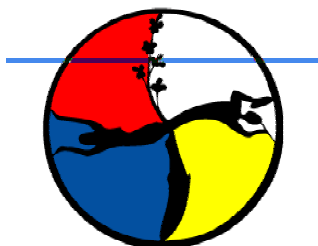


FINAL REPORT ON PROCEEDINGS

MÉTIS HEALTH POLICY FORUM

APRIL 5 AND 6, 2002
SASKATOON, SK

OFFERED IN PARTNERSHIP BY:



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DRAFT PROCEEDINGS

MÉTIS HEALTH POLICY FORUM

The **Métis Health Policy Forum** offered in partnership by the **Métis Centre of the National Aboriginal Health Organization** and the **Métis National Council** was held April 5 and 6, 2002, at the Delta Bessborough, 601 Spadina Crescent East, Saskatoon, SK.

GRAND ENTRY

Senators of the Métis Nation and political representatives from across the country participated in the Grand Entry and joined participants in listening to the Métis National Anthem.

OPENING PRAYER

Senator Nora Ritchie offered an Opening Prayer.

FORUM CO-CHAIRS

France Picotte, Chair, Métis Centre Governing Committee
Dwayne Roth, Acting Executive Director,
Métis Addictions Council of Saskatchewan

Co-Chair Picotte welcomed participants to the Forum and introduced fellow Co-Chair Dwayne Roth. Co-Chair Roth introduced guests who were providing welcoming remarks.

WELCOMING REMARKS

Jim Maddin, Mayor, City of Saskatoon

Mayor Maddin acknowledged those in attendance from across the land and brought greetings from the City of Saskatoon on behalf of the City Council. He said he was pleased with Co-Chair Roth's reference in his introduction to the Mayor's ongoing relationship building with people of Aboriginal heritage. Mayor Maddin discussed his belief in the rights of the Métis, and in the need to work together to realize those rights. He invited participants to enjoy the hospitality of Saskatoon during their stay.

Co-Chair Roth presented Mayor Maddin with a Métis music CD, and a Métis sash. The Co-Chair explained the significance of a Métis warrior giving a non-Métis person a Métis sash, and how that identified the individual as an honorary Métis. Mayor Maddin expressed his sincere appreciation for the gifts.

Clem Chartier, President, Métis Nation of Saskatchewan

President Chartier welcomed participants to the Forum and said he was pleased it would provide an opportunity to discuss common issues and disregard provincial boundaries, focusing instead on issues impacting the Métis Nation. He talked about the challenges facing the Métis, particularly with regard to health and well-being and noted that these issues would be explored during the Forum.

President Chartier suggested that the need to address issues for elderly Métis was of critical importance to the Nation. He stressed that they have a difficult time paying for medical services, particularly very costly medications. He noted that there is often a political focus on the broader issues such as governance and rights, but that there is also a great need not to neglect day-to-day issues. President Chartier recognized that the Nation must balance its efforts in fighting for Métis programs and services, and broader issues.

President Chartier went on to discuss the Nation's Rights of the Child initiatives and advised that Saskatchewan was planning a third national Child Rights Conference. He encouraged participants to plan to attend the Conference.

He also commended the Métis National Council's (MNC) Minister of Health for his work, and the National President for his creation of an MNC Cabinet. President Chartier expressed his appreciation for the MNC's support in providing ongoing assistance to the provincial organizations.

Gerald Morin, President, Métis National Council

Co-Chair Roth informed participants that the National President sent his regards but was unable to attend due to illness.

Harley Desjarlais, Health Minister, Métis National Council and President, Métis Provincial Council of British Columbia

Minister Desjarlais, on behalf of the Métis National Council, welcomed the Elders, leaders, Senators, citizens from across the Métis homeland, and others in attendance. He thanked previous speakers for their welcomes and introductory comments, encouraged participants to share their comments on health issues throughout the Forum, and emphasized the value of attendees' input.

Minister Desjarlais said he was pleased to have been named the Minister of Health in the Métis National Council Cabinet, and discussed how the forming of the Cabinet had helped bring the political leadership of the Nation together. He stressed that there was one Métis Nation in the country, exclusive of provincial borders, and that all citizens of the Nation shared the common interest of advancing the rights of Métis people in the health arena and in general.

INTRODUCTION OF MÉTIS CENTRE GOVERNING COMMITTEE MEMBERS

Co-Chair Picotte, National Aboriginal Health Organization Métis Centre Governing Committee Chair, introduced members of the Métis Centre Governing Committee in attendance at the Forum.

OVERVIEW OF NAHO AND THE MÉTIS CENTRE

Richard Jock, Executive Director, National Aboriginal Health Organization

Mr. Jock expressed regrets on behalf of the Chair of the National Aboriginal Health Organization (NAHO) Board of Directors, Dr. Judith Bartlett, who was unable to attend the Forum due to clinical obligations.

Mr. Jock said that NAHO was pleased to be part of the Forum discussions, and described NAHO's role in receiving comments from Aboriginal Peoples about their hopes and dreams with regard to health.

Using an overhead presentation called "National Aboriginal Health Organization – Métis Health Policy Forum April 5-6, 2002" (*distributed in the Forum Agenda package under Tab 2 and included as Appendix B to these Draft Proceedings*), Mr. Jock presented information concerning NAHO's:

- vision statement, origins and history, including its change of name from the Organization for the Advancement of Aboriginal People's Health;
- principles of uniqueness and goals relating to improving health, promoting health issues, facilitating and promoting research, fostering Aboriginal people's role in delivery of health care, and affirmation of traditional healing practices;
- roles in knowledge transfer, providing a network of information on programs and services, sharing information on best practices, and advocating health research in evidence-based decision making; and
- member organizations and Board of Directors as of January 2002.

Mr. Jock also highlighted:

- NAHO's three priority advisory committees, including information on their origins, mandates and membership composition;
- NAHO's three Centres that focus on the unique needs of First Nations, Inuit and Métis;
- examples of collaboration opportunities between the Centres, including best practices, sharing of research ethics, new models and information and communications;
- examples of NAHO's partnerships and linkages to date;
- milestones reached and work under way by NAHO, including a poll of Aboriginal Peoples on issues relating to how they perceive their own health, satisfaction with the health system and health services that they receive, and interest or involvement in traditional healing; and
- NAHO's activity list for 2002-2003 and a summary of NAHO's continuing evolution process and ongoing challenges relating to accountability and making a difference in the health of Aboriginal Peoples.

Nathalie Lachance, Director, NAHO Métis Centre

Ms. Lachance welcomed participants to the meeting, and thanked the Métis National Council and the Métis Nation of Saskatchewan for their involvement in organizing the Forum.

Using an overhead presentation called “The Métis Centre National Aboriginal Health Organization” (*distributed in the Forum Agenda package under Tab 3 and included as Appendix C to these Draft Proceedings*), Ms. Lachance provided information regarding:

- Métis Centre Governing Committee (MCGC) membership;
- MCGC vision and statement of principles;
- first steps of the MCGC to establish a solid organization through development of a protocol with the Métis National Council, selection of a logo and name, development of an options paper for the Centre itself, and communications activities;
- the MCGC’s objectives under each of its goals as follows:
 - to improve and promote, through knowledge-based activities, the health of Métis people in Canada;
 - to promote health issues pertaining to Métis people in Canada by means that include communications and public education activities;
 - to facilitate and promote research and develop research partnerships relating to Métis health issues;
 - to foster the recruitment, retention, training and participation of Métis people in Canada in the delivery of health care;
 - to affirm traditional Métis healing practices through validating holistic traditional practices and medicines; and
 - the importance of working together to make positive changes in the health status of Métis people in Canada.

STREAM A: WHERE ARE WE NOW? AN OVERVIEW OF MÉTIS HEALTH ISSUES

Don Fiddler, Health Director, Métis National Council

Mr. Fiddler provided an overview of the aim of the session, focusing on how the citizens of the Métis Nation can work together to address the issues participants would raise during the session, and to identify what can be done to facilitate equity issues with respect to Métis health.

Harley Desjarlais, Health Minister, Métis National Council and President, Métis Provincial Council of British Columbia

Minister Desjarlais discussed his appointment as the National Minister of Health and acknowledged his responsibility for receiving comments from Métis citizens on Métis health issues.

Minister Desjarlais referred to Section 35 of the *Constitution Act, 1982* which states that Aboriginal Peoples in Canada are First Nations, Métis and Inuit, and to Section 91(24) of the *Constitution Act, 1867*, which concerns the fiduciary responsibility of the government to deal with Aboriginal Peoples. In spite of this, he said, the Métis do not have equal infrastructure or access to programs and services. He noted there is a need to direct concerns on jurisdictional issues to the federal and provincial governments.

The Minister went on to stress the importance of working together as one Nation and expressed his hope that the Forum would be the beginning of that process. He encouraged people to think about physical, mental, spiritual and emotional health issues, and to recognize the need for health in the communities, and among Métis people in general. He added that relationships with other sectors, such as economic development, employment and training and healthy families, were necessary for healthy communities. The Minister encouraged participants to look beyond the idea of health in considering the issues.

Minister Desjarlais said that the incidence of diabetes for Aboriginal individuals was five times higher than for non-Aboriginal people. He said that historically, Aboriginal Peoples were used to natural foods obtained through traditional hunting and fishing, and they did not have a problem with diabetes until they began eating mainstream processed food. Minister Desjarlais commented on the lack of wisdom shown by the government that was willing to pay millions of dollars in hospital bills for unhealthy Aboriginal individuals, but was not willing to give those same people the rights to hunt and fish for sustenance.

The Minister referred to the numbers of Aboriginal individuals who are filling hospital beds and suggested that the health industry was running on the suffering of Aboriginal Peoples. He also noted the need to target the health industry for Aboriginal Peoples' employment, particularly given that the government was looking overseas for nurses, instead of training local Aboriginal individuals. Participants learned that a \$350,000 contract had been signed with the provincial government in B.C. for the development of long-term jobs for Aboriginal Peoples in various areas, including the health field.

Minister Desjarlais commented that the Métis people had the same issues as First Nations Peoples. But unlike the First Nations, Métis people did not have the data to back up their claims to access resources. He emphasized the need for data that could be used to teach the

government the value of looking after the Métis, and helping them to prevent getting diabetes and other diseases, and to stay healthy.

Minister Desjarlais suggested that the Métis were caught in a game of political football between the federal and provincial governments in terms of the provision of health care and other services. He said both levels of government had to be reminded of their responsibilities as referenced in the Constitution.

The Minister also referred to the likelihood that there will be a two-tier health care system in Canada that would necessitate Métis people having good-paying, long-term jobs with private health plans. He suggested that medical services in Canada would not be the same in 10 years, and that if people were not employed and had no medical health insurance, they would not have the same access to health services.

Minister Desjarlais discussed the cycle of the residential school system and its impact on the parenting skills of the Nation. He emphasized the importance of programs that addressed the relationship of parents to their children, the need for Métis-specific Aboriginal health centres, and the opportunities to access research dollars to facilitate the Nation's development. As well, Minister Desjarlais commented on government initiatives that would affect the health and well-being of Métis people in the communities.

Questions and Comments

- A participant requested clarification on how information in the NAHO database would be used.
 - Minister Desjarlais advised that the information gathered would be used to support the Nation's positions in discussions with government.
 - Mr. Fiddler added that Métis people in the regions would own their databases, and that these would be under their supervision. He said the NAHO database has the potential to play an instrumental role in creating national support for Métis health programs.

Mr. Fiddler also noted that the Métis Centre Governing Committee and NAHO both belong in part to the Métis National Council. He made it clear that the MNC would have a key role in determining how NAHO continues to operate and grow. Information was also provided on the MNC's role in appointing members to the NAHO Board and to the Métis Centre Governing Committee.

- A participant expressed concerns that there were no Aboriginal support workers for cancer patients. She advised that she was speaking from her own experience, given that she was operated on for cancer and was then sent home without access to support. She described this frightening and frustrating experience of not having support, and emphasized the need for Aboriginal support workers who could explain procedures to patients step-by-step.
- Another participant noted that there was no funding for Métis health in Manitoba and questioned whether NAHO could use some of its funding to train health workers to go into the communities and help the Métis people.

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- Mr. Fiddler clarified that NAHO was not a funding agency, but that it had been set up to do the research necessary to make the case to the government to support building the capacity of the Métis people.
 - Minister Desjarlais said his priority as Health Minister is to get money to the regions to address health issues. He advised participants that the MNC would work toward an agreement with NAHO after 2004 that would include on-the-ground services in communities.
 - A participant commented on the need to look into providing home support services for Métis in smaller communities, and introduced the possibility of Métis-operated nursing homes for Métis Elders.
 - Another participant commented on the need for balance between the infrastructure issues that needed political movement, and the direct focus on health issues. The participant expressed deep concern about the centralization of NAHO, and emphasized NAHO's responsibility to look at health issues in a way that was community-driven, while recognizing that the communities do not have the infrastructure to support such a process.
 - Minister Desjarlais acknowledged the participant's comments regarding communities' lack of infrastructure to facilitate services and the related challenges. As well, he underlined the importance of articulating to government the Métis Nation's belief in the values of proactive Métis health services.
 - A participant spoke about a government initiative that seemed similar to NAHO, which related to Aboriginal languages. She said that this initiative ended up with a national centralized body and greater confusion about the issue. She expressed the hope that the same thing would not happen to NAHO and the Métis Centre.
 - Mr. Fiddler replied that NAHO's funding would not be used for primary care delivery. He noted that although the provinces are responsible for health, the Métis organizations do not receive resources equivalent to those provided to the First Nations. He made clear that the role of NAHO is to undertake the research necessary to convince government that equitable resources for Métis people are needed.
 - Minister Desjarlais noted that historically, pan-Aboriginal organizations had not ensured equitable distribution of resources. Until they did, he stressed, he and the MNC Board of Governors would not support them.
 - One participant commented on the importance of dealing with health and poverty as joint issues. This participant talked about an Elder in the community who was very ill because of not being able to afford prescribed medication. The participant added that there were a lot of similar stories that related to illness and poverty. It was suggested that the MNC needed to look at some form of comprehensive health coverage for the Nation's members who were enduring hardship because they could not afford medications.
 - Minister Desjarlais agreed with the speaker's comments and endorsed the concept of a comprehensive health plan/strategy. He expressed concern about government's ongoing cutbacks and their impact on the people. Possibilities for communities to assist people at a local level, such as through lotteries and fund-raising initiatives, were also discussed.

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- A participant shared stories about the special health needs of northern communities. These included the fact that one northern community had people who travelled an 11-hour return trip to town for a six-hour renal dialysis procedure, making for a 17-hour day in total. This participant stressed the need to fund and develop health capacity building initiatives in the northern communities, and encouraged the Nation to deal with these life and death issues.
 - Another participant shared information about a community member who has four children, with the youngest being diagnosed with diabetes. She noted that the parents pay \$800 a month for the child's medication and for transport for the child to Vancouver General Hospital four times a year. The stresses they face are stacked like dominos. They face the child's illness, as well as personal and money problems. The parents have no access to counselling, the participant said, or any source for reimbursement of expenses for travel to Vancouver, or for medications. She stressed that there is a dire need to address this domino effect.
 - Minister Desjarlais provided information on a recent Health Canada study that indicated the incidence of diabetes in younger children is increasing. He acknowledged the financial and other barriers that parents face to prevent them from providing their children with healthy meals and the proper nutrition at home.
 - A participant commented that her husband had cancer for 15 years, and that during that time she brought him to town for treatment four times a month until they finally operated. She said that through it all, she had no help or support. She talked about the need for a system that would help the families of those who were ill.
 - A participant suggested that Elders required educational information on how to treat their illnesses. She suggested that an educational session for Cumberland House's diabetes and cancer patients would be valuable.
 - Mr. Fiddler noted that one reason for NAHO's research was to support the fight for the delivery of health services at the community level. He acknowledged that participants' stories showed there was a tremendous need for primary care services at the community level. He emphasized the need for everyone to work together to help with the development of policies that would allow for services to assist Elders and those who were suffering.
 - A participant from Slave Lake indicated that their community was actively participating and lobbying its government and doing fundraising for dollars to address the dialysis needs of community members. Participants were encouraged to be creative in addressing health care issues.
 - A participant commented on the need to begin the process of gathering Traditional Knowledge, and to relearn the traditional, balanced and healthy way of life to prevent sickness.
 - Another participant questioned what the health framework would look like and how it would help the communities in their negotiations.

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- Minister Desjarlais responded that the policy framework question needed collaboration and consultation with the communities. He clarified that a policy for the Métis with respect to the delivery of health services does not yet exist. He stressed the value of input from the Forum to make sure that the framework development is on the right track.
 - A participant shared a story regarding her great-grandmother who had home care workers in her home who didn't speak her language – Michif. As a result, her children would take turns to go to her home and interpret. She said that there was a need for the home care workers to be able to explain the medications to the patients, and to know the Métis language and culture.
 - A participant expressed concern that, in spite of NAHO's significant \$8.5 million in resources, the communities were still required to do their own lobbying for services.
 - Mr. Fiddler advised that the bulk of NAHO's funding was shared between the First Nations, Inuit and Métis, with only a portion of the budget allocated to the Métis.
 - Richard Jock, NAHO Executive Director, advised that the \$8.5 million referred to was carried over in NAHO's first fiscal year, and that NAHO had a flexible financial arrangement with the government to spend monies as appropriate over several years. Mr. Jock noted that any monies carried over were reinvested into the NAHO management plan.

The point was made that the funding for NAHO should be used to enable Aboriginal groups to better access resources such as the Aboriginal Health Infrastructure (\$500 million) and research (Canadian Institutes for Health Research – \$500 million). How that money could be used to enable groups to get better access to increased funding was also discussed. The point was also made that dividing the money up would leave each group with a very small amount of money, and nothing gained.

STREAM B: GOVERNANCE AND HEALTH

Joy Ward, Policy Consultant, Health Association of B.C.

Ms. Ward thanked the Métis National Council (MNC), the Métis Nation of Saskatchewan, NAHO and the participants for organizing and attending the Forum. She said she understood remarks earlier in the meeting about the need to speak plain language, and advised that she was not an expert, but would share her experiences with the Forum.

In sharing her personal and professional experiences, Ms. Ward discussed her role as a bridge between the Aboriginal and non-Aboriginal worlds. She discussed her career in investigating the deaths of children in B.C., noting that most of the cases she had investigated involved Aboriginal children who had been adopted and fostered out, some of whom had attempted to return to their roots and were rejected.

Ms. Ward noted that healthy communities are defined as those engaged in the negotiation and implementation of self-government, according to a recent report by Chandler and Lalonde on the prevalence of youth suicide in Aboriginal communities. She noted that these factors that define a healthy community are not present in most Aboriginal communities.

Ms. Ward added that discussions about health governance are really discussions about people. She expressed her concerns about the government's apparent move to a two-tiered health system, and commented on its negative implications for the poor.

Ms. Ward presented a series of quotes from various individuals across the country. The thoughts expressed related to:

- the importance of participating in processes, and the fact that the world is run by those who show up;
- just because our canoes are in the same river doesn't mean that we're going in the same direction;
- for anything to work, it has to be community-driven;
- the importance of shared group values;
- the process requires trust, and trust requires involvement;
- a community-driven governance agency needs to involve the community;
- the importance of listening and relinquishing control; and
- understanding that some people use alcohol to address their hurt.

SESSION 1: JURISDICTIONAL ISSUES FOR THE MÉTIS PEOPLE

Clem Chartier, Minister for Métis Nation Governance, Métis National Council and President, Métis Nation of Saskatchewan

Minister Chartier explained that his presentation would provide an overview of the fundamental governance problems that the Métis are facing. He began with Section 35(2) of the *Constitution Act, 1982*, which recognizes and affirms the rights of all Aboriginal Peoples of Canada, including the Métis. He noted, however, that the government, guided by the Constitution, established its jurisdiction to deal with certain topics. As a result of the relationship between Aboriginal Peoples and the institutionalization of colonial governments, the jurisdictions between governments had changed throughout history.

He told participants that when the country of Canada was formed in 1867, the powers of the federal government and the original four provinces were set out, with allowance made for other provinces to join confederation over time. Minister Chartier noted that in 1867 all of the Métis Nation homeland fell outside of the new country of Canada, but fell within the provision for the West to join confederation.

The Minister explained that Section 91 set out the powers of the federal government at that time, and the provincial governments' jurisdiction was referenced under Section 92. He noted that before 1867 and the establishment of the Constitution, Upper and Lower Canada had passed legislation dealing with Indians, using a very wide definition of "Indian."

Participants learned that the *Indian Act* was a piece of federal legislation, which was not part of the Constitution, but was enabled by the Constitution. Minister Chartier added that the definition of "Indian" had changed over time, but did reference that the Métis in some areas who received land were not entitled to be registered as "Indians." As well, he noted that Section 12(b) of the *Indian Act* stated that "Indian" women who married non-Indian men lost their treaty rights.

Minister Chartier explained the current federal position was that the federal government has jurisdiction to deal with First Nations and Inuit issues under Section 91(24) of the *Constitution Act, 1867*, but that the Métis fall under the jurisdiction of the provincial governments. He said that this view had not changed, even in light of the 1982 Constitutional Amendment. He also noted, however, that the federal government had the same view for Inuit up until the 1930s. At that time, the Attorney General of Quebec and the Attorney General of Canada sent the question of whether Inuit were Indians to the Supreme Court. The ruling specified that Inuit should be considered as "Indian" under 91(24) of the *Constitution Act, 1867*. Minister Chartier said that the Supreme Court of Canada had never been challenged to rule on whether Métis were Indians, and that there were therefore no federal services for Métis people.

He informed participants that some services are provided to the Métis as Aboriginal Peoples through initiatives undertaken by Human Resource Development Canada and Heritage Canada, but that most other programs do not cover Métis people. Minister Chartier indicated that both federal and provincial governments denied that they had the necessary jurisdiction to deal with the Métis. He noted that a Saskatchewan Métis Act had been created to deal with non-rights based issues, explaining that the Saskatchewan legislature could not deal with rights issues because it was federal jurisdiction.

Minister Chartier advised that the Métis National Council (MNC) in 1986 or 1987 applied and received monies under the court challenges fund to take forward a case to challenge the federal government on whether Métis were covered under Section 91(24) of the *Constitution Act, 1867*. Although that initiative fell apart, the MNC has since reapplied for funding and has been working for several years on a case. At the same time, Mr. Chartier informed participants that the Congress of Aboriginal Peoples (CAP) had filed a Statement of Claim seeking a declaration that the Métis were under Section 91(24).

Participants were informed about the federal government's Reference Group, and advised that their recommendations would be fed into that process. Minister Chartier noted that the Group was considering whether to maintain the status quo relationship with the Métis, whether they should negotiate with the Métis, or some combination of the two.

The Minister explained that the objective was not to be defined as Indians under the *Indian Act*, but for there to be acknowledgement that "Indian" as referenced in the Constitution, meant the same thing as "Aboriginal Peoples" up until 1982. Since 1982, he noted, the Constitution referenced "Aboriginal Peoples" and defines it to include Métis.

**Dwayne Roth, Lawyer and Acting Executive Director,
Métis Addictions Council of Saskatchewan Inc. (MACSI)**

Further to Minister Chartier's presentation, Mr. Roth indicated that when the federal and provincial governments initially divided responsibilities, there had been some shared responsibilities, one of which was the health field. He noted that certain headings under Section 91 referred to the national health care jurisdiction, and that Section 92 referenced local jurisdictions. Mr. Roth advised that the federal government provided money for health care in the provinces and set out minimum standards, but that the responsibility for implementing health care initiatives was provincial.

Mr. Roth added that, until the issue was resolved, the Métis needed to figure out how they fit into the health care structure. In the meantime, he encouraged participants to accept funding from the federal government and the provincial government as it becomes available.

Questions and Comments

- A participant questioned what the response was to the current situation, and what issues could be tabled with respect to the jurisdictional issue.
 - The response was that a Section 15 (Charter of Human Rights and Freedoms) challenge relating to equality of rights should be pursued and used as leverage in negotiations, after the establishment of rights.
- Another participant queried the political impact of the Congress of Aboriginal Peoples' Supreme Court case relating to 91(24).
 - The answer was that as long as a Métis person was named in the case and had proof to back up his or her claim, it did not matter who brought forward the issue. The bigger issue was whether the Court, in considering the case, chose to deal with the definition of Métis. Lesser courts had been dealing with the issue of a definition in an inconsistent manner, while the MNC position has been that the MNC would define "Métis" based on its consultation on the issue.

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- A participant suggested that a massive general public education and awareness campaign would help in dispelling a lot of the myths about the Métis people; that is, it's generally believed that Métis people get free education, health care, etc. It was felt that this would lead to better support for the Métis claims.
 - Another participant noted that although the Métis paid taxes, they did not have access to the provincial health programs that were funded by federal social transfer payments. Concern was expressed regarding the inequality of Métis programs and services in relation to the First Nations and Inuit.
 - A participant commented on studies that had shown that communities with control over their own resources, programs and services, were healthier communities and that this resulted in decreased health care costs.
 - Another participant expressed support for the continued political legal battle for the Métis, while at the same time stressing the need for immediate recourse with respect to health programs and services. It was suggested that the Métis Centre was an example of a vehicle that could be used to build support.
 - In response to a question regarding the things that were successful in each province or suggestions for approaches to try, participants offered various comments, including the need for:
 - political representatives with a health care background negotiating with government to ensure that caregivers have the right information and cultural sensitivity;
 - training resources for individual course purchases and project-based training for health care in our own institutions;
 - flexible training opportunities;
 - a common national policy developed by the MNC so that we have a consistent message to government;
 - recruitment of qualified Métis advisors to support the MNC/leadership;
 - inclusion of a preferred seat for Métis on government Health Districts;
 - increased involvement of Métis youth;
 - equal access to the health programs and services that the First Nations and Inuit receive;
 - a mechanism to enter into arrangements with the federal government whereby it can pass enabling legislation and make fiscal arrangements with our government;
 - a Métis-controlled central policy-making body that could assist the communities legally, politically and in the provision of services;

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- proper enumeration and registry; and
 - the creation of a national health committee into which the provincial health committees could feed information regarding health care issues and initiatives.

SESSION 2: MÉTIS HEALTH PROGRAMS AND SERVICES

Lorraine Deschambeau, Aboriginal Liaison, Lakeland Regional Health Authority

Ms. Deschambeau outlined her personal, professional and educational background and discussed her involvement in the Aboriginal Liaison Program of the Lakeland Regional Health Authority that was specific to Métis in Alberta.

Participants were informed of a federally funded project called “Health for All” that was undertaken in partnership with Lakeland Regional Health Authority and Métis Settlements. Using an overhead presentation, Ms. Deschambeau discussed the location and population of Métis Settlements in Alberta. She noted that four of these were within the Lakeland District and were addressed in the “Health for All” project. She added that transportation issues were a concern for the Settlements.

She provided information on the Lakeland Regional Health Care District structure, and discussed the role of Community Health Councils. Community needs assessments were conducted for the communities in the district, and a household survey of 800 homes was undertaken for the Métis Settlements in the region. Ms. Deschambeau commented on the overall outcomes and intents of the project that led to the proposal submission for the “Health for All” project. The aim of the project was to:

- improve overall health of Métis communities in the Lakeland region;
- increase people’s awareness and use of programs and services;
- facilitate health promotion; and
- deliver culturally sensitive services.

Ms. Deschambeau noted that the project was designed was to co-ordinate services with existing programs and to enhance existing programs and services by providing half-time Settlement nurses.

She described the implementation of the “Health for All” project, which included an Advisory Committee and the recruitment, hiring and orientation of Settlement nurses. She also outlined challenges that the project faced, including:

- initial lack of Settlement, Settlement council, and Lakeland staff buy-in to the project;
- time taken to develop relationships and trust between those involved in the project;
- Settlement elections causing turnover in the advisory committee;

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- difficulty of hiring nurses willing to work half-time and in isolation;
 - no allowance for adequate project supervision, and restructuring was the last priority;
 - need for communications to ensure the project's effective working; and
 - office space and location were issues throughout the whole project; there was a need for permanent, accessible, visible office space.

Participants also heard about the learning that took place throughout the project, including:

- redefining Settlement nurses' job descriptions for a combined home care and public health role based on the evaluation surveys received from the communities;
- involvement of the Settlement members in the orientation and recruitment of Settlement nurses;
- need for compassionate, caring, non-judgmental nurses who could relate to the people in the communities;
- need for on-site service delivery;
- residents' increased knowledge of health services available to community members; and
- recommendation that data collection systems and tools be identified, developed and reviewed prior to project implementation.

Ms. Deschambeau also commented on the project's successes, including:

- establishment of collaborative partnerships between four Métis Settlements and the Lakeland Regional Health Authority;
- permanent establishment of the Métis Settlement Community Health Council;
- improved working relationship between the communities and Lakeland, particularly on proposal development, project management and partnership maintenance;
- increased trust between parties involved in the project;
- proof of the value of needs assessments for drafting proposals and receiving project funding;
- increased understanding of cultural differences between parties involved in the project;
- increased access to services; for example. immunization increased from 40 per cent to 100 per cent by a certain age;
- personal growth and accomplishments of those involved in the project; and
- increased linkages to other Health Authority services.

Participants also received information on the future directions of the community. These included working collaboratively on the development and implementation of other projects, such as Family Friend program, delivery of services relating to suicide, and applications for Health Canada funding for HEP C and HIV/AIDS education and awareness programs.

Ms. Deschambeau responded to participants' questions on how the needs assessment in the Alberta Métis Settlements was done as part of a provincial initiative. She emphasized the importance of partnering with local government in the delivery of health services, adding that the "Health for All" project could be tailored for the use of other Métis communities.

Participants were encouraged to undertake a needs assessment in their own communities to use as a tool to access provincial funding, given the role of the provinces in providing health care services to the Métis. As well, participants got information on the job descriptions and qualifications required for the Métis Settlement nurse positions, and on the partnership initiatives with First Nations.

SESSION 3: HOW TO BUILD COMMUNITY SUPPORT

Elizabeth Dorion

Ms. Dorion discussed methods for building community support and suggested that the secret was never to give up. She said it is important to recognize that people do not function to their full ability without dealing with their own health. Ms. Dorion talked about the meaning of community, and defined health as it relates to a community's ability to sustain itself in a caring and fulfilling way.

She informed participants about Health Canada programs for CAP C (Community Action Program for Children) and Head Start, and pointed out that Health Canada assists people to develop proposals and define activities based on the programs for which they are applying. Ms. Dorion noted that there are five steps that Health Canada uses to assist in mapping communities, as follows:

- mapping assets/doing a needs assessment;
- building relationship/networking and partnerships;
- mobilizing for economic development and information sharing;
- bringing the community together to develop a vision or plan; and
- leveraging outside resources to support locally driven development.

Ms. Dorion discussed the importance of diversifying sources of funding for programs to enhance the services that could be provided in communities. She identified sources of potential funding as including local administration, provincial government, territorial government, federal government, and foundations.

Ms. Dorion stressed the importance of community buy-in to initiatives, and strong leadership and commitment to the cause. She offered questions to help participants begin to define the needs in their communities, as follows:

- How would you describe your community? What are its characteristics?
- What problems or health issues do you see within your community?
- What information do you need to become more familiar with your community and have a better understanding of how it functions?

She emphasized how a needs assessment can indicate how to best use the existing resources in communities, take guess work out of planning, provide evidence of need, increase accountability, and take the consumer into account. As well, she pointed out the need to continually evaluate services that were being provided, recognizing that the needs of consumers are constantly changing.

Bill Lee, Métis Commission of B.C.

Mr. Lee distributed a report relating to the Métis Commission for Children and Family Services in British Columbia. He discussed why the Commission had established the Métis Provisional Council of B.C. to figure out how the Métis could take over the provision of services to Métis children and families in the province.

Mr. Lee advised that Commissioners in B.C. were consulting their communities and that the consultation revealed that there was no capacity or infrastructure to support the delivery of services to the Métis, with the exception of one delegated agency in Surrey, B.C., and three other groups in Kelowna, Kamloops and Victoria.

He also informed participants about the Commission's consultation process, which occurred region-by-region, to discuss how to build capacity in communities and pursue initiatives. Objectives of the consultation were to:

- listen and learn from the communities about how existing programs and activities were affecting them;
- build trust between communities themselves, and between communities and the Commission;
- inform and update communities about issues evolving in child welfare and how these issues might be affecting them;
- do research and identify problems and issues; and
- plan for the future and raise funds.

Mr. Lee provided background on the likelihood that there would be a Métis authority developed in B.C. that would be responsible for delivering services to all Métis families and children. He said it would have part of the provincial budget under its control, and would be mentioned in legislation. This was also discussed in the regional consultation process, he added.

Participants were informed that B.C.'s Region 1 (Vancouver Island) had already received funding, that Region 3 (B.C. Interior) was ready to apply for funding, and that the Commission would turn its attention to other regions of the province where the need was great.

Mr. Lee suggested that if people were considering a community development process, they should talk, talk, talk with many community members until there is a common understanding: of the community issues, what the community wants to do about them, and the significance of assuming responsibilities. As well, he noted that a community consultation process would uncover a wealth of Métis human resources that would assist in building capacity in the communities. He stressed the importance of building programs that are responsive to community needs, and that ensure confidentiality, and equality of access and services.

Mr. Lee said that one of the results of the consultation in B.C. was the discovery that the Métis children who were being collected by social services were not being identified as Métis. Steps were taken to ensure that the workers are required to fill in the section of the forms that relate to Aboriginal heritage. He suggested that even with this change, the statistics continue to be unreliable.

Elizabeth Dorion Cont'd.

Ms. Dorion resumed her earlier presentation and led participants in a planning activity during which questions were asked regarding the health issues facing the Métis Nation. Responses included:

- diabetes
- HIV/AIDS
- FAS (Foetal Alcohol Syndrome) / FAE (Foetal Alcohol Effects)
- cancer
- need for support workers and nursing homes

In a discussion of the first priority for developing a framework, it was suggested that there were overwhelming problems in all the areas identified, and that in the Aboriginal concept of the circle, there was no one thing that was more important than the others. The method of prioritizing issues was identified as a practice of mainstream Western society.

Ms. Dorion noted that once health issues and priorities had been developed, the next step was to choose the research method to be used (whether social or use-of-service indicators, key informants or community survey). She provided information on each of the research methods, and encouraged participants to select a method that responded to their expectations, and that took their financial and other constraints into account.

Ms. Dorion requested participants' feedback on how they would like to develop policy on some of the issues raised, and what questions they would ask of communities. The question was raised whether there was a need for a Métis Nation health policy. It was confirmed that a Métis Health policy for funding and identification of issues and implementation processes was needed.

Participants were informed that once a community needs assessment is completed, a report on the process has to be compiled. Ms. Dorion noted that the report should describe the research method used and some of the information that was collected, outline the current and desired situations, and identify needs. She suggested that the report's presentation should reflect the research method used, and should summarize the results. She also provided tips on how to relate the research results to community needs.

Participants were referred to a government booklet called "Community Action Resources for Inuit, Métis and First Nations; telephone: (613) 954-5995 for further information.

SESSION 4: INDIGENOUS PEOPLES AND INDIGENOUS KNOWLEDGE

Priscilla Settee, Co-ordinator, Indigenous Peoples Program, University of Saskatchewan

Ms. Settee outlined her professional and personal background and interest in environmental issues, and commented on her involvement in the University of Saskatchewan's Aboriginal People, Sciences and Environment Program, and in the Indigenous Environmental Network.

Ms. Settee suggested that "health was more than the absence of wellness; it was an expression of well-being." She said that for Aboriginal people, wellness was closely connected to the well-being of the land and the water. She went on to suggest that Indigenous knowledge encompasses not only Indigenous knowledge of plants and medicines, but also knowledge specific to the disciplines of architecture, physics, astronomy, geometry, computing science, textiles, pharmacology, governance, and many other areas. She emphasized the importance of recording that knowledge before it disappears.

Ms. Settee noted that \$43 billion U.S. per year was accrued from Indigenous knowledge, and that 75 per cent of today's medications could be tied to Indigenous knowledge without credit being given to Aboriginal Peoples. She referenced work by various groups and individuals concerning the contributions of Indigenous Peoples globally, including the University of Saskatchewan's Super Saturday Program, inspired by a group at the University of Hawaii. She also spoke about a Fijian group that identified and interviewed Traditional Healers in their society, and a program at the Dene Cultural College to record Dene history and knowledge.

Ms. Settee discussed threats to, and factors contributing to the loss of, Indigenous knowledge, including Western society's development. She noted that:

- development always served the interests outside Indigenous peoples;
- drastic changes and negative impacts of "development" in communities and to natural wildlife (including toxic dump sites) were evident;
- there was a social concern for community;
- there was a loss of "bio-diversity" with the changing environments; and

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- incidences of diabetes and cancers were increasing in the communities.

As well, Ms. Settee commented on the influence of persistent organic pollutants including dioxins, PCPs, mirex, DDT, etc., and noted their uses in various countries in spite of having been banned in the U.S. She advised that these pollutants were being found in the fatty tissues of large animals harvested by Aboriginal Peoples, and in the breast milk of Inuit mothers, and noted that the pollutants were being blamed for birth defects, infertility, and the decreased size of the male reproductive organs, as well.

Ms. Settee also spoke about genetic research targeted at Indigenous Peoples globally, and discussed the need for Indigenous people to fight for their rights to access non-genetically modified foods, and Indigenous Knowledge. She provided information on the Convention on Biodiversity and an article relating to nation building sovereignty. She suggested that bold actions must be taken to ensure sovereignty for Indigenous communities and educational systems. Ms. Settee noted the need to:

- understand the scope of what was happening to impact Aboriginal health and knowledge systems;
- take bold actions to make sure that the integrity of the community is protected and that we have sovereignty over our communities;
- make linkages with people who are working in the same areas internationally;
- take bold action and assume responsibility for education institutes; and
- learn from treaties that have been written around the world.

A participant commented that there was a belief in the scientific community that Aboriginal genes contained Indigenous knowledge, and that the DNA could be patented and the knowledge obtained in this way. The participant noted that three Aboriginal tribes were presently patented and that there were scientists who were seeking the knowledge of the Elders and then patenting that knowledge for profit.

Participants were referred to a book called "The End of Science," for information about dead-end science and the unquenchable thirst for Aboriginal knowledge. Further discussion related to the Human Genome Project, modernization of Aboriginal Peoples by the advent of technology, the chemical decomposition of water, and the need for Aboriginal Peoples to privatize their natural resources.

STREAM C: HEALTH INFORMATION

Madeleine Dion Stout

Ms. Dion Stout commented that health policies and healthy policies lived in the symbol for the Métis: the infinity sign. She emphasized the importance of healthy health policy and encouraged participants to put their minds to this as the Forum progressed. Ms. Dion Stout advised that information, particularly health information, was the new money, and that knowledge was power. She suggested that people could not sell out by gaining information, as long as they did not compromise their values, principles and beliefs.

Ms. Dion Stout noted that U.S. foreign values were pushing Canada to privatize health care more and more, and stressed the need for Canada to protect itself from the American health care system and values.

She asked:

- How can we buy into information as our new base without selling out?
- How do we do this when there are so many changes happening in health?
- Where is the change coming from, and what is its nature, direction and pace?

It was suggested that the Métis wanted something real to hang on to and that this Forum was one thing to anchor everyone to reflect on where they wanted Métis health policy to go and how to build it.

Using an overhead presentation called “Basic Framing of Evidence-Based Decision-Making and Aboriginal Health,” Ms. Dion Stout stressed the importance of putting wisdom first and foremost. She suggested that our own personal and health experiences, and our political, economic and social aspirations for health, make us reflect on health. She shared a story of her childhood that illustrated the shame she once felt in being an Indian, and discussed how much further Aboriginal Peoples had come as a result of inner reconciliation and no longer hiding their heritage.

Ms. Dion Stout emphasized that stories are very much a part of the Aboriginal information base and basic to informing Aboriginal Peoples’ health. She commented on the amount of information that was shared the previous night during the storytelling evening, and on how very instructive stories are going to be in informing the Métis health policy. Stories are about health and healing, she said, and they are never stolen. Credit is always given where credit is due.

Participants heard that funders wanted data on Métis-specific health issues. Ms. Dion Stout recognized the frustration of compiling data as the funders’ requested – making information boxes – and then being encouraged to think outside of the box. She suggested that Aboriginal Peoples were very well placed to think outside of the box because of their experiences.

Ms. Dion Stout asked, “How do we try to respond to the extraordinary pressure we feel to come up with hard data?” Referencing graphs called “Distribution of Research over Time” and “Research According to Setting,” she said that data found on Aboriginal health in medical

journals indicate that most research was done in 1992. An increase in Aboriginal health research in the mid-1990' is attributed to timing factors, including the 500-year mark since initial contact in the Americas, the beginning of the work of the Royal Commission on Aboriginal Peoples, and the impact of the Oka crisis felt in the early 1990s. She suggested that this moment in history could lead to research on Métis people, research that was Métis-generated and Métis-controlled.

Ms. Dion Stout noted that most of the research in the journals was done in remote, northern community reserves and focused on environmental contamination and health issues. She said that a lot of the abstracts did not specify where the studies were done and that only 1 per cent of the research was on Métis people. Ms. Dion Stout suggested that the Métis should try to be studied and “researched to life,” rather than “researched to death,” as a policy position or recommendation.

She offered a definition of “policy” as “government action or inaction on a problem or set of related problems.” She noted that there was no government policy for the Métis people but recognized that the government had included the Métis in some recent national initiatives, such as the Aboriginal Healing Foundation. She said, “As you pursue your own definitions and framing of what health means and what Métis health policy means, you need to recall and reflect on the stories and experiences that are lived and relived.”

In an effort to give back some of the information that had been shared in the previous night's storytelling, Ms. Dion Stout shared images to assist participants in imagining what health meant for the Métis and what health policies needed to address. She discussed the significance of the Métis infinity symbol and shared some key words and ideas that she picked up from the storytellers. She suggested that the exercise would allow participants to re-imagine Métis health policies and healthy policies, using our most everyday forms of knowing: intuition, oral history, natural environments, Traditional Knowledge, spiritual guidance and of course, stories.

The key words and ideas included:

- Bridge..... bond
- Road allowance..... home
- One acre gardens roof top harvests
- Môshoms..... kôkoms
- I am Métis..... I am halfbreed
- Fire ice
- Sunday whites..... Monday blues
- five cent bananas crushed dried chokecherries
- flight..... fight
- sparkling water white crystal rocks
- laughter “relief”
- stone monuments..... phantom breezes
- fiddle music drums
- warriors veterans
- “edumication” skinning rats
- nicknames place names
- letting go..... letting God
- explosive caches..... protective medicine
- catcher coyote hounds killer coyote hounds

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- foot comforter jigging
 - tumours babies
 - fair trade special gifts
 - hand prints hand job
 - baker's dozen it takes a whole village to raise a child
 - settings opportunities
 - families, communities nation

SESSION 5: COMMUNITY-BASED INITIATIVE

Kim Anderson, The Write Circle

Ms. Anderson introduced herself and provided information on her Métis heritage, and on her upbringing and personal influences. She commented that she was self-employed and did most of her community-based research work for Aboriginal organizations in Ontario.

Ms. Anderson discussed her research for the Ontario Federation of Indian Friendship Centres relating to child poverty issues that involved both qualitative and quantitative research. As well, she commented on reasons a community might consider doing research, including:

- in response to a request for information from funding sources;
- to learn about the needs of people who are being served; and
- for use in advocacy work.

Participants were encouraged to clarify the intent of their research, to define who it is for, what its purpose is, how it will change things, and how it is different from what has been done historically.

Ms. Anderson spoke about methods of research, including literature review, statistical data, interviews, focus groups and questionnaires. She noted that the basis of her research was primarily interviews, working with people's stories to draw out the larger story that needed to be told for policy development. As well, she discussed the value of stories as the basis for research to speak to the people who will make the changes, and to acknowledge those who shared by giving back their stories.

Participants were encouraged to call upon different methods in their research and to recognize that interviewees would likely share different information in questionnaires, than in personal interviews.

Ms. Anderson provided additional information on the process that she followed in the development of her papers for the Federation of Friendship Centres in Ontario relating to sexual health and pregnancy and child poverty. She noted that the papers were based on interviews with parents, frontline workers and Elders, and were supplemented by questionnaire materials, feedback from focus groups, and literature.

Ms. Anderson acknowledged the need for research in Aboriginal health and social matters. She discussed using literature, statistical data, interviews, focus groups and questionnaires as research methodology. She touched briefly on the question of research ethics, along with some of the requirements involved in doing ethical research (for example, developing relationships, accountability and getting signed consent). She also provided details of the ethical responsibilities relating to research with children. As well, Ms. Anderson commented on how research could be used to make progress on the issues at hand.

In response to questions, Ms. Anderson talked about her experiences in interviewing men for research, and how interviewees could be compensated for their stories in an ethical and non-exploitive way. She indicated her interest in putting on community-level workshops on researching.

Cora Weber-Pillwax

Ms. Weber-Pillwax provided information on a 15-month project to discuss literacy issues with Métis People living within the boundaries of the city of Edmonton, Alberta. She described the participatory action research methodology followed in the project. The project's goals were to improve literacy skills through the process and through products. Its objectives were to:

- implement an action research project with Métis community members;
- specifically identify the barriers to Métis literacy;
- develop a long-term plan to address the barriers;
- develop an information base on Métis literacy in an urban context;
- take action against the barriers to literacy; and
- identify, define and describe a Métis community in an urban context.

Participants learned that the basis of action-based research was to involve people who were seeking to change. Ms. Weber-Pillwax noted that the people participating in action-based research were involved in the creation of new knowledge, a quest for personal empowerment, and critical self-analysis.

Ms. Weber-Pillwax explained that two community process facilitators were hired for the literacy project to conduct one-on-one interviews to discuss the definition of literacy and the barriers to it. They also convened small group gatherings and held monthly core meetings with 18-25 participants who guided the 15-month process and took ownership of it.

Three months before completion of the project, the people participating brainstormed on the following barriers to literacy: powerlessness, violence, basic needs, lack of education, difficulties to break vicious lifestyles, lack of communication skills, fear of taking risks, racism, assumed authority, language/vocabulary, and traumatization.

She pointed out that the barriers identified applied to cities all over the world; that Aboriginal Peoples were forgotten and unrecognized; and that there was a need to guard against the isolation of Aboriginal Peoples, and to move beyond simply surviving. As well, the need for increased resources to address the literacy barriers was noted.

Ms. Weber-Pillwax explained that a meeting was held to discuss how the barriers could be addressed. The barriers were grouped in nine categories, with related health issues noted throughout. There was then a series of meetings and workshops in the City devoted to discussing each category. Ms. Weber-Pillwax shared information on the findings of one workshop relating to health, discussed the importance of cultural and identity issues raised, and described some spin-offs resulting from the action-based research project.

She recommended that NAHO should move in the direction of action-based research that was community-driven and designed, using skilled facilitators, and involving committed participants.

SESSION 6: GOVERNMENT INITIATIVES TO GATHER MÉTIS HEALTH INFORMATION

Don Fiddler, Director of Health, Métis National Council and Member of the Métis Centre Governing Committee

Mr. Fiddler led participants in a roundtable of introductions, and spoke about the meaning of the Métis symbol relative to lifelong learning in an Aboriginal context – without isolation, being community and culturally based, and taking strength within family and culture. He discussed the bridging point at which information begins to be shared, and the problems associated with sharing information.

Participants were informed about various government initiatives, including the Aboriginal diabetes Initiative, and the Aboriginal Diabetes Working Group. Mr. Fiddler noted the government's desire to begin to develop data on the prevalence of diabetes, and confirmed that there were no Métis-specific data on this issue.

Mr. Fiddler also discussed a Memorandum of Understanding (MOU) being developed to define the partnership between the Métis regions, the provinces and Health Canada. It will include principles such as:

- Métis ownership of data; and
- the assurance that access and research associated with the data must come under the monitoring and supervision of the Métis group that owns the information to ensure confidentiality and research that is culturally based.

Mr. Fiddler talked about the need for correlation of Métis membership lists and data in the health systems, and the provinces' responsibility for working out the process for this. He said that a relationship then had to be worked out with Health Canada for a national database that would be monitored by the Métis National Council. A case could not be made for the government to provide funding to a Métis diabetes initiative, he said, until there were data to demonstrate the incidence and prevalence of diabetes among Métis people.

Participants were informed of the three phases involved in finalizing the MOU:

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- to have each of the regions accept the MOU in principle;
 - to define the process for collection between the regions and the provincial health authorities; and
 - to have a work plan and budget for each Métis region to allow personnel to oversee the collection, dissemination, monitoring and supervision of data.

Mr. Fiddler told participants that a draft MOU was now with each of the regions, and that it spelled out the ownership of the data resting with the Métis in the region. He stressed that the data collection would be very useful to the Nation in accessing federal funding. As well, he spoke about the limited availability of extrapolated information on Métis health issues in Canada.

Mr. Fiddler also discussed how physicians' records are kept and submitted to regional health authorities for data collection purposes. He focused on the need to compare regional Métis membership information with physicians' health records to enable the collection of Métis-specific data.

Participants learned that the MOU could not be signed and the data could not be collected without the co-operation of the Métis in the regions. Each of the small studies that had taken place in the regions would add to the overall compilation of Métis-specific health information to provide an overall view of the health of the Métis population, Mr. Fiddler said. He emphasized the value of this information in moving forward the Métis Nation Agenda.

Mr. Fiddler also underlined the importance of the Métis organizations working together to compile Métis-owned, Métis-specific information that would assist in building the Métis Nation.

SESSION 7: NEEDS ASSESSMENT STUDY 101

Edmund Gus

Mr. Gus discussed the importance of a community needs assessment. He suggested that in order to access government funding, communities needed an assessment to show that research on the community requirements had been undertaken. He advised that funders wanted to see evidence that the community understood the funding process, and that there had been community consultation and participation in identifying the needs.

Participants were informed that once information from the community had been gathered, it was provided to the leaders to take forward as information to lobby for programs/services. Mr. Gus stressed the value of providing the funders with supporting information that measures the need within the community, service area or region.

In explaining the process for applying for funding, Mr. Gus discussed the role of local leaders in communicating the area's health service needs to the federal and/or provincial governments. He said it is important that a community assessment process be conducted by individuals who have the confidence of the community and its leaders, and who have health backgrounds or understanding of the community's health issues. He noted that the researchers' understanding

of the community was vitally important to developing the assessment developed and setting its priorities with the community's best interests in mind.

Mr. Gus suggested that the participation of political leadership and the community was a must in the development of the assessment questions. He noted that the questions should be structured to relate directly to the health needs of the community; that the questionnaire should be clear and concise, (no more than two pages long), and incorporate between 10-14 questions.

Mr. Gus offered some other points and recommendations about the community needs assessment process, including:

- identify the questions for the assessment so that they relate to the issues you want to address;
- the goal of the assessment is to provide a snap shot of what is happening or needed in the community;
- gain community support for the needs assessment because this will help move the issues forward;
- develop the assessment questionnaire with input from the leadership and the community, (the questions should come from the community);
- once the assessment process is developed, contact the people whom you want to approach – you could use a community meeting;
- have the assessment team question as many people as possible to get a snapshot of what the more pressing health issues are;
- once the needs assessment is completed, form a committee to analyze the results;
- the needs assessment becomes a proposal for funding – it shows what programs are needed, for how long, for whom, and how much money is needed for their implementation;
- include everyone in the needs assessment; people can't be excluded because health is important to everybody, and politics should be set aside;
- the assessment becomes a document for our leadership, to give them the strength and backing to go forward and argue on our behalf for programs and services;
- sort through the information provided by the questionnaires to identify the most pressing health concerns and program needs; then build a solutions proposal with a budget – this will become the application for funding for the services you believe are most necessary;
- use the needs assessment to support your lobbying efforts;
- communities can seek funding to do a needs assessment;

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- the only time to involve external people in the assessment process is when there you have no human resources to do the assessment – it has to be a community-oriented process and without that it won't be successful – without community involvement, there won't be community support.

Questions and Answers

- A participant questioned whether Mr. Gus had any sample needs assessments that could be provided.
 - Mr. Gus said he could provide samples on request.
- Another participant suggested that the Forum should have included an issues seminar to identify issues that could be brought forward to the Romanow Commission.
- A participant said their understanding was that the Forum would provide the opportunity to develop policies to address the health care needs of the Métis.
 - It was made clear that the aim of the Forum was information sharing. The feedback received from Forum participants would inform future steps and forums.

STREAM D: HEALTH AND WELLNESS

Albert Delaire, Health Minister, Métis Nation of Saskatchewan

Minister Delaire referred to the addictions centres in Prince Albert, Saskatoon and Regina, and the detoxification and corrections departments in Prince Albert. He noted that the three centres did a lot of after-care, and discussed efforts to have a youth detoxification centre started in Saskatchewan. As well, he advised that the Métis Nation of Saskatchewan (MNS) was also working on a “Kids First Program” that would look at FAS and FAE.

Mr. Delaire introduced the Métis Addictions Council of Saskatchewan Inc. (MACSI) Board members in attendance, and the Interim Executive Director for the Centre. He commented that they had a lot of proposals in and were looking forward to working with the other provinces and sharing information during the Forum.

Participants were given information regarding the MNS’s Aboriginal Healing Foundation project to assist the Survivors and those who were intergenerationally impacted by the legacy of abuse of residential schools.

Roberta Wraith, Health Manager, Métis Nation of Ontario

Ms. Wraith commented on the discrepancy between provinces in terms of the programs that the Métis in those provinces could access. She advised that the Métis Nation of Ontario (MNO) had completed a community needs assessment study, submitted a proposal, and received funding for a long-term care program that provided an opportunity to start off the health branch of the MNO.

As well, Ms. Wraith commented on the Aboriginal Healing and Wellness Strategy with participation of First Nations and Métis, and the success realized in expanding the program funding.

Participants were informed that the MNO Health Branch did policy development, advocacy and evaluations, and that the MNO had 30 health care workers located in 13 sites across the province to deliver quality long-care health services and to encourage and support health for Métis people. Ms. Wraith informed participants about the programs offered by staff in the field, and commented on supporting programs to build capacity.

Ms. Wraith described another major program of the MNO – the Aboriginal Healthy Babies and Healthy Children initiative, co-ordinated with other Aboriginal organizations. She explained that its aim is to build a good data collection process to report on the impact of the services, and to prove that the programs are needed.

Ms. Wraith highlighted various issues and challenges including the continuing increasing demands on health sites and caregivers, and the shortage of skilled workers and Aboriginal health professionals.

Ms. Wraith also discussed the increasing costs relating to servicing and noted that there is no increase to the dollars for administering programs. As well, she discussed challenges around accountability and the government’s constant changes to reporting procedures without providing Aboriginal Peoples with the resources to adapt their own reporting structures to these changes.

Ms. Wraith acknowledged that there is a lack of co-ordination of health issues by governments which has led to piecemeal programs. She noted that staff turnover and downsizing were also issues.

Participants were informed that the MNO continues to constantly review health issues and research new sources of funding and programs so as to go on training and building capacity. Ms. Wraith said she would like to meet with her counterparts in the other provinces to share ideas.

SESSION: 8: WECHE TEACHINGS – A PARTNERSHIP OF ABORIGINAL WISDOM AND WESTERN SCIENTIFIC KNOWLEDGE APPLIED TO THE DIABETES MELLITUS PUZZLE

Elmer Ghostkeeper

Mr. Ghostkeeper introduced himself to participants, and talked about his personal experiences and spiritual background and belief in Neyo Yaw, or four bodies of the individual that are equal and cannot be divided – mental, spiritual, emotional and physical.

Using an overhead presentation, and his paper called “WECHE Teachings – A Partnership of Aboriginal Wisdom and Western Scientific Knowledge Applied to the diabetes Mellitus Puzzle,” (*distributed in the Forum Agenda package and included as Appendix D to these Draft Proceedings*) dated December 1, 2002, Mr. Ghostkeeper spoke about:

- how beings are teachers and students at the same time;
- the elevating power of prayer, and laughter as one of the highest forms of prayer;
- the power of words and their tremendous impact on others;
- how the past makes the present, the present makes the future, and how people live now;
- evolving recognition of Aboriginal Traditional Knowledge;
- how beliefs determine our values, our values determine our behaviours, and our behaviours determine our relationships;
- the fact that wisdom is contained in the oral histories of Aboriginal families – these contain teachings and tremendous lessons;
- examples of Aboriginal wisdom relating to knowledge of the uses of plants and combinations of plants and of animals;
- evolution of the creation of knowledge from the Church to science; and

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- fundamental beliefs of Western science relative to the mathematical measurement of reality, natural law, use of experimental testing to understand reality and related phenomena, and culture/nature duality.

Mr. Ghostkeeper went on to review Diagram 1, called “Partnerships” (presented in Appendix D), providing a list of the defining characteristics of Aboriginal Wisdom and Western Scientific Knowledge. With respect to research, Mr. Ghostkeeper suggested that every time a person learned one thing, there were three things that he or she did not know. He commented on how this made it difficult to determine when to stop researching.

Mr. Ghostkeeper discussed the symptoms of diabetes in individuals who are off balance in their four bodies (Neyo Yaw). He commented on the lifestyle changes in Aboriginal Peoples that have contributed to the increasing incidence of diabetes, including the move from an active to an inactive state of being, and the increased consumption of Western foods lacking in nutritional value.

Participants were given information on the Aboriginal diabetes Wellness Program model presented in Appendix D. Mr. Ghostkeeper discussed the beginning of healing for Program participants, and mentioned an Award of Excellence the Program had received. As well, he said that he had experienced many insights through his involvement in the Program. These included the fact that within the Aboriginal community, many people older than 48 have raised their children, and are now raising their grandchildren on a fixed income. They are making themselves very sick with worry because of the financial strain. He noted that stress on the mind causes sickness in the body.

SESSION 9: IMPORTANCE OF CULTURE FOR HEALTH AND WELLNESS

Leah Dorion, Publishing Co-ordinator, Gabriel Dumont Institute

Ms. Dorion discussed the importance of integrating Métis culture into mainstream society, and provided information regarding the Gabriel Dumont Institute, including:

- that it has been graduating students for 20 years;
- its core programs are home care, business, culture, carpentry etc.;
- its mandate is to ensure that Métis culture is the basis of all of its programs;
- cultural awareness of its staff;
- that it has developed as a resource on curriculum and culture;
- that it has increased the visibility and use of the Michif language in its environment;
- its commitment to graduating teachers with cultural training;
- that it hires artists to do culturally correct paintings;

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- its cultural programs and supporting materials, including a bead work video and manuals;
 - its recognition of the need for Elders programming and its commitment to Elder-validated programming;
 - its recognition of the need for Métis language programming and efforts in this regard; and
 - growing interest in promoting traditional fiddle music and dance.

Ms. Dorion also commented on:

- the need to preserve the Métis culture;
- the need to have people marketing and sharing videos and tapes;
- an Edmonton dance troupe that was performing at the conference and that has dance videos and some cassette tapes for sale; and
- university credits that students are earning for learning traditional dance and for attending cultural events, including feasts.

Participants learned that Edmonton is hosting a fiddle, dance and song event in the summer of 2002, and about the Institute's Métis history project.

A participant offered information regarding a Calgary Métis Head Start program for pre-school children where the children are being taught Michif. Another participant recognized, and commented on, the importance of culture in healing.

Lorraine Freeman, Past President, Métis Resource Centre

Ms. Freeman outlined her personal and professional background. She commented on the importance of culture in healing, and suggested that without culture, there could be no healing. She also discussed the Resource Centre, noting that it was a non-profit society with very little funding and no funding for core services. Ms. Freeman also provided information on the following:

- that Manitoba was doing a genealogical project focused on Métis culture and history;
- the development of a Métis-specific reference library;
- details regarding workshops for arts and crafts;
- the importance of Métis people having a say in arts and culture;
- the existence of the Métis Resource Centre Web site, featuring the Michif language, and information depot;
- efforts to promote Métis artists to help people become proud of their heritage;

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- delivery of cultural workshops, traditional dances and Métis fiddling contests; and
 - development of a colouring book for Métis children and an historical date calendar.

A participant commented on the strength of the Métis women, and on their role in weaving together the Métis as a people. He recognized the women for their efforts on behalf of all Métis.

The session concluded with participants watching the Crescent Lake video provided by the Gabriel Dumont Institute.

SESSION 10: HEALTH AND WELLNESS SELF-ASSESSMENT

John Fryters

Rev. Fryters discussed the use of the word “wellness” over the past few decades, and explained that the information presented in his session would be based on his personal experiences and knowledge. He reinforced comments made earlier in the forum relative to:

- the need not to let the bigger issues overshadow the smaller ones;
- the importance of working together;
- the need to look at health holistically – to consider mental, spiritual, emotional and physical issues; and
- the benefits of having the perspective of being researched “to life” instead of “to death” – searching and claiming the Métis heritage again.

Rev. Fryters discussed wellness starting with the individual. He suggested that wellness was a choice, a way of life, a process, an efficient channeling of energy, an integration of body, mind and spirit, and the loving acceptance of self. He commented that something was wrong with the health system because the system focused on fixing sickness, rather than maintaining health.

Referencing a health care chart, Rev. Fryters provided the following information:

- Money Spent
 - 90 % doctors, physicians, hospitals
 - 10% prevention & education
- Influential Factors
 - 50% lifestyle
 - 20% environment
 - 30% medical reasons
- Types of Doctors in Practice
 - 5% prevention

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- 25% primary
 - 70% specialists

Rev. Fryters stressed the need for change in the continuums, and re-emphasized the need to allocate more resources to prevention rather than treatment. As well, he commented on the loss of medical specialists to the United States, and underlined the importance of “today” in the concept of wellness.

It was suggested that Health was the opposite of wellness. Rev. Fryters introduced the following ideas:

Health counselling and screening

Education – promoting “body, mind and spirit” health

Advocacy and resource referral

Listening/facilitating of support groups

Training and co-ordinating of volunteers

Home and hospital visitation.

He told participants about the importance of assuming responsibility for their wellness and provided information on the planning steps for a long-term health and wellness program:

- understand the issues
- present concept to the community
- assemble a health team
- assess the assets and needs of the community
- prepare a community health plan
- develop a volunteer corps
- cultivate a support network
- address potential liability issues
- provide for necessary funding
- constantly (re)evaluate your planning process.

Rev. Fryters said that without vision, people perish, that listlessness is becoming an epidemic, that people are as young as their dreams and as old as their cynicisms, and that visions and dreams are energizing like the wings of an eagle.

Rev. Fryters discussed the importance of setting down a personal mission statement and vision and spoke about:

- the need for individuals to define, communicate, organize and apply their personal vision;
- how to discover or rediscover a united thought and purpose for the Métis Nation by listening to what the Elders say, putting their thoughts into writing and summarizing them into single sentences;
- the need to build a foundation and a system for long-term health and wellness with a structure that is larger than the vision;
- the fact that a good purpose statement is rooted in traditional values, is specific, transferable and measurable;
- the need to focus not on growing a Nation with programs, but on growing people with a process;
- the reason for the Métis health movement and the creation of the Métis Centre;
- the importance of capturing the Métis oral traditions in writing;
- the importance of writing out the purpose and vision of the Métis health movement, recognizing that over each generation programs may change, but the vision will remain the same;
- the importance of measuring what the Nation does; and
- encouragement to ensure that there is good communication of the Nation's vision by putting the vision in writing, and by harnessing the power of symbols and simple stories.

Rev. Fryters stressed the value of a unified vision for the Nation, and the need to involve committed individuals to lead and serve the movement of the Nation and to inspire people to assist locally. He spoke of the importance of identifying the needs of the community and then working forward to a vision of the Nation. Moreover, he suggested that the answer to the question of where the Métis would be in the future depended on the focus of the Métis today, and to what degree individual Métis and collective Métis avoid getting distracted from their focus.

Rev. Fryters thanked participants for their attendance. He suggested that people not let their brains overtake their hearts, that reliable communication permitted progress, and that the ways we communicate include purpose, people, principles, profession and power. He added that individuals need to grow from the outside in, rather than from the inside out, and that true vision will never leave anything you do.

(A copy of Rev. Fryters presentation titled "Health and Wellness Self-Assessment" is included as Appendix E to these Draft Proceedings.)

SESSION 11: TRADITIONAL HEALTH KNOWLEDGE

Walter Schoenthal

Mr. Schoenthal discussed his personal healing from alcohol and drugs and spoke about his participation in the organization of a 1969 healing conference. He noted the organizers of the conference had to fight the federal government for months to receive a one-time grant.

Participants learned of Mr. Schoenthal's involvement later, going to the Métis Nation of Saskatchewan for support, and with their help, securing ongoing funding from the provincial and federal governments to establish and staff two treatment centers in Battleford and Prince Albert. He noted that thousands of people continue to go through the centres each year. "We thought that if we could sober one out of 10 people, then we would have done well," he said.

Mr. Schoenthal distributed copies of a Métis Nation of Saskatchewan Web page regarding the Métis Addictions Council of Saskatchewan Inc. (*included as Appendix F to these Draft Proceedings*).

Isabelle Impey

Ms. Impey discussed dealing with people with addictions and how to help them be whole. She recognized the importance of dealing with the four parts of the person as a whole – heart, mind, spirit and body. She suggested that there are a lot of ways to heal, that humour is one way and counselling is another.

She talked of her learning about the cures for ailments from the women in Cumberland House. She mentioned a relative who would visit the families with newborn babies, and who made medicine for the newborns. She noted that her relative was nervous about leaving her knowledge with someone who could be drinking, then pick the wrong root and cause a problem. "I don't know that children still get looked after this way," she said.

Ms. Impey described another traditional way of welcoming a new child, when the mothers and grandmothers would gather with the pregnant woman and tell her about the things that needed to be done for the new baby. It was the mothers and grandmothers who would help. She commented that all of the children were precious, and that grandchildren were even more so.

Ms. Impey also talked about her own personal life, including the birth of her granddaughter and her relationship with her own daughter. When her daughter went to university, she began to get involved in things that Ms. Impey didn't approve of. Ms. Impey encouraged participants to recognize that they needed to let people learn their own lessons.

She led participants in an exercise to identify traditional Métis healing practices. Ms. Impey noted that the Métis knew of the Traditional Medicines to cure sicknesses and disease and that the people used these long before the arrival of drugs. Elderly Métis ladies knew what to gather and prepare to cure the sicknesses and diseases, and could cure almost anything, she said.

In another situation she described, a man was struck by an illness, and three specialists said he would never work again. But he didn't give up, she said. He went north to seek a cure and hasn't had a relapse in 30 years. Ms. Impey told another story of people who travelled from overseas who had scurvy when they arrived, and were treated for it by the Indians.

She noted that there is a lot of illiteracy in the communities and that a negative result of this is that people can't read the side effects of the drugs prescribed by doctors. She recommended that participants use ingredients that are as natural as possible in their gatherings. Ms. Impey encouraged participants to make offerings after their gatherings to show their gratitude for still being able to treat themselves in the way that the Creator intended.

She emphasized the need to look at a policy to capture and use the Métis Traditional Knowledge. Ms. Impey suggested that some initiative should be organized to co-ordinate information on where the plants were located and to take people out to gather. "We have a lot of Métis experts and need to find a way to bring people together to harvest and prepare the natural treatments," she said.

Participants were informed that the Métis National Council (MNC) is trying to plan and secure federal funding for a Traditional Knowledge conference. If interested in the conference, they were encouraged to contact the MNC directly to voice their support.

Comments arising from Ms. Impey's presentation included:

- The longer we postpone the gathering of Traditional Knowledge, the more danger there is that the traditional Elders will be gone.
- There are a lot of Métis who would be willing to share; we need to gather the information in a way that it can be used.
- There's been a lot of discussion about intellectual property but the Traditional Knowledge is not something we can sell – I don't think we should take ownership of it, the Creator gave it to us – this needs to be dealt within a framework.
- If we approach this from a health point of view, we would go further with our fight against the government to keep this as part of our culture.
- I've seen what medication can do, some of it is good but it carries a legacy. People are being killed with medications. Our Traditional Medicines are harmless but you do need to exercise caution, you have to know what you're doing with them. All the information we could get would be helpful, I'd rather drink cranberries than pop pills. I would like to see a base of information where we could access it and people could use it.

CLOSING PLENARY SESSION: WHERE ARE WE GOING?

Don Fiddler, Health Director, Métis National Council

Mr. Fiddler commented on the importance of the sessions held during the Forum and on people learning about things to keep in mind when working together. "It has been a time of building our Nation with respect to health care, increasing awareness of activities across the country, the program needs that exist at the community level, and the wealth and depth of experience in the communities," he suggested.

Mr. Fiddler commented that within Métis communities, there was all of the experience and knowledge needed to be successful. He noted that far too often there was a tendency to look outside of the Métis for the answers, and that there was a need to accept the validity of the knowledge within the Métis culture. He suggested that this was reinforced by Mr. Ghostkeeper's

go to the schools to encourage young Métis to go into the medical fields, and should look into opportunities to fund students in the medical fields. She suggested that if the Métis reached their youth, they would save their people.

- Mr. Fiddler agreed that in order to have the capacity to do the work, it was necessary to train Métis people. He noted that one of the mandates of NAHO was to foster the recruitment, but that NAHO was not a training institution, but a research institution. Mr. Fiddler advised that NAHO could develop materials that organizations could use to encourage the recruitment and to develop and lobby for policies for appropriate training programs that include Métis.
- Another participant commented on his role in reintegrating Métis inmates into communities across the homeland. He asked how it can be ensured that the inmates can return to the communities if they aren't healthy in the prisons. He recommended partnership building between the Métis Centre and Corrections Canada, locally and nationally, to ensure that the health policies and health programs and services reach out to the Métis inmates.
- A participant warned that every province has to be wary of the regional hospital authorities taking over the HIV/AIDS programs. In Manitoba, she noted that four HIV/AIDS programs had been amalgamated into one office with a liaison worker. She encouraged participants to work with their Métis governments instead.
- Another participant expressed support for psychologists who understand the Métis culture in the corrections system.
- A participant commented on his participation in an AHRDA initiative in Region 4 (Kootenay Region) of BC where funds were targeted at health care workers through individual course purchases. He noted that to date, the program had graduated several nurses, lab technicians and one doctor. Participants were encouraged to pressure their AHRDA funding for training and education dollars.
- Another participant stressed the need to recognize Session 9 and the importance of culture, and encouraged participants to give the session a successful evaluation.
- A participant expressed appreciation for being able to participate in the Forum. She commented that although there had been conversations during the Forum about the Métis people being in poverty and not able to afford medications, the Métis are also very rich because they have each other and work together as a Nation to overcome issues and concerns.

**Harley Desjarlais, Health Minister, Métis National Council and
President, Métis Provincial Council of British Columbia**

Minister Dejarlais thanked participants for their comments during the Forum. He said he hoped that there would be some positive impacts from the Forum feedback that could be implemented in the near future.

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federal devolution of services, given that they were taking away money that had been previously allocated to Aboriginal Peoples. Participants were encouraged to get involved so that the funding could be secured, given the importance of education and social services in health.

Minister Desjarlais commented on the MNC's priority role in the Aboriginal Head Start Program to positively influence children aged 3-5 with Métis culture. He expressed appreciation for previous comments made regarding AHRDA funding and encouraged the Métis to continue to look for alternate sources of funding and government leveraging of education dollars. He recognized the need to ensure that Métis people are involved in the Métis health care system, with Métis people looking after Métis people.

Questions and Comments Cont'd.

- One participant shared a story on a new health facility in LaLoche noting that many of the nurses were Filipino and spoke English as a second language and that many of the patients were Métis with English as a second language. He questioned their ability to communicate.
- A participant encouraged the Métis Centre to pursue the federal responsibility to the Métis. He cautioned that if the Métis Centre and NAHO spent all of their money on administration, this would not meet the objectives of the provinces. He suggested that federal funding in Saskatchewan, even in the form of a proposal co-ordinator who could take proposals to the Prime Minister and Cabinet, would be desirable. He said that it was not a matter of getting new money, but a matter of accessing the existing money and programs. "We have to put forward a strategy to access all of those dollars and work along with the Métis Centre to do that," he suggested.
 - Mr. Fiddler indicated that it was a priority for the Métis Centre to gather the information needed to be able to lobby the federal government more effectively to counter the inequities in federal funding for the regions.
- Another participant questioned the timeline for the framework development and asked about the type of policy that would be put forward to the Ministers and different levels of government.
 - Mr. Fiddler indicated that the timeline would be over several years. The major concern is to get the federal government to move on its policy decisions that it does not have fiduciary responsibility for Métis with respect to federal funding. Mr. Fiddler indicated that at the same time, a national agenda with respect to health would be created and that there would be subsequent meetings with health professionals in the regions to start to co-ordinate efforts to support and mentor each other. In addition, he indicated that the Métis Centre Governing Committee and staff would discuss ways to structure its work with respect to information dissemination and gathering to better enable the regions to meet their health concerns.

Nathalie Lachance, Director of the Métis Centre

Ms. Lachance noted that the Forum was intended as a first step to bring together Métis people to discuss health issues. She noted that the Métis Centre would continue its efforts to work with the Métis people and organizations into the future to make changes.

France Picotte, Chair, Métis Centre Governing Committee

Chair Picotte thanked participants for attending and participating in the Forum. As well, she thanked the Director of the Métis Centre and her staff for their co-ordination of the Forum. She noted that the proceedings would be analyzed and that work would continue to move forward on the outcomes of the Forum.

CLOSING PRAYER

Senator Nora Ritchie thanked participants for their attendance, indicated her pleasure in seeing old friends and making new friends, and thanked the Forum organizers. Responding to questions from various participants during the Forum, Senator Ritchie recognized and acknowledged the Métis Nation of Saskatchewan provincial flag.

Senator Ritchie offered a Closing Prayer.

LIST OF APPENDICES

APPENDIX A:

List of Forum participants.

APPENDIX B:

Overhead presentation titled “National Aboriginal Health Organization – Métis Health Policy Forum April 5-6, 2002.”

APPENDIX C:

overhead presentation titled “The Métis Centre National Aboriginal Health Organization.”

APPENDIX D:

Paper titled “WECHE Teachings – A Partnership of Aboriginal Wisdom and Western Scientific Knowledge Applied to the diabetes Mellitus Puzzle”, dated December 1, 2002.

APPENDIX E:

Presentation titled “Health and Wellness Self-Assessment.”

APPENDIX F:

Métis Nation of Saskatchewan Webpage regarding the Métis Addictions Council of Saskatchewan Inc.

APPENDIX G:

Handout with information on Métis traditional uses for Puffballs, Willow, Wild Rose, Rose Hip Tea, Ginger Honey, Labrador Tea, and Birch.

LIST OF ACRONYMS

Métis National Council’s (MNC)

National Aboriginal Health Organization (NAHO)

Métis Centre Governing Committee (MCGC)

Métis Nation of Saskatchewan (MNS)

Métis Addictions Council of Saskatchewan Inc. (MACSI)

Métis Nation of Ontario (MNO)

Aboriginal Human Resource Development Agreement (AHRDA)