
3. Improving life-long learning supports and opportunities for Métis females including children, youth adults and elders;
4. Promoting traditional knowledge and traditional approaches adopted by Métis women for improving:
 - the social and economic situation; and
 - education of Métis peoples;
5. Redressing violence within Métis families and the pernicious acts of violence directed at Métis women in particular." ¹¹

C. Recent Agreements between the Metis and the Federal, and or Provincial and Territorial (FPT) Governments

Further to the above concerns and issues the following agreements should be noted:

2005 Blueprint on Aboriginal Health:

- **A 10 Year Transformative Plan - A Métis Framework**

The Blueprint on Aboriginal Health incorporates 3 distinct frameworks (First Nations, Inuit and Métis) situated within an overall strategy developed collaboratively to bring about transformative changes in health status. It is a response to the commitment made at the Special Meeting of First Ministers and National Aboriginal Leaders in September 2004, and also referenced in the 10-year Plan to Strengthen Health Care for all Canadians, to develop a Blueprint for concrete initiatives to improve health status of Aboriginal peoples.

As per the federal government vision, the Blueprint is a 10 year transformative plan for making significant progress in closing the gap in health outcomes between the general Canadian population and Aboriginal peoples, including First Nation, Inuit and Métis. This will be achieved by improving access and quality health services through comprehensive, wholistic and co-ordinated service provision by all parties to the Blueprint, and through concerted efforts on determinants of health.

¹¹ " Women of the Métis Nation Policy Proposal Document" (2007) 3

It was further stated that the implementation of the federal commitments in the Blueprint would be undertaken in a manner consistent with the Métis Nation Agreement signed in May 2005.¹²

Métis Nation Protocol

On September 5, 2008, a 5-year Métis Nation Protocol agreement was signed between the Métis National Council and the Federal Government wherein, in general, it was agreed to establish a bilateral process to examine a number of issues such as jurisdictional issues and Métis Aboriginal rights. It was also agreed to establish multilateral discussions, when appropriate, related to items such as lands and resources, harvesting rights, economic development, education and training, health, child and family services, housing, justice and policing.¹³

It is noted that even though this is an agreement between a national Aboriginal political organization and the Federal government, there is no specific wording or reference to women and or any gender-based analysis that will be included and or considered as part of the protocol examination process.

¹² Document: Canada, "Blueprint on Aboriginal Health: A 10-Year Transformative Plan" - Métis Framework, 2005. Online: <www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2005-bluprint-plan-abor-auto/index

¹³ Document: "Métis Nation Protocol" (2008) 2-3

