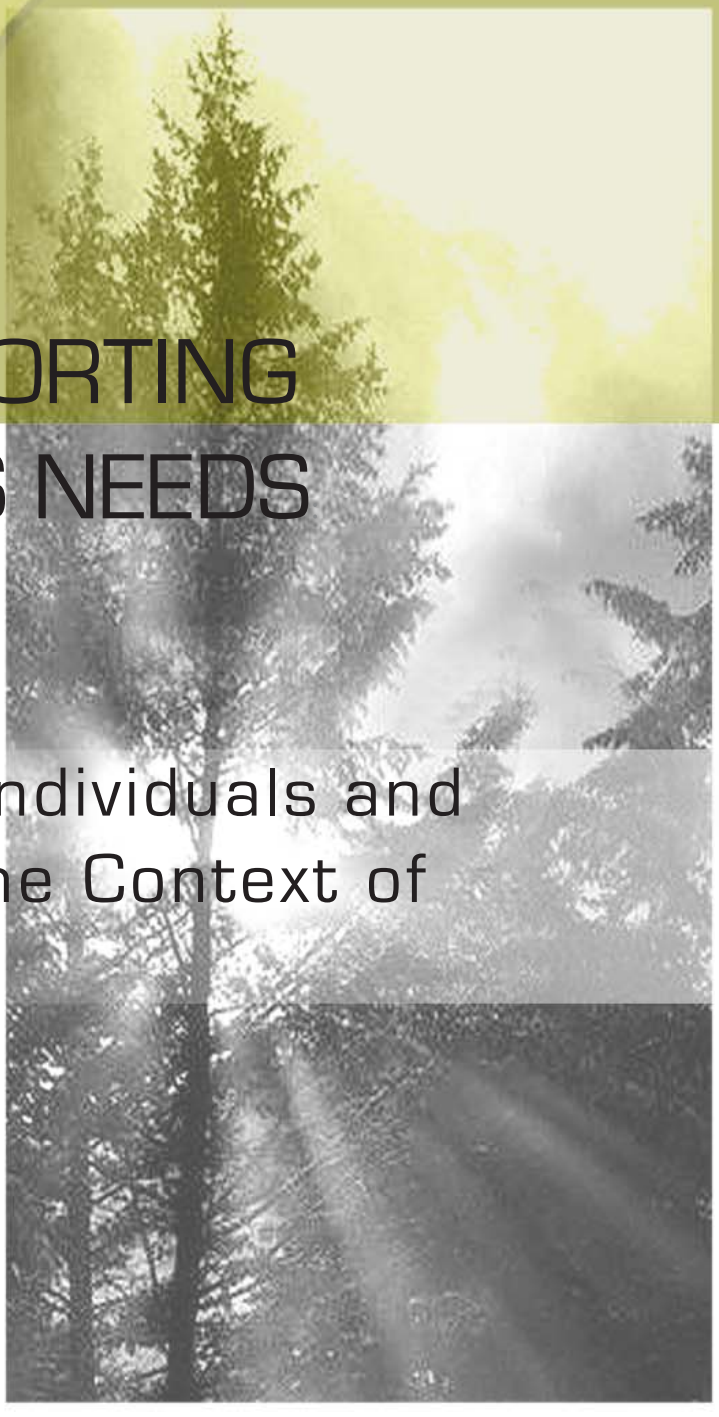
Canadian Aboriginal AIDS Network



# SUPPORTING MÉTIS NEEDS

## Creating Healthy Individuals and Communitiesin the Context of HIV/AIDS

A Publication the Canadian Aboriginal AIDS Network

**Overview of the Canadian Aboriginal AIDS Network**

- Established in 1997
- National and Not-for-Profit
- Represents over 200 member organizations and individuals
- Governed by a National twelve member Board of Directors
- A four member Executive Board of Directors
- Provides a National forum for members to express needs and concerns
- Ensures access to HIV/AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

**Mission Statement**

The mission of the Canadian Aboriginal AIDS Network is to provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

**Acknowledgements**

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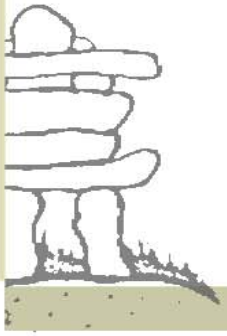

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***Foreword***

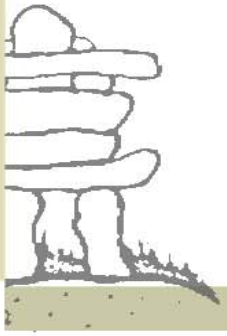
The Canadian Aboriginal AIDS Network (CAAN) is a national coalition of individuals and organizations that provides leadership and support for Aboriginal people living with and affected by HIV/AIDS. As a national organization, CAAN has a role to play in supporting Métis, Inuit and First Nations communities to meet the needs and challenges found with HIV and AIDS.

This paper was commissioned at the direction of the Board of Directors of CAAN, in support of Métis brothers and sisters, some of whom are members of our organization and are living with HIV/AIDS. This paper is about providing a context for how and why the Métis are in need of an approach all their own.

This paper is not prescriptive, nor does it speak for the Métis population. What it attempts to do is lay out some issues that may help the reader understand who the Métis are, issues they are facing, and why HIV/AIDS is a concern. The author is of Métis descent. With all due respect, we offer this paper as a starting point, along with other efforts from within the Métis population, to bringing HIV/AIDS out into the open where it can be discussed and acted upon.

Statistics with respect to the Métis population and HIV/AIDS are not readily available, as you will see. This lack of data, however, ought not to be interpreted as an absence of HIV/AIDS in the Métis population. More so, it is likely a flaw in data collection efforts and improper information around ethnicity. A key reference throughout this paper is the Aboriginal Strategy on HIV/AIDS in Canada, which had Métis input and is now being used as a key document to guide HIV/AIDS work in the Aboriginal population. We encourage the reader to obtain a copy, and become part of a national network dedicated to addressing this health concern which has taken far too many lives.

Kevin Barlow
Executive Director



## I. Introduction

### *The Task*

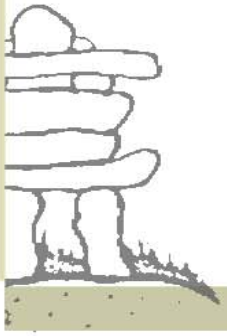
The provision of information and insight into issues facing Métis communities as a result of the world-wide HIV/AIDS epidemic is a necessary step in a journey toward healthy communities. The process of effectively addressing HIV/AIDS within Métis communities requires information, reflection, dialogue, planning and action. The goal of this paper is to provide a context for future discourse supporting Métis needs in creating healthy individuals and healthy communities.

While a significant amount of research and information is available on HIV/AIDS, there is insufficient information available specifically about Métis People. Some publications do display symbols historically linked to Métis identity such as the L'Assomption sash, flower beadwork and the fiddle acknowledging a Métis presence within the HIV/AIDS discussions. Placement of Métis symbols is a good beginning, but without Métis-specific material and content, healthcare providers, educators, policy makers and others will have difficulty engaging Métis People in meaningful and effective dialogue on the subject of HIV/AIDS.

As such, three primary objectives have been set to provide the context for a future discourse described above. First, information is provided to establish a context of Métis cultural identity. Second, issues highlighting the affect of the HIV/AIDS epidemic on the Métis population are reviewed in order to better understand gaps and concerns. Third, data collected by the Canadian Aboriginal AIDS Network will be reviewed to explore what is revealed with respect to access issues of care, treatment and support services for Métis People.

### *Needs and Limitations*

There are limitations to this study that needs to be identified. This work is motivated by the absence of information on HIV/AIDS specifically related to Métis communities and seeks to contribute to continued dialogue and enhancement of discourse. The study is offered from an educational perspective and, as such, is not a replacement for a broader consultative process which should be conducted within the Métis Nation in an effort to give voice to those who have unique perspectives of importance. Information currently available about HIV/AIDS issues on Métis communities is sparse which will naturally limit the outcome of this analysis. However, in spite of the obvious challenges, it is necessary to begin the process of addressing the task previously outlined.



## II. Establishing a Context of Métis Cultural Identity

### *Defining the Métis Nation*

Throughout this section, author references to Métis, Métis People and Métis communities refer to those individuals who have asserted their identity in keeping with the definition adopted in 2002 by the Métis National Council. Specifically, **"Métis means a person who self-identifies as Métis, is of historic Métis Nation Ancestry, is distinct from other Aboriginal Peoples and is accepted by the Métis Nation"** (Métis National Council, 2004).

Further to the concise definition, the Métis National Council resolved that "Historic Métis Nation" refers to the Aboriginal People then known as Métis or Half-Breeds who resided in the Historic Métis Nation Homeland; the 'Historic Métis Nation Homeland' refers to regions of west central North America; 'Métis Nation' refers to the Aboriginal People descended from the Historic Métis Nation now comprising the body of Métis Nation citizenry as one of the Aboriginal Peoples of Canada as identified within section 35 of the *Constitution Act, 1982* (Métis National Council, 2004). In short, Métis People represented by the Métis National Council are members living throughout Ontario, Manitoba, Saskatchewan, Alberta and British Columbia.

These parameters help to establish the key element of 'distinctiveness' found within the definition of Métis. Commonly grouped under the term 'Aboriginal' by mainstream society, it is important to recognize that there is an autonomous Métis Nation which exists in Canada and is separate and distinct from Inuit and First Nations' Peoples. The provision of a context for 'defining' a people is helpful to understanding the historical background that has given rise to the socio-economic conditions currently experienced by Métis People within Canada.

### *Métis Nation History*

While specific definitions are necessary for political and legal purposes in contemporary times, Métis People have a culture and history that emerged naturally over time as a result of European colonization of Canada. During the 17th century fur trade era of Canada, British, Scottish and French traders spent many years interacting with First Nations communities which contributed to large numbers of mixed-blood children across the western regions of what is now Canada. Many mixed-blood children were absorbed into tribal life with their maternal families, while others were sent to Europe to be cared for by their paternal families.

Most mixed-blood children, however, grew up to find themselves alienated from both their tribal and European kin as a result of the 'stigma' of having a mixed-blood heritage. Finding common bonds of surviving the challenges of living outside of extended kinship relationships became essential and mixed-blood families grew to develop their own unique way of life. The Métis were a 'working class' people who provided valuable services as labourers during the fur trade era. "Men made a living by trading, trapping, canoe transport (voyageurs), guiding, and interpreting. Essentially they served intermediary roles as they worked as liaisons and guides between the French and the villages of their Indian relatives"(Brizinski, 1989, p. 127). Women played critical roles in adapting European clothing with Indian styles, ensuring the continued use of Indian languages (encouraging their children to be multilingual), and found creative ways to blend cultural practices

with new ways that would both preserve and integrate traditional practices (Brizinski, 1989, p.127).

Over the space of only a few generations, a distinct cultural identity emerged as Métis People claimed their own Nationhood, developed the unique hybridized language of Michif, and carved out a homeland of settlements and trade routes across vast expanses of land (Commission on First Nations and Métis Peoples and Justice Reform, 2003). The Métis culture that emerged was much more than the sum of its constituent parts; "it was an entirely distinct culture" (Royal Commission on Aboriginal Peoples, 1995).

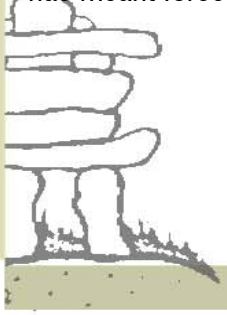
The long history of Métis struggles to maintain independent lifestyles is documented throughout Métis and Canadian literature. Métis governance structures and processes were established in keeping with Métis self-determination. Motivated by the primary objective of protecting the Métis way of life, Métis governance structures also facilitated an interface with federal authorities. With the passage of time and strengthening of European colonial powers, compatible Métis governance structures were dismissed as viable regional governing bodies. Threats of Métis governance in the western regions interfered with federal plans to implement a national railway system that would consolidate their land holdings as well as effectively shut out any territorial threat that might be looming from the United States.

Métis aspirations of self-governance were not oppositional to the Confederation of Canada which eventually occurred in1867. Rather, Métis governing bodies sought to implement provincial and regional governance structures that would contribute to the strengthening of a united Canada. History has shown us, however, that the federal government had no intention of sharing their power with an Aboriginal group. After several confrontations between federal government representatives and Métis People, a bloody battle was fought in the areas around Batoche, Saskatchewan in 1885 that not only shut down Métis governance, but left Métis People with a legacy of persecution and marginalization that has lasted until this day.

***Métis Nation Today***

Today, Métis People have neither treaties, nor a land base within Canada. Most Métis People are disbursed across Canada, living within public urban, northern and rural communities.
One exception to this is found in northern Alberta. In 1932, the Government of Alberta set aside a small land base for the Métis of the area, now comprising eight communities known collectively as the Métis Settlements of Alberta (Métis Settlements General Council, n.d.). Governed by the Métis Settlements General Council, the Métis Settlements are not part of the Métis National Council which represents the majority of Métis People in Canada.

Federal and provincial jurisdictional consumption of Canada's land base in the name of the Crown, has meant forced dispossession of Métis People from the land and practices so much a part of



traditional Métis culture. Increasingly urbanized, Métis lifestyles suffer from social and economic malaise similar to that of other Aboriginal Peoples.

***The Constitution Act, 1982***

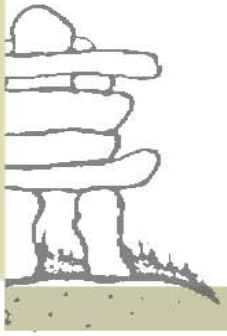
In 1982, Aboriginal and Treaty rights were recognized and protected in the Canadian Constitution. The Métis were recognized as one of Canada's three Aboriginal Peoples of Canada within section 35(2) of the Constitution Act, 1982 (Department of Justice Canada, n.d.). The Métis National Council was formed shortly afterward, in 1983, by the Métis People to ensure Métis voices were heard in issues regarding the implementation of their inherent right to self-government, and continued development of their governance structures (Métis National Council, n.d.).

***Métis National Council***

The Métis National Council is the national body mandated by its Governing Members to provide a national and international voice for the Métis Nation within Canada. The Métis National Council is the representative body for its five Governing Members who are the: Métis Provincial Council of British Columbia, Métis Nation of Alberta, Métis Nation - Saskatchewan, Manitoba Métis Federation and Métis Nation of Ontario. The Governing Members each have an elected body of representatives and are led by a provincial President. The five provincial Presidents and their Councils elect a National President to lead the Métis National Council.

The Métis National Council Board of Governors is made up of five provincial Presidents and one National President. Collectively, the Board of Governors address political and sectoral issues that are national in scope. Individually, each Governing Member is quite autonomous, carrying out the best interests of the Métis People within their respective province according to their own processes and priorities. The Métis National Council also hosts the MNC Métis Women's Secretariat and the MNC Youth Advisory Council.

Within each of the Métis National Council Governing Members, a network of regional Métis authorities connects local communities directly to the provincial and national bodies. The infrastructure of the Métis National Council can be an excellent vehicle for communication with Métis People across the Métis Nation Homeland. See Appendix One for contact information.



## III. HIV/AIDS Affect on the Métis Population

### *Métis Educational Issues in Relation to HIV/AIDS*

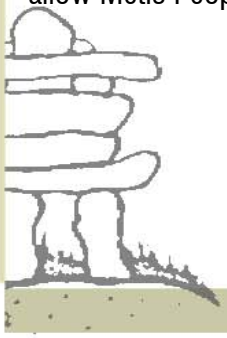
> ***Because HIV/AIDS is a preventable disease, significant energy and resources are required to ensure that accurate and timely information is being delivered. There is also a need to ensure that targeted messages are designed, created and implemented which look at specific high-risk activities, such as injection drug use or unprotected sex. All this must be done within the context of the community and environment where prevention and education are being delivered and in proactive ways (Canadian Aboriginal AIDS Network, 2003, p. 14).***

Although of mixed heritage, Métis People have suffered effects similar to other Aboriginal Peoples as a result of the colonization of Canada and subsequent devaluation of Aboriginal cultures and knowledge systems. The systematic removal of Métis People from the lands they traditionally occupied resulted in the destabilization of Métis self-governing processes, interruption of intergenerational traditional knowledge transmission, and oppression of Métis language, culture and epistemology. Métis cultural survival has been a remarkable accomplishment, given the absence of a collective land base and appropriate capacity support from federal and provincial governing authorities to resist full assimilation into mainstream society.

In most contemporary formal education systems, Métis People are only minimally acknowledged. This 'invisiblization' of Métis People may be a significant factor in the Canadian education system's failure to meet the needs of Métis students. Reluctance to self-identify as a result of historical persecution of Métis families, combined with the absence of Métis-specific curriculum resources often creates a discouraging school experience for Métis learners. Yet, it is here, during the formative years of Métis youth, that the transmission of information on HIV/AIDS and healthy lifestyles is critical.

Métis People are Aboriginal People, but they are not First Nations' People nor are they Inuit People. Cultural histories, practices and beliefs are quite different between Aboriginal Peoples. Educators who believe they are meeting all the needs of Métis People by providing First Nations' curricular content are mistaken. There is a need for the development of curriculum resources on HIV/AIDS that can be available to educators to provide a true acknowledgment of Métis culture and traditions, as well as opportunities for non-Aboriginal people to learn about the Métis from a Métis perspective.

Attitudes of mainstream society, and public service organizations, are improving to some degree as a result of the dissemination of more widely available information regarding the impacts of colonization, residential schools, and related contemporary socio-economic issues of all Aboriginal Peoples. Whether targeted at elementary, secondary, post-secondary or community groups, culturally relevant literature and dialogue concerning HIV/AIDS must occur in order to dispel misconceptions about Métis People and to allow Métis People to make personal connections to the issues.



### *Métis Gender and Identity Issues in Relation to HIV/AIDS*

***While all Aboriginal populations may be deemed "vulnerable", there are diverse groups within our populations with different needs (Canadian Aboriginal AIDS Network, 2003, p. 25).***

The Aboriginal Strategy on HIV/AIDS has identified *Engaging Aboriginal Groups With Specific Needs* as one of its nine key strategic areas. Included within this comprehensive area are objectives specifically targeted for women, men, children, youth, family members, two-spirit people, substance abusers, inmates, sex-trade workers, street-involved individuals, communities, northerners, adults and older people, residential school survivors and transgendered / inter-sexed and transsexual people. Essentially, the diversity of people included within this group reflect many who have specific and unique needs in addressing HIV/AIDS issues.

Health Canada identifies 'gender' as an important health determinant. Many roles, personality traits, attitudes, behaviours, values, power relations and influence are ascribed to the sexes on a different basis. Norms associated with gender influence health system practices and priorities. Health Canada reports that many health issues are a function of gender-based social status or roles. In particular, "Women, for example, are more vulnerable to gender-based sexual or physical violence, low income, single parenthood, gender-based causes of exposure to health risks and threats (e.g. accidents, STDs, suicide, smoking, abuse of prescription drugs and other substances, physical inactivity). Measures to address gender inequality and gender bias within and beyond the health system improve population health" (Public Health Agency of Canada, 2004).

As individuals, each of us belongs to a number of different 'communities' which often overlap with other 'communities' we are a part of. For example, an individual may be part of the broader Métis community, but also be a mature northern or urban male or female. The same individual may be an injection drug user, a sex-trade worker or may be partnered with someone who is part of another set of diverse groups. While this is a hypothetical scenario, it demonstrates how numerous combinations of 'communities' can be home to any one individual, and reminds us there are many circumstances for which one remains connected to various communities. Addressing the needs of Métis people regarding HIV/AIDS requires a strategy that acknowledges issues of gender and identity and does not minimize, or disregard, the legacy of one's cultural history.

HIV/AIDS service organizations can provide front-line interaction with individuals in need of particular services. It is imperative that Métis men and women have access to culturally relevant services, and are aware of what services are available to them. Effective interaction and provision of information can only be accomplished by direct interaction with the broader Métis community.

### *Métis Cultural Context Issues in Relation to HIV/AIDS*

***First Nations, Inuit and Métis People have long histories on this continent, as well as vibrant cultures. Many of the traditional teachings, however unique to each group, can be the basis to recover the strengths once common in Aboriginal communities (Canadian Aboriginal AIDS Network, 2003, p. 25).***

Some historical context of the Métis has been provided in Part I of this document as a critical part of understanding who is being talked about. Particular historical issues which have contributed to contemporary health issues are important factors to consider in building a caring and compassionate discourse regarding Métis People living with HIV/AIDS. Today, large numbers of Métis People are living in urban centres making them important areas to target for culturally appropriate HIV/AIDS awareness and support.

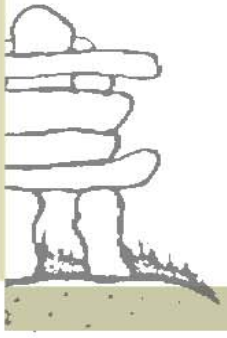
The 2001 Statistics Canada Census indicated that of the 976,305 people who identified as Aboriginal, about 30%, or 292,310 identified as Métis. This signaled a 43% increase over a period of five years and was the largest population gain of the three Aboriginal Peoples. In the 2001 census, 68% of Métis People indicated they lived in urban areas. The five urban areas with the largest Métis populations in 2001 included Winnipeg, Edmonton, Vancouver, Calgary and Saskatoon. These urban centers alone accounted for 29% of the total Métis population (Statistics Canada, 2003). It should be noted that Statistics Canada utilizes data that includes all people across Canada who self-identify as Métis.

Métis People's urban lifestyles, and related socio-economic challenges, promote disconnection from traditional knowledge and practices. When Aboriginal Peoples are removed from cultural environments, disbursed within urban non-Aboriginal communities, or have only limited access to traditional teachers, the ability to ingrain, experience and internalize traditional teachings are greatly diminished.

Rural and northern Métis may also suffer the same disconnection from traditional knowledge and practices. Restricted access to land, historic devaluation of Métis culture and practices, residential school experiences, low economic status, and other factors contribute to this disconnection. Communities with healthy value systems and support networks will be better equipped to assist Métis People living with HIV/AIDS. Whether they are urban, northern or rural dwellers.

Teaching and learning the complexities of traditional cultural values and practices takes a lifetime. It is a never-ending process of living to achieve different levels and layers of understanding. One acquires spiritual and intellectual growth through dynamic interaction with other beings sharing the same environment, often by repetitive experience.

Exposure to healthy influences and supportive networks of people must be made available and accessible to Métis People living with HIV/AIDS. This might take the form of on-going educational programming, cultural activities, and visible acknowledgment of Métis heritage within society to reaffirm identity and to encourage reconnection with cultural heritage. Discovering the many facets of holistic health can be facilitated by interaction with others who share common histories and face common issues.



### *Métis Governance Issues in Relation to HIV/AIDS*

> ***There is a critical role that Aboriginal Leaders can play in each of these strategic areas and in the overall struggle to overcome all the challenges that come with HIV/AIDS. Aboriginal Leaders need to speak publicly about HIV/AIDS so that Aboriginal communities hear their Leaders talking about these issues and begin to take it more seriously (Canadian Aboriginal AIDS Network, 2003, p.11).***

In many regards, Métis People share common challenges with other Indigenous Peoples of the world. Western-style compartmentalization of issues is not designed to address issues holistically or in a manner appropriate to traditional Indigenous processes. Non-Indigenous governing authorities separate sectoral issues such as education, housing, healthcare and economic development into autonomous compartments and are often unaware of the broader set of issues Métis People face. This public model of governance does not easily address the inter-relatedness of the sectors. Indigenous Peoples that have access to a land base, have some opportunity to address sectoral issues in a more integrated manner. However, for Indigenous Peoples without a land base, such as the Métis, the challenge remains to bring a sense of cultural connectedness to HIV/AIDS issues with existing self-governing systems.

Métis National Council President, Clément Chartier called for an end to health care discrimination against Métis People in July 2004. He said "The on-going and systemic exclusion of the Métis from the federal government's Aboriginal health initiatives is due to many factors, not the least of which has been willful blindness by the key decision-makers in health policy. Often times, we are told that jurisdiction is the 'culprit' as no one wants to take responsibility for Métis health. The result is that even though Métis people represent close to 26% of the Aboriginal population in Canada (2001 Census), they receive minimal access to federal Aboriginal health supports or services. When limited access is available, Métis people continue to encounter difficulties accessing provincial primary health case services and pan-Aboriginal models which fail to meet the unique needs of the Métis people. As a result, our people fall further behind average Canadians in many areas and behind other Aboriginal peoples in some health care indicators" (Métis National Council, 2004b). President Chartier provided a framework for action to assist with addressing Métis concerns. This included:

- building upon best practices in Métis health care;
- developing a health career strategy for Métis people;
- exploring new models to address jurisdictional barriers; and
- supporting Métis participation in developing health policy (Métis National Council, 2004b).

Subsequently, following a special meeting of First Ministers and Aboriginal Leaders of Canada in September 2004, it was announced that a collaborative effort would be made to develop a blueprint that would assist in improving the health status of Aboriginal peoples and health services in Canada. A number of general goals and strategies were identified, including the commitment that "The Government of Canada will explore, with other orders of government and Métis leadership, Métis health issues" (Canadian Intergovernmental Conference Secretariat, 2004).

While the emergent press release from the Special Meeting of First Ministers and Aboriginal Leaders provides long-term hope for governance and health issues, it will not be easily resolved for Métis People. Self-determination is still an intense struggle for the Métis - largely dependent upon

legal challenges as a means to secure adequate capacity for the delivery of Métis-specific services within Canada. Other Aboriginal health care providers addressing HIV/AIDS issues acknowledge the need to serve Métis People and continue working to create linkages and partnerships with Métis governing authorities. Meanwhile, the Métis National Council creates political impetus for Métis-specific health care capacity essential to ensuring needed services and supports are available.

The five Governing Members of the Métis National Council comprising the MNC Board of Governors, led by the MNC National President provide a vehicle to respond to Métis health care issues and potential partnerships with HIV/AIDS service organizations. It is important that Métis leaders are supported to raise awareness about Métis People affected by HIV/AIDS, seek negotiated agreements and appropriate funding to address long term strategies for HIV/AIDS programming needs, ensure that Métis People living with HIV/AIDS are not discriminated against, and ensure all Métis leadership has good educational information about HIV/AIDS.

### *Métis Health Issues in Relation to HIV/AIDS*

> ***For many Aboriginal people, achieving holistic health after generations of trauma and losses, is necessary to rebuilding our societies and in order for our health conditions to improve, including removing much of the risk for HIV and AIDS. Holistic health is about finding balance, emotionally, physically, spiritually, and mentally (Canadian Aboriginal AIDS Network, 2003, p. 5).***

The Canadian Aboriginal AIDS Network (CAAN) holds, as key components in its Mission, to provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS. CAAN's work "is not about competing with regional and local efforts - it is more about offering support and national coordination that can strengthen ties and strengthen Aboriginal communities. By doing so, it will identify and support measures which can take Aboriginal people that much closer to meeting and overcoming the many challenges related to HIV/AIDS" (Canadian Aboriginal AIDS Network, 2003, p. 2). As a result of CAAN's work since 1997, the National Aboriginal Strategy on HIV/AIDS identified nine key strategic areas as organizational priorities (Canadian Aboriginal AIDS Network, 2003, p.2). They include:

- Coordination and Technical Support
- Community Development, Capacity Building and Training
- Prevention and Education
- Sustainability, Partnerships and Collaboration
- Legal, Ethical, and Human Rights Issues
- Engaging Aboriginal Groups with Specific Needs
- Supporting Broad-based Harm Reduction Approaches
- Holistic Care, Treatment and Support
- Research and Evaluation

While these priority areas are applicable for all Aboriginal Peoples of Canada, it is important that they be examined in relation to the four areas for action identified by Métis National Council President Clément Chartier highlighted in the Governance Section of this report. As well, in a report

offered to the Commission on the Future of Health Care in Canada, the Métis National Council has identified key issues that affect Métis health outcomes and must be addressed. These include:

- identity and membership
- political representation
- jurisdictional disputes and barriers
- inequitable resource allocation and funding
- lack of Métis-specific access to culturally appropriate health services
- scarcity of health research specific to Métis population
- policy void respecting urban Aboriginal and Métis populations
- socio-economic status of Métis
- social and cultural barriers and regional disparities
- poverty and living conditions
- educational attainment and literacy
- lack of access to safe drinking water and sanitary sewage in rural communities
- rates of disability, injury accidents, suicide, alcohol and substance abuse, family violence and physical abuse of children
- disease prevalence including heart problems, hypertension and diabetes, and incidence of tuberculosis and HIV/AIDS
- status of mental health as reflected by mental, physical, spiritual, and emotional health and wellness of individuals and communities (Métis National Council, n.d.b)

The National Aboriginal Health Organization (NAHO), through its Métis Centre, has compiled information specifically related to Access and Integration, Capacity and Sustainability, and Broad Determinants / Health Issues regarding Métis People. Each report section is structured into two sub-categories briefly identifying the current situation, and needs to address the current situation. Regarding Access and Integration, NAHO comments:

> As health is a provincial jurisdictional responsibility in Canada but reliant on federal transfer funds, designing services for specific populations within provinces is not necessarily equitable or comparable across regions or provinces. The current reality for Métis in Canada is that the provision of health care is dependent upon the willingness and ability of provincial and territorial health care systems to recognize, understand and implement policies that are reflective and respectful of Métis health issues, needs and concerns" (National Aboriginal Health Organization, n.d. p. 2).

Within Access and Integration, NAHO further identifies jurisdictional issues, program funding and policy issues and a lack of Métis-specific data as limiting to the development of appropriate and effective health programs and services for Métis. A variety of equitable participation suggestions are provided, encouragement of meaningful Métis health information, and integration of Métis traditional health knowledge and healing practices with mainstream health services is recommended.

Within Capacity and Sustainability, NAHO identifies their own service on behalf of Métis interests. Some of this work has included capacity-building workshops and community development models and guides, Métis health research, Graduate Fellowship Program, and the production of Métis-specific information advocating for Métis needs. NAHO acknowledges the need for consultation and collaboration with Métis organizations and communities, a Métis health policy framework, adequate

funding for Métis health infrastructure development, and accessible confidential community-based programming to meet diverse Métis health needs.

Within Broad Determinants / Health Issues, NAHO identifies the need to look beyond immediate physical care in addressing health issues. Broad determinants include such things as socio-economic status, education, geography, cultural identity, spirituality, social inclusion, community and infrastructure. NAHO acknowledges the need to engage in discussions that will identify health issues from a Métis perspective, establish linkages and partnerships, develop a sustainable research agenda, create health and wellness programs and services, collaborate on prevention approaches, explore relationships between health and socio-economic factors, establish a Métis-specific health research strategy and address issues of access, sustainability and capacity.

In light of very fundamental and foundational issues in addressing Métis health care identified by such organizations as the Métis National Council, Canadian Aboriginal AIDS Network and National Aboriginal Health Organization, *timeliness* is critical to consider. The movement to action for Métis health care capacity and service goals should underscore any recommendations and work that is currently in negotiation. For Métis individuals living with HIV/AIDS, and for those at-risk, the urgency in addressing Métis health issues is very real. In a February 2005 report from the College of Family Physicians of Canada, the Health Council of Canada is cited as reporting "The health of First Nations, Inuit and Métis people is worse than that of the general Canadian population on virtually every measure of health and every health condition" (The College of Family Physicians of Canada, 2005, p. 2).

For Métis People who are still trying to have basic health care needs met, there is a tremendous amount of health care planning, development and implementation that needs to take place. It is essential that appropriate governmental supports are put in place to make appropriate health care, including HIV/AIDS services, available to Métis People.

***Epidemiological Data***

The Centre for Infectious Disease Prevention and Control (CIDPC) has estimated that to the end of 2002, there are 56,000 Canadians living with HIV infection. It is estimated that of these, approximately 17,000, or 30%, are not aware of their infection. Approximately 3,000 to 4,000 of those infected with HIV are Aboriginal persons, placing the number at about 5% to 8% of all prevalent HIV infections. In 2002, there were approximately 250 to 450 new HIV infections of Aboriginal individuals (Health Canada, 2004).

Some of the key issues identified by CIDPC include:

- Aboriginal Peoples are over-represented in the HIV epidemic in Canada;
- Aboriginal Peoples make up a growing percentage of positive HIV test reports and reported AIDS cases;
- Injection drug use continues to be a key mode of transmission within the Aboriginal community;
- HIV/AIDS has a significant impact upon Aboriginal women; and
- Aboriginal Peoples are being infected with HIV at a younger age than non-Aboriginal people (Health Canada, 2004).

As a result of disproportionate affects of social, economic and behavioural factors including high rates of poverty, substance abuse, sexually transmitted infections and limited access to, or use of, health care services, vulnerability to HIV infection is increased. Statistics show that reported AIDS cases and positive HIV tests have increased within the Aboriginal community over the past few years.

Prior to 1992, of the 6,203 reported AIDS cases where ethnicity could be determined, approximately 1.3% were Aboriginal. By 1999, Aboriginal cases had risen to a high of 9.7%. In 2000, the percentage decreased to 7.2%. In 2001, the percentage decreased again to 5.5%. Unfortunately, 2002 reported an increase to 12.9% of the total reported AIDS cases for which ethnicity could be determined. In 1998, there were 634 positive HIV cases of which 18.8% were Aboriginal. The percentage increased to 23.8% by 2002 in cases where ethnicity could be determined (Health Canada, 2004, p. 47-48).

CIDPC reported that of the 509 Aboriginal AIDS cases reported to June 30, 2003, 368 were First Nations, 42 were Métis, 21 were Inuit, and 78 were unspecified Aboriginal. Within the Métis community, 26.8% of all reported AIDS cases were attributed to injection drug use. CIDPC also notes that nearly 40% of reported AIDS cases among the Métis occurred in individuals under 30 years of age (Health Canada, 2004, p. 53).

In all HIV/AIDS infections in Canada, injection drug users continue to be an important risk group. Among Aboriginal Peoples, it is the key mode of transmission. CIDPC reports that between 1998 and 2003, 454 Aboriginal males and 372 Aboriginal females showed positive HIV test reports. Of the females, nearly 67% were attributed to injection drug use and 31.5% were attributed to heterosexual exposure. These proportions are similar for reported AIDS cases (Health Canada, 2004, p.49).

In some sites in western Canada, data shows that a high proportion of HIV-infected pregnant women who deliver are Aboriginal. Between 1995 and 1997, 19% (49 of 250 cases) were Aboriginal women. In northern Alberta or the Northwest Territories during 1996 to 1998, 91% (29 of 32 cases) were Aboriginal women.

***Testing Issues***

CIDPC indicates that of the 56,000 prevalent infections in 2002, approximately 17,000 were not aware of their HIV infection. Numbers are based on positive HIV tests reported until the end of 2002, survival statistics and estimates of HIV prevalence to December 2003 (Health Canada, 2004, p.7). The reason provided for the high number of those unaware of their HIV infection, is that these individuals are “hidden” to the health care and disease monitoring systems as they have not yet been tested for HIV infection and their condition diagnosed. This raises a serious concern in that without diagnosis and treatment, counseling will not be obtained to prevent the further spread of HIV (Health Canada, 2004, p.3).

HIV testing has been available in Canada since 1985, but ethnicity data for positive HIV test reports have only been available since 1998. As such, comparative data is limited. However, Health Canada is reporting a steady rise in the proportion of reported AIDS cases and positive HIV test reports

among Aboriginal Peoples in Canada over the past few years.

For Métis individuals, self-identification is essential to discovering rates of infection within the Métis population of Canada. This critical data can help to activate national, provincial, regional and local strategies to address needs of those affected by HIV/AIDS. As explained in earlier sections of this report, issues of self-identification are problematic for many Métis People. Historical familial persecution and racist attitudes toward Métis People often contribute to low self-esteem and unwillingness to connect to others of similar heritage. Strong, effective Métis support services are an important asset in the fight against HIV/AIDS.

The provision of culturally-sensitive information allowing the exploration of one's own identity and historical legacy is an important educational tool. Lack of capacity within the Métis Nation to address health issues holistically and effectively creates a breakdown between Métis-specific organizations and individuals. Health service organizations that are not Métis-specific are providing an extremely valuable service. However, it is important to point out that if choice of service does not exist, Métis individuals may not be receiving the support that they need. Just as the needs of diverse groups are identified as important areas to address, it is also important to consider Métis People's needs.

These statistics provide information useful to planning prevention strategies for the Métis community. Holistic planning, as well as holistic health care are essential strategies in addressing HIV/AIDS. There are diverse groups to reach out to, each with diverse needs and it is going to take a collaborative effort by all those who have the will to make a difference in the lives of those living with HIV/AIDS.

**Métis Socio-Economic Issues in Relation to HIV/AIDS**

> ***Determinants of health which are factors known to affect or influence a persons health, can be either negative or positive. Negative determininats can be such things as living in poverty, having inadequate or no housing, as well as childhood traumas that remain unresolved. Positive determinants can be getting higher education, having stable home environments, or strong cultural connections. Generally, the main factor affecting the health of Aboriginal people is socio-economic status, in addition to environmental factors (Canadian Aboriginal AIDS Network, 2003, p. 4).***

The Royal Commission on Aboriginal Peoples (RCAP) examined urban demographics and socio-economic realities in Volume 4, Chapter 7 of its report. RCAP concluded that Aboriginal Peoples living in urban centers face many challenges, including that of maintaining cultural identity. While some succeed in remaining connected to traditional values while living and working within an urban setting, many others do not. The Commission also concluded that Government policy has not kept pace with the influx of Aboriginal Peoples into Canadian cities, resulting in deficient coordination, gaps and disputes over jurisdiction and responsibility. Specifically "Urban Aboriginal people have felt the effects socially – through unemployment, low wages and the like – and culturally, through systemic racism and a weakening or erasing of Aboriginal identity. The combination can be deadly" (Royal Commission on Aboriginal Peoples, 1998, Vol 4. Ch. 7).

The National Aboriginal Health Organization (NAHO) has cited Canadian census data indicating that Métis People share a similar socio-economic and health profile to other Aboriginal Peoples of Canada in relation to mainstream populations (National Aboriginal Health Organization, 2004).

While jurisdictional wrangling continues with respect to Métis access to improved health care, housing, economic opportunities, educational support and other sectoral issues, socio-economic conditions within the Métis community will experience slow growth. The negative impacts of sectoral issues must be resolved. Advocates working to improving socio-economic circumstances for all Aboriginal People must continue to produce supporting evidence that will assist in making positive change now and in the future.

**Research and Research Ethics Issues and the Métis Community**

> ***HIV/AIDS is still largely misunderstood which often results in fear and other reactions which contribute to the alienation felt by those living with and affected by this disease...Tools need to be developed and supported, so that Aboriginal communities can better understand and be trained in what is involved when respecting and protecting individual rights... (Canadian Aboriginal AIDS Network, 2003, p. 16).***

The legacy of oppression and persecution experienced historically by Métis People makes researching health care issues ethically extremely important. Institutions conducting scholarly research in Canada follow a variety of ethics codes and require compliance by researchers. Most Aboriginal organizations are not familiar with current requirements of research ethics, nor do they have the capacity to conduct analyses of existing codes and impacts upon individuals and communities. Métis organizations, already burdened by the lack of health care capacity, must also examine the urgent need for development of policy on research ethics in order to support research needs within the Métis community on HIV/AIDS issues.

The Medical Research Council (MRC), Natural Sciences and Engineering Research Council (NSERC), and Social Sciences and Humanities Research Council (SSHRC) comprise a Tri-Council body created to govern ethical research in Canada. The mandate of the Councils is:

> The people of Canada, through Acts of Parliament have created and funded the MRC, NSERC and SSHRC, to promote, assist and undertake research in the domains indicated by their names. In discharging our mandates, the Councils wish to promote research that is conducted according to the highest ethical standards. The Councils have therefore adopted this policy as our standard of ethical conduct for research involving human subjects. As a condition of funding, we require, as a minimum, that researchers and their institutions apply the ethical principles and the articles of this policy. (MRC, NSERC, SSHRC, n.d.)

After several years of developmental work, the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans was adopted in 1998. Section 6 of the Tri-Council Policy Statement contains information intended as a starting point for discussion regarding the area of research involving Aboriginal Peoples. The Tri-Councils acknowledge that, to date, insufficient consultations have been held with Aboriginal Peoples and research institutions to form policy. As such, Section 6 raises some of the issues that need to be considered and suggestions for good research practices.

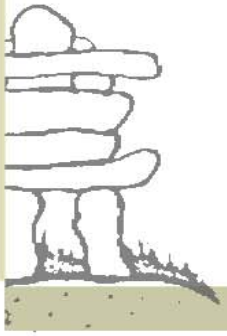
In the Spring of 2004, the Interagency Advisory Panel on Research Ethics, mandated by the Natural Sciences and Engineering Research Council (NSERC), Social Sciences and Humanities Research Council (SSHRC), and the Canadian Institutes of Health Research (CIHR) partnered with the Indigenous Peoples' Health Research Centre (IPHRC) to provide a review of key issues regarding ethical research involving Aboriginal Peoples in keeping with Section 6 of the Tri-Council Policy Statement. The research team, comprised of both Indigenous and non-Indigenous people, produced a report in July 2004 entitled *The Ethics of Research Involving Aboriginal Peoples* in which they reviewed issues raised in literature since the mid-1990's. The recommendations contained in the report can help to establish a new paradigm for research work involving Aboriginal Peoples. The Executive Summary of the report specifies that,

- The jurisdiction of Indigenous Peoples over their culture, heritage, knowledge, and political and intellectual domains must be explicitly recognized in the Tri-Council Policy Statement. Appropriate mechanisms need to be established by the three granting agencies in concert with Indigenous authorities for the approval and review of research proposals involving Indigenous Peoples.
- Further conceptual development needs to take place in regards to an ethical space as the appropriate venue for the expression of an ethical research order that contemplates crossing cultural borders. The conceptual development of the ethical space will require guideline principles put into effect by the three granting agencies that cement practices of dialogue, negotiation, and research agreements with Indigenous authorities in any research involving Indigenous Peoples.
- In recognition of Indigenous jurisdiction, research agreements need to be negotiated and formalized with authorities of various Indigenous jurisdictions before any research is conducted with their people.
- Empowerment and benefits must become central features of any research entertained and conducted with respect to Indigenous Peoples. Governments, international organizations and private institutions should support the development of educational, research and training centers which are controlled by Indigenous communities, and strengthen these communities' capacity to document, protect, teach and apply all aspects of their heritage.
- Ongoing efforts by scholars and political groups to formulate the parameters of national copyright laws and the protection of Indigenous Peoples' intellectual and cultural property rights must take extreme urgency. Protection and recognition of Indigenous peoples' intellectual and cultural property rights by researchers and institutions must be part and parcel of any funding received from the three granting agencies.
- Indigenous Peoples must also exercise control over all research conducted within their territories, or which uses their peoples as subjects of study. This includes the ownership, control, access, and possession of all data and information obtained from research involving Indigenous Peoples.
- Understanding Indigenous social structures and systems, and the role of education in the process of knowledge and cultural transmission, is a vital necessity in coming to terms with research involving Indigenous Peoples. Education in these respects must be supported with appropriate funding and resources.
- Professional associations of scientists, engineers and scholars, in collaboration with Indigenous Peoples, should sponsor seminars and disseminate publications to promote ethical conduct in conformity with these guidelines and develop processes and structures to discipline members who act in contravention.

Steps must be taken to immediately implement policy that will ameliorate inherent conflicts between Research Ethics Board policies and Indigenous ethical requirements, the primary example being the

- barriers to meaningful negotiation of consent and research parameters on the part of community participants prior to the receipt of formal approval from institutions Research Ethics Boards (Indigenous Peoples' Health Research Centre, 2004).

The IPHRC report provides a theoretical framework, analysis of the issues of divergence, trends, analysis of gaps in the Tri-Council Policy Statement, thoughts on convergence and recommendations. Though the scope of the report is limited to the needs of those administering the Tri-Council Policy Statement, it provides a model that could be considered by the Métis Nation, or health service organizations, when undertaking internal policy development processes. It should be noted that the report is not adopted as policy by the Tri-Council at this time, providing an opportunity for review and consideration of the content.



**Guiding Documentation: International, National, Métis-Specific on HIV/AIDS**

UNAIDS
http://www.unaids.org/en/default.asp

AIDS Education Global Information System (AEGiS)
http://www.aegis.com/

The Canadian Aboriginal AIDS Network
www.caan.ca

Health Canada
http://www.hc-sc.gc.ca/english/diseases/aids.html

All Nations Hope AIDS Network
http://www.allnationshope.ca/

Canadian HIV/AIDS Information Centre
http://www.aidssida.cpha.ca/

Canadian AIDS Society
http://www.cdnaids.ca/

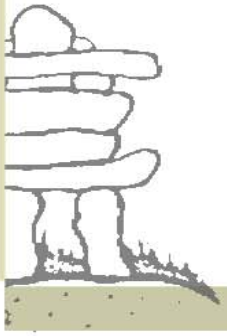
Canadian AIDS Treatment Information Exchange (CATIE)
http://www.catie.ca/

Public Health Agency of Canada
http://www.canadian-health-network.ca/

Métis National Council
http://www.metisnation.ca

Métis Nation of Alberta
http://www.albertametis.ca/Health.aspx

Manitoba Métis Federation
http://www.mmf.mb.ca/



**IV. CAAN Care, Treatment and Support Study for Canadian Aboriginal Persons Living With HIV or AIDS**

In 2004, the Canadian Aboriginal AIDS Network initiated a national survey entitled *Canadian Aboriginal People Living With HIV/AIDS: Care, Treatment and Support Issues*. The survey was able to gather information from 195 First Nation (status and non-status), Métis, Inuit and Innu persons with HIV/AIDS from across Canada. The survey provides data compiled from "Aboriginal women, men, transgendered and inter-sexed individuals who have contracted HIV through blood contamination, sexual contact and/or drug use, and whose self-reported health status ranges from HIV positive with no symptoms to AIDS with serious health problems" (Jackson and Reimer, 2005, p.7). The Canadian Aboriginal AIDS Network should be contacted for more information on comprehensive survey results.

For the purposes of this report, some of the valuable data relevant to Métis People is provided here. Highlights of importance that have emerged from the study include:

- The survey captured data from 30 Métis People living with HIV/AIDS. This is significant in that Health Canada estimates that there are approximately 42 Métis People currently living with AIDS in Canada. This would indicate that the Canadian Aboriginal AIDS Network survey obtained data on a high percentage of Métis People with HIV/AIDS. The percentage is difficult to calculate accurately as Health Canada does not provide additional breakdowns of the numbers of Métis People currently living with HIV. As well, many people with positive HIV results did not specify ethnicity to Health Canada (Canadian Aboriginal AIDS Network, 2005, p. 7 and Health Canada, 2004, p.52-52).
- Of those who responded to the Canadian Aboriginal AIDS Network survey, Métis People comprised 20% of the data results. In general, 60% of Métis People said that they did not need or use traditional services, while 40% of respondents did. 83% of Métis People responded that they did not access the assistance of Elders, while 16.7% did. Of those who did use the assistance of Elders, most felt that their needs were not met, or were only sometimes met. Of the total Métis respondents, 83.3% said that they did not utilize traditional medicines, while 16.7% said that they did use traditional medicines. 86.7% of Métis respondents commented that they did not utilize traditional ceremony, while 13.3% commented that they did utilize traditional ceremony. Finally, 70% of Métis respondents commented that they did not participate in sharing or healing circles, while 30% commented that they did participate in circles. The results of this national survey provide valuable insights into Métis access to HIV/AIDS-related services. Further investigative research into facets of the survey results might provide important information on improving support for Métis People with respect to traditional services.

**V. Summary**

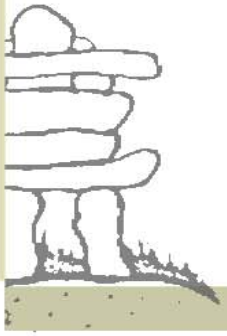
Knowledge is power. It exists in many forms and within a variety of receptacles from our sacred selves to the communities we thrive within. Knowledge provides a basis for our personal relationships with the rest of the world and the inspiration to ask questions through which we might fulfill spaces of uncertainty. The search for knowledge and wisdom is a life-long process and is not satisfied with the simple acquisition of information. Facts, evidence and proofs are simply tools that can be obtained, but individual transformation requires much more. It requires good information, space to synthesize information, personal support, integration of personal impacts experienced and an

internalization of the whole that takes us into the realm of wisdom.

Examining the issues of HIV and AIDS facing Métis communities is not a linear process. Traditional teachings show us that life experiences are circular or spiral in nature. We loop through many experiences and welcome repetitive experiences as methods to learn more through each subsequent occurrence. In an effort to provide a context for future discourse supporting Métis needs in creating healthy individuals and healthy communities, we have explored some elements including Métis historical and contemporary contexts, educational issues, gender and identity issues, cultural and governance issues, health and socio-economic issues, research and research ethics issues and current survey data. There are many more areas that factor into the creation of at-risk groups, prevention efforts and immediate care for those living with HIV/AIDS. Holistic approaches include all facets of our lives in the domains of the mind, body, spirit and emotions. All these domains require exploration, attention to detail and care.

While the scope of this report is limited, it is acknowledged that collaborative and collective efforts will provide more pieces of relevant and helpful information. The work of national organizations is key to providing a hub of activity through which our dedicated networks of service providers can weave a support net for the safety of our fellow human beings.

In summary, a simple recommendation is offered. For each of those involved in addressing HIV/AIDS, and for those living with HIV/AIDS it is important to gather as much information as possible and continue to respectfully work in the areas where we identify needs. Your contribution is important and necessary.



**Appendix I: Métis National Council Contact Information**

**Head Office**

Métis National Council
350 Sparks Street, Suite 201
Ottawa, ON
K1R 7S8
TF: 1-800-928-6330
PH: 1-613-232-3216
FX: 1-613-232-4262
E-Mail: info@metisnation.ca

**Métis Nation Governing Member Offices**

Métis Nation of Ontario
500 Old St. Patrick St.
Ottawa, ON
K1N 9G4
PH: 1-613-798-1488
FX: 1-613 722-4225
TF (Ontario) 1-888-263-4889
WWW: http://www.metisnation.org

Manitoba Métis Federation
150 Henry Avenue
Winnipeg, MB
R3B 0J7
PH: 1-204-586-8474
FX: 1-204-947-1816
TF (Manitoba) 1-800-665-8474
WWW: http://www.mmf.mb.ca

Métis Nation - Saskatchewan
219 Robin Crescent, 2nd Floor
Saskatoon, SK
S7L 6M8
PH: 1-306-343-8285
FX: 1-306-343-0171
TF: (Saskatchewan) 1-888-343-6667
WWW: http://www.metisnation-sask.com

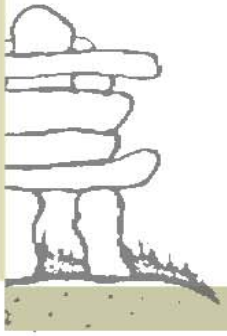
Métis Nation of Alberta
100 - 11738 Kingsway Avenue
Edmonton, AB
T5G 0X5
PH: 1-780-455-2200
FX: 1-780-452-8946
TF (Alberta) 1-800-252-7553
WWW: http://www.albertametis.ca

Métis Provincial Council of British Columbia
Suite 1128 - 789 West Pender Street
Vancouver, BC
V6C 1H2
PH: 1-614-801-5853
FX: 1-614-801-5097
TF: 1-800-940-1150
WWW: http://www.mpcbc.bc.ca

**Métis Youth and Women**

Métis National Youth Advisory Council
350 Sparks Street, Suite 201
Ottawa, ON
K1R 7S8
PH: 1-613-232-3216
FX: 1-613-232-4262
TF: 1-800-928-6330
WWW: http://www.metisyouth.com

Métis Women's Secretariat
350 Sparks Street, Suite 201
Ottawa, ON
K1R 7S8
PH: 1-613-232-3216
FX: 1-613-232-4262
TF: 1-800-928-6330
WWW: http://www.metiswomen.com



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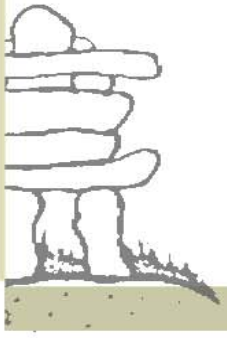

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