

Colonialism's Impact upon the Health of Métis Elderly:

History, Oppression, Identity and Consequences

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## Abstract

In this dissertation I examine colonialism through the theoretical lens of racialized power relations. I consider the identity regulation imposed upon Aboriginal peoples and extrapolate the impact of colonialism on the health of a sample of elderly Métis. Health, care and access to services are vital social indicators in any society. The traumas of colonialism can be measured by the health of colonized people. I focus on the Métis elderly because our elders are the most revered members of Aboriginal society and they have been impacted by colonization the longest.

Unlike status Indians, the federal government does not have a legislative relationship with Metis nor does it accept responsibility for Métis health. Métis have the same access to health care and services as the general public available via provincial policy. However, racism and poverty militate against the Metis being treated as other citizens.

Colonialism has affected all aboriginal peoples negatively, evidence for which can be found in every Aboriginal community across Canada. It is spelled out clearly in the dire socio-economic statistics that characterize Aboriginal communities. I argue that Aboriginal peoples were colonized in the name of empire with the intent of claiming Aboriginal territory and resources; control of Aboriginal peoples was maintained through identity regulation, which artificially divided Canadian Aboriginal peoples into three distinct cohorts with differing claims to rights and recognition from the Canadian state; and these artificial divisions facilitated inequitable rights and policy among Aboriginal peoples, creating the conditions for unequal power relations, competition and racism.

The results include the perilous health care and health conditions of Metis elders, and the poisoned context for all Metis in Canada.

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Dedication

**All that I am is because of you**

Alexander Joseph Desmarais

Alice Dorothy Desmarais

Mary Veronica Robillard

Michel and Marie Anne Desmarais

Bart Alexander Michael Desmarais

Randi Lee Desmarais

**I love all of you more than you will ever know**

## Table of Contents

|   |     |
|---|-----|
| Abstract.....   | i   |
| Acknowledgements.....   | ii  |
| Dedication.....   | iii |
| Chapter 1 Health and Contemporary Métis Reality.....                              | 1   |
| Chapter 2 When the ‘Other’ is Métis.....  | 18  |
| 2.1 The Personal is Political.....  | 20  |
| 2.2 Racist ideology Legislates Aboriginal Identity.....                           | 24  |
| 2.3 Loss of Indigenous Territory and Resources .....                              | 28  |
| 2.4 The ‘Other’ Aboriginals.....  | 31  |
| 2.5 Métis Identity Crystallizes .....   | 34  |
| 2.6 Intergenerational Social Suffering .....                                      | 40  |
| 2.7 Contemporary Aboriginal Identity.....   | 47  |
| Chapter 3 Aboriginal Identities and health .....                                  | 56  |
| 3.1 The Struggle for Health Care.....   | 59  |
| 3.2 Dearth of Métis Specific Research .....                                       | 61  |
| 3.3 Should Métis be Recognized as Aboriginal under Federal<br>Jurisdiction? ..... | 64  |
| 3.4 Federal Funding and Aboriginal Peoples.....                                   | 67  |
| 3.5 Pay Now or Pay Later .....  | 78  |
| 3.6 Conclusion.....   | 81  |
| Chapter 4 Critical Examination Through the Reflections of a Colonized Insider     | 83  |
| 4.1 Data Collection Methods .....   | 91  |
| 4.2 The Personal is Political/Conceptual Baggage .....                            | 92  |
| 4.3 Data Analysis .....   | 96  |
| Chapter 5 Voices of the Elders .....  | 100 |
| Chapter 6 Conclusion.....   | 138 |
| Bibliography .....  | 159 |
| Appendix A Consent Form .....   | 174 |
| Appendix B Health Profile Questionnaire .....                                     | 177 |
| Appendix C Ethics Approval.....   | 187 |

## Chapter 1 Health and Contemporary Métis Reality

Both my parents are Métis. Like most Métis who grew up in the 1920s, 1930s and 1940s, they lived in poverty in rural settlements where the population was primarily Métis. My father was illiterate. He went to school for only a year before he quit to help his father by working as a farm labourer. Both my father's mother and my father's first wife died before my father turned 25; his first wife died of tuberculosis. In 1952 he married my mother. She too, was debilitated by the tuberculosis (TB) epidemic that devastated Aboriginal<sup>1</sup> families during that era. She spent her teenage years in a sanatorium in Fort Qu'Appelle, Saskatchewan (Fort San), built for tuberculosis patients in 1917. She lost a lung to TB when she was 15 years old and her health was permanently compromised.

Although they succeeded in building a comfortable life for their family, they were frustrated by the invisible barriers constructed by racism and by the fact there was no political organization through which they could voice their discontent. My mother joined the grassroots Métis political organization, The Indian and Métis Society of Saskatchewan, which formed in the early 60s, but by the time of her death in 2007, the rights she believed were part of her heritage as a Métis person were still not recognized.

She and I never discussed the specifics of those rights, but the core of her philosophy was her belief in equal opportunity for all Aboriginal people and the right of all people to live free of the shadow of racism. Nothing made her crazier faster than encountering racism, and many times during her lifetime she faced it head on.

After a prolonged illness, my mother went into care in Regina, November 20, 2006. The day my mother left her home and was placed into long term care and the days

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<sup>1</sup> In this dissertation, I use Aboriginal and Indigenous interchangeably.



afterwards when my father wept because his wife of 55 years was suddenly gone were the worst days of all our lives. Our pain was exacerbated by the costs of long term care, medication for a series of age-related conditions, the oxygen she needed 24/7 and the cost of maintaining the house in which my father still lived. My mother's pension was quickly exhausted. She never returned home again and lasted seven months from the day she left.

My father's pension, after 30 years of service as a steelworker, was \$36 per month. The additional income he received through CPP and OAS was modest and my parents had no real savings. After my mother's death, I had to sell my home and move to my father's to be his primary caregiver. At 89, he had emphysema, prostate cancer and suffered so from age related illness. Because he could walk unassisted, we refused to put him in a care home wanting him to spend his last years in the home he worked so hard to secure. I cared for my father with the assistance of my son and daughter until his death on November 19, 2010.

Burned into my psyche are the words of both my mother and grandmother: "We don't put our old people into old folk's homes". Like my mother, her mother and grandmothers before her, my children and I personally cared for our elderly. When my mother was in care, a family member was with her part of every single day. It is just our way.

We are descendants of colonized people and the negative effects of colonialism followed us our entire lives. Although issues associated with care of the elderly are not unique to Aboriginal communities, my parent's personal history coupled with their ancestry underscores factors that make the lives of Aboriginal seniors particularly

difficult. Ill health due to epidemics that struck Aboriginal communities; low pensions from a life-time of modest contributions from low paying jobs; illiteracy, and the absence of a powerful Aboriginal political voice, combine to make the lives of many Aboriginal seniors bleak and hopeless. Sadly, all of these factors are common among colonized peoples.

It is the consequence of colonization and the reality of being the 'Other' that is inherent to Métis circumstance that unceasingly follows throughout our lives. It is being the powerless 'Other' that have marginalized Métis people overall. We exist between two worlds, accepted by neither, and that has alienated so many of Métis heritage.

There were few moments in my life when I was not aware of being the 'Other', not aware of being different. I cannot remember when that recognition entered my consciousness; I only remember I was very young. I am a Métis woman whose ancestry extends from a long line of Métis people. In fact, I do not believe that in my immediate ancestry, on either my mother's or my father's side, there are any relations who are not Métis people.

I am writing this dissertation because of my desire to tell our story: to identify, explain, make visible, analyze and show that colonialism and racism structured my family's experience. There is a dearth of good scholarly information about the Métis. The impact of colonialism permeated every aspect of our entire lives and I will explore it so I can present its devastating impact from the perspective of an insider. This research is the mirror reflecting the respect I have for the tenacity of a people who refused to be forgotten and the elders whose pain has yet to be abated.

Métis people have been denied so much, the capacity to thrive as distinct ethnic communities, recognition because of state denial of Aboriginality, the loss of territory and resources and the capacity to engage in the economy. Contemporarily the repercussions of this historic tragedy have placed us at the margins of Canadian society. As a scholar, my intention is to reiterate, as many scholars before me have, our story. Our history must be kept alive, to say yet again, that colonialism is an organic reality, inescapable in its negative impact. My intent is to allow a glimpse into the lives of a small group of Métis seniors who still exist within the confines of state barriers constructed so long ago.

Emma LaRocque could not have been more articulate when she stated that mainstream Canadians will never comprehend the decolonizing discourse unless they can recognize the colonial ground from which we speak. As Aboriginal scholars, we are at the centre of our research as we attempt to understand the colonial forces that subjugate us through hierarchical structures of power hidden behind the facade of truth, order and good governance (LaRocque 2010, 11). Aboriginal scholars have become the mediums whose reality is exposed through the narrative and analysis of an insider [Ibid].

Edward Said urged scholars to break out of the disciplinary ghettos that confine us, and believed that scholarship should excavate, uncover, review and interpret all facets of experience, particularly experience that has been overlooked by the structure of authority (Bayoumi and Rubin 2000, xxvi). Said believed that such a scholar should represent and articulate a message, a viewpoint, attitude or opinion to the dominant public that is contrary to the status quo, with the intention of establishing change. In

Said's view, the intellectual's duty is to search for independence of voice far from the pressures of the academy in a manner that speaks truth to power (Said 1996, xvi).

Taiiaike Alfred stated that for Aboriginal people, colonialism is not theory or analytical categories. Colonialism is real in our lives and understood as extinguishment of rights, ward ship, welfare dependency, loss of land and culture, disempowerment and alienation from each other (Alfred 2009). We are in the middle of colonization because the colonial experience is our reality.

The Métis, along with the Indian and Inuit, are one of three distinct Aboriginal peoples acknowledged by the 1982 *Constitution Act*, section 35 (2). In section 35 (1), their 'existing' Aboriginal and treaty rights are affirmed (Canada 1992). There was joyous expectation among all Aboriginal people when, after one hundred and fifteen years, Aboriginal rights were affirmed by Canada's highest law. The Métis in particular celebrated as Canada finally recognized them as Aboriginal. There was hope for a better future or at least hope that the door would be opened and the Government of Canada would show the political will to deal with the Métis Nation. Additionally, W. Yvon Dumont, former Lieutenant Governor of Manitoba, wanted the Métis constitutional claims to be resolved through the proper implementation of the Manitoba Act, which embodied the terms of union of the Métis as a founding nation within Confederation (Weinstein 2007, 112).

Three decades later, little has changed. Few Métis rights have been recognized. Indians, Inuit and Métis are still three separate categories in the eyes of the state. Indian and Inuit have Aboriginal rights and fall within Canadian federal jurisdiction; while Métis have Aboriginal rights, they are not respected until successful, and expensive,

litigation forces governments to do so. Of the Aboriginal cohorts, the Métis have been the severely marginalized and ignored by the Canadian state.

Colonization has divided Aboriginal people. Violent, brutal and racist, the colonization of Aboriginal people was mostly hidden behind a mask of nation building, but reflections of its violent legacy are exposed in the contemporary reality borne by Canadian Aboriginal peoples. The living conditions and quality of life of Aboriginal people is not commensurate with other Canadians; Aboriginal people lead marginal lives characterized by poverty and dependence. They have unequal access to quality housing and lower provision of community services such as health care and welfare, lower life expectancy, high rates of suicide, violent death and alcohol abuse and lower rates of educational completion. All these social indicators demonstrate Aboriginal people experience a lower quality of life (Frideres and Gadacz 2008, 93-129).

This dissertation examines colonialism through the lens of racialized power relations and measures colonialism's impact by investigating the health of elderly Métis. Health, care and access to services are vital social indicators in any society and past and present traumas can be measured by the health of the people. The focus of this dissertation will be on Métis elderly because our elders are the most revered members of Aboriginal society and they have been impacted by colonization the longest.

I have relied on approaches and insights drawn from some feminist, critical race and post colonial theorist; some of their literatures overlap. The literatures of Edward Said, Frantz Fanon, Glen Coulthard, Rita Dahmoon, Joyce Green and others, are particularly good at illuminating relationships of dominance and subordination. They are also useful for allowing a "contrapuntal" reading, which Said explains as a method of

reading into history and politics that which has been and continues to be erased by dominant society (Said 1993, 66-67). I employ a contrapuntal reading of history in this thesis to examine and expose the repressed and erased experiences of the Métis, beginning with those in my family and extrapolated to the wider Métis community.

Colonialism was perpetrated by agents of the European empires whose economies were hungry for resources, markets and cheap labour. All acted to dominate, exterminate and dislodge Aboriginal people for their land and resources (Said 1993, 8). Colonialism was exploitative, benefiting the colonizers at the expense of Aboriginal peoples with no recognition of their sovereignty and their right to refuse European occupation of their territories (Green 1995) Ultimately colonial legal structures were transplanted throughout Canada, which legitimated the colonial takeover of Aboriginal land and resources for settler society (Thobani 2007, 35). Colonialism was legitimated with the arrogant belief that Aboriginal peoples were simple and primitive, and would come to appreciate and thank their colonizer for the modernity gifted to their societies (Said 1993, 8). Memmi describes this process as racism ingrained in every institution with profit, privilege and usurpation as primary factors (Memmi 1965,9).

Edward Said's post colonial critique exposed the experience of colonized peoples that had previously been silenced by the legal, cultural and academic hegemonies of the West. Said provides the theoretical foundation and methodology that challenged the chronic tendency of the West to deny, suppress and distort colonial history (Bayoumi and Rubin 2000, xxx). He argued that colonialism must be understood in relation to empire and to what and how the colonized interpret their place within colonial domination (xxx). It is only when we come to discover and understand where and how we fit into the

western world that we can begin to effect change. I contend that change can only begin once we understand what happened to us through the colonial and assimilative processes. Change begins when we tell our story, in our way, and from our perspective; we must dictate what that change will be.

The term Aboriginal hides the fact that historically the First Peoples of the territory that became Canada were multi ethnic, linguistically diverse and culturally distinct from each other. There were more than 50 different linguistic groups among First Nations alone, the Inuit language included several differing dialects and the Métis spoke not only a variety of First Nation and settler languages but possessed their unique Michif language (RCAP Volume 1 1996, 13). The word “Aboriginal” does not acknowledge the ethnic diversity of the Inuit of the North, the Potlatch people of the Pacific Northwest, the Plains societies of central North America, the Iroquoian Longhouse peoples or the Mi’kmaq nations of the Atlantic shorelines. This diversity was erased through Canadian legislation with the passage of the *Indian Act* (R.S., C., 1985 as amended) that not only imposed boundaries between Europeans and state recognized ‘Indians’ but drew distinct divisions among Aboriginal peoples based upon an imposed legal definition of Indians, and implicitly, of others.

Through this division the state explicitly recognized some Aboriginal people under the single category of ‘Indian’. They were deemed racially inferior, in need of tutelage until worthy of acceptance as Canadian citizens imbued with the standards of liberal democracy and the ideology of individualism. But by segregating the ‘Indian’, the state unwittingly secured the survival of the very cultures they were attempting to eradicate. It was impossible to instill individualism by segregating the collective. The

Métis were among those ‘Other’ Aboriginals who did not fit into the legislated identity criterion and who were historically denied rights to claim their home territory; who were demonized after the 1885 resistance<sup>2</sup>, and blocked from active participation in the economy by racism and fear emanating from settler society and the Canadian political governance structures.

Rita Dhamoon has described this as colonial imagery, the creation of the ‘Other’, the drawing of legal distinctions between First Nations, Inuit and Métis, splitting Aboriginal peoples into distinct categories imagined in accordance to the terms of Canadian nation building. These categories erased any legal recognition of indigeneneity for the Métis who were treated legally as members of a unitary form of Canadian citizenship (Dhamoon 2009, 129-130). At the same time, Canadian settler society stigmatized Métis as ‘natives, as ‘half-breeds’, ‘mixed-bloods’ or as deviants. Renisa Mawani demonstrates that mixed race populations were designated as ‘internal enemies’ who would compromise the future of Aboriginal populations and the longevity and wellbeing of white settlement. In fact, Britain’s colonies feared that mixed-bloods challenged the boundaries of rule and threatened white privilege in significant ways. They could pass as European which would defraud the privileges of whiteness or this ‘in-between’ population could be mistaken as ‘Indian’ and gain remedial rights including entitlement to land and social and natural resources (Mawani 2009, 166-167).

Colonialism legally rendered Métis indigeneneity invisible. This feat existed in tandem with the desire to discipline and eradicate those who were marked as ‘status’ Indians. Both categories were to be erased through assimilation. The Métis were

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<sup>2</sup> Louis Riel formed a government at Batoche in 1885 demanding self government and land tenure for the Métis. This ended in a battle that ended with Riel being hung for treason on November 16, 1885 (Issac 2004, 279).



considered more easily assimilated because of their 'white blood'. This ignores culture and racism. Through colonialism, the notion of an ideal white national citizen was produced by marking and recognizing Aboriginal people differently but in so doing, the Métis became aliens on their own territory (Dhamoon 2009, 166-167). They were not accepted by the dominant society but it was expected that they would meld into the fabric of Canadian society.

That the Canadian state refused to recognize the Métis in the same manner as other Aboriginal peoples is at the core of contemporary identity power relations that currently functions within the Canadian political arena. Through colonialism, the Canadian state regulated identity, and difference now equals power. The recognition of 'status' via the Indian Act links some Aboriginal people to the national government. It is through this division and selective recognition that 'identity' becomes the focal point of a struggle for power. Identity/difference politics serve as the arena through which colonial relations are produced and maintained. Both Coulthard and Dhamoon emphasize that difference is produced and rationalized in and through power (Coulthard 2006, 26; Dhamoon 2009, 11-12). Recognition of 'Indian' was never meant to include all Aboriginal peoples because it was intended that assimilation would eventually eradicate the 'Indian' problem; the 'Others', it was assumed, would naturally assimilate. The state's intentions were never fully realized.

As Said argued, identity politics can be horrendous when they produce conflict, competition and contestation, pitting communities and groups against each other in their quest for identity recognition, thus barring any chance of solidarity between the people (Viswanathan ed. 2002, 187). The legal, political and cultural implications of the

affirmation of Aboriginal and treaty rights in the 1982 Canadian *Constitution Act* connected identity to power in a new fashion. Aboriginal identity became tangibly linked to rights recognition and reinforced the boundaries dividing Aboriginal peoples.

The Métis demand equality with other Aboriginal people, especially now that Aboriginal rights are constitutionally protected. Identity has come to mean much more than cultural distinction. Identity has substance and can be tangibly measured by rights. Exclusionary definitions reinforce state sanctioned division between Aboriginal people. We, as Aboriginal people, are in danger of becoming the keepers of the gate not of our making.

These categorical divisions between Aboriginal people are now firmly entrenched into the consciousness of Aboriginal people, and the scales of power in the Aboriginal political arena tip toward those recognized as 'Indian' under the Indian Act. The boundary that encloses 'Indian' people is fiercely guarded by the legal institutions of the Canadian state **and** by those recognized as 'Indian'.

Indians that have 'status' are collectively recognized by the Canadian state and therefore are better equipped to speak through and for their communities, giving them enhanced political leverage. All 'Other' Aboriginals fall outside that circle and are thus disempowered. The Canadian state has immense investment in securing the status quo because the majority of Aboriginal people fall outside that circle. The Métis are among these 'Others'.

Contemporary difference in identity among Aboriginal people has little to do with culture and everything to do with relations of power. Aboriginal identity should therefore be repositioned away from culture to the more appropriate arena of power relations and

political difference. Identity then implicates power and not just culture; Aboriginal identity then is not just passive. In relation to Aboriginal peoples, difference has always been regulated and produced by the Canadian state (Dhamoon 2009, 11). As such, in this thesis, the Métis are referred to as a nation, as mixed race and as ethnic peoples. I chose to refer to the Métis using all three of these labels because, depending upon the context within which the discussion takes place, all three categories are applicable and are used by Metis.

People who endure poor social and material living conditions experience high levels of physiological and psychological stress. Stressful experiences may arise from coping with conditions of low income, poor quality housing, food insecurity, inadequate working conditions, insecure employment and various forms of discrimination based on Aboriginal status, gender or race. A lack of supportive relationships, social isolation and mistrust of others further increases stress (Mikkonen and Raphael 2010, 11).

Among Aboriginal peoples, diseases such as cancer, heart disease, diabetes, hypertension and tuberculosis, circulatory and respiratory disease are among the leading cause of death (Frideres and Gadacz 2008, 80-82). As health is the most important aspect of our lives it will be used to measure colonialism's impact upon the Métis.

In this dissertation, I examine the contemporary consequence of colonialism upon the health of Métis elderly persons. The Métis do not have the same access to health care and service as other Canadian Aboriginal people because Aboriginal people have been legislatively divided. The federal government does not accept responsibility for Métis health so Métis, in theory, have the same access to health as the general public available via provincial policy. On the face of it, this would sound reasonable but as colonized

people, the Métis have been and are plagued with similar health problems as other Aboriginal people and communities.

In the *Constitution Act*, 1867, Sections 91 and 92 divide jurisdictional responsibility between the national and provincial governments. Pursuant to subsection 91(24) of the *Constitution Act* 1867 Parliament has exclusive legislative authority over ‘Indians, and lands reserved for Indians’. It is under this authority that Parliament regulates all matters associated with Indians and has created the Indian Act (Isaac 2008, 13). Whether the Métis are also included within the meaning of ‘Indians’ in s. 91(24) has not been determined by a court to date (Teillet 2011, 46). Therefore it is and has been a matter of policy, not of constitutional law, that the federal government refuses to recognize the Métis within the 91 (24) jurisdiction.

The federal government administers a budget of well over a billion dollars through the *First Nations and Inuit Health Branch* and provides non-insured health benefits to status First Nations and Inuit (Health Canada 2011, 17). Non-insured health benefits fall outside provincial jurisdiction and the federal government administers these dollars as a matter of social policy and does not recognize health care as a right. Additionally, many First Nations and Inuit governance institutions receive federal dollars that enable the creation of community driven and capacity building health care initiatives. The Métis are not treated as eligible for these benefits. This inequitable application of health care and access to services adversely affects the Métis population and their communities.

There is no legal barrier prohibiting the federal government from recognizing the Métis under 91 (24); what has been and is missing is the political will to do so. The

Métis do not wish to be defined as ‘Indian’ under the Indian Act but rather desire ‘Aboriginal’ to be defined to mean the same as ‘Indian’ (NAHO 2002, 13). This was accomplished for the Inuit when in 1939, *Re: Eskimo*, the Supreme Court held that Inuit were ‘Indian’ within the meaning of section 91(24) of the Canadian Constitution (*Re Eskimo*, [1939] S.C.R. 104, 2 D.L.R. 417). Accordingly, Inuit are ‘Indians’ within federal jurisdiction but they are not considered ‘Indian’ within the authority of the Indian Act (Rotman 2003, 436).

It has been acknowledged repeatedly that very little research has been done on the health and well being of the Métis population, but in the research that has been conducted; the most chronically reported health conditions for the Métis in 2006 were arthritis, rheumatism, high blood pressure, asthma, stomach problems and intestinal ulcers (Statistics Canada 2006). These rates are higher than those reported in the total population of Canada and almost double the percentages of Métis suffer from asthma. Among Métis seniors, arthritis, rheumatism and high blood pressure were listed as chronic conditions (Statistics Canada 2006).

Both Canada and Saskatchewan are facing an aging population and current health and social policy failure to meet elders services, needs and demands has placed this population in jeopardy. In Canada, 17% of seniors live below the poverty line (Krieg, Martz and McCallum 2007). This number is far higher for Aboriginal elders, including the Métis.

The Métis are the fastest growing Aboriginal group in Canada. Their population has increased by 91% since 1996, which is more than three times faster than First Nations and Inuit. The Métis account for larger shares of the population in western Canada and

two thirds of the Métis population resides in urban areas (Statistics Canada 2009). In spite of these numbers, it is very difficult to obtain reliable information concerning the Métis; there is no national registry and health care is fragmented and delivered by Canadian provincial jurisdictions (Métis National Council 2006). The Canadian Institute for Health Information acknowledged its 2004 Report *Improving the Health of Canadians*, that there are limited sources of data related to the health of the Métis population (Canadian Institute for Health Information 2004).

Three foundational assertions of this dissertation are:

- Aboriginal peoples were colonized in the name of empire with the intent of claiming Aboriginal territory and resources;
- Control of Aboriginal peoples was maintained through identity regulation, which artificially divided Canadian Aboriginal peoples into three distinct cohorts with differing claims to rights and recognition from Canadian jurisprudence;
- These artificial divisions facilitated inequitable rights and policy among Aboriginal peoples, creating an arena in which unequal power relations, competition and racism flourished.

The critical variable that I am focusing upon to demonstrate colonial impact is the current state of health among an aging Métis population and their ability to access care and services. The colonization of Aboriginal peoples created the circumstance whereby poverty became an inevitable consequence for all Aboriginal communities and this causes dire conditions of health. Poverty and chronic poor health has been intergenerational and can be witnessed in contemporary health crisis. Artificial category divisions imposed through colonization created the conditions for inequitable access to health care and services among Aboriginal peoples, exacerbating suffering and discontent among Aboriginal peoples, specifically the Métis elders.

This dissertation is divided into six chapters. Chapter two explores the colonial destruction of Aboriginal diversity through identity production and regulation. I contend that control over Aboriginal peoples was attained through the production of difference by categorizing them legislatively; Aboriginal identity was forged by law and not ethnicity. In this process, the Métis became those ‘Other’ Aboriginal peoples, denied state recognition of their Aboriginal status, removed from their homelands with little capacity to thrive as collectively distinct Aboriginal peoples. This ultimately relegated the Métis to the bottom of the Aboriginal racial hierarchy created by Canadian state division. I examine Canadian state actions through the theoretical lens of Edward Said’s work.

In chapter three I show how Métis have historically suffered all the negative effects of poverty with poor health being the direst of consequences. This chapter centers upon historic and contemporary health issues Métis people had to cope with in isolation while having little access to a collective political voice. The discussion also examines the contemporary consequence of legislated divisions historically imposed by the Canadian state which includes the inequitable access to health care for the Métis. The current state of Métis health and access to care is exposed in this chapter.

Chapter Four describes the methodology chosen to conduct the research. Research from the margins involves participatory research that is focused in favour of the dominated, exploited, poor and the ignored (Kirby 1989, 16). This chapter also discusses methodological differences that plague Aboriginal researchers as they adapt a non western perspective to western academic norms.

Chapter Five analyzes the data obtained from thirteen Métis seniors for the purpose of discussing the contemporary reality of these individuals who have been

impacted by the effects of colonialism for their entire lives. Particular attention is paid to their current state of health and their ability to access quality care and services. A significant measure of the negative impact of colonization can be witnessed through the health of these individuals.

Chapter six is the concluding chapter and discusses colonialism and its impact on contemporary Métis peoples. Also discussed in this chapter are the contemporary effects of state imposed identity regulation upon Aboriginal peoples and how those have affected the health of Métis elders. Finally, the contemporary academic arena and the lack of capacity to support good scholarly research in relation to Métis issues are discussed.



## **Chapter 2 When the ‘Other’ is Métis**

In my introductory chapter, I described my familial circumstance and provided a glimpse into the world of the Métis ‘Other’ – my family - who were intergenerationally Métis, intergenerationally poor, intergenerationally dysfunctional, intergenerationally sick and intergenerationally militant. This is the lament of the Métis and this has been our life.

I made some very broad claims: first, that colonialism destroyed the diversity of Aboriginal nationhood by producing and regulating Aboriginal identity to serve the needs of the state – seizure of Aboriginal territory and their resources and bureaucratic administration of Indians. Second, I claimed that production of Aboriginal identity erased recognition of Métis Indigeneity, therefore creating the Aboriginal ‘Other’, the genesis of our discontent. Third, I claimed that control over Aboriginal peoples is maintained through regulation of identity and that Aboriginal difference now equates to power, the politics of which serve as the arena in which colonial relations are produced and maintained. Overall, it is this production of difference and inequitable recognition of Aboriginality and rights that created, then maintained, the marginal space in Canadian society that Métis have been forced into. Métis marginalization began with non-recognition of our Aboriginality by the Canadian state, and contemporary constitutional recognition has done little to change Métis legitimacy within Canadian society. I claim that this is due, in part, to the divisions between Aboriginal peoples that have become firmly entrenched and legitimated by Canadian and First Nation political institutions, both of which are invested in Métis marginalization. I further contend that Aboriginal people naturalized state sanctioned identity regulation, initially because few alternatives

were available to contest identity legislation, and contemporarily to shelter the few marginal rights recognized by the state for selectively few Aboriginal peoples. So, the Métis continue to struggle for the power to self determine as culturally distinct, diverse peoples who have been denied recognition and economic security.

This chapter develops these claims by providing a theoretical account of how and why the state legitimated Aboriginal identity production, in the process denying Indigenous recognition to thousands of Indigenous individuals. This ultimately denied them homelands and severed their cultural roots. For the Métis, the categorical division of Aboriginal peoples coupled with non recognition of Métis indigeneity, devastated their capacity to thrive as collective peoples thus relegating them to the bottom of the racial hierarchy of Aboriginal rights. The Métis became the Aboriginal ‘Other’. Edward Said’s theoretical lens illuminates Canadian justification of racist and discriminatory action in relation to their treatment of all Indigenous peoples of the territory that would become Canada.

This chapter is organized into six sections. In section one, The Personal is Political, I explore my family history, linking the diverse hardships faced by every generation, to our colonial history demonstrating that the personal is in fact very political. Section two, Racist Ideology Legislates Aboriginal Identity, discusses the genesis of state controlled production of Aboriginal identity guided by colonial racist ideology. Control of Aboriginal peoples was needed for Canadian state expansion facilitated by usurpation of Aboriginal territory and resources. Section three, the Aboriginal ‘Other’, examines the impact of legislated Aboriginal identity regulations upon the Métis who became the Aboriginal ‘Other’ due to the Canadian state disregard of Métis Aboriginality. Section

four, Intergenerational Suffering, examines Métis identity convergence due to the imposed marginal space on the periphery of Canadian society. Section five, Contemporary Aboriginal Identify, discusses the Métis intergenerational suffering and finally I review the contemporary identity of Métis political action focused upon self determination and demands for recognition as distinct Métis Aboriginal peoples.

### **The Personal is Political**

I am going to begin by telling you a bit about my personal history and what happened that led me to investigate the exclusionary nature of contemporary Métis politics of identity. I am from a long line of Métis people; in fact, I cannot think of any member of my immediate family who is other than Métis. My father could be the caricature of the stereotypical Métis head of family – he was a Michif speaking, whisky drinking, fiddle playing, jigging around the house persona with a very unique sense of humor. My mother was the in your face – racist fighting – tell-it-like-it-is domineering woman, who joined the fledgling Saskatchewan Métis political organization of the 60s, because there was no political platform through which Métis people could voice their grievances. I remember, many times, coming home to a kitchen full of half-breeds plotting their next move of political action.

The other side of this picture is the memory of a grandmother stooped over a potato sack in the Lumsden Valley, picking potatoes for a dollar a bag, and a grandfather who lived alone in a shack a little larger than a garden shed. My mother's health was always compromised because she had lost a lung at 15 from the Tuberculosis epidemic that ravaged her entire family. My father was illiterate his entire life, and this is a prison in itself. These are the realities of colonialism, the impact of which scarred our lives. My

identity was formed by those memories and the stories told me by both my mother and father. The memories of their youth.

One day recently, in conversation with someone who declared herself Métis, I found myself agitated because I did not believe she was a ‘real’ Métis. Then, when she declared that her ‘Métis heritage came from her grandmother, who was ‘part’ Métis, I became very angry. Reflecting upon those feelings, I questioned the anger I felt toward the woman whose claim to Métis heritage came from her grandmother who was part Métis. Why was I so disturbed by how other individuals chose to claim their heritage? It was very disconcerting for me to discover that I too legitimized the division among Aboriginal people, a division imposed by colonialism. This led me to a more complex question: “For whose purpose are we defining ourselves and why?”

As Métis people, our identities are entrenched in how colonialism affected us. We have always been forced to negotiate our identities in relation to how the Canadian state defined ‘Indians’ and how that definition impacted First Nation identities (Lawrence 2004, 1). As such, Métis identities have evolved over the decades and our ‘Metisness’ has always been measured relative to our ‘Indian’ ancestors as opposed to being recognized for our distinct ethnicities. This has been difficult for the Métis both politically and economically as will be shown throughout this dissertation. Because we were not ‘white’ enough to be considered European and not ‘Indian’ enough to be considered truly Indigenous to the land, in essence we were conceptualized as a derivative people. From this perspective, both our Aboriginal heritage *and* our European heritage served to undermine our authenticity because we have not been acknowledged as

unique and distinct Métis peoples. This has often forced us into untenable personal and economic circumstances, the legacy of which we carry to this day.

Non-recognition of my distinct Métis heritage has, many times in my life, forced me into a chameleon style existence. Too many times, I ignored my Métis heritage and upbringing as I tried to replicate the traditions of the Cree and/or Salteaux First Nation friends I kept company with. At other times I tried to blend into the white world, and during those times I did not understand that my cultural consciousness did not have to be measured against either my white ancestors or my First Nations ancestors, that being Métis was complete in and of itself.

Difference in identity produced by state recognition of some Aboriginals and not others was historically, and continues contemporarily, to be the nexus for the struggle for power within the Canadian/Aboriginal political paradigm. Power relations in the Aboriginal political arena have, since colonization, always been determined by race, and this fact has not been altered in contemporary Canada. Jean Teillet has stated that both Amer-Indians and Euro-Canadians have difficulty accepting another Aboriginal people with Euro-Canadian ancestry as this defies a deeply held notion of loyalty to one's ethnic ancestry, purity of races and entitlement as 'first peoples'. Canadians are not comfortable with collectives that have multiple identifications linked to special rights. The truth is that mixed race peoples challenge established racial hierarchies or boundaries (Teillet 2011, 5).

Post colonial theory investigates the political and cultural impact of primarily European conquest of colonized societies and how those societies responded and continue to struggle for self representation (Ashcroft and Ahluwalia 2001, 290-291).

Colonization and the tensions between the colonized and colonizer remains a prominent topic in contemporary post colonial discourse. A primary example of discontent and legitimating misperception presented itself in 2009 when Prime Minister Steven Harper announced to the world at the G20 Summit that Canada had no history of colonialism (O'Keefe 2009); this comment insulted and enraged Aboriginal peoples across Canada. Colonialism is not a long past historic event but an organic reality that impacts the lives of Aboriginal people to this day.

In the process of Canadian nation building, the agents of Canadian governments divided Aboriginal peoples into racialized categories founded upon the premise of European superiority and racism. Mawani states that race-specific legislation, the Indian Act, allowed colonial agents to redraw the lines that distinguished 'Indians', 'whites', and 'others', and in their efforts to civilize Aboriginal peoples, the Dominion enacted and repeatedly revised this legislation so as to cultivate governable subjects, on the one hand, while punishing Aboriginal populations through coercion and violence on the other (Mawani 2009, 19, 177). Aboriginal capacity to determine membership in their societies was erased and replaced with a colonial legally-sanctioned definition of what constituted an 'Indian' person in the eyes of the state. The intent was to recreate Aboriginal people in the image of European society and culture.

The work and thoughts of Edward Said are helpful in considering the colonial experience of Aboriginal peoples. Said came to understand that the way we acquire knowledge has been directed and defined by European empire, primarily the British and French. These empires, through their literatures, vocabularies, scholarship, doctrines, colonial bureaucracies and political institutions, portrayed and distorted the reality of

other cultures (Said 1979, 2). The lens, through which other cultures are viewed, in Said's discourse, is called Orientalism.<sup>3</sup>

The relevance of Said's Orientalism in this discussion is twofold. Through Said's description, we can understand European colonials' justification of their treatment of peoples so unlike themselves, and alternatively, understand their arrogant belief that those who were different would welcome reformation of self and culture while being led to modernity. In the Canadian context, Aboriginal people were to be incorporated into Said's definition of the 'west', but I contend that Aboriginal people have always been perceived and treated like those of the 'east'. This has not changed.

### **Racist Ideology Legislates Aboriginal Identity**

The colonial practice of defining Aboriginal people began over territory and the question of who claimed title to it and how could title be acquired. Without consultation with Aboriginal people, in 1851 the Act for Canada East undertook the task of defining the criteria for 'Indian' status:

- All persons of Indian blood reputed to belong to the particular body or tribe of Indians interested in Indian lands or their descendants;

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<sup>3</sup> Orientalism is not a mere political subject matter or field that is reflected passively by culture, scholarship, or institutions; nor is it a large and diffuse collection of texts about collection of texts about the Orient; nor is it representative and expressive of some nefarious "Western" imperialism plot to hold down the "Oriental" world. It is rather, a *distribution* of geopolitical awareness into aesthetic, scholarly, economic, sociological, historical, and philological texts; it is an *elaboration* not only of a basis geographical distinction (the world is made up of two unequal halves, Orient and Occident) but also of a whole series of interests" which, by such means as scholarly discovery, philological reconstruction, psychological analysis, landscape and sociological description, it not only creates but also maintains; it *is*, rather than expresses, a certain *will* or *intention* to understand, in some cases to control, manipulate, even to incorporate, what is a manifestly different (or alternative and novel) world; it is, above all, a discourse that is by no means in direct, corresponding relationship with political power in the raw, but rather is produced and exists in an uneven exchange with various kinds of power shaped to a degree by the exchange with power political (as with a colonial or imperial establishment), power intellectual (as with reigning sciences like comparative linguistics or anatomy, or any of the modern policy sciences), power cultural (as with orthodoxies and canons of taste, texts, values) power moral (as with ideas about what "we" do and what "they" cannot do or understand as "we" do). Indeed, my real argument is that Orientalism is – and does not simply represent – a considerable dimension of modern political-intellectual culture, and as such has less to do with the Orient than it does with "our world." (Said 1979, 12).

- All persons intermarried with any such Indians and living among them, and their descendants;
- All persons residing among such Indians, whose parents on either side were or are Indians of such body or tribe, or entitled to be considered as such and
- All persons adopted in infancy by any such Indians, and residing in the village or upon the land of such tribes or bodies of Indians and their descendants (Dickason 2006, 156).

The colonial administration decided that this definition was too inclusive and revised it to exclude non Indians living with the tribes, non-Indian men married to Indian women and identifying differences between ‘status’ Indians (those who were registered) and non-status Indians. Indian women who married non Indian men kept their status but their children could not claim status, and non-Indian women who married Indian men acquired status, as did their children. Therefore, determination of status was patriarchal (156). This colonial legislation was the genesis of how and why difference and division was created among Aboriginal people. It would provide the blueprint for all future policy development and legislation created by the Canadian state to recognize (or not) Aboriginal persons.

The racist ideology of the time permeated all interaction between Europeans and the multi-ethnic and diverse Indigenous nations of what would become Canada. The colonial vision was to re-create Aboriginal people into the image of Europeans and governments coercively and legislatively endeavored to make that happen. Aboriginal people were to become wards on their own territory, non citizens of the state until they could demonstrate themselves worthy of assimilation.

To help speed this process along, legislation was passed in 1857 to gradually civilize ‘Indians’. One has to know who the ‘Indian’ was before one could civilize him. The law determined that if an ‘Indian’ could learn to read and write in either English or



French and was of good moral character, he would be granted citizenship into the United Canadas (Tobias 1998, 150-176; 1990, 43). The primary objective was to assimilate all Aboriginal peoples and, ultimately, this meant men. It should be noted that in this time period, women were assumed to be secondary to their fathers and/or husbands, thus not of primary concern in these legislations. This premise is consistent with the British patriarchy of the time (Green 1985, 1995; Palmater 2011; Dyck 2011).

It was commonly believed by Europeans that Aboriginal people were primitive and backward, and therefore colonial rule over inferior peoples was not only a right but an obligation. This belief was supported and accepted by European cultures (Ashcroft and Ahluwalia 2001, 1416). Said argued that the role of culture in keeping Imperialism intact must be acknowledged because, through culture, the assumption of the right of Imperial power to rule was authoritatively supported (1416). This sustained the notion that primitive peoples “required and, in fact, beseeched domination” (Said 1993, 10). This arrogant belief of superiority, Said states, goes beyond the need to facilitate economic growth; central to European thought was that it was their god-given obligation to rule subordinate, inferior or less advanced peoples (1416). In essence, this racist ideology became the guiding principle for all future policy and legislation, effectively sanitizing, concealing and legitimating the bigoted premise by which the state came to dominate Aboriginal peoples.

Racism as a guiding principle was already evident in how agents of British Imperialism dealt with Aboriginals when establishing colonies on Indigenous territory the century previous to Confederation; by the time the Fathers of Confederation focused westward to expand Canada, they were well experienced in tactics of exploitation,

domination and exerting power over Aboriginal peoples. By 1867, colonial governance had over a century's experience of encroaching and usurping Aboriginal territory and therefore was well informed in establishing imperial/colonial policy legitimizing their actions. Treaty making had become the norm in colonial/Indigenous relations as 123 treaties had already been negotiated in British North America prior to confederation. Treaties were the favored method of avoiding conflict with Indigenous peoples and the easiest route to gain title to Indigenous territory; Canadian officials also wanted to avoid costly wars with Indigenous nations as had been the experience in the United States (Dickason 2006, 172-174)

When Métis scholar Emma Larocque states that mainstream Canadians can never comprehend our will to decolonize unless they can understand the place from which we speak (Larocque 2010, 11) she means that we carry in us the collective memory of what it means to be alienated from our territory: the territory that defines who we are, that was our spiritual home, our source of life. The trauma of dispossession is an aura that has travelled with us through the generations and the economic, political and spiritual chaos continues to shadow our collective reality. Attempting to communicate this to the dominant society equates to trying to describe the colour of the sky to someone who has been blind since birth

## **Loss of Indigenous Territory and Resources to make way for Canadian Nation Building**

The foundation of Canadian nation building rested upon the acquisition of Aboriginal territory and resources (Green 1995). Belief in colonial supremacy was central justification of the treatment of Canada's original peoples. Todd Gordon writes that the Canadian Imperial project promoted 'civilization' by helping the savages to help themselves to become more like European/Canadians (Gordon 2010, 69). Taiaiake Alfred calls this the mistaken notion of racial superiority and a belief in the 'divine' right to domination but ultimately, Alfred states, this racist notion was fuelled by the interests of capitalism and the state's drive to acquire title to Indigenous territories. Canadian success permitted opening the gateway for large incoming populations of Europeans to settle the territory. The colonial regime pursued the objective of treaty making with Aboriginal peoples for the purpose of extinguishing Aboriginal title (Alfred 2009, 45-46; Alfred and Corntassel, 2005, Green 1995).

When colony evolved to nation, powerful colonial elites shaped self interested provinces into a cohesive economic, social and political project called Canada that crystallized through Sir John A. MacDonald's National Policy (Clement 1975, 62; Green, 1995). The genesis of this policy dated back to the 1840s when influential Anglo Canadian financiers generated a vision that placed central Canada as the centre of trade. Working in tandem, the political, economic and ruling class set in motion a plan that would guarantee their control over the extraction, transportation and exportation of Canadian resources. This plan was premised upon the successful completion of the railway and costs for its construction would be underwritten by government guarantees.

Key political leaders were linked to the companies that would build the railroad and at the very least these powerful men operated within the same social circles and represented the dominant political and economic forces (Clement 1975, 62-65, Warnock 2004, 122-124).

Innis believed that Canadian expansion after Confederation was a natural progression to ensure natural resources fuelled the success of the capitalist market; he believed that Canadian expansion had more to do with geography and the subsequent formation of the massive infrastructure in the creation of canals, railways and roads (McBride and Shields 1997, 6; Innis 1999). This vision required taking control of all territory in the west and this meant Canadian officials had to deal with aboriginal peoples of that territory. This was accomplished via Treaty, but only when the state needed to secure access to specific territories. When access was either already secured (British Columbia) or not needed (Northern Canada) no treaties were pursued at that time.

The Canadian treaty making process was always intended to serve the needs of the state. Canada had the military force behind its negotiators in the numbered treaty process and in this time period, Aboriginal nations were economically and physically vulnerable, which limited their negotiating power. The reserves that were set aside for 'Indian' possession in the treaty process covered only a fraction of their traditional lands. It was difficult if not impossible for Aboriginal communities to sustain any kind of economic independence on reserves; there was no ability for Aboriginal nations to access their natural resources (Gordon 2010, 69-71). Green states that treaty making was presented as a compulsory benefit, compulsory indicated by the military and police presence and beneficial, suggested in the promises of autonomy and the symbolic

representations of peace, mutuality and security, all overseen by the representatives of a benevolent parental deity, the Great White Mother (the Queen) (Green 1995). There was no mutual and equitable reciprocity in this process and in Fanon's words, "in the colonies the master laughs at the consciousness of the slave"; the Canadian representatives were always in a complete state of dominance (Coulthard, 2006; Fanon 2008, 195).

It is not my intent to imply that Aboriginal peoples did not resist the dispossession of their territory, or contest the imposed and compulsory governance structure that dictated that their leaders answer to the state and not their people. Nor am I suggesting that Aboriginal peoples did not resist the legislated redefinition of their citizenship and forced denial of centuries old cultures because there is ample literature produced by Aboriginal scholars that demonstrates their resistance. However, I wish to emphasize the policy intent of the colonial state and the disproportionate power it had to enforce that policy.

The Royal Commission on Aboriginal Peoples (RCAP) documents explain that Aboriginal people were always concerned with retaining and protecting their land and their way of life. They sought assurance that they could continue their traditional economies based on hunting, fishing, trapping and gathering. Treaty transcripts and historical record also show that Aboriginal people were not prepared to give up their lands without compensation (Royal Commission Aboriginal Peoples Volume 1 1996, 161-163). Although Canada insisted that the treaties were to be brief, simple and uniform in content, negotiators were often forced to make additions as evidenced in negotiation of Treaty 6, to which Canada added several clauses, one of which was the medicine chest section, which is contemporarily interpreted by Aboriginal people to mean the right to

health care. In spite of this, Canadian negotiators had the upper hand in bargaining because the treaties were all written by the government, were put forth in non-Indigenous languages with interpreters of dubious competence, and were often just presented to Aboriginal people for signing (Frideres and Gadacz 2008, 195).

Once the Canadian government obtained title to the territory via the treaty process they had little use for Aboriginal peoples but decisions had to be made about how Canada would incorporate 'Indians' into the state and this was governed by the Indian Act. The treaties did not acknowledge Aboriginal political power; in fact "Indians" were legally sanctioned wards of the state. Although 'Indians' were not recognized as citizens of Canada, through treaty they agreed and were ultimately compelled to abide by Canadian law (Whyte 1992, 106-107).

### **The 'Other' Aboriginals**

As destructive as the Indian Act proved to be for Aboriginal peoples overall, this legislation provided the gel that would unite diverse "Indian" peoples nationwide; it was also the legislative tool that produced, then organized and ultimately regulated difference among Aboriginal peoples. The intent of the Indian Act was to track and categorize the 'Indian' and in so doing boundaries were established between "real" or "status" Indians and other Aboriginal peoples. Assimilation objectives determined that 'Indians' would be reconfigured to replicate in mind and spirit, Euro Canadians; they would then become productive consumers within the modern state, imbued with the ideals of liberal democracy and individualism. The Indian Act has become the primary filter through which the institutions of the Canadian state, Canadian society and many Aboriginal groups have come to recognize those who are 'Indians'. All other Aboriginal people who

were not 'Indians' as defined by the Indian Act became the 'Other' Aboriginals. The Métis were those 'Others' and were not, until 1982, recognized as Aboriginal by Canada.

Rita Dhamoon has described the creation of the 'Other' as colonial imagery. She argues that legally defining Indians who have 'status' within the state facilitated a split among Aboriginal peoples on the basis of status and non status; this placed them into distinct categories for the purpose of Canadian nation building. The Métis would be considered Canadian citizens thus erasing any need for recognition of their title to land and resources as prior occupants as was recognized for 'Indians' via treaty (Dhamoon 2009, 130). The Métis were to be considered citizens of Canada albeit deficient because of their hybridity. Mawani identifies the colonial belief that mixed-race individuals were dangerous because they would complicate and disrupt racial hierarchies between ruler and ruled and intermarriage between white settlers and Aboriginal women was therefore discouraged; mixed race populations were described to be the 'enemy race' that was sinister and dangerous, not easily developed, transformed or assimilated, the animus reflecting the contradictory colonial impulses of assimilation and exclusion (Mawani 2009, 89, 166).

That the Canadian state refused to recognize the Métis similarly to 'Indians' remains at the core of contemporary identity power relations. Both Coulthard and Dhamoon emphasize that difference between Aboriginal people was produced and rationalized through state power relations. Canada had the constitutional power to create difference through lawmaking, and Indian difference was legislated through the Indian Act. The power of this law was historically, and continues to be, the focal point of

identity politics and identity power relations (Coulthard 2008, 194-195; Dhamoon 2009, 11-12).

My analysis drew on Edward Said's contrapuntal analysis, a concept he borrowed from Western classical music. It can be described as a methodology for knowledge production; this analysis allows for the telling of alternative discourse by those who are currently exiled and marginalized (Chowdhry 2007, 102-103). In essence, contrapuntal analysis allows differing perspectives to be perceived simultaneously and against each other. The analysis expects the literature to be read in stereo, so to speak, which enables the reader to grasp the totality of the circumstance by understanding it from multiple positions. It also requires scholars to read for absence as well as for presence; for who is authoritative and who is derivative or erased. Linda Tuhiwai Smith advises Aboriginal scholars to sift through the disciplines of knowledge and extract those fragments of ourselves which were taken, catalogued, studied and stored so we can deconstruct what we have been taught to believe is truth (Smith 2001, 58).

Said defines contrapuntal analysis as:

“ reading a text with an understanding of what is involved when an author shows, for instance, that a colonial sugar plantation is seen as important to the process of maintaining a particular style of life in England....the point is that contrapuntal reading must take account of both processes, that of imperialism and that of resistance to it, which can be done by extending our readings of the texts to include what was once forcibly excluded” (Said 1993, 66-67).

Sugar plantations, for example, were dependent on the violently coercive enslavement of African peoples for their extraordinary profitability.

In the context of what is brought forth in this analysis, historically, several overlapping experiences simultaneously converged that established the pattern of Métis/Canadian state relations that, quite frankly, exists to this day. There is no way



Canadian history can be written without taking into consideration Indigenous history and the effects the Canadian experience had on Indigenous peoples, but sadly, Canadian political culture and intellectual hegemony effectively erased Indigenous memory by ignoring its legitimacy and worse, by not acknowledging it<sup>4</sup>. Turning one's back to our presence and our experience is in effect the greatest insult toward Indigenous peoples and that is exactly what happened to the Métis.

### **Métis identity crystallizes**

Joe Sawchuk once stated that declaring oneself Métis means taking on aspects of 'Otherness' that have been defined by the dominant society; that Canada created Aboriginal identities for its own use (Sawchuk, 2000). I would add that Métis identity was shaped, in part, by the fact Canada had no use for the Métis and contemporary Métis identity reflects, and has certainly incorporated, the political struggles of the past 140 years. Ironically, Canada specifically regulated 'Indian' identity with a vision of erasing their distinctiveness but created Métis distinctiveness by ignoring them. Their struggle is the gel that has united the Métis and it has been a struggle for recognition of their distinct standing as peoples indigenous to the territory that became Canada. Recognition of Métis Aboriginality from these early days would have meant their validation as first peoples and with that the acknowledgement of their ties to the land. Instead, as Mawani points out, half-breeds were derogatorily defined as racial subjects who were predisposed to immorality, degeneracy and criminality (Mawani 2009, 182).

Because of this, Métis identity has been made political and has been distinguished by our personal and collective history. Contemporary Métis identity is both a

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<sup>4</sup> This concept was adopted by Said's reference to theorizing power and formulating a resistance today, expressed in an interview conducted in New York, July – August 1999. See 'An Interview with Edward Said', in *The Edward Said Reader*, 441.

consequence of colonialism and of our resistance to its devastating impact upon our communities. Our identity arises from resistance, from a deep counter consciousness born of a sense of powerlessness, of untenable circumstance created at the very birth of Canada.

Métis identity is often tied to the Canadian west where a vibrant culture emerged with a unique language, style and historic memory that included the Riel era proclamation of nationhood against Canada's declaration of sovereignty over their homelands. In the 1870s, the Métis population in the Red River area was 12,000 strong and when it was realized by Canadian officials that the Métis held political, social and familial influence with the Plains tribes, Canada acquiesced to the demands encoded as a 'List of Rights' and Manitoba was born in 1870. Section 31 of the Manitoba Act specified 1.4 million acres of land would be set aside for the children of half breed heads of family and with that came the Métis nation's agreement to cede their territory into Canada (Miller 1991, 154; Shore 2003, 73-75).

When Canada gained control of the territory, the Métis were soon displaced by burgeoning groups of immigrant newcomers who had no respect for Aboriginal peoples or their cultures. The settler population of the area tripled over a ten year period. In 1871, the population was 18,995 and by 1881, the population had grown to 65,954 (Boisvert and Turnbull 1985, 107-147). Additionally injurious, was how the Métis were portrayed in the press: in the *Globe* of 1869, an article told its readers of Métis as "half Indian, and all Aboriginals tended to be indistinguishable except on rare occasion...a more squalid looking set of beings I never saw, inferior I should judge, in all the elements of civilization" (Anderson and Robertson 2011, 34). This racist portrayal of the Métis is

consistent with the half-breed degeneracy so aptly described in Mawani's analysis. As well, Métis citizens of the pre-Canadian provisional government faced threats and harassment as did many members of the Métis community and governmental delays in settling Métis territorial claims as set out in the Manitoba Act exacerbated an already dire circumstance (Boisvert and Turnbull 1985, 126).

Canada chose not to deal with the Métis in the same way as it had dealt with First Nations, which eliminated any legal obligation for treaty negotiation; the Métis were to be dealt with as individuals. It was determined that land grants in the form of 'scrip' would be used to facilitate land transfers (Tough 2011, 115-142). Once Canada obtained title to the territory of the Northwest, the Métis were considered no different from any other newcomer citizen. Basically, they were on their own and the MacDonald government delayed the granting of scrip choosing first, to focus upon settlement of all treaty negotiations with First Nations (Boisvert and Turnbull 1985, 107-147).

Dispossession, racism and oppression became the formula for Métis/state relations thereafter. Once tenure of the territory was secure, the governments of Manitoba and Canada used delays to abort the terms of the Manitoba Act; 31 federal and 9 provincial enactments denied the Métis access to the agreed upon territorial selection meaning the Métis did not receive the land promised due to many reasons including the delays in the federal bureaucracy and new settler immigration taking the land originally intended to go to Métis people (Sprague 1988, 89-127; MMF, n.d.).

The tenuous relationship between the Canadian state and the Métis nation was born in this era. It was a time of transition in the Northwest, a time of struggle against the ever increasing newcomers laying claim to Métis homelands. It was a time when

foreign and unfamiliar laws bound them into a society that shunned them and whose English speaking writers and journalists portrayed the Métis as products of inferior civilizations. The mixture of French and First Nations were portrayed as the “most vicious type of half-breed and when one parent is French...the traits and characteristics of the red man prevail in them” (Payment 1986, 179)

Settler society distrusted the Métis who were stigmatized as ‘half-breeds’ and deviants. Mawani has demonstrated that mixed race populations were designated as ‘internal enemies’ who would compromise the longevity and well being of white settlement and the future of Aboriginal populations. She goes on to state that Britain’s colonies feared that mixed bloods challenged the boundaries of rule and threatened white privilege in significant ways. They could pass as Europeans, which would defraud the privileges of whiteness or this ‘in-between’ population could be mistaken as ‘Indian’ gain remedial rights including entitlement to land and social and natural resources (Mawani 2009, 166-167). Here rests the primary reason why the Canadian political institutions would not recognize the Aboriginality of the Métis nation and their individual citizens.

A decade after the Métis resettled in lands that eventually became the provinces of Saskatchewan and Alberta, Canada again claimed the territory the Métis had made their home and opened it up to homesteads for immigrant settlers. Frustrated, angry and fearing the loss, for the second time the Métis sought the leadership and guidance of Louise Riel. Riel again formed a provisional government and demanded acknowledgement of self government and recognition of Métis land tenure. The state’s response was given in Regina, Saskatchewan on November 16, 1885, when Louis Riel was hung for treason (Isaac 2004, 279).

After Riel's execution the Métis again were dispersed. Some went to the North; others went to the United States or different parts of the prairies. The Métis buffalo economy was destroyed and cultural and community cohesion was very difficult to maintain. They became the poorest segment of the Canadian population, worse off than Treaty Indians who at least became wards of the federal government after their treaties were signed. The Métis were not eligible for the kinds of support the Indians received and had to fend for themselves mostly as casual or seasonal laborers (Kienetz 1983, 12). Many squatted on Crown land and roadways thus the label 'Road Allowance People' and they would stay on the road allowance until they were forced to move to make way for homesteader settlers (Bell 1999, 8).

An amendment to the Dominion Lands Act 1879 allowed all Métis living in the Northwest Territories to become eligible for receipt of scrip but the diaspora of the Métis community, coupled with delays, fraudulent practices and government sanctioned speculators ensured the Métis lost the land. Because scrip was issued to the individual upon proof of eligibility, it could be easily transferred from person to person so speculators bought scrip under fraudulent circumstance at a reduced value (Bell 1999, 7). In a state of dire poverty and because land available to the Métis was often far from where they had relocated and established residence, many Métis chose to sell their scrip. For the Métis, scrip acted as cash in a cash starved economy and for others it was a source of profit. Many of the speculators were employees of the chartered banks and in the end, 52% of the scrip fell under the ownership of chartered banks (Boisevert and Turnbull 1985, 27-30).

Robert Doucette, President of the Métis Nation Saskatchewan, stated in 2006 that the Métis should never have agreed to accept scrip as acceptance of scrip ruined any chance to obtain a home territory for the Western Métis. Doucette stated that contemporary Métis issues trace back to acceptance of scrip because this ultimately negated the Métis' ability to secure a collective land base, and without a land base and the direct relationship with the federal government, the Métis cannot adequately address the needs of their people. Economic development and economic independence from a land base would enable the Métis to self govern (Robert Doucette, President Métis Nation, Saskatchewan, November 29, 2006). This is what the Métis strove for in the resistances of the 1800s.

The late Harry Daniels, Métis leader, writer, actor and dancer, believed that the actions of the provisional government in Red River demonstrated that Métis were the “only charter group in Canada with a history of national political independence before joining Confederation”. He stated that it was the:

“Métis, not the Francophone or Anglophones, that represented the true basis of Canadian culture. The Red River Métis were the embryo of a burgeoning Canadian identity but this identity was suppressed and denied by the federal government in Ottawa which looked to England and France for its notions of culture and thus blatantly violated the terms of the agreement that Louis Riel's Métis Provisional Government negotiated for Manitoba's entry into Confederation. Since then it has been the British and French notion of culture and not a distinctly Canadian one, which has dominated Canada” (Weinstein 2007, 39).

Within this context, Métis is more than a racial category as identity encompasses not only ethnicity but the historic memory of nationalism declared under the leadership of Louis Riel, confronting an emerging and predatory Canada. There is no question that

Riel's proclamation matured Métis nationalism, but many believe that this did not mark the beginnings of a distinctive Métis culture. Jacqueline Pederson and others have emphasize that the Riel led resistances were the culmination of nearly two centuries of ethnic formation rooted along the St. Lawrence and in the Upper Great Lakes and transplanted of necessity in the northern Red River Valley (Peterson 1978, 46). The point is that Métis culture did not just arise in the West but in fact Métis distinctiveness was present in many areas along the fur trade routes. This will be discussed later in this chapter.

### **Intergenerational Social suffering**

In 1969, I was sixteen years old and in grade 10 Social Studies, when a discussion developed about 'Indians'. I was one of a handful of Aboriginal students who attended the Roman Catholic high school in a white suburban neighborhood in Regina, Saskatchewan. In this particular class, I was the only Aboriginal student.

We must have been taking the 'Indian' module of grade 10 Social Studies and as the discussion progressed, a very popular, attractive girl with long flowing blond hair, a member of the school's cheerleading team, stood up with vicious verbosity and declared that her father worked for Indian Affairs and she knew first hand Indians were lazy drunks who did not want to work, had little sense of value evidenced in the fact they destroyed their beautiful houses that Indian Affairs supplied for them on a regular basis. She relentlessly continued this assault exposing her racist view of the state of 'Indian' lifestyle and people. I can only assume she was mimicking dialogue heard at her kitchen table from a father whose career it was to oversee Indians recognized with status by the state.

Forty years later and that memory carries me back in time with perfect clarity, putting me in that desk, in that moment, seared by the words of a blond cheerleader mimicking the racist image passed onto her by dad, to a collective of teenage peers one of whom is a lone Aboriginal – me. This memory is potent not because of what blond cheerleader said but because of how I felt when I did not know enough about my own history to debate those racist comments and more importantly to defend those who I considered my relatives. All I wanted to do as my student peers glanced my way, some with sympathetic eyes and others accusatory, was sink into the background and await the buzzer that would release me from my prison of academic ignorance.

The racism that was exposed in that moment was not just about a blond cheerleader and her middle class family whose livelihood came from the repressive industry created to suppress ‘Indians’ through ‘Indian Affairs’ but it was also about the racism inherent to an educational system; a racism that existed because of what was **not** taught – the truth - the truth about the birth of Canada and its devastating impact upon First Nations, Métis and the Inuit; a racism that is hidden within the mythology of a Canada that is praised in its anthem as a ‘true North strong and free’.

This is the reality of what Said talks about as he urges us to be ever cognizant of what is absent in what we are taught and how we are led to understand our world. There are multiple realities that exist outside the confines of white privilege and the contemporary circumstance of Aboriginal people exist because of our history, a history that was absent from the texts of my youth. It is from here that I react – because I live in that world that produced those texts and it has taken a lifetime to understand that which I could only sense in those troubling and innocent years.



Aboriginal people were incorporated into Canada as a means of clearing away any and all political and legal obstacles that could hinder capitalist development and Canadian expansion. The treaties stripped First Nations of their territory and the signing of these were often conducted with military presence and implied violence. Land and money scrip that could enter the sphere of the market, enriched charter banks who acquired the certificates through speculators hired to purchase these at the cheapest cost possible. Our territories were given in vast quantities to the Canadian Pacific Railroad (CPR), our involuntary subsidy to the corporations that would profit from hauling settlers, goods and resources stolen from our lands.

The imposition of a new system of governance and ideology based upon individualism, property and free choice meant constraint and poverty for Aboriginal peoples and at the same time that ideology allowed and enticed settlers to create a home upon the territory made available by Canadian government policy. Any sign of resistance to this governmental order was ruthlessly quelled.

These are my roots and the memory from which I was created. The personal story told at the start of this chapter is the reality of what has come to pass because of these historic occurrences. My family, three generations past, were vilified for who they were; lost their homes to make room for newcomers; lived on road allowance land and were not allowed to attend school because they could not pay taxes, which ultimately denied the possibility to lucratively participate in the economy. The negative repercussions of these times have been felt inter-generationally and for some will continue into the future.

In what Said refers to as the Proustian memory – an involuntary memory – I am often filled with intense anger – and profound sadness, to know that my grandparents,

from both sides of my family, lived through such difficult times and were it not for those few brave scholars – Aboriginal and non – their stories may never have been told.

I remember those stories my mother told, stories of road allowance people and how my grandmother build her own house from scraps of wood so she could shelter her family of seven and with that, the involuntary recollection of how my mother spent her youth in a sanatorium, losing her lung during those years.

My parents witnessed the transfer of Crown land from the federal to provincial governments, in 1930 Natural Resource Transfer Agreement and with that an already impoverished Métis were suddenly required to purchase a provincial license to hunt, trap and fish, further inhibiting their ability to make a living and provide for their families (Harrison 1985, 92-94) and leading to the more criminalization of us. There was no consideration of the fact that depletion of resources were caused by white settler society or sports activities overextending the capacity for reproduction of these resources. In essence the province penalized the most impoverished group to attend to the needs of white society.

The plight of the Métis and First Nations garnered very little white sympathy. As the blond cheerleader showed, it was commonly believed that the poverty was self induced because of outdated values and a disinclination to work. Much like today, the already rampant racism increased when the government assisted the most impoverished. In fact, in Saskatchewan, municipalities were reluctant to accept indigent Indian and Métis for fear their presence would drain welfare funds. Time has not changed that concern for it is prevalent today. It is also a fact that Indigenous peoples were systematically excluded from provincial schools on the grounds that they were dirty or

unhealthy and a health problem for other students. (Barron 1997, 11) Unable to qualify for 'relief' benefits, many Métis were forced to the edges of urban centers, desperate to find work. Some managed to find casual labour, others cut firewood and sold it in towns and cities. Women worked as domestics, cleaning houses for white people, or worked as janitors (Harrison 1985, 97).

The Cooperative Commonwealth Federation (CCF) was guided by its political ideology when the Douglas government agreed to absorb the fiscal responsibility for assistance to the Métis. The CCF believed in a greater equality. The party held that marked inequality meant that some people would find themselves in a condition of near-poverty, and 'borderline living' inevitably involved minimal freedom. On the opposite end of the scale, affluence brought with it power, not only to satisfy one's own wants but also power over others. "Both economic freedom and greater equality must accompany the conventionally accepted freedoms...the CCF's quest for a brotherhood of man" (Johnson 2004, 27)

During this era Municipal government were in charge of social assistance and municipalities began to complain that due to the large number Métis people who were poor and unable to contribute to the local tax base, the increased financial burden placed on the municipalities would not withstand this financial burden (Barron 1997, 16). The real catalyst behind the CCF's decision was to appease the self interested municipal councils who often described the Métis as "shiftless and disease-ridden group of paupers, often found squatting on road allowances in makeshift shacks", concerned and disconcerted over the huge numbers of Métis people in their districts (Barron, 1997; 1990, 245). In response, Douglas implemented a plan to develop eight townships for

Métis settlement (RCAP Volume 4 1996, 229). This decision, however well intended, was racialized and amounted to the forced relocation of the Métis poor. One of those settlements was Lebret – the hometown of my father and relatives.

These settlements were not successful for a number of reasons: many Métis had no wish to be agriculturalists, and the colonies were operated as co-operatives overseen by non-Métis managers. The Métis were not in control of the land or the farms. The overall intent of the experiment reflected the principals of assimilation set out by the federal government in the establishment of reserves – segregation of the people for the intent of reframing their mindset for the purpose of economic usefulness and social assimilation (Barron 1990, 243-270).

My father was from Lebret and many of his cousins grew up on the Métis farm. As a child my family spent many hours visiting and I remember evenings of dance and fiddle music, laughter and great food. I did not realize the cultural significance of those moments. We were just living our lives. I certainly never realized, until recently, that the families of Lebret had endured devastatingly difficult times. I didn't realize that Métis farms were short term experiments designed to assimilate the Métis communities into the wider population and that the farms operated as temporary rehabilitation projects that were created under welfare legislation. I never realized that the farms in my father's home community were created for the purpose of employing and training Métis laborers. And I never realized that the curriculum design for the Métis communities was 'cultural specific' whereby the curriculum was altered so that cultural differences and 'special' circumstances would be acknowledged, i.e. dumbed way down; there was no expectation that the Métis children would aspire to any kind of professional career. Even the best

students received no more than additional vocational education; the curriculum was very definitely biased in accordance to race and class (Barron 1997, 51).

The economic circumstance of Indigenous peoples of the north was not different than that of the south. David Quiring states that often the legal difference between Métis and First Nations caused tension and conflict because status Indians accepted the Indian Act definitions and considered the Métis not 'real' Indians. Additionally, the disparities between federal and provincial services caused problems throughout the north because Métis received fewer benefits and faced more restrictive hunting and trapping rules but Métis could legally drink liquor and vote and status Indians could not (Quiring 2004, 41).

## **Contemporary Aboriginal Identity**

Thobani writes that the invention of the Indian as a lawless political identity was legislated and bureaucratized by the colonial state through the ‘legal apartheid’ that is the Indian Act. (Thobani 2007, 14). Although how the state controls Indigenous people has shifted over the century, the Indian Act remains the filter through which Canada formally recognizes Indigenous identity in any meaningful way; Indian community membership is primarily determined through the Indian Act and frequently this legal recognition is the only accepted criteria due to legislated rules needed to satisfy Canadian governmental funding restrictions (Palmer 2009, 2011, 23). Lawrence emphasizes that the Indian Act effectively shaped the terrain within which Indigenous identities have been fashioned and this legislated codification disrupted and distorted Indigenous identity in relation to their community and in relation to the land; this notation of ‘authenticity’ has shaped the state’s treatment of Aboriginal peoples (Thobani 2007, 14; Lawrence 2004, 1)). I would take this a step further to say this notation of ‘authenticity’ has permeated Canadian consciousness.

It was never the intent of Canadian institutions to recognize all Aboriginal peoples because it was believed that assimilation would eradicate the need to do so. This did not happen but state produced divisions ensured the Métis remained the Aboriginal ‘Other’ ultimately denying the Métis the capacity to secure a land base or come together in cultural cohesion. The exclusionary parameters of identity regulation ensured all ‘rights’ were governed by proof of Indian authenticity (Lawrence 2004, 16) and this successfully blocked out the Métis’ collective claim to territory, resources and self rule.

Green argues that “Aboriginal rights are relational in that they only exist in conditions of colonization, for it is the unequal imposed relationship of colonialism that aboriginality emerges as a political distinction from others” (Green 2005, 227-241). As has been discussed previously in this chapter, Aboriginal peoples were dispossessed of their territory and resources to facilitate Canadian state expansion. The contemporary marginalization of **all** Aboriginal peoples is a direct result of these historic occurrences so when constitutional discussions occurred in the 1970s, Aboriginal peoples sought to participate to rectify these historic grievances. Constitutional recognition of Aboriginal rights, and the pursuit of self government as a primary right, became their highest priority. Sparing no resources or effort, Aboriginal leaders successfully mobilized a pan Aboriginal movement launching a Canada wide campaign to ensure their voices influenced discussions on a renewed Constitution. The tenacity of the political organizations, working in tandem accomplished what some believed impossible; in 1982 they secured constitutional protection of their rights in Canada’s highest law. Aboriginal peoples accomplished this in unity. This was a great victory for the Métis because at long last, in Canada’s highest law, they were finally acknowledged as Aboriginal to the territory that became Canada.

Constitutional recognition of Aboriginal rights links identity to rights in a very different context than had previously been experienced by Aboriginal peoples. Divisions had become firmly entrenched as identity difference signified not culture but an arena of power; Aboriginal identity became much more than a passive entity (Dhamoon 2009, 11). Constitutional negotiations in Canada are by their very nature divisive, evidenced by the fact an agreement between the federal and provincial governments on constitutional

renewal could not be reached until 1982 and final signatories excluded Quebec.

Moreover no subsequent Constitutional initiatives have been successful. During the negotiation process women's political organization, Aboriginal political organizations and native women's political organizations all vied for influence of a renewed federalism of rights recognition, and often these groups struggled with each other. This was true within the Aboriginal political paradigm also.

Although Aboriginal groups joined forces and became a powerful voice for their communities to ensure their rights were protected, the cohesiveness of the unit was not maintained during the sequence of the conferences<sup>5</sup>. The Native Women's Association of Canada [NWAC] publicly exposed their discontent with the position taken by the Aboriginal groups on the Aboriginal women's equality issues. The Native Council of Canada (NCC) was transformed after the Métis from the Prairie Provinces, thereafter represented by the Métis National Council [MNC], were unsatisfied in the constitutional

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<sup>5</sup> During Canadian constitutional negotiations, the Aboriginal political organization representing First Nations was the National Indian Brotherhood [NIB] later to regroup and become the Assembly of First Nations [AFN], represented 300,000 Canadian treaty and status Indians. The Inuit Tapirisat of Canada represented by the Inuit Committee of National Issues [ICNI] spoke for 25,000 Inuit, and the Native Council of Canada [NCC] represented half to one million Métis and non-status Indian people (Sheppard and Valpy 1982, 166). Negotiations were intense and not without considerable controversy. There were times when AFN refused to negotiate due to provincial involvement believing their dialogue should be solely with the federal government. There was much discomfort emanating from the federal and provincial governments surrounding the ambiguity of definition related to aboriginal rights. The provincial governments that had a high population of Métis and non status people were particularly sensitive of inclusion of the Métis in the definition due to potential land claims including the outstanding Métis claim for lands promised by the Manitoba Act 1870 (Gaffney, Gould and Semple 1984, 13). In spite of all the controversy, in 1982, aboriginal leaders were successful in securing the recognition and protection of their 'existing' aboriginal and treaty rights in the Constitution. It was agreed that a First Minister's Constitutional conference would be held with Aboriginal political organizations in hopes that an agreement on the definition of aboriginal rights could be obtained. Between 1983 and 1987, four conferences were held.



position put forth by NCC. The Métis believed that their rights originated from their 'nationhood' with rights to language, political, social, economic and cultural institutions culminating in the right to self-government and a land base. The position taken by the NCC was that Aboriginal rights originated in their ancestral link to First Nations and/or loss of status due to discriminatory action inherent in the Indian Act (Gaffney, Gould and Semple 1984, 22).

On the eve of the 1983 First Minister's Conference (FMC), MNC was granted a seat at the constitutional table, challenging the representational legitimacy of the NCC. The MNC took the position that their membership was limited to the core group of Métis, descendants of those who received land grants and/or scrip under the provision of the Manitoba Act 1870 or the Dominion Land Act, 1879. By the FMC in 1984, the MNC not only pressured the government to recognize it as a sole representative of the Métis people in Canada but also asserted that Métis people were for constitutional purposes, limited to descendants of the Métis of western Canada (ibid, 24).

The last First Minister's Conference was held in 1987 and the governments failed to agree on the meaning of Aboriginal self government therefore leaving to the judiciary the task of interpretation of "existing Aboriginal and treaty rights" (*Constitution Act* 1982, s. 35). Aboriginal rights are collective in nature so whatever rights are recognized must be litigated on a fact-based case by case basis, community by community. Considering the diversity of the Métis people, rights recognition will be difficult because of their history of exclusion, their diverse communities' histories and politics, their poverty and continued divisions as to the definition of Métis citizens.

Canadian state imposed divisions are now firmly entrenched into the consciousness of Aboriginal people and into Aboriginal political organizations, and the scales of power in the Aboriginal political arena tip toward those recognized as ‘Indian’ under the Indian Act. The boundary that encloses ‘Indian’ people is fiercely guarded by the legal institutions of the Canadian state **and** by those recognized as ‘Indian’. The recent memory of the controversy and discrimination experienced by Aboriginal women subsequent to the passage of Bill C31 attest to this premise (See Dick, 2011, Green 1997).

The legal, political and cultural implications of the affirmation of Aboriginal and treaty rights in the 1982 Canadian *Constitution Act* connected identity to power in a new fashion. In Canadian jurisprudence, uncertainty attached to defining Métis citizenship means Métis identity remains controversial and rights are linked to criteria of ‘authenticity’. Contemporarily, definitions of citizenship have everything to do with land, resources and power and little to do with ethnicity (Chartrand and Giokas 2002, 88). The 2003 Supreme Court decision in *R. v. Powley* affirms this statement. Although the Supreme Court in *Powley* does not confirm a definition of Métis, a clear distinction is drawn between Métis for the purpose of asserting ‘rights’ and those Métis who self identify as mixed ancestry; the *Powley* decision states that:

“the term “Métis” in s. 35 does not encompass all individuals with mixed Indian and European heritage; rather, it refers to distinctive peoples who, in addition to their mixed ancestry, developed their own customs, way of life, and recognizable group identity separate from their Indian and Inuit and European forebears” (*R. v. Powley*, 2003)

Exclusionary definitions that reinforce state sanctioned divisions between Aboriginal people are now invoked by some Aboriginal politicians and the question is – are we, as Aboriginal people, in danger of becoming the keepers of the gate not of our making?

Coulthard illuminates this in his analysis of Fanon when he states that the long term stability of state structures of domination rely upon the ‘internalization’ of the racist forms of asymmetrical and non-mutual identity recognition and further, the terms of recognition are determined by and in the interests of the colonizer. The colonized came to legitimize these state sanctioned identity regulations and this is critical to maintaining the economic and political structures of the colonizer/colonized relations. Over time the colonized populations tend to develop a psycho affective<sup>6</sup> attachment to the master/sanctioned forms of recognition and this subjective attachment is essential in maintenance of the economic and political structure of the colonial relationship (Coulthard 2008, 191; Fanon 2008, 65).

In the Canadian context, state imposed Aboriginal identity legislation still guides the discourse of rights recognition because it is the state, through its political institutions, that determine what those rights are or will be. The Métis are replicating exclusionary guidelines because rights affix to resources and there are too few to go around. Limited recognition and exclusion were always Canada’s intent because this echoes the Imperial practice from which it was born. It embodies the “divide and rule” strategy of all colonial states. At the core of this practice is still a hierarchy of people that must justify

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<sup>6</sup> Psycho-affective is defined as a disorder that affects your brain in any way such as ADD, ADHD, bipolar, schizophrenia or psychosis

its action of subjugation of Aboriginals, as land and resources are still being exploited<sup>7</sup>. Contemporarily, Aboriginal peoples legitimize this premise by protecting then replicating identity regulation imposed by the state. This means that there will always be an Aboriginal ‘Other’. Some Aboriginal people may be fine with this but those who continue to suffer the ill effects of colonialism and who are not accepted as a ‘real’ Métis or a ‘real’ First Nations person, will continue to be agitated and victimized by exclusionary identity regulation.

Definitions of Métis identity fluctuate between Indigenous nationhood and cultural identity based on kinship, genealogy and community. Those who link identity to Indigenous nationhood believe the Métis “belong to and claim allegiance to a set of Métis memories, territories and leaders who challenged and continue to challenge colonial authorities’ unitary claims to land and society, that Métis are not a race but a national community (Andersen 2008; Fedcan blog 2011). Conjointly, others believe that historically the Métis’ primary concern centered upon protection from Canadian colonialism, their well being and freedom as a people by creating social and cultural space between themselves and settlers thus avoiding cultural and political assimilation (Gaudry 2013). These perspectives tie in to the Métis National Council’s definition: Métis means a person, who self identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation.

Other Métis believe that they are defined by common culture, kinship, genealogy and community and that identity is encompassed to one’s connection to home, definable by land and family. Brenda Macdougall speaks of this and states that Métis identity

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<sup>7</sup> This thought came out of a chapter I read: Engin R. Isin and Patricia K. Wood, *Citizen & Identity*. Sage Publications, 1999, 55. The thought came out of this chapter and I transpose it to the Aboriginal issue I discuss.

developed in many parts of North America and concepts of nationalism take many forms; she speaks of the protocols of *Wahkootowin*, a worldview linking land, family and identity into one interconnected web of being (Macdougall 2010, 3) She states that it was the historic relationships between Indigenous women, grounded in the experiences and realities of their local environment and men not Indigenous to the region that the framework for Métis culture emerged, necessarily rooted in the homeland and worldview of maternal relatives rather than paternal relatives. Over time the regions they originated from became home to that group of Métis people creating community that was defined by the values of social obligation and mutual responsibility to family and community, a legacy bequeathed to their descendants (Macdougall 2010, 4).

Jacqueline Pederson has long held similar credence stating that Métis culture did not begin in the West, because Metis were present in many areas along the fur trade routes. She states that Métis culture was the result of the culmination of nearly two centuries of ethnic formation rooted along the St. Lawrence and in the Upper Great Lakes, transplanted of necessity in the northern Red River Valley (Peterson 1978, 46). Do those whose ancestral claims come from this rich history have less of a claim to be recognized as distinct Métis people? Said emphasizes that we are all in fact 'mixed' and produced by the history of our societies, that we are shaped and reshaped by that history. Because of Empire and our colonial histories, all of our cultures are involved in one another, none are single or pure, all are hybrid, heterogenous, extrodinarily differentiated and unmonolithic (Said 1993, xxii). There are currently 615 First Nations communities in Canada representing more than 50 nations or cultural groups and 50 Aboriginal languages (AANDC 2012) who are covered under one Indian Act. Is it so difficult to

accept that the Métis may be as multi-ethnic? That is the question that continues to plague and divide us.

In Canada, state Aboriginal identification originated with the Indian Act. Undeniably divisive, this legislation remains an intrinsic component of colonial history that indelibly secures identity to legislation, not culture or ethnicity. The Aboriginal majority outside the confines of the legislation became invisible and placeless and represents the other part of Canadian colonialism. Our communities have been exploited, violated and our populations dispersed because of colonial rule. Our identity should not be negated by Canadian state policy or Aboriginal political bodies whose consciousness has been shaped by state imposed identity guidelines. It may be wise to move toward an inclusive definition of Métis citizenship, a citizenship created on our own terms united by the common ideology of resistance to the structures and institutions of power that places us in the margins of Canadian society.

The following chapter will discuss the repercussions of being placed in the margins of Canadian society. Intergenerational poverty and enduring poor social and material living conditions have caused high levels of psychological and physiological stress on all colonized peoples. The Métis, because of the jurisdictional consequences of distinct divisions among Canadian Aboriginal peoples, do not have the same access to health care and services as those Aboriginals who have status and/or fall under federal jurisdiction. The chapter will review the historic impact of colonialism upon the health of the Métis and will discuss the financial consequence of jurisdictional differences among Aboriginal peoples documenting the inequitable distribution of federal dollars among them.

### **Chapter 3 Aboriginal Identities and Health**

Earlier, I stated that colonialism destroyed the diversity of Aboriginal peoples by regulating, then producing, Aboriginal identity to control and usurp Aboriginal territory and resources. In this process, the 'Other' Aboriginals were created, whose Indigeneity were denied by the state. This production of difference marginalized, excluded and repressed all Aboriginal peoples. They were removed from their territories and denied access to their resources, needed to economically develop in the capitalist market economy. 'Indians' were denied Canadian citizenship, required by policy and by coercion to abide by colonial law and were made wards of the state. The Métis 'Others' were driven off their territory, then demonized out for their hybridity. In Chomsky's words, nation states formed because of their brutal and harsh treatment of Aboriginal peoples whose cultural and linguistic diversity were suppressed and homogenized to serve the political and economic interests of imperial powers (Meyer 2010, 11).

In this chapter, I critique the impact of state production of identity difference by examining the most important component of anyone's life, their state of health and access to care and services. The Métis were severely and negatively impacted by colonialism and this is evident in their state of health both historically and contemporarily. Canada denied Métis indigeneity, assuming Métis would assimilate into Euro-Canadian society but that did not happen for all. Historically, the Métis were thoroughly racialized as half-breeds, a people in between who neither had the 'benefits' such as health care provided to 'Indians', nor the rights and privileges such as education available to other Canadian citizens. This history of state/Aboriginal relations has influenced the formation of Métis political organizations, and reacting to this pattern of exclusion has become a part of

Métis political culture. The Métis have consistently struggled for rights recognition similar to their Inuit and status 'Indian' peers who are recognized under federal jurisdiction as per section 91(24) *Constitution Act 1867* and *Re: Eskimos* (Re Eskimos 1939 S.C.R. 104 (S.C.C.)). Often labeled 'The Forgotten Peoples' (Daniels 1979), Métis exclusion from federal programs has meant inequitable access to care and service available to their section 91(24) Aboriginal peers and it has also meant that the Métis as a political collective have limited capacity to cope with the health crisis that plagues Métis individuals and their communities.

In 2006, I put my mother into long term care and that was one of the most heartbreaking decisions I have ever had to make. Apart from her lifelong chronic health conditions, consequences of early years of tuberculosis, she suffered from Alzheimer's and when she could no longer walk, there was no alternative to long term care. She lasted seven more months and then passed into the spirit world at age 78. In 2008, I sold my home so I could move into my father's home to care for him when he began to suffer from age related illnesses. I was able to care for him in his own home until his death at age 89 in November 2010. The effect on me and my family was profound, complicated and damaging, certainly financially but often psychologically.

I consider myself an intelligent, resourceful and determined woman, but the difficulties encountered as I sought out options, caregivers and assistance available for elder care were frustrating, time consuming and often overwhelming. At times it was serendipity coupled with blind luck that led me to valuable resources, like the day my father handed me his World War II discharge papers, yellow with age, folded and tattered, as he remembered returning to his prairie home in April 1946. I subsequently



contacted Veteran's Affairs and discovered he was eligible for benefits that included medication, ambulatory service, yard and home care, federal services made available to veterans so they could remain in their own homes as long as possible. These benefits assisted our family tremendously, and had it not been for that moment and those tattered papers, I may have never discovered these important provisions.

My experience led me to wonder how other Métis families cope and how their elderly family members manage age related illnesses. When I reflected upon our history of colonialism, racism and the imposed state divisions between Aboriginal peoples, I realized those divisions caused inequitable access to care and services among Aboriginal peoples. Poor health among Aboriginal people is a direct consequence of colonialism, and the elderly have been the most adversely affected because they have had to endure colonialism for their entire lives. They survived times when health services were even scarcer. In every facet of their lives, the Métis elderly have been touched by colonialism and it is the elderly who suffer the most with failing health due to age related illnesses. Contemporarily, the plight of many Métis elderly has been worsened by intergenerational poverty, a direct consequence of colonialism.

In this chapter, I briefly review the historic impact of colonialism upon the health of Métis people. I discuss the difficulty encountered in accessing information about Métis health, a direct consequence of the imposition and management of Aboriginal categories by the Canadian state, and the lack of resources available for research specific to Métis health. Lastly, I review the financial consequences of jurisdictional differences between Aboriginal peoples, and I document the inequitable distribution of federal

dollars among Aboriginal peoples who have all experienced the devastating impact of colonialism.

### **The Struggle for Health Care**

The current crisis in health among all Canadian Aboriginal people links directly to our history of colonialism. Colonialism disempowered, oppressed and marginalizes our peoples and communities under an umbrella of racism and apathy. Aboriginal peoples endure poor social and material living conditions; so understandably, Aboriginal peoples experience high levels of physiological and psychological stress. Conditions of low income, poor quality housing, overcrowding, food insecurity, poor nutrition, inadequate working conditions, insecure employment, unsupportive relationships, social isolation and various forms of discrimination based upon our Aboriginal status, are the reasons for our consistent level of poor health that has lasted for generations (Mikkonen and Raphael 2010, 11). This is not a new phenomenon for us.

For instance, in Alberta in 1934, a commission was established, chaired by Albert Ewing, with the mandate to explore the conditions of the Métis population focusing specifically upon health, education and welfare (Dobbin 1981, 88). The Ewing Commission received testimony from the Métis, medical doctors, clergy and Indian Agents. Testimonials declared that the Métis suffered from high rates of tuberculosis, sexually transmitted diseases and had inordinate high infant mortality rates. Medical doctors and staff confirmed that fifty percent of the Métis in the Grouard area, for instance, were impoverished and not able to pay for medical treatment. Testimony also revealed that some Métis lived long distances from settlements and lacked the resources to travel to doctors for consultation and in fact, many never saw a doctor in their lives.

(Dobbin 1981, 101; Waldram, Herring and Young 2004, 206-209). Indian reserves, because fell under federal jurisdiction, occasionally had doctors and nurses travelling to their communities but these medical personnel could not visit Métis communities in spite of the fact the Métis were also destitute and sick with diseases such as tuberculosis and venereal diseases. The Ewing Commission acknowledged that the Métis suffered inordinately, lived in poor sanitary conditions, lacked proper nutrition and experienced serious health problems; in fact some were starving (Waldram, Herring and Young 2004, 271-273, 207; Dobbin 1981, 102).

In Saskatchewan, the Métis did not fare much better and they suffered similar experiences. In the 1920s and 1930s tuberculosis reached epidemic proportions among the Métis and by 1953, 2,975 Aboriginal patients<sup>8</sup> were being treated for tuberculosis in Saskatchewan sanatorium institutions (Lux 1998, 280-291). In Northern Saskatchewan tuberculosis ravaged the population, women often died in childbirth and there were high rates of infant mortality. The federal government paid for the care of status First Nations but did not cover the expenses of the Métis. When health care services were provided to status First Nations in the Athabasca area utilizing a travelling medical unit in the 1950s, local Métis were denied service and x-rays, despite similarly high rates of active tuberculosis (Quiring 2004, 231-233). Additionally, alcoholism, unemployment, social ostracism, accidental death and abandonment of families were common among the Métis (Payment 1986, 179).

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<sup>8</sup> I have not been able to discover a breakdown that would separate the numbers between Indian, Métis and Inuit.

## **Dearth of Métis Specific Research**

It has been difficult to research Métis health because there is a dearth of adequate, accurate and accessible data on Métis health and well-being. This has been a consistent theme over the years. A 2003 report authored by Naomi Adelson and supported by Canadian Institute for Health Information (CIHI) entitled *Reducing Health Disparities and Promoting Equity for Vulnerable Population: Aboriginal Canada: Synthesis Paper*, acknowledged that in spite of some information on the Métis in the Canadian census and Aboriginal Peoples Survey [APS], “there remains a dearth of demographic and health status literature on the Métis population in Canada” (Adelson, 2004) and CIHI restated this in the 2004 report *Improving the Health of Canadians* (Canadian Institute for Health Information 2004). When the Commission on the Future of Health Care in Canada *Final Report* was released in November 2002, the Métis National Council dismissed the report, stating that it provided nothing specific for Métis people and the recommendations failed to provide anything concrete for the Métis (Morriseau 2002).

More recently, several reports have confirmed that little has changed. The National Collaborating Centre for Aboriginal Health (NCCA) in a report entitled *Paucity of Métis-Specific Health and Well Being Data and Information: Underlying Factors* confirms there is no true picture of populations’ health and well being for the Métis (National Collaboration Centre Aboriginal Health 2011). Although there has been some capacity for data collection such as provincial and regional surveys, disease registries and academic research, there are limitations in scope because of inadequate sample sizes, lack of disaggregated data, mobility of the Métis population and restricted access to Statistics Canada data because some reports are cost prohibitive. There are also

limitations in securing resources available to hire experts to analyze the raw data (National Collaboration Centre Aboriginal Health 2011). The Health Council of Canada, in a report entitled *The Health Status of Canada's First Nations, Métis and Inuit Peoples* cited that although health information gathered on Aboriginal peoples comes from various sources, this information is mainly collected on the 'status' First Nations and the Inuit and very little data specific to the Métis population is collected (Health Council of Canada 2005, 5). The National Aboriginal Health Organization (NAHO) specified that to date, Métis health research has been limited and NAHO cited two reasons for this: an absence of a Métis registry and the absence of any bureaucracy/organization with a mandate of delivering, overseeing and funding health care services for the Métis (NAHO 2011, 50; Métis National Council 2006). The situation has become worse: following the tabling of the Harper Conservatives 2012 budget, 100 per cent of the Métis National Council's health funding, which had been used towards Métis-specific health research, was cut by the federal government (Cupe 2012).

When I narrowed my search further to focus upon Métis elderly, there were even fewer resources to draw upon. In a 2008 paper prepared for the Older Aboriginal Peoples Symposium, it was noted that a search of academic and scientific literature was conducted to determine availability of scientific articles focusing upon older Aboriginal persons; between 1995 and 2005, 111 articles were generated on Aboriginal health overall but only three of those focused upon older Aboriginal peoples (Rosenberg, Wilson, Abonyi, Wiebe, Beach 2008, 1). In another paper prepared for the Social and Economic Dimensions of an Aging Population, it stated that in searching within the *Canadian Journal on Aging* since 2000, of the 200 papers published not one single article

was focused on older Aboriginal peoples, “to say that older Aboriginal peoples in Canada have gone completely unnoticed by the research community would not be too great an over-statement” (Wilson, Rosenbert, Abonyi, Lovelace 2010). Additionally, the same paper states that there is little known of the overall health status of and use of health care services by older Aboriginal peoples in comparison to non-Aboriginal peoples. This research needs to be done for a complete understanding of the extent to which inequalities in health exist (Wilson, Rosenbert, Abonyi, Lovelace 2010). Narrowing this down further to Métis specific elderly, few academic articles were available.

Larry Chartrand, B.Ed., LL.B., LL.M, has served as a faculty member at several universities and has long advocated for Métis inclusion under section 91(24) of the *Constitution Act 1867*. Mr. Chartrand, in his term as member of the Health Canada’s Research Ethics Board, was responsible for reviewing health research proposals submitted under the jurisdiction of Health Canada. He stated that in reviewing well over 100 files during his tenure, not one research proposal concerned Métis health (Chartrand 2011, 6). He attributes this, in part, to the jurisdictional issues that cause under-servicing of Métis health needs, which result in a lack of specific health data on the Métis communities (6).

But it could also be because of the lack of tracking of the Métis population by either order of government. Moreover, as research requires funding, the lack of research could be a result of government and their failure to identify Métis specific priorities for research and/or funding for them.

## **Should Métis be recognized as Aboriginal under Federal Jurisdiction?**

In 2001, the Senate Committee released the Kirby report entitled *The Health of Canadians*. The report stated that one of the barriers to providing quality health services to Aboriginal peoples is that services are divided among different jurisdictions. Status First Nations' health is delivered and controlled by the federal government through First Nations and Inuit Health, while Métis and non-status Indians are not eligible for federal health programs. Witnesses to the Kirby Commission suggested that the lack of federal recognition leaves the Métis and non-status population in a jurisdictional void. The committee agreed that barriers must be overcome and all levels of government (federal, provincial, territorial, municipal, and band and Métis settlements) should develop a plan that would meet the health care needs of **all** Aboriginal people in Canada (Senate 2001).

In spite of the evidence that change and action are needed, the federal government has consistently fortified the jurisdictional silos in their policy development, which guides services directed toward Aboriginal peoples. The government's position is supported by First Nation political organizations such as the Assembly of First Nations (AFN). This is an ongoing frustration for the Métis who have consistently asked that they be recognized within federal jurisdiction under section 91(24) of the *Constitution Act* 1867. The Métis believe that inclusion would acknowledge their Aboriginality in accordance to the Canadian Constitution 1982. They also believe that section 91(24) recognition would better position them for negotiating Aboriginal rights. The federal government refuses to consider changes and the Métis continue to fall under each province's jurisdiction (Chartier 1999, 128).

This matter was addressed in the precedential case *Daniels et al. v. The Queen et al.* (2013) (Federal Court of Canada), in which the court granted a declaration on January 8, 2013, that Metis and non-status Indians are “Indians” within the meaning of s.91(24) of the *Constitution Act 1867*. The decision was handed down after the writing of this dissertation, and I do not go into it in depth here. Interested readers are referred to the decision of the Honourable Michael Phelan of the Federal Court in file T-2172-99.

In a recent court case involving the issue of jurisdiction, the decision captured the federal government’s position on this issue: “clearly, neither the federal Crown nor the provincial Crown are the least bit interested in negotiating with the Métis and with non-status Indians who, as a result, are trapped in a jurisdictional vacuum between Canada and the Provinces” (Teillet 2011, 87; *Daniels, Gardner & Congress of Aboriginal Peoples v. Canada 2011*). At present, it is only as a matter of policy that the federal government refuses to recognize the Métis within section 91 (24). There is no legal or constitutional barrier prohibiting recognition of the Métis under that section. What is missing is the political will to do so. The 1982 *Constitution Act* clearly recognizes that Métis rights are Aboriginal rights but is silent on the question of identification or implementation of those rights. While the Constitution is clear on the federal jurisdiction for “Indians and lands reserved for Indians” and while arguably the 1867 reference was intended to include Métis (as it was found to include Inuit), there is yet to be a Supreme Court Decision (SCC) case deciding the matter. Thus Métis remain in a legislative and constitutional vacuum.

Morse and Goikas, in a paper presented to the Royal Commission in 1991, argue for Métis inclusion under section 91(24) and give a number of reasons: the fact that the



federal government in 1870 agreed to set aside land for the Métis and the subsequent issuance of scrip to Métis is indicative of and place the force of treaty making upon these provisions in the Manitoba Act; Métis inclusion in the definition of Aboriginal in the renewed *Constitution Act* 1982; and the Supreme Court decision in *Re: Eskimo* that included the Inuit within federal jurisdiction (Morse and Goikas 1997).

The Métis have no desire to be included within the confines of the *Indian Act*. They believe their recognition as Aboriginal in section 35(2) of the *Constitution Act* 1982 and constitutional acknowledgement that their Aboriginal rights are protected as per section 35(1), should position the Métis in the same arena as ‘Indian’ (with status) and Inuit. This issue was settled for the Inuit in the 1939 case *Re: Eskimo*, in which the Supreme Court held that Inuit were ‘Indian’ within the meaning of section 91(24) of the Canadian Constitution (*Re Eskimos* 1939 S.C.R. 104 (S.C.C.)). Accordingly, Inuit are considered to fall within federal jurisdiction but they are not considered ‘Indian’ for the purpose of the Indian Act (Rotman, Borrows, Leonard, 2003, 436). The Métis advocate for this same positioning.

For the federal government, the implications for inclusion of Métis and non-status Indians as a federal responsibility include financial implications, jurisdictional implications relative to provincial governments, and the political implications bearing on their relationship with First Nations (Weaver 1983). The Métis National Council frustrations with these unresolved issues has been repeatedly expressed and Chartier argues that falling outside federal jurisdiction means there is an absence of federal statutes dealing with the Métis, so political structures and policy has emerged on the basis of provincial legislation. Programs and services available for the Métis, many of whom

live in poverty, fluctuate in accordance to the priorities and resources of the provincial governments (Chartier 1999, 112). Therefore there is limited capacity to deal with the Métis health issue as a national policy.

### **Federal Funding and Aboriginal Peoples**

As of 2011, the federal government administers a budget of close to a billion dollars through the First Nations and Inuit Health Branch (FNIHB) and provides Non-Insured Health Benefits [NIHB] to status First Nations people and Inuit (Health Canada 2011, 17). Non-insured health benefits (NIHB) fall outside of provincial jurisdiction. The federal government administers these dollars as a matter of policy and does not recognize health care as an Aboriginal or treaty right. Additionally, many First Nations and Inuit governance institutions receive federal funds that enable the creation of community driven and capacity building health care initiatives. The federal government provides medical treatment and public health services in both remote areas and non-isolated First Nations communities through the First Nations' and Inuit Health Branch of Canada. Services include community preventative health and health promotion programs. Additionally, NIHB provides status First Nations and Inuit with financial support for medically necessary health related goods and services that include: pharmacy including prescription and over-the-counter drugs and medical supplies/equipment; pharmacy; dental services; eye glasses and vision aides and services; transportation to access medically required services; health care premiums and other health services including crisis intervention mental health counseling (Health Canada, 2011).

Non-Insured Health Benefits fall outside of provincial health coverage. For non-Aboriginal people as well as the Métis and non status Aboriginal persons, these health cost must be paid for either out of their own pockets or by third party insurers. For the Métis elderly, third party coverage is available only to those who are still employed with employers who have third party insurers or those who can afford to pay for third party coverage. The remainder is without additional health coverage. Many Métis elderly live in poverty. Métis have lower rates of high school and university achievement than the general populations so disproportionately experience low income as measured by Statistics Canada in their Low Income (before tax) Cut-Off (LICO) rates; in 2006, 21 per cent of all Métis across the 10 provinces were living below the LICO, compared with 15 percent of the total population (Chartrand 2011). In 2004, a small research project was conducted wherein 40 Métis elderly individuals were interviewed for a project detailing housing needs for Saskatoon Métis elderly. The results indicated that 8 per cent of those 40 Métis elders lived on a monthly income of less than \$500; 26 per cent had a monthly income between \$501-\$1000; 48 per cent had a monthly income of \$1001-\$1500 and 15 per cent had an income of \$1501-\$2000, only 3 per cent had an income of \$2001 or higher (Chenew 2004, 31). In 1995 data that measured the rate of “poverty”<sup>9</sup>, that is low income among all Aboriginal individuals showed that 43.4 per cent of Aboriginals were poor. This was twice the rate of poverty among non-Aboriginal; the highest rates of poverty were found to be in Manitoba and Saskatchewan where over 50% of all Aboriginal people were poor (Maxim, White, Beavon, Whitehead 2001, 466). The socio-economic status of Aboriginal people has not subsequently changed dramatically. The

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<sup>9</sup> I use “poverty” to describe those who fall below the low income cut off’ this is not a formal definition of poverty.

following table illustrates the data from the 2006 **Census**, the last census to publish this detail on Aboriginal peoples.

| <b>Table 1: Comparative Income Statistics, 2006 Census, Total Population, North American Indians and Métis, Canada, Alberta, Manitoba and Saskatchewan (Income 2005)</b> |                         |                   |              |
|--|-------------------------|-------------------|--------------|
| <b>Canada</b>  | <b>Total Population</b> | <b>NA Indians</b> | <b>Métis</b> |
| Average employment income \$ <sup>10</sup>   | \$36,303                | \$23,693          | \$28,861     |
| Average Income \$ <sup>11</sup>  | \$25,618                | \$14,517          | \$20,936     |
| Median Income \$ <sup>11</sup>   | \$35,501                | \$20,996          | \$28,227     |
| Prevalence of low income, 2005, persons in economic families after tax <sup>12</sup>   | 8.60%                   | 28.70%            | 18.00%       |
| Prevalence of low income, 2005, persons not in economic families after tax <sup>12</sup>   | 28.30%                  | 50.50%            | 39.90%       |
| <b>Saskatchewan</b>  | <b>Total Population</b> | <b>NA Indians</b> | <b>Métis</b> |
| Average employment income \$ <sup>10</sup>   | \$30,773                | \$20,202          | \$26,239     |
| Average Income \$ <sup>11</sup>  | \$23,755                | \$10,962          | \$19,773     |
| Median Income \$ <sup>11</sup>   | \$31,616                | \$16,069          | \$25,876     |
| Prevalence of low income, 2005, persons in economic families after tax <sup>12</sup>   | 7.60%                   | 42.80%            | 18.80%       |
| Prevalence of low income, 2005, persons not in economic families after tax <sup>12</sup>   | 22.90%                  | 60.50%            | 41.90%       |

<sup>10</sup> Census of Canada 2006. Table: "23 of 32 - Employment Income Statistics (4) in Constant (2005) Dollars, Work Activity in the Reference Year (3), Aboriginal Identity, Registered Indian Status and Aboriginal Ancestry (21), Age Groups (5A), Highest Certificate, Diploma or Degree (5) and Sex (3) for the Population 15 Years and Over With Employment Income" for Canada, Provinces and Territories <http://www12.statcan.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=96281&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=73&VID=0&VNAMEE=&VNAMEF=> Definitions included in notes at the end of table.

<sup>11</sup> "Table: 22 of 32 - Income Statistics (4) in Constant (2005) Dollars, Age Groups (5A), Aboriginal Identity, Registered Indian Status and Aboriginal Ancestry (21), Highest Certificate, Diploma or Degree (5) and Sex (3) for the Population 15 Years and Over With Income" for Canada, Provinces and Territories. <http://www12.statcan.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=96254&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=73&VID=0&VNAMEE=&VNAMEF=> Definitions included in notes at the end of table.

<sup>12</sup> "Table: 29 of 32 - Aboriginal Ancestry (14), Area of Residence (6), Age Groups (8), Sex (3) and Selected Demographic, Cultural, Labour Force, Educational and Income Characteristics (227A), for the Total Population" <http://www12.statcan.ca/census-recensement/2006/dp-pd/tbt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=97445&PRID=0&PTYPE=88971,97154&S=0&SHOWALL=0&SUB=0&Temporal=2006&THEME=73&VID=0&VNAMEE=&VNAMEF=> Definitions included in notes at the end of table.

| <b>Manitoba</b>  | <b>Total Population</b> | <b>NA Indians</b> | <b>Métis</b> |
|--|-------------------------|-------------------|--------------|
| Average employment income \$ <sup>10</sup>   | \$31,319                | \$19,748          | \$26,032     |
| Average Income \$ <sup>11</sup>  | \$24,197                | \$11,810          | \$20,655     |
| Median Income \$ <sup>11</sup>   | \$31,323                | \$16,470          | \$25,838     |
| Prevalence of low income, 2005, persons in economic families after tax <sup>12</sup>     | 9.40%                   | 44.20%            | 28.60%       |
| Prevalence of low income, 2005, persons not in economic families after tax <sup>12</sup> | 28.60%                  | 59.80%            | 46.30%       |
| <b>Alberta</b>   | <b>Total Population</b> | <b>NA Indians</b> | <b>Métis</b> |
| Average employment income \$ <sup>10</sup>   | \$42,444                | \$25,137          | \$32,985     |
| Average Income \$ <sup>11</sup>  | \$29,805                | \$15,076          | \$22,839     |
| Median Income \$ <sup>11</sup>   | \$42,241                | \$22,158          | \$31,980     |
| Prevalence of low income, 2005, persons in economic families after tax <sup>12</sup>     | 6.60%                   | 26.70%            | 18.00%       |
| Prevalence of low income, 2005, persons not in economic families after tax <sup>12</sup> | 23.70%                  | 48.10%            | 39.30%       |

Total population, aged 15 years +  
NA Indian (North American Indian, single response), 15 years +  
Métis, single response, 15 years +

To put this information into context in terms of dollars, according to the Health Canada, First Nations & Inuit Health Branch 2009/2010 Annual Report, the Non-Insured Health Benefit Program expenditures totaled \$989.1 million. Pharmacy costs (including medical supplies and equipment) represent the largest portion at 435.1 million, followed by medical transportation costs at \$301.7 million then dental costs at \$194.9 million (Health Canada 2011, 17-18). Figure 1 illustrates these expenditures by benefit

This means that \$989,094,000 was available to 57.4% of the total Canadian Aboriginal population (Status First Nations/Inuit). This leaves 41.7% without (30% of the total Aboriginal population, of who are Métis). This disparity is in spite of the fact a

health crisis exists among the majority of all Aboriginal peoples. The inequitable provision of health care and access to services adversely affects the Métis population and their communities. If the Métis received comparable support from the federal government, they would have appropriated \$517 million to deal with their Métis care<sup>13</sup>. This assumes the federal government would provide new monies as opposed to decreasing monies available for status First Nations and Inuit.

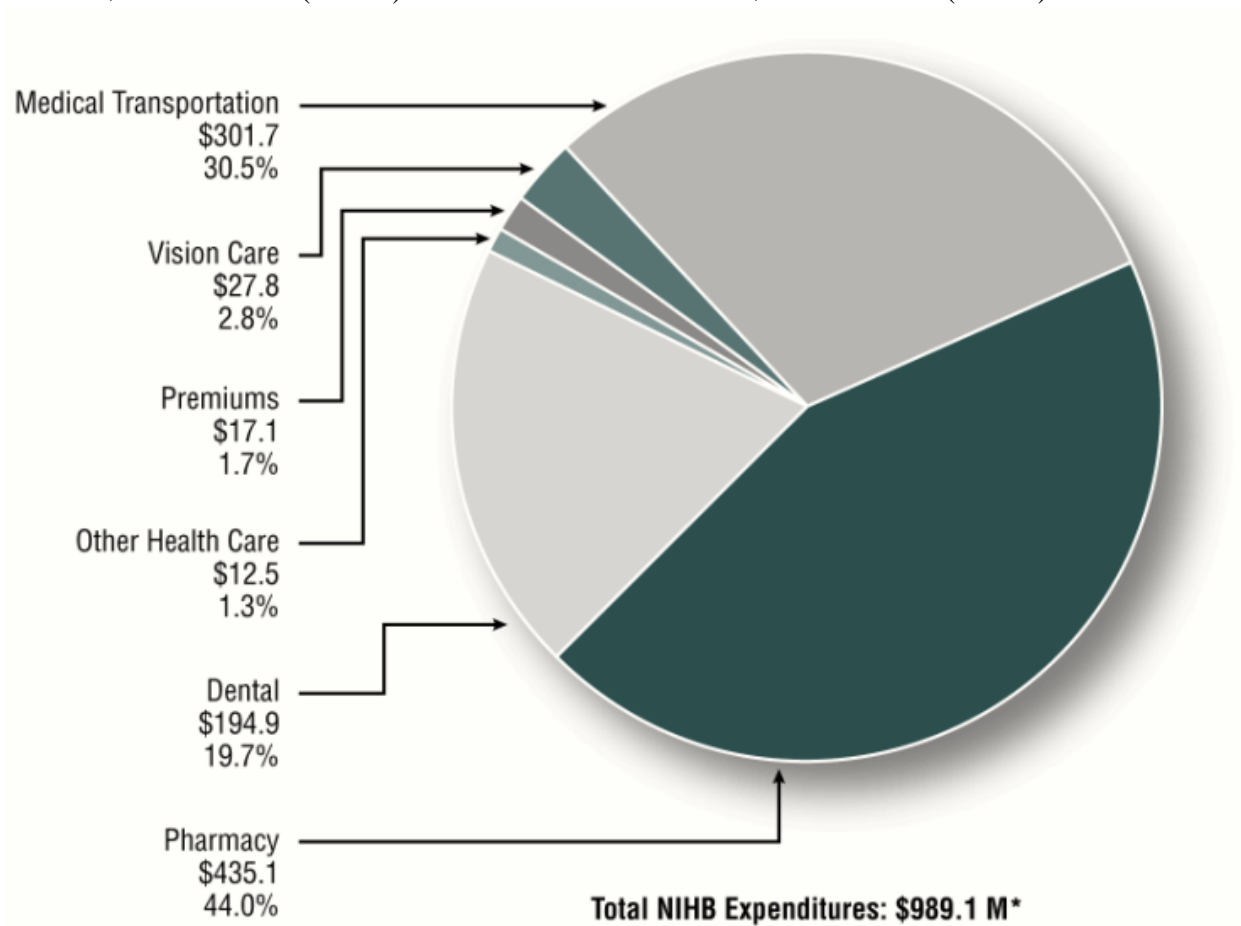
During the period from 1996 to 2006, the Métis were the fastest growing Aboriginal identity group in Canada, with an annual growth rate averaging 6.7% (Statistics Canada 2011). From 1996 to 2009, the Métis population has increased by 91%, more than three times First Nations and Inuit. The Métis account for larger proportion of the population in western Canada. Two thirds of the Métis population resides in urban areas (Statistics Canada 2009). If the Métis were acknowledged as falling under federal jurisdiction, the health care expenditures of Health Canada, First Nations & Inuit Health Branch, would increase substantially.

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<sup>13</sup> If 57.4% of the Canadian Aboriginal population (First Nations and Inuit) received \$989.1 million in funding from the federal government for Non-Insured Health Benefits in 2009/10, comparable expenditure for the Métis, about 30% of the Aboriginal population would be:  $(0.574/989.1)=(.30/x)$ , and  $x = (989.1 \times .30) / 0.574 = \$517$  million.

## NIHB Expenditures by Benefit (\$ Millions) 2009/10

Total Non-Insured Health Benefits expenditures in 2009/10 were \$989.1 million. Of this total, NIHB Pharmacy costs (including medical supplies and equipment) represented the largest proportion at \$435.1 million (44.0%), followed by NIHB Medical Transportation costs at \$301.7 million (30.5%) and NIHB Dental costs at \$194.9 million (19.7%).<sup>14</sup>



Source: FIRMS adapted by Program Analysis Division

*“\* Not reflected in the \$989.1 million in NIHB expenditures is approximately \$34.9 million in administration costs including Program staff and other headquarters and regional costs.”*

<sup>14</sup> Source, Health Canada. Non-Insured Health Benefits Program Annual Report 2009.2010. [http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/2010\\_rpt/index-eng.php#sec\\_03](http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/2010_rpt/index-eng.php#sec_03) Accessed April 3, 2012. Information on this page is taken from that publication.



The inequitable access to health care services places a hardship on Métis, who represent 34% of the total Canadian Aboriginal population (Statistics Canada 2006) and who fare little better socioeconomically than First Nations and/or the Inuit. All are constitutionally recognized Aboriginal peoples and all have been negatively impacted by colonialism. In a submission to the Royal Commission on Aboriginal Peoples, Dianne Kinnon from the National Aboriginal Health Organizations stated that, according to research she had conducted (Kinnon 1997):

- One half (49.3%) of those identifying themselves as Métis in the Aboriginal Peoples Survey (APS) by Statistics Canada had an annual income of less than \$10,000
- Illiteracy levels in Northern Saskatchewan are as high as 63% in some areas compared to 19% for the province as a whole
- Social issues concerning Métis communities include family breakdown, racial discrimination, erosion of cultural pride and identity, alcohol and drug abuse, violence, isolation and barriers to education
- Health status information on Métis indicates incidence of diabetes, high blood pressure, emphysema, tuberculosis, heart problems and epilepsy among Métis is similar to their incidence among Aboriginal people as a whole
- Arthritis, bronchitis, asthma and other health problems are higher than in Aboriginal people as a whole
- Almost one half (49%) of Métis are daily smokers compared to 28% of the Canadian population
- Compared to Canadian children in general, Métis children have a least double the rate of the following conditions, chronic health conditions, heart conditions or mental handicaps, learning disabilities and behavioral and emotional problems, vision, hearing and speaking difficulties
- Métis elders in Saskatchewan have higher rates of diabetes and heart problems compared to other seniors in the province. Almost 2/3 (62.4%) of Métis elders report that they often lack access even to basic health services. Residents in northern communities often lack access to even basic health services and must leave their communities, at personal expense, for treatment.
- Métis face cultural barriers to care, even within Aboriginal services, and Métis living in urban areas lack access to appropriate services and face isolation and fragmented social services. (Kinnon 1997)

The last point made is especially true for the Métis elderly population whose vulnerability is magnified by age related illnesses. A 2007 report by Krieg, Martz and

McCallum stated that in Saskatchewan 17% of seniors live below the poverty line. Seniors' average annual income was \$16,521 in urban centers, and \$13,311 in rural areas. These researchers reported that 11% of females and 9% of males reported annual incomes less than \$10,000. Controlled for Aboriginal women, the average annual income was \$13,000 compared to \$18,000 for Aboriginal men and \$19,495 compared with non-Aboriginal Women (Krieg, Martz and McCallum, 2007)<sup>15</sup>. A 2010 report released by the Manitoba Centre for Health Policy stated that due to the realities of poverty and low employment rates in remote and northern Aboriginal communities, seniors lack the informal healthcare and social support normally provided by adult children who have moved away in search of employment, and the situation is exacerbated by the fact that the Métis are not eligible for federal programs and services that are available to status First Nations and Inuit (Manitoba Centre for Health Policy 2010, 334).

In desperation, some Métis have gone to the expense of litigation in hope of accessing comparable medical care and service to that of section 91 (24) Aboriginal persons. In *Canada (Registrar, Indian Registrar, Indian and Northern Affairs) v. Sinclair, (C.A.)*, FN(2003 FCA 265, [204] 3 F.C.R. 236), Sam Sinclair, a Métis from Slave Lake was mistakenly registered as 'Indian' in 1990 and upon discovery of the error in 1998, the Registrar of the Indian Register advised Mr. Sinclair that his name would be deleted. Mr. Sinclair immediately responded stating that he would lose the "benefits to which he is entitled as a registered Indian and consequently, he would suffer immediate and irreparable harm" (*Canada v. Sinclair* 2001). Mr. Sinclair did not want to lose the health benefits accorded 'status Indians' and therefore appealed the decision of deletion. He requested maintenance of 'status' until the courts ruled. The courts dismissed the

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<sup>15</sup> These statistics are obtained from Statistics Canada and were placed in this report's literature review.

case holding there was no jurisdiction in the federal court to hear the matter as referenced, the Court of Appeal quashed the appeal (Teillet 2011, 125). Mr. Sinclair lost status and access to health services and care available to status ‘Indians’.

In *Alberta (Aboriginal Affairs and Northern Development) v. Cunningham, 2011*, the Cunningham family members were long time formal residents of a Métis community administered under the terms of the Métis Settlement Act (MSA). The Cunningham family was granted ‘Indians’ status after November 1, 1990; they had applied for ‘status’ for one purpose and that was to access health benefits available under the *Indian Act*. The family never intended their Indian registration to affect their Métis identity but in accordance with s. 90 of the MSA, their membership in the Métis settlement was revoked. The Cunningham family litigated and the case ended up in the Supreme Court of Canada (SCC).

In essence, the Cunninghams chose to claim dual citizenship as both Métis and as ‘status’ First Nations in order to assert what they believed was their right to claim all benefits flowing from both groups of ancestors. The SCC ruled that the MSA is an ameliorative program with intent to enhance and preserve Métis identity, culture and self-governance through the establishment of a land base. The MSA specifically excludes Métis who also have Indian ‘status’ from formal membership in Métis settlements because this exclusion advances the SMA ameliorative objective (*Alberta (Aboriginal Affairs and Northern Development) v. Cunningham, 2011 SCC 37, [2011] 2 S.C.R. 670*). What this means is that the Métis are now unable to legally identify as members of more than one Aboriginal community if that community has specific rights attached to its citizenship. This constriction does not apply to those Aboriginals with ‘status’ who have

the capacity to hold membership of the dominant community, in their home First Nation, or in another band, while retaining the rights and benefits of ‘status’. For the Cunninghams, they could choose ‘status’ and be legitimately recognized and compensated in accordance with their ancestral Aboriginal heritage – ‘Indians’, in their case their interest was medication, health care and services, or they could choose to ‘Métis’ and be legitimately recognized and compensated in accordance with their ancestral Aboriginal heritage – ‘Métis’. Because there is a distinct legislatively imposed identity regulation that was produced by the state, the Métis are not able to be members of more than one Aboriginal ‘rights’ granting community.

The Métis represent 1.2 percent of the Canadian total population<sup>16</sup>. They do not have the political influence or the financial resources to launch a major political health care campaign. They do not even have the support of their Indian and Inuit counterparts who struggle to deal with their own health dilemmas. For example, in the 2004 roundtable discussion on Aboriginal health care issues culminating in the Blueprint on Aboriginal Health, First Nations political organizations argued that First Nations do not support a pan-Aboriginal approach to service delivery which they view as conflicting with First Nations’ jurisdictions, rights to health benefits, or the federally-recognized inherent right to self government (Government of Canada 2005)..

Further complicating the challenge of political action is the question of Métis identity: who has the right to define Métis as beneficiaries of any rights acknowledged by

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<sup>16</sup> Statistics Canada 2006 Census highlight tables-aboriginal peoples <http://www12.statcan.ca/census-recensement/2006/dp-pd/hlt/97-558/pages/page.cfm?Lang=E&Geo=PR&Code=01&Table=1&Data=Count&Sex=1&Age=1&StartRec=1&Sort=2&Display=Page> Accessed July 26, 2012

or programs provided by, the Canadian state? While there are a variety of positions on the subject, there is no consensus.

In 2004, the Métis were initially encouraged when then Prime Minister Paul Martin proposed a blueprint for Aboriginal health care in Canada. Clement Chartier, the President of the Métis National Council, responded:

For the Métis Nation, we believe that this is an important first step towards addressing the discrimination our people currently face in Canada's health care system. We embrace the opportunity to work with Canada and the provinces from Ontario westward in a 'new era' of partnership in the area of Métis health. This historic inclusion cannot be in name only. The Métis have witnessed many past initiatives where new 'Aboriginal' resources are made available to great fanfare; yet we are left on the sidelines after the communiqué has been issued (Morriseau, 2004).

But the blueprint led to disappointment for Métis leaders and Chartier expressed their disillusionment in September 2005, stating: “We learned an unfortunate lesson from the Special Meeting on Aboriginal Health that was held last year. After the media and fanfare was gone, Health Canada ensured that Métis do not have access to or benefit from a majority of the \$700 million ‘Aboriginal’ health investment” (McDonald 2005).

### **Pay now or pay later**

The question is whether the Canadian state, in the long run, can afford not to deal with the health issue equitably for the Métis. Aboriginal people suffer “disproportionately from chronic diseases and conditions such as diabetes, hypertension, heart disease, tuberculosis, HIV and fetal alcohol syndrome. In addition, the death rate due to injuries and poisoning is considerably higher...as a result, Aboriginal Canadians account for higher use (and higher cost) of health care services than other Canadians” (Marchildon, Allin, Mossialos 2006, 7). Diabetes alone has a tremendous price tag for

Canadians who will increasingly bear the financial responsibility of the rising incidence within the overall population as well as within Aboriginal population. The cost of diabetes to the Canadian society was estimated at \$13.2 billion in 2002, up from \$9 billion in 1998 (Canadian Diabetes Association, 2003). Costs will escalate to an estimated \$16.9 billion annually by 2020 (Doucet and Beatty 2011).

Canadian governments have refused to create policy for the benefit of Aboriginal people outside the definition of Indian Act Indian and/or the Inuit. As Hanselmann argues,

The federal government's principal legislative action in the field of Aboriginal issues has been the Indian Act which applies to registered or status Indians as defined in the Indian Act. At the same time, the federal government's position has been that the provinces bear primary but not exclusive responsibility for other Aboriginal people. As a result, the federal government has traditionally focused its attention towards on reserve status Indians and, in a policy sense, has largely ignored Aboriginal people living off reserve including urban Aboriginal people. The Provinces have historically responded that *all* Aboriginal people are the primary responsibility of the federal government and that provincial duties are limited to serving Aboriginal people as part of the larger provincial population. Provincial governments have therefore been hesitant to take any policy actions targeted toward urban Aboriginal people. The lack of agreement over responsibility had been identified as leading to inconclusive activity and a policy vacuum. Where policies do exist, they have been evolved ad hoc and are often seen as inadequate (Hanselmann 2001, 9-10).

The federal and provincial governments have managed to hide behind jurisdictional wrangling since Canada's birth in 1867 to avoid equitable treatment of Aboriginal people. First Nations were not considered citizens of Canada unless they denied their peoples, cultures, languages and heritage; the Métis, although they were considered Canadian citizens were denied a collective land base, equitable educational opportunities, and no capacity to develop as culturally cohesive communities. The Métis have been the

most neglected as neither order of government has assumed responsibility for the Métis, as Aboriginal peoples, who are also citizens of Canada and who have been denied equitable access to health and other services and rights afforded those Aboriginals who fall under section 91(24) jurisdiction.

Canada's colonial history has devastated all Aboriginal people and their state of health is a reflection of this common heritage. Aboriginal people's health status is below the national average and there are major disparities that exist between Aboriginal people and non-Aboriginal Canadians (Marchildon, Allin, Mossialos 2006, 103; Hart 2010, 121). In a first ever study on Métis health conducted by researchers from the University of Manitoba's Faculty of Medicine, it was found that the Métis are more prone to develop heart disease, have higher rates of diabetes and arthritis, higher rates of physical and mental illnesses, higher mortality rates compared to the rest of Manitobans and are 21% more likely to die before the age of 75 (Manitoba Centre for Health Policy 2010, XLII; Canadian Press 2010).

Our elders continue to struggle with bad health and poverty. For many Métis elders, there is little hope of improvement as they lack the financial resources to cope with the challenges brought on by age related illness. The social determinants of health include education, income, employment, nutrition, housing, gender, race, disability and access to a social safety net. For Aboriginal peoples these determinants must also include the intergenerational impacts of colonialism, loss of territory and the economic, political and cultural effects thereof; the loss of self determination, the lack of culturally appropriate care, and access to hospitals, clinics and healthcare practitioners (Brascoupe and Waters 2009, 19).

In 2003 and 2006, the National Aboriginal Health Organization sponsored a series of Métis Elders gatherings wherein they spoke of all the losses experienced by the Métis due to colonization. They spoke of loss of identity, loss of their languages, premature death of loved one due to disease, loss of land and resources and the ability to live a traditional life of hunting and trapping, loss of traditional teachings, loss of parenting skills and inordinate exposure to violence and abuse; they have been relocated and displacement from their ancestral lands and the elders confirm that all of these occurrences have negatively impacted their health (NAHO 2008. 15).

### **Conclusion**

In this chapter, I discussed the early health crisis experienced by the Métis. The Métis communities experienced dire poverty and coped with epidemics of tuberculosis, sexually transmitted diseases, high infant mortality rates and low life expectancy. Their suffering was exacerbated by isolation and lack of a political voice that could represent and expose their circumstances. It was during these times that the Métis had no alternative but to organize politically in an effort to alleviate their pain.

The jurisdictional divide among Aboriginal peoples has historically and remains contemporarily, a barrier for the Métis. The Métis still suffer deprivation and discrimination in respect to health care, education and other benefits, material and cultural benefits and are vulnerable to criminal prosecution for exercising what many consider their Aboriginal rights (*Daniels, Gardner & Congress of Aboriginal Peoples v. Canada 2011*). Federal underfunding of the Métis sustains the health crisis that continues to plague Métis communities across Canada. In the following chapters, I will examine



the contemporary reality of the lives of Métis elders as they cope with their own health care needs.

#### **Chapter 4: Critical Examination through the Reflections of a Colonized Insider**

I assert in this dissertation that the Canadian state intentionally and systematically divided Indigenous peoples for the purpose of control and usurpation of land and resources. This historic fact has marginalized **ALL** Indigenous peoples, socially, economically and culturally. I consider the impact of marginalization within a dialogue on health, access to care and services of Métis seniors. Health, care and access to services are very important social indicators in any society past and present and trauma is evident in one's state of health. My focus is on Métis elderly because the elders are the most revered members of our community. Additionally, they have been longest impacted by colonialism.

Research from the margins is an apt description of this research project. My goal was to speak with a small group of Métis seniors to capture their stories and experiences in relation to health care and services; seniors, who for a moment in time, allowed me into their world so I could record the reality of a lifetime living with the remnants of colonialism.

Engaging a methodology that would allow me to connect with Métis people not only as an insider but also as a scholar was challenging. There is a well deserved element of distrust within the indigenous community toward researchers because Indigenous people have been studied to death<sup>17</sup>. I spoke with a dear friend who is an elder, has spent

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<sup>17</sup>I have previously stated that little research has been conducted on Métis Health and this statement is a contradiction. To clarify, aboriginal peoples and issues related to aboriginal peoples have had extensive research conducted about them and their communities and a great deal of that research has been conducted by non aboriginals. The benefits of that research have not necessarily impacted Aboriginal communities and have done much to enhance the academic careers (or others careers) of the researcher.

a lifetime as an educator and has suffered with incredibly difficult health problems and she asked me “of all the research that has been done on our people and in particular the health of our people, what good has it done for our people and our communities? What are you going to do different<sup>18</sup>?” Those were fair questions.

First and foremost, I am a Métis woman and not a moment goes by where I am not aware of that; if I forget society reminds me. I am also a Métis woman who happens to have worked very hard at becoming a scholar and it has not been an easy path. I realize I and my children are statistically likely to become part of the class of poor and frail Métis elderly. My emotions are tied to this research because I have lived this reality. I have witness the pain exposed through the stories of the seniors I interviewed, in the experience of my grandmother, and I have lived those narratives as I cared for my mother and father who suffered so much at the end of their lives. In my research I cannot distance myself from that experience and I do not want to. Eber Hampton best described the core of this thought when he stated that “feeling is connected to our intellect and we ignore, hide from and suppress that feeling at our peril and at the peril of those around us. Emotionless, passionless, abstract, intellectual research is a goddam lie, it does not exist.” (Wilson 2008, 56) It certainly did not exist for me.

As a child, my mind was moulded in the Western educational system where colonialism was glorified and its brutality was hidden from the inquisitive and open minds of my childhood peers. This propaganda denied me a defense against the uninformed judgement so prevalent in a society of white privilege. Institutions of higher

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In the context of this thesis it is true that there is a dearth of good scholarly information in relation to the Métis.

<sup>18</sup> This question came forward in a conversation that I had with Esther Sanderson, previous Dean of Northern Campus, First Nations University of Canada; the conversation took place on November 12, 2004).

learning followed this same pattern, effectively concealing the truth of colonialism, masked behind academic freedom, in the teaching of political science, history, philosophy, literature and science and taught by professors who are overwhelmingly white. Exceptions did exist but were infrequent.

Academic disciplines in Western universities expect students to fit into a one-size-fits-all institutional framework constructed predominantly by elite upper class white men. The language and epistemology in which knowledge is imparted is western and establishes the dominant society's knowledge, experience and culture as the universal norm. Christopher Dunbar Jr. describes accurately the experience of Indigenous students when he states that the contemporary educational experience exemplifies continued colonization that university educators expect students to conform to. These educators control the structure and content of education processes that consciously or unconsciously reinforce the marginalization of Indigenous knowledge systems (Dunbar, 2008, 91). Hampton calls this "education for assimilation" and as students we need to know the difference between education and brainwashing. When education is used to wipe out identity, language, culture, philosophy and substitute something else for these, we need to be at least aware that this is happening and ensure that we, as Indigenous people, don't just become brainwashers with credentials, especially if our goal is to also become educators (Hampton 1995, 46-54). The intent of my research has been to gain the credential to legitimately work within the academy, but it was of primary importance for me to conduct research to expose, then trigger change for the improvement of the lives of Métis seniors. The individuals I interviewed were not just subjects to be studied

objectively but revered members of a community whose struggle created the path upon which I now walk.

My research is based in Political Science, an academic discipline premised upon the study of power, its distribution, use and outcomes (Brodie and Rein 2009, 4). Margaret Kovach states that Indigenous researchers make research political simply by being who we are (Kovach 2005, 19-37). Taiaiake Alfred best described this when he said that “being born Indian is being born into politics...being born a Mohawk of Kahnawake, I do not remember a time free from the impact of political conflict”(Smith 2001, 110). Memories of my mother’s political voice and her involvement in the Métis political organizations, coupled with my personal struggle with racism and the pride in my heritage, have shaped my personal ideology, which guides my actions. Value neutral methodologies are not likely to be a part of an Indigenous researcher’s experience and we have a natural allegiance with emancipatory research approaches<sup>19</sup>. (Kovach 2005, 21) In part my goal is to facilitate change within the structures of power currently maintaining the status quo within the Canadian nation state, or at the very least to shine a light upon the inequalities that continue to plague Indigenous peoples, especially the Métis elderly community.

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<sup>19</sup> Indigenous approaches to research see research as part of an emancipatory commitment, and seek to move beyond a critical social science to establish a position of resistance with the development of research approaches that empower resistance. The epistemological assumption of emancipatory methodology is that those who live their lives in marginal places of society experience silencing and injustice...emancipatory research seeks to counter the epistemic privilege of the scientific paradigm...both the research process and product of emancipatory research is political...taking control of Indigenous research has been a long, arduous struggle with Indigenous peoples acutely aware of the power politics of knowledge...control over its production becomes an integral component of cultural survival (Kovach 2005, 9, 21-24) Critical, Indigenous and anti-oppressive approaches to research see research as part of an emancipatory commitment, and seek to move beyond a critical social science to establish a position of resistance (Brown and Strega 2005, 9)

Linda Tuhiwai Smith states that community can be defined or imagined in multiple ways. Community can be physical, political, social, psychological, historical, linguistic, economic, cultural and/or spiritual (Smith 2001, 125). Defining the Métis is important because it is a misnomer to envision the Métis as one community. The Métis are diverse and multi-cultural, and to place this in perspective one must remember that there are over 615 First Nations communities representing 50 nations encompassing 50 distinct language families. They are dispersed geographically; they have distinct identities and histories (Maxim and White 2003, 248; Aboriginal Affairs and Northern Development Canada 2012). These nations and communities encompassed in one Indian Act that has historically identified the diversity of First Nations as ‘Indian’ – one melting pot of cultures in the eyes of the state. Although the Métis have been ignored by the state, they too are diverse and have particular experiences, histories, territories, spiritual and cultural practices.

The most identifiable Métis communities can be found in their homelands, which encompass the three Prairie Provinces as well as parts of Ontario, the Northwest Territories, British Columbia and the north central United states. Other recognizable Métis communities include those that reside in Newfoundland and Labrador. But Métis communities and/or peoples can also be found all over Canada (RCAP 1996, Volume 4, 202-204). Because the Métis did not have an imposed framework such as the Indian Act to define the entire category in the eyes of the state, and because there was no defining “membership” criteria tied to state definition, studying Métis community in academic literature can be ambiguous and very complex.

For the purpose of this dissertation, the Métis referred to are primarily urban Métis individuals who were raised in rural Métis communities and whose parents were both Métis. One individual interviewed was from Northern Saskatchewan. The Métis interviewed are all in Saskatchewan.

This dissertation is centred in what has been termed the *critical paradigm*. This paradigm is grounded in reflective knowledge that generally encompasses theories such as critical race, feminist and post colonial. These theoretical lenses allowed me to draw upon the literatures of Edward Said, Frantz Fanon, Glen Coulthard, Rita Dahmoon, Joyce Green and others to examine societal structures and power relations in the context of how those structures actually support inequalities disabling people at the same time professing action based upon justice (Kirby, Greaves and Reid 2006, 14). Feminist and critical race theories uncover and explore varieties of oppressions and historical colonizing between dominant and subaltern genders, identities, races and social worlds. Issues of power are central to all research originating from a critical paradigm (14).

The merger of indigenous and critical methodologies is what Norman Denzin and Yvonne Lincoln call *critical indigenous methodologies* and its basic premise is that all inquiry is both political and moral. It uses method critically for explicit social justice purposes (Denzin and Lincoln 2008, 2). Linda Tuhiwai Smith states that Indigenous researchers are expected to have some form of historical and critical analysis of the role of research in the Indigenous world but states that this analysis has been acquired organically and outside of the academy (Smith 2001, 5).

For this reason, the methodology chosen to conduct this research is characterized as ‘research from the margins, and allows for the creation of knowledge derived from

personal experience (Kirby 1989, 16). Aboriginal peoples have been studied to death, and many are disillusioned by research reports published by people who don't know much about their lives and have little concern about the impact of the results on their community (National Aboriginal Health Organization 2005).

Research from the margins involves Participatory Research [PR] that is focused in favour of the dominated, exploited, poor or the ignored. PR works 'with' rather than 'for' the researched, which facilitates ordinary people's reflection on and analysis of their reality (Kirby, Greaves, Reid 2006, 32). PR involves the participants in the research process in pursuit of answers to questions of daily struggle and survival in order to understand the phenomenon, but more importantly, to take action to change their situation (32). This method of research exposes the fact that the personal is very much political (ibid, 33; Kleinman 2007, 65). Kirby and McKenna emphasize that conducting research in this manner can be completed without a great deal of money, can be collaborative and creative, carries an alternative viewpoint and can turn the language of the status quo back on itself (Kirby and McKenna 1989, 17). Research from the margins through PR produces knowledge that represents the political and social interests of a particular group, in this case the Métis elderly. So, it is appropriate and indeed, essential that I, as a Métis woman, part of a community damaged intergenerationally by colonialism and racism, position my research critically as explained in the above literature.

Participatory Research allows for the positioning of self within the circle of those interviewed and this was accomplished by the threading of my stories throughout the thesis. The reader is left with little doubt that my voice flowed outward from within that



circle of Métis people interviewed. All the stories and experiences communicated in this work are a gift and the presenting of such is brought forth through the voice of the colonized. Placing my stories within the thesis alongside the Métis interviewed was a method of decolonization. Indeed, to do this within the context of an academic discipline such as political science is uncharacteristic. Canadian Political Science studies how power is structured within our society, and the discipline is firmly rooted in the Eurocentric educational academy where research is juried primarily within Western scientific boundaries. The methodology chosen in this work allowed the researcher to also be the researched. This is not an unusual position among Indigenous scholars.

Qualitative researchers have come to recognize this methodology and the term *Reflexivity* is used to reference the relational and self reflection processes in the meaning making process. Feminist inquiry uses this approach also because it allows feminist researchers to share the experience of conducting research and their own subjective experience with their research participant throughout the process (Kovach 2009, 32-33). Participatory Research in the context of this thesis enabled all participants to equally share their stories in a context that empowers the community by exposing the continued and organic impact of colonialism in contemporary terms.

The actual data gathering was completed utilizing the snowball sampling method (Krausz and Miller 1974, 37; Ruddy 2007). This technique relies upon the chain reaction built up from a few contacts, which facilitate the interviewing of friends, relations and/or colleagues which provides access to a special group, difficult to penetrate otherwise and for which no sampling frame exists (Krausz and Miller 1974, 37; Ruddy 2007; Kirby, Greaves and Reid 2006, 177).

The snowball technique allowed me to speak with the first individual who then was asked to identify another person who could be contacted (Krausz and Miller 1974, 37). This technique is not the same as random sampling; snowballing is selective. There has been some criticism directed at this technique as bias can arise from the fact that respondents may all come from a few closed circles. For my research, selection from close circles is unavoidable, keeping in mind that the Métis community in Saskatchewan in many ways is connected through acquaintance, political affiliation or relatives.

### **Data Collection Methods**

Approval from the University of Regina Research Ethics Board was given on December 14, 2010 to conduct interviews. These interviews were conducted with thirteen individuals, twelve of whom were from urban areas (ten in Regina and two in Saskatoon) and one from a Métis community in Northern Saskatchewan. Four men and nine women were interviewed.

Prior to the interviews I went over the consent document and explained in detail the intent of my research project, focusing upon the confidentiality of the information they would share with me. I informed them that they were free to not answer questions that made them uncomfortable and they could withdraw from the research project at any time. I left a copy of the consent form with each individual.

The research questions were designed to have the elders share with me their current **economic, social, physical and spiritual** well being. My intent was to also get the stories about their lives and experiences. In fact, their stories told in the answering of the questions were of primary importance. The stories allowed me a glimpse into their past and to discover if there was a contemporary connection with their Métis community.

It also allowed me to explore if the elder had or has any political affiliation with the contemporary Métis political organizations.

The interviews were conducted in the elder's choice of location. I was invited into their homes and treated with great hospitality and kindness. Two of the men had their wives present; two of the women had their daughters accompany them; all the other individuals I interviewed in solitude. Two of the interviews were conducted in Saskatoon and one interview was conducted by telephone as the individual lived in the northern Métis community of Beauval.

The interviews at times were emotional, sometimes prompting anger at the health care system and at other times gratitude; sometimes feelings of nostalgia arose and after more than one interview profound sadness lingered. I kept notes and summarized each interview and I also digitally recorded the interviews, later transcribing them verbatim.

### **The Personal is Political/Conceptual Baggage.**

My frame of mind during this interview process is integral to this research and I make no claim to be neutral toward the material. I am a Métis woman whose life has been deeply impacted by the legacy of colonialism and the damage it has and continues to cause to Métis families and individuals. This process had an intense effect upon me and often I found myself in tears, profoundly angry that, for some of these seniors, poverty had followed them their entire lives. The artificial identity/category division between Indigenous peoples has economically and culturally impacted these Métis individuals negatively. Intergenerational family support is a cultural norm for Métis people, but it is also compelled by the poverty experienced by so many. That poverty

makes it impossible for extended families to obtain good housing, buy plentiful and healthy food, and obtain medicine and transportation.

In response to my question of current pension's ability to cover all living expenses, one lady informed me that it did not, and then she told me stories of her youth and how her family did much fishing and she missed those days and missed not being able to purchase good fish to eat. It was clear by the living environment, that this lady, who was helping to support and raise her young grandson and her daughter, lived in dire poverty. I told her I had some extra fish in my freezer and that I had just purchased chicken from the Hutterite colony and if she was ok with me sharing food with her, I could bring it to her home after the interview was over. On my drive home I experienced intense anger at the living conditions of this family and I rushed home so I could dive into my freezer to gather fresh meat and vegetables to deliver back to a wonderful lady who had so generously shared her life story with me. This reaction was exactly correct and very much in accordance with my culture, my spiritual beliefs and action in response to the echo of my ancestors. It was action that incorporated my culture into the research methodology and speaks to the tension that exists for Indigenous academic researchers. Margaret Kovach addresses this tension when she explains that the foundation of Indigenous ways of knowing is based in relationships. This means not only taking the time to visit the community but to also take care of our brothers and sisters, and inherent in this understanding is the reciprocity and accountability to each other (Kovach 2005, 30). From the moment I walked into this lady's home, I knew I would bring her food if she allowed it. It never occurred to me to do anything else.

The reason I chose to focus upon the Métis elders in these case studies was because of my personal experience with my own parents. I cared for both my parents in their elder years and although those times were most difficult, those challenging and heartbreaking times were also a profound gift. Although all of us were poor through these years, we were together and I was with them until it was their time to leave.

As a family, we were not considered poor by others. In fact our family had middle class income and that is due to my mother's intelligence, tenacity and strength for she was the family matriarch. My father was a hard worker but he just did as he was told in the stereotypical comedic definition of a hen pecked husband. Nevertheless, the legacy of colonialism did not escape my family. As I reflect upon my life, the lives of my parents and the poverty of my grandparents, I remember the discrimination we all faced as individuals and as a family. I am angry I cannot speak the language of my father, who was a fluent Michif speaker. I thought about my maternal grandmother picking potatoes and my paternal grandfather living in a shack; I thought about the lifelong issues my mother suffered with one lung because tuberculosis had taken it when she was 15, and I thought about my father collecting \$36 per month pension after thirty years of hard labour in a steel company. I thought about his emphysema and his rounded back, both of which were caused by work related injury; and I thought about his life of illiteracy and how much he missed by not being able to read or write. The reality of our lives erased the mythology of a nation born upon the principles of equality and equal opportunity, a mythology widely taught in the education system I was a part of. The negative effects of colonialism are saturated in poverty and all the dysfunction inherent to

that way of life so difficult to escape; the dysfunction passes from generation to generation with no hope of dissipation.

At times I became enraged at their suffering, at my suffering and the suffering of my children but mostly I am enraged because I realize that every god damned rotten event that ever happened to them now is my burden, because it is my turn, I am now the matriarch of my family and I have to be strong enough to carry the legacy of my birth. As hard as my mother tried to break us out of that cyclical paradigm of poverty and racism, I stand with my children at the edge of a world who still will not let us in and now that I am entering the last chapter of my life, I am not sure I want in. The racism I experienced all of my life is as strong now as it ever was and I realize that the economic class of my parents is where I will remain as will my children.

All that I describe are the real consequences of colonialism and sadly these experiences have been and continue to be shared by Métis people. As will be examined in the upcoming chapter, the legacy of poverty, discrimination and isolation is a well worn cloak that has been passed from generation to generation. I focused upon the health of elders because I realized that a lifetime of social and economic inequality had clung to many like a second skin and they were never able to escape it. The cost of inequality has been great. I can relate to the stories of these thirteen individuals and families precisely because I am an insider and one of those 'Others' that contemporary indigenous literature so aptly describes. My Métis identity is, in the context of this research, a strength and allows me to understand what others might miss.

## **Data Analysis**

Each digital audio tape was transcribed a third party who was made aware of the confidentiality agreement between me and the participants. The transcriber also signed a confidentiality agreement. Each transcript was read for accuracy. Each transcript was then summarized with highlights of the main points of the interview. In order for me to get a clear picture of the thirteen interviews I produced a spread sheet with a synopsis of each answer so I could comparatively analyze the answers given for each question.

I have assigned pseudonyms to all the people I interviewed to protect their identity. The individuals I interviewed will be referred to as follows: Isabella, Robin, Sarah, Angelica, Mary, Sabrina, Jolene, Patricia, Amelia, Howard, Alex, Earl and John.

## **Participant Demographics**

There were thirteen participants in this study, four male and nine female. They ranged in age from 61 to 76 years of age. All four men are married to non-aboriginal women; Robin is the lone married female who is partnered with a First Nations man. All eight remaining women were either single or widowed (61%). Twelve of the 13 Métis elders were born and raised in rural communities but have lived most of their adult lives in urban settings. The exception is Angelica who was raised in Saskatoon. It should be noted that Amelia was born and raised in a rural setting until she was twelve; she was raised by her aunt because her mother died days after her birth and she was the sixteenth child in this family. The Métis elders interviewed provide data pertinent to both rural and urban settings.

The participant income ranges are as follows and please note that incomes are combined family incomes:

- three women in the \$10-20K range (23%),
- three women in the \$20-30K range (23%),
- two women in the \$30-40K range (15%),
- one woman and one man in the \$40-50K range (15%),
- two men in the \$60K range (15%)
- one man in the \$100K range (8%).

Of the thirteen elders, all were receiving pensions of some sort.

- eight (61%) received one pension
- five (38%) received secondary pensions having contributed to an outside plan through a benefits package in their career.

Three of the elders (23%) were receiving income from earned sources

- Amelia was receiving a widow's pension in addition to her part time earned income as she was not yet 65,
- Robin earns an income on contract work and she stated she cannot afford to retire; she and her husband, who is status First Nations individual, must work to keep a decent income. Their combined income is in the range of \$30-40K.
- Alex works full time out of necessity but he states that for the moment, he wants to continue working because it keeps him busy. Without earned income his pension income would be \$20-30K and with earned income he increases his income to \$60K. Unfortunately, Alex pulled his contributed pension dollars out of his secondary plan when he was done working for government "I pulled my money out....the guy gave me false information and I believed him so now I have my CPP, old age pension and working".
- Isabella receives an insignificant income from periodic catering contracts she obtains cooking traditional Métis food for outside agencies and/or cultural gatherings. This income is so modest I will also categorize her in the one pension earner category.

Education levels ranged from Grade 6 to Master's degree:

- three indicated post secondary degrees [23%], one has a Master's Degree, two have post secondary degrees.
- nine indicated they have some high school [69%] and two of those nine indicate having some university classes



- One individual reported having grade six [7%].

It should be noted that those that had ‘some university’ stated that they had taken a “few classes” so they may fall into the completed high school category. I did not ask if they had successfully completed those classes.

Housing among the peoples varied as follows:

- 3 (23%) of those interviewed owned their own homes outright. All were men.
- 3 (23%) were still paying mortgages, [one = 5-10 yrs left and currently paying \$1000-\$1500 per month range, two = 10-20 yrs left, one currently pays \$700-\$1000 per month range and one currently pays \$400-\$700 per month range. All these were women.
- 3 (23%) live in subsidized housing, one man and two women, all pay between \$400-\$700 per month subsidized rent, I speculate their rent is at the lower end of the rental market, for example, in Regina the vacancy rate for rental housing is .6%, the tightest in the country and the average rent for a two bedroom apartment is \$913 per month (Canadian Broadcasting Corporation 2011).
- 1 (7%) - one lived in a long term care facility [\$1900 per month that exceeds what she gets from combined pensions and this must be subsidized by daughters].
- 3 (23%) were renting, two are in the \$400-\$700 range and one is in the \$700-\$1000 range.

The use of statistics in this chapter is of limited use due to the small size of the group of the elderly Métis interviewed, so broad based assertions could not be extrapolated from this small data base. My intent for this research was not to produce a quantitative analysis but to speak of this issue in a qualitative context to demonstrate that the devastating impact of colonialism is an organic reality that travels through the generations. In this dissertation, a glimpse of what that means can be witnessed through the voices of the thirteen Métis elders who so generously opened their world in

discussion of their very personal and private reality of their health. This dissertation discusses the impact of colonialism upon the health of those who have experienced it the longest, the Métis elders. In the next chapter you will hear their voices.

## **Chapter 5 Voices of the Elders**

For this study, I interviewed thirteen Métis seniors who were chosen through the snowball sampling methodology. For all but one both parents were Métis. Alex is from Northern Saskatchewan and all the others are currently urban residents. They were born between the years of 1934 to 1951 and currently range in age from 61 to 76. The social, political and economic context of their early years are important because the circumstance of these years primarily defined the social and economic limits imposed upon their lives which, in most circumstances, created the barriers that kept them confined to economic conditions that were not much better than those of their parents.

Aboriginal peoples were colonized in the name of empire for the purpose of usurping their territory and resources, which ultimately served to birth the nation-state Canada; additionally, Canadian expansion depended upon control of Aboriginal peoples and that was maintained through regulation of Aboriginal identities and citizenship. This divided Canadian Aboriginal peoples into three distinct cohorts with different acknowledgement of their rights in Canadian jurisprudence. Finally, I assert that these artificial divisions facilitated inequitable rights and policy among Aboriginal peoples, producing unequal power relations, competition and racism. The colonization of Aboriginal peoples produced poverty as a consequence for all Aboriginal communities. Poverty caused the dire conditions of health, particularly for the Aboriginal elderly and in this case the Métis elderly. Thirteen Métis elders were interviewed in this study and through their words the reality of these individuals will be exposed. Particular attention is paid to their current state of health and their ability to access quality care and services

because a significant measure of the negative impact of colonization can be witnessed through the health of the people.

The literature tells us that the Métis are the fastest growing Indigenous population in Canada. Although they represent just over 1 per cent of the total Canadian population, the Métis account for the larger share of the Aboriginal population in the West; in 2006, 9% of all people in the Northwest Territories reported they were Métis, followed by 6% in Manitoba, 5% in Saskatchewan and 3% in both Alberta and the Yukon Territory (Statistics Canada 2006, 30-31). Economically, the Métis earn less than the non-Indigenous population but slightly more than the First Nations population.<sup>20</sup> Métis women earn less than Métis men and this is consistent in the senior's category (Statistics Canada 2006). These statistics hold true for the thirteen individuals I interviewed for this study.

In reviewing the transcripts to determine the themes prevalent in the voices of the elderly it is clear that gender is a significant factor in the economic success of each individual; education is also a factor and correlates closely with each person/family's income. Among these thirteen Métis elderly, the men were the most economically successful.

All except one man were married to non-Indigenous lifelong partners. The exception, Alex, who was from a Northern Métis community and whose wife chose to

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<sup>20</sup> According to 2006 Census, the Métis median income was lower than the non-Indigenous population by about \$5000. The median income for non-Indigenous persons was \$25,955. In most regions, the median income of Métis women was less than that of Métis men by \$9,000 and the difference varied across Canada; in Alberta women earned about \$14,000 less than Métis men who made on average \$31,869 (Statistics Canada. 2006 Métis in Canada: Selected findings of the 2006 Census. Catalogue number 11-008 [database online]. Ottawa, Ont., 2006).

work at home raising her family, the remaining three men's partners were employed outside the home in their chosen careers.

Howard (72) and his wife earned a combined income of around \$100 K/year and have clear title to their home located in a wealthier neighborhood. Of the thirteen people interviewed, Howard had the highest level of education, a Master's Degree in Education earned in the 1960s from an American university. Howard's wife also has a university degree and she built her career as an educator. Howard and his wife were able to contribute to several pension plans. They have one adult son who is very successful in his own right.

Earl (64) and his wife are both retired. Earl had a lengthy career as a civil servant with the provincial government. He has his GED 12 and some technical training in drafting from SIAST. Earl's wife is also retired and they have a combined income of between \$50-60K/year and have clear title to their home.

John (72) and his wife are both retired and he has early onset Alzheimer's disease. His wife is a medical receptionist and cares for his every need; she is devoted to her husband. John's occupation was in the accounting field and he worked for a short time for INAC, the Métis Nation Saskatchewan and time for the Federation Saskatchewan Indian Nations. John's income is from CPP: he did not pay into a secondary pension plan. John's wife is a medical receptionist and they have a combined income of approximately \$60K. She does pay into an additional pension plan and she has benefits that include medical coverage. They own their home. John reached grade eleven.

Alex (72) resides in a northern Métis community. Alex still works full time and states that he had to return to work at age 72 for financial reasons. When he was not

working, his income was between \$20-30K. By returning to work, his income increased to approximately \$60K. Although Alex had to return to work due to financial hardship, Alex stated that at this point in his life he preferred to work. In this case, his need to work coincides with his desire to work. Alex's wife is not employed. They reside in what he termed as an 'Old Folk's Home'. This is a government run establishment and the rent is determined by income. He informed me that soon the yearly calculation of rent will be due and because of his employment the rent will be approximately \$800/month. Presently, he pays \$595/month and that is based upon his pre-employment income. Alex's occupation has been varied. He played professional hockey in his younger days. He then went through conservation officer training and got into forestry and became a consultant. Presently he is does consulting on economic development.

Overall, the men interviewed were economically and personally secure. All were married (once) and none were widowers; three of the four married non aboriginal women and three of the four wives chose to work outside the home. All had adult children who did not depend upon their parents for assistance and all family connections were strong. All the men had strong advocates in their wives and in John's circumstance, his wife was his primary caregiver.

The women interviewed had different experiences. In the previous chapter I described the time period of birth for these ladies. Gender inequality was already firmly entrenched into the social fabric of that era limiting their economic, educational and social choices. Combined with the inequitable opportunities endemic to their Métis heritage, the racist systemic barriers endured by these ladies were overwhelming. Métis and non status women as a group experience higher rates of unemployment,

underemployment and poverty (Bent, Havelock, Hawthorne-Brochman 2008, 7). Emma LaRocque, a prominent Métis scholar, indicated that in her lifetime, two things followed her. One was the richly woven cultural life based on her Métis worldview and the second was the extreme poverty and alienation from the financial and material privileges of mainstream Canada (LaRocque 2007, 59). For many of the women that I interviewed the same holds true.

The prevalent themes women identified in these interviews included limited educational opportunities, restricted employment opportunities in their primary working years and restricted opportunities for material gain, which caused their contemporary financial difficulty. There was also a limited ability to maintain connection to their culture. All of these factors are significant determinants of health and impacted not only their current state of health but their ability to access quality health care, pharmaceuticals and health care services. All of the Métis women interviewed suffer from serious health problems.

This space on the margins of Canadian society, occupied by Aboriginal people, was created because of colonialism's cruel disregard of Aboriginal title and right of self-governance and the assumed superiority over and guardianship of those considered 'primitive'. This legacy has affected all Aboriginal peoples. This historic injustice effectively imprisoned Aboriginal people and communities in the periphery of society and to poverty, conditions nearly impossible to escape. This poverty has been endured by the Aboriginal peoples through the generations since colonization.

This is the manifestation of colonial racism, and Sherene Razack (2002) and Sunera Thobani (2007) talk about this in the context of contemporary liberal states, which

includes Canada, and debunk Canadian rhetorical claims of justice and equality. Razack exposes how historic injustices are perpetuated within Canadian legal practices thereby sustaining inequitable social relations. What is interesting in Razack's literature in the context of this discussion is her concept of how Canada's national story is a racial and spatial story in the way Canada segregated, contained and limited the rights and opportunity of Aboriginal peoples and significantly, this violence against Indigenous peoples has never been interrupted (Lawrence 2002,17; Razack 2002,124-156).

Razack asks - who do white citizens know themselves to be and how does an identity of dominance rely upon keeping racial 'Others' firmly in place? How are people kept in their place and how does 'place' become 'race'? Her premise is that these created 'racial hierarchies' have structured all our lives and we need to examine how these racialization processes are experienced as spatial. In other words:

when police drop Aboriginal people outside the city limits leaving them to freeze to death, or stop young Black men on the streets or in malls, when the eyes of shop clerks follow bodies of colour presuming them to be illicit, when workplaces remain relentlessly white in the better paid jobs and fully 'coloured' at the lower levels, when affluent areas of the city are all white and poorer areas are mostly of colour, we experience the spatiality of the racial order in which we live (Razack 2002, 6).

This spacialized racial order was evident in the life of many of the elderly interviewed, as was the space of poverty that continues to separate the colonized from the colonizer. Poverty continues to be intergenerational and has for most, been inescapable.

Of all the Métis elderly whom I interviewed, Jolene was by far in the direst circumstance. Jolene is 71 years of age, resides with her daughter and eleven year old grandson in the core North Central Regina neighbourhood in a small two bedroom house with no basement, sparsely furnished. When I interviewed Jolene it was a cold day in



February, her furnishings consisted of a chair upon which she sat and watched television, and a mattress upon the floor which served as her daughter's bed. There was a small table with two chairs and a small kitchen, part of which was utilized for storage space. I noticed a case of Ichiban noodles sticking out of one of the kitchen cupboards. The two bedrooms in this approximate 600 square foot home were allocated to Jolene and her grandson. Jolene's income was approximately \$16-17K/year (\$1400/month) and the rent paid for this small house was \$700, plus utilities.

Jolene had previously been in a senior's housing project but she moved in with her daughter to help her, because her daughter could not make it financially on her own. Jolene's daughter is employed part time at Superstore and is attempting to find a second job to enhance their financial circumstances. Jolene is very ill: she has Chronic Obstructive Pulmonary Disease (COPD), high blood pressure, lupus, anaemic and has had heart surgery. Her heart problem has caused severe circulatory problems in her legs. In fact at one point during the interview when I asked Jolene if she needed any special cream for her skin she took the small blanket wrapped around her legs off, exposing legs that were black from the knee down. This was shocking for me and I suggested to Jolene that medical attention was required immediately to attend to her legs, at which point she informed me that they were much better than the previous week.

Jolene has no mode of transportation. Her daughter has no vehicle and relies upon city transit. Every time Jolene goes to the doctor, an approximate \$40 cab fare is required for the return trip, an expense she cannot absorb. Cab fare is also required for grocery shopping. Because there is no grocery store in her North Central area since the Dewdney Avenue Superstore closed a few years ago, the cost of transportation for food

can also be onerous upon their limited budget. Periodically she can obtain alternate transportation but this is in no way guaranteed and she must rely upon the goodwill of friends and acquaintances. Jolene also mentioned that her grandson has allergies and diabetes and requires allergy shots. They do not have sufficient income to cover their needs to maintain her grandson's health, such as proper nutritional requirement, and travel to and from the doctor's office for administering the allergy shots. The cost of the blood glucose test strips is prohibitive.

Jolene was born in 1940 in the small community of Lebret. She grew up in the Qu'Appelle valley, she has GED 12 and indicated she took a couple of university courses "just to see if she could do it". Jolene married but has been a widow since 1970. In her life, she supported her family by casual labour jobs and describes her career as a "jack of all trades". Jolene never contributed to a secondary pension plan nor did she ever have coverage for additional health benefits. She indicates she cannot afford Blue Cross health insurance and worries how her daughter will pay the funeral expenses upon Jolene's death; Jolene is burdened by these thoughts.

The Regina Qu'Appelle Health Region provides homecare periodically through a pilot project funded by the Aboriginal Health Transition Fund whose primary area of service is North Central<sup>21</sup>. It was the Director of this unit who discovered Jolene was having a difficult time accessing resources that would pay for rides to the doctor's office, and ensured that Jolene was added to a list of clients served by this unit. The Aboriginal Home Care team does not see Jolene regularly but comes when needed as determined by Jolene.

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<sup>21</sup> North Central is an area in Regina's inner city, 153 blocks, 153 back alleys, sandwiched between the CN and the CP rail tracks and an area that accounts for a quarter of all police calls. The North Central area was once named in Macleans Magazine as Canada's worst neighborhood (Gatehouse 2007).

Jolene's experience is unique in the context of these interviews because she does not have a strong family support system. She has her daughter and her grandson but debilitating poverty permeates every aspect of their lives. The cost of her medication far exceeds her capacity to pay, even with the senior's subsidy provided by the provincial government. Jolene is unable to purchase glasses that she desperately needs and she must go without bottom teeth as she cannot afford dentures nor can she afford to see a dentist. She cannot afford to get her feet attended to by a foot specialist who could manage her toenails and provide proper foot care.

Jolene is not strongly connected to the Métis community but has been previously asked to serve as an elder for aboriginal cultural events taking place in the North Central community. Jolene indicated that she would very much like to participate in Métis cultural events but does not have access to transportation to and from these events and she indicated that she could never afford to attend the Batoche celebration that takes place annually.

Jolene's discomfort with the health care system is that "they ignore me". Jolene stated that she does not believe she is heard when she describes her physical discomfort in relation to her illnesses; she indicated that she often has to repeat herself and has been asked why she did not come forth sooner with a description of her discomfort and her reply was "I did and you just did not listen". When my interview with Jolene had concluded, I felt completely drained and I could not, in good conscience, just turn my back to her dire circumstance so I brought her food; Jolene's circumstance was described in the 'Conceptual Baggage' portion of the previous chapter.

The poverty experienced by this family is truly intergenerational and short of winning the lottery, this family's capacity to escape their life circumstance is negligible. Jolene was a single parent for most of her life, worked at low paying jobs to support her family and currently has but one pension to carry her to her grave. Her daughter is a single parent, works at one part time job and currently searches for a second to make financial ends meet. Perhaps their hope lies with the child who is currently in school and is being supported by the collective effort of the two women.

The second Métis elder I wish to focus upon is Angelica. Angelica was a 67 year old Métis woman from Saskatoon. She shared with me her family history that had been recorded as part of a research project conducted in 1984 by the Gabriel Dumont Institute. She was able to trace her ancestry back to 1777 when one of her great, great, grandfathers arrived on the territory destined to become Canada and married an Indigenous girl. Her ancestors were originally from the Red River area and played a major role in the 1885 resistance in Saskatchewan. Consequently, her Métis ancestors endured a marginal life in the aftermath of the resistance.

Angelica was a strong Roman Catholic who had married at the age of 16. Her husband was a self employed taxi driver for his entire life. He was also physically abusive and alcoholic. Angelica had four children with this man, two daughters and two sons. While her children were young she chose to stay at home and care for them, then later worked as casual labour as a cab driver, in the curling rink cafeteria and at the city race track. With the money she brought into the home she was able to purchase the extra things needed for herself and her children. Her youngest son was killed in a car accident at the age of 16 and her older son died of an HIV related illness at the age of 28. Her

youngest daughter, Connie, married young and has two children. Connie suffers from a debilitating mental illness which has caused severe trauma for this family; she is currently divorced and is a single parent. Angelica's oldest daughter, McKenzie is currently married and has two children (twins). McKenzie is a university graduate.

Angelica stated that it was her lifelong dream to go to university. Perhaps she was influenced by the academic success of her oldest daughter McKenzie who in 1986 earned a Bachelor of Arts, because Angelica decided to become a full time student at the age of 53. This decision caused extreme conflict in her marriage. In 1997 she left her abusive relationship and divorced. In 2001 she received a Bachelor of Indian Social Work degree; Angelica was 58. She began her career as a Social Worker immediately. Eventually, Angelica's diabetic ex-husband became increasingly ill and she took on the responsibility of looking after him until he died in 2005. Angelica retired 2009 at the age of 66. The Department of Social Services called her back to work and she decided that she would work contractually as this provided her with the freedom to choose her hours.

Angelica had only contributed to the government pension plan for eight years so her secondary pension was negligible and because her husband was a self employed taxi driver he did not contribute to an additional pension plan. Therefore, Angelica's intention was to work on periodic contracts to supplement her Canada Pension. She still had a mortgage on her home [\$854/mth] that was not life insured. Angelica's plan was to sell her house to her older daughter McKenzie which would have given Angelica about \$60,000. She would then have moved into an apartment or purchased a small condo.

In August 2010 Angelica was diagnosed with terminal lung cancer that quickly spread to her brain. Her family was thrown into complete turmoil. Angelica's income at

that point in time was approximately \$59,000/year but due to her illness, Angelica could no longer work nor could she finish her contracts. Angelica's income dropped to \$1175/month, solely from her Canada Pension. Her daughter McKenzie was employed with the government. McKenzie's husband was a labourer making a marginal income. McKenzie's family income just allowed their family to make ends meet. McKenzie was faced with a daunting decision because Angelica now needed 24 hour care. Instantly, McKenzie became the matriarch of the family; she became the primary caregiver for her mother, the primary earner for the entire family and by default McKenzie was forced to cope with her sister's (Connie) mental illness. The stress was too much and McKenzie took a medical leave of absence from her place of employment. She and her husband made the decision to move to Angelica's home because of her illness. Suddenly, living in this one house was Angelica who was terminally ill, Connie who was bi-polar, McKenzie, her husband and their twin children. Their life was in turmoil and all were then living in poverty in a crowded dwelling.

McKenzie secured homecare for her mother and very quickly Angelica was determined to require palliative care. Angelica then qualified for special equipment, certain drugs were made available and all medical procedures were fast tracked. They did have the expense of homecare costs and the extra costs associated with a loved one who is dying: vitamins, creams for skin care, travel back and forth to the hospital for treatment, child care so one can attend to the necessary tasks that arise in caring for a sick elderly person and soon these extra costs were very difficult for the family to cover.

Angelica's experience was tragic and the trauma of her illness affected the entire family. McKenzie stated "In Métis society, being the matriarch of the family is forced

upon you whether you want it or not. In my husband Charlie's family, (Nisga'a) his mom was trained to become the Matriarch. The Métis don't have the same rights to land and they are so disenfranchised. You don't learn these traditions or responsibilities. There are no ceremonial places to pass on this information, it is whatever that particular family thinks needs to be done at that time".

When I asked Angelica about connection to her Métis roots, she stated her parents were involved in the Métis society and she began to learn more about her heritage when she was around the age of 30. Overall, she was not connected to the Métis community or affiliated with the political organization and this was due to the political turmoil within the Métis organization. She did indicate that the Métis society paid for her upgrading prior to her admission to the University and she is grateful for that educational aid. Angelica stated "my Métis culture is important, belonging to a Métis 'political society' or anything is not important".

One of the questions that was asked is to express what her greatest grievances are with the health care system and she stated "I think that as Métis we are not entitled to the health benefits and I look at my daughter's teeth and social services don't cover anything if it is cosmetic, yet little by little she is going to have no teeth" (Angelica is referring to Connie, her youngest daughter who is bi-polar). Angelica also indicated that one of her greatest frustrations is that she felt she was treated insensitively by many of the health care workers. She said her greatest need during this time was advocacy and McKenzie serves as her advocate.

Sadly, Angelica died on April 3, 2011, two months after our interview. Angelica knew she was soon to leaving this world and as we shared those precious moments

together late that February afternoon, sipping tea and talking, she stated that it was her faith that carries her through these trying times. She was a committed Roman Catholic and during those times she leaned heavily upon her faith. Angelica's life had been difficult and just when she thought she may be able to escape into a decent retirement, she became ill. Her youngest daughter Connie is not well and she worried about her as she worried about her grandchildren who have escaped into addictive behaviour.

McKenzie did not call me until May to let me know that her mother has passed away in April; she stated that it was just too painful to talk about. McKenzie took her mother's death very hard and is still grieving her passing.

Earl has vascular eye disease that could cause blindness. Earl was fortunate in that he was accepted into a pharmaceutical research project that he says saved his eye sight for the moment:

The doctor said it would cost \$1800 per injection and you have to get one every four weeks. I said I can't afford that. He proceeded to tell me that there is a research project going on right now, I could talk to them and get the shots for free providing that I commit for 24 months. I went into it on April 2009, I get an injection every six months....he told me my vision may or may not come back...to this day it has held, it is no better or no worse. The research company paid for us to go to Calgary starting October 1<sup>st</sup>, I get to fly to Calgary with my wife, go to the eye centre because there are only two specialists here...

Earl also stated that his eye specialist in Regina has been a great advocate. Had it not been for Earl's agreement to participate in this drug therapy that is still in its research stage, their family would not have been able to afford the shots to the eye that are required to save Earl's eye sight.

Illness was most common factor that exists among all the thirteen Métis elderly interviewed. All individuals were either presently or recently ill. In 2008, a study



*Poverty is making us sick: A comprehensive survey of health and income in Canada*

found that the poorest one-fifth of Canadians have more than double the rate of diabetes and heart disease; a sixty percent greater rate of two or more chronic health conditions; more than three times the rate of bronchitis; and nearly double the rate of arthritis or rheumatism. Additionally, they are also more likely to experience chronic circulatory conditions (MacKinnon 2010, 67). These findings seem to be consistent with the illnesses of the Métis seniors interviewed.

Just one of the Métis elderly listed a single illness, that was Angelica and she initially had cancer of the lungs that quickly spread to her brain, she lived four months after diagnosis and died in April 2011. All Métis elderly suffered acute and chronic health issues involving multiple diseases. These are as follows:

- **Isabella:** suffered from high blood pressure and although she stated her health was very good, one year ago she was hospitalized for a blood clot in her leg.
- **Howard** had tuberculosis as an infant and currently suffers from emphysema, because of that he is prone to develop bronchitis
- **Robin** had breast cancer eight years ago; she had her lymph nodes removed and currently suffers from lymphodima. She must always wear a tensor bandage on her arm as it swells. Robin also suffers from allergies
- **Sarah** had heart surgery three years ago and eleven years ago she had a bypass on her left leg because there was no circulation in her left foot. She suffered from two aneurisms in her groin, as a consequence she has numbness in her leg. She lives with much stress, she has sinus problems and frequent nose bleeds. She has also had a hysterectomy.
- **Alex** is recovering from cancer and had had several operations. He has diabetes; he has had a heart attack and subsequent heart bypass; he had his tonsils removed at age 40.
- **Earl** suffers from vascular disease in his eyes and underwent experimental treatment which saved his eye sight for the moment. He has high blood pressure and high cholesterol.

- **Mary** suffers from dementia. She is currently in a Level One/Two care home the cost of which exceeds her pension. Mary's daughters must subsidize her care. Mary is a heavy smoker, is very thin and suffers from anxiety.
- **Sabrina** suffers from arthritis, high blood pressure, anxiety, and is borderline diabetic
- **Jolene** is very ill. She has heart problems that affect the circulation in her legs [her legs are currently black from the knee down and she is under doctor's care], she has lupus, COPD and is anemic.
- **John** has dementia and has suffered from various health problems. He is in a day program because he wanders and must be supervised 24/7. John has had a heart attack and heart surgery, cataract surgery and diabetes. John's wife is his primary caregiver. The cost of John's care is high and his pension his wife's wage cover this cost.
- **Patricia** has been in a great deal of pain due to back problems. She has arthritis in her back and suffers from Spinal Stenosis; she has had three surgeries on her back. Patricia also suffers from hip problems and is also a recovered alcoholic.
- **Amelia** has arthritis, diabetes and has recently been diagnosed with breast cancer for which she is undergoing treatment. Amelia is a recovered alcoholic.

The following is a summary of the data. It was found that 38% (5) of the Métis elderly had diabetes, 38% (5) had cancer, 23% (3) had cancer and diabetes, 38% (5) had arthritis and 53% (6) had high blood pressure, 69% (9) of the Métis elderly had multiple serious illnesses. Two of the Métis elderly had dementia requiring 24 hour supervision, 7% (1) of the Métis elderly rated their health as excellent, 38% (5) rated their health as good, 23%(3) rated their health as fair, 15% (2) rated their health as poor and 15% (2) rated their health as either bad or very bad. Just over half (7 or 53%) reported that health ailments arose with age and the remaining 8 stated that health ailments had either manifested or persisted from their younger years:

- **Howard** indicated that tuberculosis and chronic respiratory problems affected him the whole of his life,

- **Alex** has health problems associated with earlier diagnosis of cancer and diabetes,
- **Earl** suffers from lifelong allergy problems,
- **Jolene** indicated lupus has been an ongoing health problem,
- **John** has had diabetes from a young age and
- **Amelia** stated that alcoholism has been an ongoing issue in her life and she has twenty years of sobriety.

It should be noted that 100% of the Métis elderly indicated that their health problems have gotten worse as they have aged.

All of the Métis elderly have a family physician, are able to get in to see their doctors quickly and all have regular checkups. Those Métis elderly who were seriously ill have been able to get into a specialist quickly. The exception is Earl, who is from Northern Saskatchewan and has had a unique experience that will be discussed further into this chapter. Problems getting to the doctor are associated with their economic status. 61% (8) stated that they could easily travel to the doctor's office the other 38% (5) needed assistance and/or someone to drive them, 38% (5) needed accompaniment to the health care professional all of the time, 30% (3) needed accompaniment some of the time, 30% (3) indicated they can get to the doctor on their own. Family members or friends accompany those who require assistance, demonstrating the importance of social networks to the these elders' well being.

It was noted that 100% are able to obtain their medication from the pharmacy in a satisfactory manner and all are satisfied that they are told all they need to know about their medication. 69% (9) pay for all their medication and 30% (3) are subsidized. Robin's husband is employed with the Provincial government and have a health care

subsidy; Angelica receives her medication from Saskatchewan Health, Palliative Care; Mary is partially covered from the benefits package of her previous employer, the Federal Government; John's wife is still employed and has a benefits package that covers his medical costs and Amelia is still employed part time, has a benefits package and pays for additional insurance from into Blue Cross.

In July 2007, under the then Premier, Lorne Calvert, the NDP provincial government of Saskatchewan introduced a Seniors Drug Plan, which meant that Saskatchewan seniors were to pay no more than \$15 per prescription for drugs listed under the Saskatchewan Formulary. Palliative care patients received drugs at no cost (Government of Saskatchewan, 2007). Eligibility was adjusted when the Saskatchewan Party and Premier of Brad Wall added an income test component but still allowed low income seniors to pay the \$15 per prescription cost for approved drugs (Government of Saskatchewan 2008). This may account for the fact the 61% (8) of the Métis elderly interviewed stated that their medication costs are not placing a hardship upon their family; 38% (5) indicated that in spite of the subsidy, medication costs are a hardship. This percentage includes only the costs for medication and does not factor in the costs of care, eye care and/or dentistry costs and/or the cost of access to health care services. This describes the circumstance at the time these Métis elderly were interviewed.

At the time of writing, Saskatchewan seniors are still subsidized by the provincial government through the Seniors' Drug Plan; Saskatchewan seniors now pay \$20.00 per prescription and they must apply for registration into the plan. Not all drugs are covered under this plan, just those listed in the Saskatchewan Formulary. The net income cut off for each individual senior in the household is \$75,480; those seniors already covered

under Veterans Affairs or the Non-Insured Health Benefits Program do not qualify (Government of Saskatchewan 2012).

The Centre for Aboriginal Health Research states that one in three Indigenous elderly live below the poverty lines which means that they struggle with low socioeconomic status and do not have the financial resources to manage or control the health challenges they face as they age (Reading 2009, 75). If there is no way to secure supplementary monetary support the elderly have to do without.

Limited income was a major concern for the Métis elderly and served as barrier to access adequate health care aid or services.

- Mary is in a nursing home, the cost of which is \$1900/month and her pension is \$1800/month. Mary's daughters must cover all the rest of her costs.
- Sarah indicated that she could not afford to pay the cost of Blue Cross or other private insurance. She indicates that she takes nine different medications daily as she is diabetic and she "cannot afford to buy those strips [blood glucose]. They are \$100 a shot". Sarah also cannot afford to have her dental health attended to. When asked if she was in pain she stated "I have a couple teeth loose right now. I have to watch how I chew and take my time. I have phoned so many people, you have to come up with the money." Sarah also stated "Years ago you could go get your teeth done and make payments, but so many people have taken advantage of the system now you have to pay up front. I have phoned so many denture places to see what kind of deal I could get, I phoned Métis organizations. No one can help me. I have to pay \$1700 up front before they will do anything." She does without dental care. Sarah also cannot purchase new reading glasses.
- John's circumstance is difficult because of the progression of his Alzheimer's disease. The cost to the family is difficult but he and his wife are able to absorb that cost because his wife is still employed full time and has supplemental health coverage benefits. They also have clear title to their home. The arduous component of dealing with Earl's illness is the costs associated with the day program he must attend, which is approximately \$800/month. They also must pay for a personal care worker that must come in when John is not in day program. That cost is also approximately \$800/month.
- Sabrina stated that there "were times where I wouldn't take the full dosage. Like maybe I'd take one the first day and two the second day, the next day I'd take one

again, just so I'd have enough pills for the end of the month, not realizing what that was doing to me"

- Jolene's circumstance has been described previously in terms of the costs she must absorb to travel to health care professionals but in addition to that hardship, she cannot afford to purchase much needed glasses, see a dentist or purchase dentures. She has no bottom teeth. Jolene cannot purchase vitamins such as calcium, magnesium and potassium nor can she purchase cream for her legs, which get dry and flaky due to poor circulation.

At this point in time, the other Métis elderly are adequately managing their cost associated with their health and care:

- Robin is still employed and receives secondary coverage from her husband's government plan. This will change when both she and her husband retire and the secondary coverage is no longer available. When asked if she worries about that, she stated "I worry a little bit, I always think what if he was sick or I was sick. If both of us were sick, it would be a really critical situation".
- Patricia has supplementary drug coverage carried into her retirement from her previous provincial government position,
- Angelica has all her care costs covered by Palliative Care although costs [such as gasoline and childcare] associated with caring for Angelica must be absorbed by her daughter McKenzie.
- Howard is financially secure and can absorb health care costs with more ease because of his economic circumstance.

Alex is from Northern Saskatchewan and his experiences are different from the other Métis elderly. Alex was born in Beauval, Saskatchewan and although he spent many years away, he has retired to his home community. He has had numerous health problems. Most of his illnesses have been extreme. Alex has had cancer and had to go through several different surgeries. He had a heart attack and subsequent heart bypass surgery. He had three quarters of his stomach taken out, and he is a diabetic. Alex

indicated that they have had trouble keeping a doctor in their community and his concern revolved around the cost of traveling to urban centres in the South to see specialists:

my thing is about our folks and about us having to travel to see specialists; costing money like crazy and you go down for an examination, a pre-op which they could do at the clinic here, then they talk to you for about 15 minutes they you are gone then you have to come back for a procedure. Everyone is facing that here. They have to go a long ways and spend a lot of money. The Métis have to pay their own way, not like treaty Indians. My mom and dad, who are gone now, that was a chore; it was always a big trip for them to go see a doctor in Saskatoon.

For the Métis living in the North who are coping with serious illness, accessing health care and services is expensive, time consuming, stressful and requires a great amount of planning. Having a family member accompany the individual could be considered a necessity and this always increases the costs. Alex was required spend five weeks in Saskatoon to receive chemotherapy and radiation treatments when he was being treated for cancer. He was responsible for related expenses. The community of Beauval assists their community members with these kinds of costs by holding what Alex describes as a 'lottery' that provides funds for accommodation, meals and incidentals. Alex stated "there is a place you can stay in Saskatoon but it is only for the patients. It is alright and only \$40 per night but my wife was with me and she had to pay full price so we may as well stay in a hotel. We found a place where we could stay for \$30 per night, it was one our Christian friends...we stayed there for five weeks and the community paid for most of that stay".

Alex expressed concern over the differential access to health care between Métis and First Nations people. He indicated that life would be much different if medication cost and transportation requirements were covered similar to what status First Nations are entitled to receive: "up north, people up here don't have anything except for their old age

pensions...right across the river there is a reserve and they get all the funding required, glasses, healthcare, whatever,...we are living in the same area...it irritates me”.

In the interviews, 76% (10) of the Métis elderly stated that advocacy was their greatest need. The interdepartmental network that individuals must make sense of and then interact with when serious illness affects their person or their loved ones is very challenging. One may have to deal with general practitioners/MDs, emergency room doctors and/or nurses, specialists, pharmacists, medical insurance companies, veterans affairs, homecare workers, nurse practitioners, hospital social workers, nursing home staff and others, just to access the required services and/or obtain all the benefits available to the general public and/or the elderly.

There may also be times when a senior may feel s/he is not being treated with respect or dignity, not listened to or unable to say directly what s/he may need or what kind of pain is being experienced. Some examples of disrespectful treatment follow:

“I am sure going to remember how I was treated at the RUH that was uncalled for... the way he spoke to me....the language, I didn’t even think they would use the F word...” (John’s wife)

“[an elderly friend] was up there and I was up there helping her because she had a stroke and couldn’t feed herself. They would bring her those cups with pudding, they wouldn’t even unwrap them or anything...I was in the hospital the same time as my friend and they starved him, I used to visit him and he was heavily medicated and they wouldn’t feed him. The lady and the man that was in the bed next to my friend, he said that he didn’t eat for five days and they didn’t put an IV in him. He died in the hospital” (Robin)

“they cut me off disability because I made the mistake of going back to work without going through a rehabilitation officer through the union. It took me nine months to go back on disability and I don’t know how much of my savings I went through during that time and it was the year I was going through chronic pain....the only way I won is that I had my



son Peter talk for me...it was Peter that made them sit up and listen...if I didn't have Peter talking for me I don't think I would have made it"(Patricia)

"I approached Social Services, they subsidized my mother the first month that she lived alone and they paid for her medication but when we transferred her to Oxford Place, they sent a letter after she moved and stated that they could not help her anymore. I appealed it; we went to the appeal board in Regina. They said that she wasn't entitled because she had a pension that was more than what she was allowed to live in a home. I phoned my MLA and they were saying something about seniors and benefits but nothing came of it"(Mary's daughter)

"I need somebody to accompany me because of the cancer, in the past I have asked my sister. I have chronic pain I had for years before anything happened, finally my sister got angry with me and told me that she was going to my doctor with me. They would ask me what was wrong with me and I would say that I hurt everywhere. I didn't know and then I'd start to cry because I couldn't deal with it, she came with me and said to my doctor that my sister is in pain all the time, somebody has to do something...I can't even imagine what it would be like without the support from family and friend..." (Amelia)

"Advocacy has been important this time with all my issues. I am so grateful I have a family doctor...if I didn't have an advocate I wouldn't be getting the care...if I didn't have anyone there to advocate for me, to ask questions, get information.. a lot of my stuff would be based on guessing." (Amelia)

"one thing that really bothered me is that when I came out of the hospital for the first time and met with my cancer specialist. She told me that I look so good; we never thought you'd make it out of the hospital. That shocked me because no one told me I was that sick" (Angelica)

Of these elders interviewed, 69% (9) indicated that they have not experienced racism in the medical services and care professions. 23% (3) indicated they had and the most prominent form of racism experienced was being ignored, non attention paid to aboriginal persons and/or insensitivity:

“Yeah there is racism. When you’re in hospital, they just don’t seem to have time for you, like you’re a number. I was in a room with another white lady and nurses seemed to pay more attention to her. They just left me. Sometimes they would come ask her what she needed...we were both equal and they seemed to come and talk to her....I just felt the nurses treated me different, even when I rung the bell, or I had a lot of pain, sometimes it just seemed like they were tired of dealing with me. When your IV is beeping, you would tell them and they’d take their time or seemed annoyed” (Robin)

“They don’t listen. They ignore me, when I’m telling them some of my grievances, some of them say “well why didn’t you tell me”....I did tell them, they just didn’t listen” (Jolene)

When asked what other supports are needed 38% (5) of the Métis elderly indicated that they needed someone to drive them to care givers and/or facilities. In all cases family members provided advocacy.

The Royal Commission on Aboriginal Peoples stated that a central issue facing urban Aboriginal peoples is one of cultural identity. The Commission argued that aboriginal, municipal, territorial, provincial and federal government should initiate programs to increase opportunities to promote Aboriginal cultures in urban communities (Silver 2006, 30). It is difficult to maintain cultural continuity for urban Métis people in the absence of a social, political and/or cultural infrastructure acting to bring the community together.

Of the thirteen Métis elderly, Sabrina has a peripheral association with the Métis political organization. Sabrina’s late husband had been a long time Métis activist and political leader and currently, her daughter has picked up the torch and is the regional director for the Métis in Southwest Saskatchewan. Sabrina carries on the Métis cultural traditions by serving soup and bannock every Friday at a local Métis gathering place and she also organizes jigging lessons for the children in the community. When asked if she

knew of any other place in the area where one could connect with the Métis community, she indicated that she knew of none other. Sabrina's affiliation at this point is more a social outreach and her service provides a place for Métis to gather and share food.

When asked if they were able to keep connected to the Métis community 69% (9) indicated yes, 15% (2) stated 'sort of' and 15% (2) stated a definitive no. It was interesting to investigate how these individuals have kept their culture identity alive and to witness if in fact connection to their 'Métis' heritage was important to them. Based on these discussions, I would have to say definitively yes, those connections were very important.

Isabella is a respected Métis elder and many members of the Métis community seek to cater Aboriginal events. She cooks what has been recognized as 'traditional' Métis food, bannock and bullets, Saskatoon pies, tarts, fish fries, hamburger soup, choke cherry syrup, etc. Isabella has also been called upon as an elder to participate in various health meetings facilitated by the Regina Qu'Appelle Health Region

Howard was very clear about his heritage and always made sure he connected to his Métis roots. He is a highly educated man and in the past served as director of a Métis controlled post secondary institution, was heavily involved with the Canadian Friendship Centres and served as a high school principle. He is currently a member of the newly formed Regina Riel Métis Council Inc.<sup>22</sup>

Howard is a well respected Saskatchewan Métis elder. He also indicated that "in the past, the Women of the Dawn, the Regina Friendship Centre, and the Native

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<sup>22</sup> Regina Riel Metis Council (RRMC) promotes the needs, rights and culture of the Métis citizens in Regina, Sk (RRMC 2010)

Social Health Agencies had a big role in the city. Now it is the Salvation Army and other groups, the food bank has taken over. It is not because they are aggressive; it is because the Native agencies have fallen short”.

Robin is also a well respected Saskatchewan Métis elder, has spent her life serving her community, and is a member of the Regina Urban Aboriginal Steering Committee. She serves as an advocate for women who have had their children taken and placed in foster care. She is often asked to participate in community events as an elder. Robin practices ‘traditional’ indigenous healing practices; she uses and participates in sweet grass prayer and ceremony. Robin is from the Batoche area.

Sarah is peripherally connected to the Métis community through the senior’s complex she resides in. The senior’s complex is controlled by a Métis non profit board of directors. Sarah is able to participate in any events the complex puts on and she is casual friends with Isabella. Sarah indicated she would like to know more about the culture but stated she “only heard bits and pieces” from her mom and dad.

Earl is connected to his Métis roots through his immediate family, his brothers and sister. In addition Earl was an active member of a Métis square dance group and participated until his illness prevented him from attending. Earl grew up on the Métis farm. Earl stated “keeping in touch with my Métis community means keeping in touch with your family and friends, attending a dance. I guess what I think of is our relatives in Lebret having a gathering and

they have a big celebration. I usually go down....I have my fiddle, CDs and my guitar.”

Angelica was disconnected from her Métis roots until in her 30s – “I didn’t know what Métis was until I was about 30 or so. At one point Métis were not allowed to meet. When they started the Métis Society, there was a law against having a meeting; they used to hold the meetings in someone’s basement”. Angelica’s daughter stated “my grandparents were founding members of the Métis Nation of Saskatchewan. All this stuff is in the Prairie History room at the University”. In terms of connection to Métis culture and community, Angelica stated that “my Métis culture is important. Belonging to a society or anything is not important”. Angelica was marginally connected to the Métis community.

Mary grew up in a Métis family and remained connected through family ties. She was also very much connected to Aboriginal organizations in her lifetime through her friends who were part of native alcohol and drug program and also friendship centres. She has had a number of jobs that were linked to her aboriginal roots and in her lifetime her friends were drawn from the aboriginal community. Currently she is alienated from both her cultural roots and aboriginal community.

Sabrina makes the choice to stay very connected to her Métis heritage and has throughout her life. She is from a strong Métis background, was married to a Métis man who was also very connected to his Métis roots and advocated politically for Métis rights, and her children are following in their

footsteps. Sabrina chooses to carry on her husband's legacy of doing everything in their power to connect to the Métis community and to keep alive the culture through connection to the youth.

Jolene has tried to keep connected to her Métis community but debilitating poverty confines her to her home and/or surrounding area. She would like to connect more and does serve periodically on committees in the North Central community. When asked if she connects to the Métis community, she stated "yes, but not so much, some are crooked so I didn't join anything Métis run". She associates Métis community and culture to negative aspects of Métis political activity. In conversation with Jolene there was no indication that she spends any amount of time with family and relatives other than her daughter and grandson. She appeared to be quite alienated from the Métis community.

John is connected to the Métis community via his family (that is his brothers and sisters). He is from a strong Métis background, having grown up on the Métis farm in Lebret. Some members of his family still live in Lebret. He and his wife have attended the Batoche celebration, the Arcand fiddle festival, and just being with his brothers and sisters connects him to his Métis roots.

Alex is strongly connected to his Métis roots. He is a northern Métis man who resides in a small Métis community, the community he was raised in. He indicated that in the North "you pretty much know the people in the other communities...Ille la Crosse, then the other Métis communities are to the west of us including Canoe Lake and two other Métis communities...they have cultural

activities and have music and food in their get togethers...they have a big one in the summer time and they have one in the winter in the gym where the community comes together and they have a meal, they do this three or four times a year”. Alex’s first language is Cree and Michif and he is fluent in his languages.

Patricia is from a strong Métis family but indicated over the years she has become more connected to her AA community for support and guidance. Her daughter, who was present during the interview, stated that “the only time my mom connects to the Métis community is when we go to funerals and that it is not like it used to be....Métis families used to get together and that does not happen anymore”. When Patricia speaks about her AA family she indicates that she has “a different lifestyle today....I have my AA life...I get involved with my home group, I have lots of women in my life who I do things with, supper, lunches, meetings, potlucks. I think that maybe in the Métis community, those things should be going on too, I am not really involved in it, it really doesn’t make a difference to me now”. Although Patricia has built a strong support group from her AA groups, she is connected to the Métis community through her family and her children who all have built their career working with Aboriginal communities.

Amelia states she is not connected to the Métis community. She indicates that when she was younger, Métis culture was not part of her life. “Part of it is that I didn’t grow up with my brothers and sisters. I was adopted, my [adoptive] mom was Métis, she was my dad’s sister but my [adoptive] father

was a white man. I was raised like a white person. My [adoptive] mother was Métis but deeply ashamed of that. I have been involved with [Métis] boards and stuff but I quit after I was threatened by this guy that didn't like what I was doing". When asked why her adopted mother was ashamed of being Métis she indicated that "when I was about 13 or 14, I found out from a friend of mine that my own mother was part Indian and I was excited about it. When I went home and asked her she told me not to bring it up again and never to talk about it".

Amelia met her biological family when she was 11<sup>23</sup> "I knew 'Sister 2' was my sister but with 'Sister 7', 'brother 5', and 'brother 6', I didn't meet them until I was 11 but 'brother 1' and 'brother 2' used to come visit me when I was little and my dad used to come visit me when I was little. But the ones that were in the orphanage I didn't meet until I was 11 and when they got out, we connected shortly afterwards and that is when I connected to all of them". Amelia indicated further that she was never connected to culturally specific activities but "I think if I had someone to go to things with I'd probably go because I think it's interesting. There is a certain attitude and a certain way of looking at life. I see that in my sisters, like the kind of humor that they have and I can't describe it either, it is just something in their attitude and the way they live." When asked if she thinks she has it, she stated "no, I don't think so".

When asked if culturally specific health care mattered, 61% (8) indicated that yes, it mattered and the majority of those responding yes indicated that the Roman Catholic

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<sup>23</sup> The siblings are numbered in accordance to age, there were 7 older sisters and Amelia was the eighth child. She had six brothers who are also numbered in accordance to age. Sister 1, 2, 3, 4 and Brother 1, 2, did not go to the orphanage because they were too old when the children were taken and these siblings were on their own. The children who went to the orphanage were Sister 5, 6, 7 and brothers 3, 4, 5, 6.



faith was the culturally specific care needed. One respondent indicated that sweet grass, prayer and smudging were important to her and one was an evangelical Christian. 38% (5) of the respondents indicated that culturally specific care was not important to them. All the Métis elderly interviewed indicated that if health care and services were provided to Métis in the same manner as for aboriginal people that have status with the federal government, their life and financial circumstance would be better. Some of their comments are as follows:

“there are people with diabetes and one woman was telling me that they pay \$200 for diabetes testing strips and they only get 100 strips”

“just people being around you that you know and who understand you, it would be a comfort zone”

“we should have the same benefits as status people, we are classified as aboriginal anyway...seniors that are low income are brushed to the side...some people need medication and they can't afford the medication which is terrible.

“if the Métis community were able to assist with health care that would impact us big time, the medication would be covered, I have a pretty good retirement package but still medication is very expensive. Glasses and dentures are very expensive too”

“well it is important to me because a lot of the burden would be taken off of my family. Financially I could use my pension for other things”

“if it wasn't for family subsidizing me, I would not be able to get the medication”

“I think it would be great, I wouldn't have a whole lot but it is usually around \$259-\$300 per month that I pay in medication only and I have to check my blood sugar every day”

“helping with housing, or glasses, or maybe if they had a program like para-transit it would help allot; I could relax if I had stuff covered like status Indians do”

“it would help the north a lot. A lot of people up here don't have anything except for their old age pension...”

Cultural continuity is an important determinant of health. It is through one's cultural lens that we witness our experiences, that we feel our life. It is through our cultural lens that we build our family, communicate with each other and create memories and it is through our cultural lens that we learn to care for ourselves as Métis.

For the Métis, cultural continuity was severely disrupted by the displacement of our ancestors from the land. For aboriginal peoples, the land forges our identity and as Métis people we have never overcome the consequence of what happened 150 years ago in the western territories of what became Canada. The consequence of these disruptions can be witnessed today and in this study, through the voices of those Métis who have been here the longest – our elderly.

Colonialism successfully divorced us from our community. For those Métis who have been denied the ability to know, be brought up in and/or feel their culture, are those peoples any less 'aboriginal'? Isn't that one of the main aspects of colonial trauma? Those individuals can still tell their stories as an 'Aboriginal' person because those individuals are on the inside looking out of the consequence of colonialism. For those people, not being allowed to know a culture or worldview of their ancestors does not negate their aboriginality, it just blinds one to the reality of their roots; those stories need also be heard. In this thesis much discussion has taken place in relation to identity regulation and the consequences thereof to Métis peoples, particularly the Métis elderly interviewed. The questionnaire devised and approved for this project does not have a specific question related to identity because at those early stages of thesis production, the focus was on a health specific agenda in relation to state imposed divisions among

Aboriginal peoples. Operating from the foundational premise that all Aboriginal peoples have been negatively impacted by colonialism, the questions centered empirically on the measurable tangibles as opposed to the more abstract notion of Métis identity.

In the telling of the interviewee's stories and the analysis thereof, I adopted a 'contrapuntal' approach and began to appreciate what was not told. The reality was that little space is available to share in anything culturally significant and those that were the farthest removed from their culture and identity appeared to be the most ill.

Jolene comes to mind first as she was inordinately isolated because of poverty and because of her illnesses. Jolene did not have a strong advocate and has been alienated from culturally specific events in spite of the fact she had been asked periodically to serve in an elder's capacity at North Central events. I suspect that the services provided were from a pan-indigenous approach as opposed to a Métis specific approach. The second individual that needs be mentioned is Angelica. Angelica was not connected to her Métis roots until she was an adult with children. She indicated that her family hid the fact they were Métis and she took it upon herself to seek out her heritage. She was able to pass that knowledge to her daughters. Angelica's life was very difficult and just when she thought she may have a chance for a decent retirement, she became ill with cancer and died shortly after I interviewed her. What is exceedingly sad for this family is the intergenerational illness that continues to plague them; her daughter is bi-polar, and her daughter's children suffer from drug and alcohol illnesses.

Most of the elders interviewed remembered a culturally significant youth with common food, social gatherings and common socio-economic fears. The significant variable that makes these individuals different from mainstream issues facing Canadian

elderly is that these individuals are, as a collective, Aboriginal. All of these peoples are in their socio-economic space because of colonialism and were it not for the barriers imposed by their colonial past, they may have had a chance to secure a higher standard of living in their elder years. Statistics do not offer hope that the elderly years of their sons and daughters will be holding much difference.

These thirteen elders have put a face on the political and economic inequalities assigned by the Canadian state through colonialism and nation building. Their voices reveal the historical mythology of an equal and free Canadian liberal democracy is not the reality of those forced to the margins so others could profit. Irlbacher-Fox calls this intergenerational social suffering, defined as lived consequences of inequality, injustice and oppression within social and political norms and institutions (Irlbacher-Fox 2009, 28). This injustice is historical, and poverty and unemployment are symptoms of deeper injustices such as dispossession. When these injustices go unrestituted, we can expect ongoing suffering. Focusing on the symptoms rather than addressing the injustice will never make it go away (Ibid, 33). This is so true for the ongoing and intergenerational poverty that many Métis must face.

The stories that were so unselfishly shared with me in the context of this research triggered a profound sadness for me because through their memories, so many of my own memories were triggered. I remembered my grandmother with profound sadness. The picture is still clear in my mind: an elderly woman among other half breed and First Nation persons scattered between rows of upturned dirt, stooping over empty burlap sacks as they filled them with potatoes, earning a dollar a bag. I was with her during those times, helping her fill those sacks. I was also with her when she went to white

people's homes, to clean their houses and wash their dirty laundry. She did this until she died of cancer at the age of 63. I am profoundly saddened to realize that my grandmother's generation gave birth to the generation of elders whom I interviewed and for many their life circumstances remained unchanged from those of my grandmother. For many, the cycle of poverty has become an intergenerational legacy that is impossible to escape.

When I began this research, my hope was to contribute something new for the academic world to reflect upon. I now realize that what I am sharing is not new, that in fact what I share in this discussion is just another snapshot of the same picture taken from a different era. Perhaps what gives this discussion its value is the reminder that the system that crushed the Métis also chained them to poverty, often until the day they died. This same reflection was made by the late Dr. Howard Adams in his enraged lament at his mother's death bed: "I began to regret every day of the years I had stayed away from my family simply because they were half-breeds. The system succeeded in turning my love into shame...I did not understand how cultural genocide systematically operated to colonize me. To me death at 52 meant a violent death – my mother had died at 52 because she was a half-breed oppressed by Canadian colonialism" (Adams 1989, 125).

The voices of these Métis seniors can serve to demonstrate what is truly happening with the grassroots Métis people contemporarily. These seniors were not connected to the Métis political organizations and when the topic was brought up in discussion there was a pronounced suspicion toward the Métis political leaders. Although the Métis Nation of Canada and Métis Nation of Saskatchewan have made great strides in bringing the Métis political issues to the forefront of contemporary

aboriginal politics, whatever has been gained is not reflected at the grassroots level for these individuals interviewed and for most of us.

In discussion with the Métis seniors, they worried about their children, about their children's future and their children worried about them. Mary's daughter Lana cried during the interview, describing how there was no help for her to cope with her mother's health care needs. She stated "my nerves are shot, I am on anti-depressants and I have no family here to help. I phoned my youngest sister Phoebe and she couldn't help, she wanted to take Mary to live with her, my sister can't take care of herself...my husband phoned my sister Jesse and told her she had to come here to help but she didn't come, she is still so much like a little kid herself, you go from the daughter to the mother, it is time consuming". Thus family caregivers also suffer ill health from providing care, financial assistance, and from stress.

Feminist insights helped me to recognize how colonialism, which is devastating to all Aboriginal peoples, has experiential differences between men and women. All the men interviewed have been in long term, stable relationships making it easier to be financially secure because the majority have wives that work outside the home. Most of the men interviewed owned their own homes outright, were covered by secondary health coverage and could depend on their wives for support as a caregiver. The financial, physical and psychological security their life circumstance provides ensures that they can progress into their elder years in relative comfort.

The women interviewed lived in much different circumstances. All but one of the women interviewed were single and most received one pension, which means that most live economically marginal lives. As their primary working years were the 1960s and

forward, those eras in and of themselves had barriers to economic stability; in 1967, women made on average, 58.4% of what men did and lone parent families headed by women had the lowest incomes (Biggs 2005, 191). Most of the women interviewed in this thesis had been single parents. When one factors in the high rates of unemployment or the types of employment available to single parent Aboriginal women in those decades, economic insecurity contemporarily was almost a foregone conclusion. It should also be noted that in 2002, almost half of unattached women over the age of sixty-five could look forward to impoverished existence in their final years (2005). That is the case for most of the women interviewed in this thesis, which negatively impacts their health and their ability to cope with age related illness.

There are ongoing studies and initiatives to address poverty and health care for the elderly but the ongoing question remain: how are these initiatives trickling down to the grassroots people? For these Métis seniors, nothing has changed and they do not see the results of those new initiatives. These individuals fall within the Constitutional definition of aboriginal peoples of Canada, the Métis, yet they do not have the legal recognition of legislation such as the Indian Act, however divisive or damming that tool has been. The poverty for most has been intergenerational and overall, most have a weakened connection to the overall Métis community.

The division between status and others that was created 150 years ago still divides our communities. The power structures that supported inequalities then still effectively support the same inequality today. Racism is still a daily factor for many of us. The ad hoc funding that is provided to Métis organizations does not in any significant manner

change the lives of the Métis. The cumulative consequences are evident in our record of poor health, economic marginality, and mortality.



## Chapter 6 Conclusion

A few nights ago, I attended a forum in Winnipeg on racism; Dr. Emma LaRocque was a panelist<sup>24</sup>. One of her comments encapsulated what I am saying in this dissertation: “for Aboriginal peoples, colonialism is an experience”. Colonialism is an ongoing organic process that is as real today as it was 150 years ago. In this dissertation, I tell my story, and I deliberately and unapologetically adapted my research so I could depict how I understood colonialism as a Métis child, woman, caregiver and scholar. I wanted to have a discussion about colonialism and tell of its impact through a Métis voice and demonstrate how its impact permeated every aspect of my family’s life. I wanted to show the consequences of colonialism’s impact by examining the health of our community’s most vulnerable and revered members, the elderly.

As Métis people, we have spent our lives on the margins of Canadian society and we have spent our lives declaring our Aboriginality, a declaration often voiced in vain until, after a long difficult struggle, a renewed Constitution finally acknowledged us in 1982. Above all, we have not been accepted for our unique Aboriginal ethnicity and histories, and our peoples and communities have always been perceived as “neither” through a myopic lens with expectations that we have to choose between white or indigenous. In my lifetime, I have had almost as much racism directed at me from my First Nations peers as from white colonial society. This in-between world we occupy has, in part, shaped our identities.

Colonialism has affected all Aboriginal peoples negatively, and evidence providing validation of that statement can be found in every Aboriginal community and

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<sup>24</sup> Emma Laroque was part of the panel hosted by the University of Manitoba. The Panel was entitled “We Need To Talk About Racism”, it was held on September 12, 2012.

family across Canada. It is spelled out clearly in the dire statistics that distinguishes the socio-economic gap between non Aboriginal communities and ours. I have heard many times, from non aboriginal students I have taught, friends I have socialized with and members of the public that societal attitudes have changed, and this era is much better for Aboriginal peoples compared to their dark colonial past. Ask the peoples of Attawapiskat if that is an accurate belief<sup>25</sup>. The truth is, not much has changed for Aboriginal peoples in Canada and in many respects, the challenges we face are getting worse.

I have stated in this dissertation that the colonisation of Aboriginal peoples was violent, brutal and racist; that colonialism was perpetrated by agents of European empires whose economies were hungry for resources, markets and cheap labor; all acted to dominate, exterminate and dislodge Aboriginal peoples for their land and resources (Said 1993, 8). Colonialism ensured the colonizer benefitted at the expense of Aboriginal peoples whose sovereignty went unrecognized due to the imperial and colonial racist assumption of superiority (Green 1995). The trauma of this historic legacy has negatively impacted every subsequent Aboriginal generation, and the societal inequality forced upon us to enable seizure of our land and resources has devastated our communities. Still we are blamed by uninformed non-Aboriginals and their media and “education” systems for our poverty, lack of education, dysfunctional families and communities: by the very society that tethered our capacity to thrive with institutional barriers constructed with the might of a nation to keep us down. The truth is, colonization traumatised our communities, and this experience cannot be confined to a single event limited in time; our colonial history is a common Indigenous experience, and

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<sup>25</sup> See Crisis in Attawapiskat, [http://www.cbc.ca/news/canada/photos/1505/#igImgId\\_26922](http://www.cbc.ca/news/canada/photos/1505/#igImgId_26922) .

we carry this trauma with us always, it shapes and predicts our future (Elias, B., Mignone, J., Hall, M., Hong, S., Hart, L., Sareen, J., 2012).

I state in this dissertation that the Canadian state produced differences between Aboriginal peoples for the purpose of control; that Aboriginal people were colonized in the name of empire so as to claim Aboriginal territory and resources. I have also stated that control of Aboriginal people was maintained through identity regulation which artificially divided Canadian Aboriginal peoples into three distinct cohorts, each with differing claims to rights and recognition within Canadian jurisprudence. These artificial divisions facilitated inequitable rights and policy among Aboriginal peoples, creating an arena in which unequal power relations, competition and racism flourished.

Aboriginal peoples have internalized these imposed divisions and contemporarily Aboriginal citizenship has everything to do with land, resources and power and little to do with ethnicity (Giokas and Chartrand 2008, 88). This internalization of racist forms of identity production always benefits the interests of the colonizer, and it is therefore critical to the maintenance of the political structure that was imposed upon Aboriginal peoples (Coulthard 2008, 191; Fanon 2008, 65). This political structure houses the Indian Act, which concisely identifies those Aboriginal peoples allowed to have a legal relationship with the Crown; all remaining outside the exclusionary barriers defined in this Act are the Aboriginal 'Others'. Those Aboriginal 'Others' are the voices I seek to hear, for they have been cast aside, ignored with little alternative but to endure their struggles in isolation. The Métis have always been the Aboriginal 'Other' and the denial of recognition of our Aboriginal ancestry and isolation from our cultural roots and

communities due to historic dispossession of our territories has a tremendous and negative impact upon our health.

As I listened to the voices of the elders, reflected upon my family's history and researched Métis history, the common thread that wove through our collective story was one of poverty and lack of opportunity and we have carried with us through the generations. Razack talks of this when she addressed racialized space and exposes those historic injustices stating that contemporary legal practices sustain inequitable social relations born of the Canadian national history that segregated, contained and limited the rights and opportunities available to Aboriginal peoples (Razack 2002, 124-156). The consequence of limited opportunity was evident in the stories of the elders I interviewed as most came from poverty, lived their lives modestly, and had limited educational achievement and live on a single pension with limited capacity to meet the needs of age-related illness.

Cultural continuity and security of identity was denied to Métis peoples and the havoc this has caused continues to be played out in the contemporary political arena as we fight with each other over who we are. Our identity is now wedded to the definitional terms of the state in its Constitution and in its legislation, and we continually adjust the defining features of Métis identity to match judicially defined Aboriginal rights. Consequently, the multiplicity of Métis culture is denied and the perpetual 'Othering' of Aboriginal peoples proceeds unabated. To continue on this path denies the truth that the Métis have infinite variables influencing our cultural heritage; it denies the diversity in our art, music and dance; it denies our regional differences and our historic, social, political and economic hardships; it denies our diverse spiritual and religious

connections; and it denies our multi-lingual diversity. All are in danger of sacrifice to the agenda of state-recognized Aboriginal rights (Logan 2008, 89). If we succumb to these exclusionary parameters imposed by state-defined criteria we will lose our capacity to embrace the rich diversity of Métis cultures across Canada and there will always be those who fail to meet the ever renegotiated state-imposed identity criteria.

I resent that my identity as a Métis woman must be legitimized by representatives of Métis political regimes who filter out all those whose genealogy fall outside the confines of contemporary Métis identity regulation. I know who I am, where my ancestors came from, the lives they led and the culture that defined them. The lack of a legitimating 'card' cannot deny my ancestry. I stated previously that in my youth, I recall coming home to a kitchen full of half breeds plotting their next political moves; in those days, it was still OK to call ourselves half breeds and not once did anyone ever suspect that the person they were sitting beside was not a **'real'** half breed. Who would willingly place themselves at the centre of a political battle that had no power, no money, no land base, no treaty and no acknowledgement as an aboriginal and whose only unifying gel was a profound commitment to overcome racial oppression so other 'half-breeds' could have a better future? Those were times of unity, a common commitment with a shared vision. I remember those times fondly and reflecting now from a position of maturity, I believe that in that era, our identity was broader than a particular Métis culture; our identity was embedded in an all encompassing paradigm defined in part by non acceptance of Canadian society at large. All were welcomed in spite of ideological,

gender, north and south residential differences. This changed almost as soon as funding was made available by provincial government for political organizations.<sup>26</sup>

There are still multiplicities of defining criteria by which Métis people and community identify themselves. This has always been real. We cannot ‘can’ a Métis identity because there is no definitive set of ingredients (Wichart, 2013).<sup>27</sup> We are descendants of those Métis who came together in community defined by the values of social obligation and responsibility to family and community. We are also descendants of Métis who claimed nationhood in opposition to the colonizing project called Canada. We are united in the inherent memory passed forward by ancestry so I return to my question, for whose purpose are we defining ourselves?

Through the literature of Fanon, we can reflect upon that very question, then ask ourselves if we have adopted the tools of the colonizer to police our own peoples, police how we define ourselves, and police acceptance. Fanon’s words make clear the psychological impact of colonialism upon the colonized. Imperial rule is not necessarily maintained by force because colonial hegemony replaces forced compliance by producing modes of colonial thought, desire and behavior that commits the colonized to practices that are required for their continued domination (Coulthard 2006, 60-61; Fanon 2008, 33-34). Exclusionary definitions of Métis are in place for the purpose of rights recognition requiring the ‘membership police’ to establish criteria that colonial governments will recognize; we legitimize this process by reacting from a place of compliance to these laws as opposed to recognizing ourselves from outside those

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<sup>26</sup> For more in-depth description of this era of Métis political development, see M. Dobbin, *The One-And-A-Half-Men*, Howard Adams, *Prisoner of Grass Canada from a Native Point of View or A tortured People: The Politics of Colonization* and J. Weinstien, *Quiet Revolution West: The Rebirth of Métis Nationalism*.

<sup>27</sup> Noreen Wichart is a professional colleague who is Métis. She coined this phrase in conversation over dinner on February 24, 2013.

boundaries. What Fanon so eloquently tries to do in his literature is help the colonized “free himself from the arsenal of complexes that have been developed in the colonial environment” (Fanon 2008, 14). Metis people need this freedom.

In reality, Aboriginal people cannot easily accomplish this because the truth is we live with racial oppression in the colonial shadow of our ancestry. Our identity was formed by our constant struggle to escape that legacy and our Métis-ness often reflects our reaction to what has been left out, or not recognized or not acknowledged. We must seek recognition by our oppressors because they hold the power to keep us down; we are not in a place where historic grievances no longer impact our contemporary reality so we continue to be caught in this reactionary paradigm which forces us to define ourselves in response to state recognition. There is no definitive answer to the question of how to define Métis identity and it is beyond the capacity of this thesis to definitively state what criteria constitute a true Métis identity. I believe that there must be that ancestral connection to those Métis who came together in community defined by social obligation to family and community and we are also those Métis who claimed nationhood in opposition to the colonizing project call Canada; if we lived in an ideal world outside the impact of colonialism the question of identity would be self directed and community accepted. So who are we then, in contemporary Canada? We are still those grassroots people, living our lives and surviving in that hostile world that still refuses to accept us for our own sake, and those are the voices I have captured in this work.

It has been difficult to conduct research on Métis issues and almost impossible to access information on Métis elderly because there is a dearth of good scholarly information to draw upon. This is acknowledged by several governmental institutions

and research bodies including the Canadian Institute for Health Information, the National Collaborating Centre for Aboriginal Health, the Health Council of Canada, and the National Aboriginal Health Organization. There is next to no research available on the health of Aboriginal elderly overall and none on Métis elderly specifically. This, in and of itself, demonstrates there is little priority placed on the research agenda specific to Métis peoples and almost no interest anywhere in funding research pertinent to Métis elder issues. One of the reasons could be that it is much easier to conduct research on First Nations issues because there is a national registry that identifies First Nations and there is no such identification registry for the Métis. I believe the reason has more to do with the lack of commitment by governments, academia, granting agencies and private philanthropists to Métis-specific issues, in spite of the fact we are the fastest growing Aboriginal group in Canada. It is unlikely that this marginalized population will receive the attention and resources necessary to address the multitude of issues we face.

At the 2012 Canadian Political Science Association, Mary Eberts<sup>28</sup> discussed the difficulty of accessing research dollars under the current funding structures within the academy. She raises some interesting points that may explain why there are so few dollars available to academic scholars seeking funding in areas such as mine. Eberts states that both students and academics must learn to survive in the managed funding environment of the academy. In 2008, only 40% of funding applications that were put forward by doctoral candidates made it through the SSHRC door and all applications had to first make it through the filters of applicants' home departments and then through university committees. Eberts also talks of the gender inequities evident in the

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<sup>28</sup> Mary Eberts is the Ariel Sallows Chair in Human Rights, College of Law at the University of Saskatchewan. This discussion took place at Congress 2012, May 28, 2012 in the Modern Languages (UW) room Theatre of the Arts.



appointment of Canada Research Chairs<sup>29</sup>. She asks “are you good enough for the old men who run us?”(FedCanada 2012).

In the context of this dialogue Eberts made some very important points. She pointed out that there is substantial corporate investment in the funding of Canada Research Chairs and one important requirement of the candidates who apply for these Chairs is that their work must fit into the research plan of the university. Candidates are assessed overall, on who will be the least objectionable to the most people. She also tells the story of an Ojibwa woman who was allowed to research in her community only if she agreed to give back to that community. In some instances, that kind of “giving back” means taking a stand on something that may be very unpopular to powerful members of the research community. This lady would not be one of those persons who would be the least objectionable to the most people (FedCanada 2012). Eberts also noted the matter of professional and personal time commitments and the time needed to pull together funding applications. It may be very difficult for those of us who are committed to community work and/or family care to devote the time to grant writing needed to succeed in obtaining funding. I, for instance, could not have completed this onerous process during the research stage of this dissertation process for I was the primary caregiver for my elderly mother and father, a challenge and duty that I fulfilled with gratitude knowing it was a cultural duty fully expected of me by my ancestors. In the context of my research, there were a few smaller studies that have been funded specific to the Métis elderly but what is needed is strong peer-reviewed theoretical and empirical work relevant to the health of the Métis population in Canada.

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<sup>29</sup> In March 2012 only 141 Tier 1 Research Chairs were held by women compared to 669 held by men and for Tier 2 Canada Research Chairs, only 325 were held by women and 678 were held by men, highly disproportionate considering women make up 40% of academia (FedCanada 2012).

I am a member of a small group of Métis individuals who has made it to the top of the academic ladder but I have arrived here at a much later stage in life than the normative white male scholar. This means that I have no hope of ever attaining full professorship: I don't have the time. When most people are getting ready for retirement, at age 59 I am just beginning my academic career with a doctorate. In this dissertation, I have stated that we, as Métis peoples, carry our colonial history with us and that history has caused intergenerational poverty and lost opportunity; that this space of poverty is difficult to escape. Although I am in an elite group of Métis scholars, I reside only at the cusp of income security as I near my elderly years in spite of all that I have accomplished. I too may be one of those elderly people with not enough income to sustain a comfortable retirement. This is the reality of the inescapable legacy of our colonial history.

Our colonial history is the foundation of our contemporary Métis experience. Prior to European contact, Aboriginal peoples were linguistically and culturally diverse, autonomous and sovereign in accordance with customs developed over centuries. The Métis are children of the imperial-Aboriginal relations, especially developed through the fur trade, who over several centuries became culturally distinct, indigenous to their territories that sustained their communities and economies. Identity was self-determined in the context of the society who bore you and recognized you. Metis resistance and resilience in the face of colonialism and its operational racism has become part of our identity.

I chose to study this material for a number of reasons: the memories of racism experienced throughout my lifetime, memories of the lives of my parents and

grandparents, the hope for a better future for my children, but mostly I wanted to understand what happened to us. I wanted to study the impact of colonialism by examining the health of our elders and I wanted to know how state-imposed divisions between Aboriginal peoples affects the everyday lives of Métis elderly. I needed to contextualize what Métis people experience at the grassroots level and discuss what it really means to be the Aboriginal 'Other' in the context of health.

Every Métis senior interviewed had been or is currently, very ill. Six of the thirteen lived on an income of \$10 to \$30K per year and all have been disconnected from the large Métis community – however that community has been defined. Cultural security has an impact upon our health and staying connected to the Métis cultural community, developing the social networks in that community was important to most of the Métis individuals that were interviewed for this study.

These Métis individuals have their families who provide tremendous comfort, support and security to them in their elder years, but these families are on their own. They have no Métis organization or white government department that they can go to that will provide a strong voice to advocate for their special needs in their elder years or provide services or facilitate access to services. The Regina Qu'Appelle Health Region has had discussions with members of the Métis community to seek input and prioritize the work needed to be done and although these discussions are valuable, few tangible results directly affect the everyday lives of the Métis individuals interviewed. One valuable service that has appeared and serves Regina First Nations and Métis individuals is a home care unit created as a pilot project in 2009. It was this home care unit that assisted Jolene with her extreme illnesses.

The issues brought up by Alex expose the particular problems inherent to isolated communities and were it not for the town of Beauval's efforts to financially assist their community members who are extremely ill, the families would not easily have been able to access health care needs for life threatening diseases.

All Métis individuals were raised in relative poverty and few have managed to escape its debilitating and confining hold. Some have had to return to work in their senior years to secure an income that allows the family to live a secure and comfortable lifestyle. The fact remains these individuals will one day be forced to retire because of illness or the natural decline in an ability to carry on with their employment. The ones retired will remain on a fixed income coping with the rising costs of living and healthcare.

Overall, this dissertation examines the impact of state imposed divisions of Aboriginal peoples that were set in place to clear the way for the unimpeded transition of Aboriginal territory and resources to European empires destined to build the Canadian nation. In so doing, Aboriginal societies' self-identification was forcibly removed by racist colonial governance that reconfigured Aboriginal identity to suit their own perception of who they perceived us to be. I chose to examine colonialism through the work of Edward Said for his work so clearly exposed the filter through which we have been taught to view ourselves and our history. Said taught me how to remove the filter; his literature led me to understand how the colonizers justified their treatment of Aboriginal peoples as I examined their methods of legislative terror.

Although the experience of the Métis was different than their First Nations relatives, the usurpation of territory and resources and the non-recognition of Aboriginal

standing were equally destructive. The denial of Métis indigeneity politicized Métis identity and this has remained an indelible shadow. My examination challenges how we have come to identify who we are and again I ask the question, for whose purpose are we defining ourselves?

Urban Métis often become invisible in the heart of a colonizing culture, disowned and undermined by First Nations leaders who undermine their existence. They carry with them a legacy of oppression and often come from situations of violence, dispossession, and a sense of homelessness that marks most of their family experience. Families have left home communities either through state organized policies that forced them to leave or under the threat of other kinds of violence. Experiences of alienation and loss resonate through their stories (Lawrence 2004, xv-xvii). It is unfortunate but true that sometimes, identity has been questioned with the pretence of ensuring that some will not be cashing in on programs meant for the 'true' Métis or the 'real' Indian. This paradigm of exclusion is a by-product of a culture of aboriginal identity that has been regulated by the Canadian governments. We fight with each other over identity because identity recognized by the state is tied to paltry resources, and there are so few resources to go around.

Since the patriation of the Constitution, Aboriginal rights recognition has advanced by litigation challenges of racist and discriminatory aspects of federal and provincial legislation. Divisions between the three categories of Aboriginal peoples have become even further entrenched as has the acrimony over determining citizenship within Métis political organizations. As we dispute among ourselves, who we are, our people continue to suffer. They live in poverty, they are denied adequate educational

experiences, our children are being lost to the foster care system and every day our women go missing. Our elderly spend their last days without care and often alone. When the Pictons<sup>30</sup> of this world tortured and killed our sisters, it did not matter if she was status, non status or Métis: she was there, she was brown, and she was disposable. When our children die because of jurisdictional disputes, does it really matter whether s/he was on reserve or off reserve or Métis or non status and due to these very real occurrences, Jordan's Principle<sup>31</sup> was created -- the trauma being that this Principle was needed at all.

Said argues that identity politics can be horrendous when they produce conflict, competition and contestation, pitting one group against the other in the question of identity recognition thus barring any chance of understanding between the people (Viswanathan 2002, 187). Said's approach can be used to illuminate how the treatment of Aboriginal peoples was legitimated by the colonizing society because that society was highly motivated to do so. Much was gained by the subjugation of Indigenous peoples and how they were perceived and portrayed to the dominant society was always through the lens of the colonizer, a highly distorted lens. Said's literature provided the theoretical

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30 Robert Picton, a former Port Coquitlam pig farmer, was found guilty in December 2007 of six counts of second degree murder in connection with the deaths of women from Vancouver's Downtown Eastside. He was sentenced to life in prison with no chance of parole for 25 years (CBC June 26, 2009).

31 Jordan River Anderson of Norway House Cree Nation was ready to go home from hospital when he was two years old but he went on to spend over two years unnecessarily in hospital as the Province of Manitoba and the Government of Canada could not agree on who should pay for his at home care. Tragically for Jordan, he passed away at the age of 5 never having spent a day in a family home while governments continued to argue. First Nations children are often denied services available to all other children because of payment and jurisdictional disputes within and between the federal and provincial/territorial governments. Jordan's Principle is a child first principle named in memory of Jordan River Anderson and calls on the government of first contact to pay for services for the child and then seek reimbursement later so the child does not get tragically caught in the middle of government red tape. Jordan's Principle applies to ALL government services and must be adopted, and fully implemented by the Government of Canada and all provinces and territories (First Nations Child and Family Caring Society of Canada, <http://www.fncaringsociety.com/jordans-principle> ).

tools to understand colonialism, the power of its settings and how the settings of colonialism have not changed; Said calls this the geography of the experience, the map to modernity, the struggle for territory, and although the times have changed, the settings are steadfast. The plight of Indigenous peoples in the 1800s, the domination of the state, the landholders, the capitalists juxtaposed contemporarily show little difference in relations of power. The experience of empire is the same, it is repetitive and it matters little that the times have changed as have the players: the repercussions are still powerlessness and poverty (Said 1993, 1-14; Viswanathan 2002, 195-196).

It is often humbling to realize that I come from peoples whose strength and tenacity has withstood the trauma of a past filled with the violence by a state that has done all it could to erase our existence. That in spite of what has happened we continue to demand the right to be distinct in what is still a hostile environment. Let us be distinct on our own terms and think of what Fanon had to say:

Comrades, now is the time to decide to change sides. We must shake off the great mantle of night which has enveloped us, and reach for the light. The new day which is dawning must find us determined, enlightened and resolute. We must abandon our dreams and say farewell to our old beliefs and former friendships. Let us not lose time in useless laments or sickening mimicry. Let us leave this Europe which never stops talking of man yet massacres him at every one of its street corners, at every corner of the world (Fanon 2004, 235).

The Métis are a marginalized people and like all colonized people, the reason rests within a history of dispossession, usurpation and attempted cultural genocide. As Indigenous people we must find common ground – gathering strength from each other as we creatively pull together what has been so ruthlessly torn apart.

The ancestors from whom we come were colonized peoples and we bear that legacy in anger and pain but also with the pride knowing we have survived. This has been a personal journey as I cope with the remnants of a painful history, a history ripe with the consequence of colonialism. The Métis history described in the heart of this discussion was the reality of my grandparents and the life of my parents. Tuberculosis, illiteracy, poverty and racism are painful parts of my continuing story.

There was a time when all Aboriginal political organizations arose from the grassroots with a vision of returning dignity to the people who became destitute after the loss of their territory and their homes. They united out of misery and their only weapon was their ability to organize. This was a time where identity was not questioned and membership was inclusive, defined by the collective pain we sought to relieve.

The voice of the people has become stronger over the decades and our leaders have sat around the tables with heads of state. We, as Métis people, are now recognized as Aboriginal in Canada's highest law but thus far, few of our rights have been acknowledged and the circumstance of the grassroots people has changed very little.

Colonialism by its very nature withstands the test of time. Our western Métis ancestors lost everything: their territory, capacity to self government, sovereignty, and access to resources, their rights were not recognized nor were they recognized as Indigenous to the land. They were rendered politically powerless and denied education because they did not pay taxes on their road allowance homes. They were marginalized and not welcomed in the ethnocentric and racist Canadian society and therefore disappeared into the background of Western Canada (Shore and Barkwell 1997, 11). They were poor, uneducated, forced to take menial and low paying job and because of



their economic circumstance in a racist society. Escape from this paradigm of poverty was next to impossible.

All of the individuals interviewed, including myself, come from that history.

There has been some capacity for a better lifestyle contemporarily and one of the reasons rests with the fact that we are better educated. The children of the generation interviewed had better access to education, thus enhancing employment opportunities, but a review of the income levels indicate that both First Nations and Métis fall below the national employment and income averages. In terms of education, it is common knowledge that Aboriginal peoples do not reach the educational norms of the overall Canadian population. So does colonialism still impact our communities of Aboriginal peoples? The answer is yes and the proof can be witnessed in every corner of our society, from the startling incarceration rates of Aboriginal peoples, the 600 plus missing Aboriginal women in Canada, the gap in income levels and educational attainment.

There have been substantive changes for the Métis; we are now recognized as Aboriginal in the Canadian Constitution, in Canadian jurisprudence, courts have made some important rulings in Métis favour such as in the Supreme Court decision of *Powley*, the recent decision in *Daniels*<sup>32</sup> and the huge victory for the Métis in the Supreme Court decision of *Manitoba Métis Federation Inc. V. Canada* handed down March 8, 2013.

The Supreme Court declared that Canada breached obligations to implement promises

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<sup>32</sup> On January 8, 2013, a decision was issued by the Honourable Michael Phelan of the Federal Court in file T-2172-99: in the matter of Harry Daniels Et Al v. Her Majesty the Queen et al. The Plaintiffs ask the Court to issue the following declarations: (a) that Metis and non-status Indian are "Indians" within the meaning of the expression "Indians and lands reserved for Indians" in s91(24) of the Constitution Act, 1867; (b) that the Queen (in right of Canada) owes a fiduciary duty to Métis and non-status Indians as Aboriginal peoples; (c) that the Métis and non-status Indian peoples of Canada have the right to be consulted and negotiated with, in good faith, by the federal government on a collective basis through representatives of their choice, respecting all their rights, interests and needs as Aboriginal peoples. Upon review of the evidence on the record, the Court grants the declaration with respect to section 91(24); the two other declarations, ancillary in nature, are dismissed (Harry Daniels et al v. Her Majesty the Queen et al)

made to the Métis people in the Manitoba Act, 1870 (*Manitoba Métis Federation. V. Canada* 2013). This was a huge victory and a great day for the Métis. In spite of these few court cases that we won, the structure of colonialism has not been impeded.

The political institutions that stripped us of rights, territory, resources and self governance are still in place; the same political structure that privileged the dominant 'white' society at the expense of Aboriginals continues to selectively return only a small portion of what was taken. The late Dr. Howard Adams accurately stated:

Government decisions with regard to Aboriginal peoples usually end up giving power to the colonizer and peanuts to the Natives. Bureaucracy performs few services that benefit the colonized. Power and benefits go to those who already have authority. Command relationships, once established are self sustaining. The state historically develops structures, institutions and repressive patterns of power to control the indigenous population. They are never removed later, when the state develops into a more sophisticated administration...The political culture of capitalism works hand in hand with the judicial system, politicians, bureaucracy and corporate leaders to harmonize racism, oppression and control. It is a carefully choreographed structure that maintains an apartheid authoritarian system over the Aboriginal population (Adams 1995, 202-203).

The impact of colonialism cannot be erased and the trauma in our communities continues unabated. Poverty is rampant and food insecurity faced by Aboriginal peoples living in remote and urban areas is severe as attested to in a report recently released by the United Nations Special Rapporteur, Olivier De Schutter (United Nations 2012, 5). Although this report releases startling statistics documenting the food crisis in Aboriginal communities, it specified that data on food insecurity in Métis populations could not be found. This comment, in and of itself attests to the impact of Indigenous 'Othering' when accurate statistics are unattainable in relation to the Métis. I was saddened to realize that

my grandmother's generation gave birth to the next generation of elderly who shared their stories with me in this thesis and for some their lives remained unchanged from those of their parents. This cycle of poverty continues and in spite of our few steps forward, the effects do not yet trickle down to the grassroots peoples.

I have been fortunate in this dissertation that my academic guidance has been primarily guided by an Indigenous woman, a scholar who suggested literature of contemporary scholars who have wrestled with the same kinds of issues. I was lucky, for the truth remains that the academy is a part of the colonial apparatus and by its very hierarchical structure, it still works to replicate that which has gone before and the production of knowledge leaves little room for an alternative lens through which to view our world. This is why, in part, Dr. David Barnard, University of Manitoba President, in October 2011, apologized publicly to Aboriginal peoples for the role universities played in the education of educators during the residential school era<sup>33</sup>. So, where do students like myself go to find guidance in pursuit of that alternative lens through which to view the world? There is a critical need for our universities to indigenize so that our student body can be presented with the gift of choice so as to witness the world through the perception of indigenous knowledge.

Rauna Kuokkanen states that Indigenous epistemologies are grounded in our individual and collective experience as that is where Indigenous knowledge takes root.

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<sup>33</sup> Dr. David Barnard is the first university president in Canada to apologize for his university's role in training some of the teachers and caregivers in the residential school system. [http://www.indianlife.org/index.php?option=com\\_content&task=view&id=254&Itemid=32](http://www.indianlife.org/index.php?option=com_content&task=view&id=254&Itemid=32) (Indian Life Ministries 2012).

Contrasted with academic discourse, Indigenous knowledge has been considered suspect because experiential knowledge has not been perceived as legitimate. When Indigenous discourses are allowed to exist in the university it is only in marginal spaces and within clearly defined parameters established by the dominant discourses grounded in certain assumptions, values, concepts of knowledge and view of the world (Kuokkanen 2007, xvii). Kuokkanen believes that the academy is based fundamentally on a very narrow understanding of the world and she therefore advocates for space to be made for Indigenous knowledge and epistemes. She also believes that although there is a dire need for the Academy to indigenize, there first must be recognition and acknowledgement of and steps taken to address the academy's ignorance. She believes that Indigenous epistemes need to be recognized as a gift according to the principles of responsibility and reciprocity that foreground the logic of the gift (3). Linda Tuhiwai Smith in her *Decolonizing Methodologies* supports this perspective when she states that "Indigenous peoples across the world have other stories to tell which not only question the assumed nature of those ideas and the practices but also to serve to tell and alternative story: the history of Western research through the eyes of the colonized (Smith 2001, 2).

My research has been guided by the autobiographical discourse of my life. Cynthia Chambers, Professor at the University of Lethbridge, opened a door that legitimized my style of inquiry (Chambers 2004) and methodology for at the heart of my inquiry are ideas, beliefs and feelings that were drawn from places, events and experiences in my own life. Those are what guided me to focus upon relations of power in a colonized community, gathering information of the experiences of highly vulnerable people, the elderly. I wanted to explore and write of the suffering that comes from living

in a colonized world to give voice to their distress with the conscious intent to act and change. This is the academic 'Path with Heart'. (Chambers 2004, 14)

The writing of this dissertation has been a journey for me, in many ways a spiritual journey, a journey to discover who I am, to examine my own prejudices and realize how I had acquired them. This journey painted a picture so I could stand back and see how we got to where we are and therefore see how to create a hopeful future. As you reviewed this dissertation you witnessed how I made sense of my world through memory of my family and the memories of thirteen Métis seniors that I honour with their stories with the hope that one day life really can be different for those who come after us.

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&SHOWALL=0&SUB=0&Temporal=2006&THEME=73&VID=0&VNAMEE=  
&VNAMEF=

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## **Appendix A**

### **Consent Form**

**Dissertation Title:** The Impact of Colonialism on the Health of Métis Elders

**Researcher**

Diedre A. Desmarais, Political Science, University of Regina,

**Supervisor**

Dr. Joyce Green, Political Science, University of Regina,

**Purpose(s) and Objectives(s) of the Research**

I am conducting research involving Métis elderly and their experiences with the Canadian Health Care system. I assert in this dissertation that the colonization of Aboriginal peoples negatively impacted the determinants of health, creating the circumstances that undermined all Aboriginal people's health. I further contend that the Métis are further marginalized because they have inequitable access to health care and services in comparison with other Canadian Aboriginal peoples thus exacerbating an already compromised state of health. When these factors are added onto the burden of age related illness, the lives of Métis elders can be bleak and hopeless. The purpose and objectives of this research is to test those assertions.

**Procedures**

I will recruit 15-20 Métis elders who will speak to me about their experience with the Canadian Health Care system. The conversation will be directed by a formal questionnaire followed by a free flowing discussion guided any issues raised from the questionnaire or any other issue the Métis elder wishes to bring forward. The interview will take no more than two hours at a location designated by the Métis elder.

**Potential Risks**

There are no known or anticipated risks to you by participating in this research [example, emotional, social, psychological, physical and economic]. If you feel distressed in response to any issues brought forth as a result of this interview, I have sought the assistance of a professional who is a member of the Métis community, born and raised in Saskatchewan and has 30 years experience with crisis intervention. She is currently the Program Manager of Safety Services, Mobile Crisis Services, and City of Regina and can be available at any time upon request.

**Potential Benefits**

It has been acknowledged repeatedly that very little research has been done on the health and well being of the Métis population. Additionally, current health and social policy does not adequately address the demand of services available to the elderly. In Canada, 17% of seniors live below the poverty line. The Métis are the fastest growing Aboriginal group in Canada with a population growth that has increased by 91% since 1996, three times faster than First Nations and Inuit. The Métis account for larger shares of the population in western Canada and two thirds of the Métis population resides in urban areas (Statistics Canada 2009). In spite of these numbers, it is very difficult to obtain reliable information concerning the Métis; there is no national registry and health care is

fragmented and delivered by Canadian provincial jurisdictions (Métis National Council 2006). The Canadian Institute for Health Information acknowledged in their 2004 Report *Improving the Health of Canadians*, that there are limited sources of data related to the health of the Métis population (Canadian Institute for Health Information 2004). The benefit of this research will in part, fill some of these gaps.

### **Confidentiality**

In gathering names of potential participants for this research project, I will be utilizing what has been termed the ‘snowball technique’ which allows me to speak with the first individual who will then be asked to identify another person who will be contacted, etc. etc. Therefore, there are limits to guaranteeing complete confidentiality of names of participants. Overall, I will safeguard and keep confidential the content of the discussion I have with each individual.

The Consent Form will be stored separately from the material used so that it will not be possible to associate a name with any given set of responses. Please do not put your name or other identifying information on the materials used.

Data from this research project will be published and presented at conferences. The data will be reported in aggregate format, so that it will not be possible to recognize individual identity which will be kept confidential. I may use direct quotations from the interview but you will be given a pseudonym, and all identifying information will be removed. This will be consistent for the dissertation and any other papers or presentations that are derived from this research project.

The interviews for this project will be digitally recorded and you may request that the recording be shut off at any point during the interview. At the conclusion of the interview, the recorded discussion will then be transcribed. Upon completion of the project, the recordings and transcripts will be saved for one year, securely housed on the University of Regina campus with the University Professor supervising the project. After one year, the digital recordings will be destroyed and transcripts shredded.

### **Right to Withdraw**

For this interview, you may refuse to answer individual questions and/or withdraw from the interview at any point in time. You may answer only those questions that you are comfortable with. Should you wish to withdraw; any recordings and/or transcripts will be destroyed.

Your right to withdraw data from the study will apply until the data has been pooled. Once information has been pooled and analyzed, data will be finalized and incorporated into the dissertation and made ready for defense. After your interview and prior to the data being pooled and analyzed in the final report you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcripts as you see fit.

**Follow Up**

Upon successful completion of all requirements for the PhD, a copy of the dissertation will be made available through the University of Regina Library.

**Consent to be interviewed**

This project has been approved on ethical grounds by the University of Regina Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee at [585-4775 or research.ethics@uregina.ca]. Out of town participants may call collect.

Thank you for your assistance in this project. Your signature below indicates that you have read and understand the description provided: I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been give to me for my records.

---

|                     |           |       |
|---------------------|-----------|-------|
| _____               | _____     | _____ |
| Name of Participant | Signature | Date  |

## **Appendix B**

### **HEALTH PROFILE QUESTIONNAIRE FOR MÉTIS ELDERS**

#### **Background of Métis Elder**

**Where are you from?**

**Is English your first language?**

#### **Education Level**

K- 12

High School

University

Technical School

**What was/is your occupation?**

#### **Lifestyle**

**Do you smoke?**

Yes

No

**Do you think there is anything you can do to improve your health?**

1. Diet [Improved]
2. Exercise
3. Reducing Stress
4. Educate self through Seminars Workshops/workshops
5. Other

**What methods have you employed to improve or maintain your health?**

1. Walking
2. Lost weight
3. Joined and exercise class
4. Participate in spiritual activities
5. Connected with friends/family
6. Other

#### **Current self assessment**

**How do you rate your overall health status?**

1. Excellent
2. Good



3. Fair
4. Poor
5. Bad
6. Very Bad

**Do you have any chronic health conditions?**

1. Arthritis/rheumatism
2. High Blood Pressure
3. Asthma
4. Respiratory Problems
5. Stomach problems
6. Ulcers
7. Intestinal Problems
8. Diabetes
9. Cancer
10. Kidney Problems
11. Hepatitis
12. Vision Problems
13. Osteoporosis
14. Other

**Are there health issues from your younger years that persist?**

1. Tuberculosis or after effects of
2. Respiratory
3. Diabetes
4. Anxiety
5. TB
6. Cancer
7. Other

**Have these health issues gotten worse as you have aged?**

Yes                      No

**What kinds of health issues have arisen as you have aged?**

1. Diabetes
2. Cancer
3. Arthritis/Rheumatism
4. Eye related health issues
5. High Blood Pressure
6. Other

**Accessibility**

**Do you have a family physician?**

Yes                      No

**How often do you see your doctor?**

1. Weekly
2. Monthly
3. Yearly
4. Other

**If you have had to see a specialist, how long did you have to wait?**

1. Days
2. Weeks
3. Months
4. Year
5. Other

**Are you able to easily travel to your doctor's office?**

Yes                      No

**How do you usually travel to the doctor's office?**

1. Drive yourself
2. Somebody Drives You  
Family                      Friend                      Other

**Do you need accompaniment in getting to your health care professional?  
[Somebody actually attending to the doctor's office with you]**

1. All the time
2. Some of the time
3. Never

**Who assists you?**

1. Friend
2. Family
3. Stranger

**Are you able to obtain your medication from the pharmacy in a satisfactory manner?**

Yes                      No

**When you obtain your medication, how helpful is the pharmacy in explaining what the medication is for and how to take it?**

1. Very helpful
2. Helpful
3. Not Helpful
4. Awful

**Do you pay for your medication?**

Yes                      No

**Are you subsidized in any other manner than what the current government provides?**

**If yes, who subsidizes you?**

**Is the cost of your medication placing hardship upon your family?**

Yes                      No

**If yes, please explain?**

**Accommodation**

**Do you seek any kind of traditional medicines and/or healing practices?**

Yes                                      No

**If yes, how difficult was it for you to access traditional healing methods?**

Easy  
Difficult  
Impossible

**If you can not access traditional healing practices and/or medicines, why is that?**

1. Do not know traditional healers
2. Do not know anyone who can put you in contact with a traditional healer
3. Do not have transportation to seek out traditional healers
4. Are not interested in traditional healers
5. Other

**What kinds of supports do you need to make sure your health care needs are satisfactory?**

1. Service to deliver medication
2. Service to drive you to the doctor's office
3. Individuals who could accompany you to the doctor's office
4. Advocate
5. Other – please explain

**Are there medical items you must purchase to maintain your health?**

1. Special creams
2. Needles for insulin
3. Colostomy equipment
4. Tensor bands
5. Disinfectant
6. Other

**Is there any type of medical equipment [Independent living appliances] that you need that will increase you mobility?**

1. Wheelchair
2. Walker
3. Cane
4. Lifts
5. Special Bathtub fittings
6. Other

**Have you had to renovate your home to accommodate needs related to aging?**

1. Renovating bathrooms
2. Wheelchair ramps
3. Handrails in hallways
4. Other

**Do you need oxygen?**

Yes                      No

**If yes, who pays?**

1. Self
2. Family
3. Sponsoring Agency
4. Government Subsidy
5. Other

**Are you able to easily purchase the aids you require?**

Yes                      No

**Are you able to make the home adjustments/renovations you require?**

Yes                      No

**Do you know of all the services available to you for assistance with medical costs?**

Veteran's affairs

Saskatchewan Independent living

City grants for renovations needed for independent living

**Do you have Homecare Services assisting you?**

Yes                      No

**Do you need assistance with meal preparation?**

Yes                      No

**If yes, who assists you?**

Family

Friend

Community support program

Other

**If you needed assisted living or long term care, would you know who to seek assistance from that would assist you in facilitating this need?**

**Do you have someone who is your advocate?**

Yes                      No

**If yes, who?**

1. Family Member
2. Friend
3. Professional person
4. Other

**Who do you most rely on for assistance in accessing health services?**

1. Family member
2. Friend
3. Other

**Does culturally specific care matter to you?**

Yes                      No

If yes, what does this mean?

Mass

Confession

Sweet Grass Prayer and Smudging

Elder Assistance

**Fear/Hope/Opinion**

**What is your greatest grievance in terms of your health?**

**Have you experienced racism in the medical services you access?**

Yes                      No

**If yes, please give examples of when and how racism affected you?**

**Do you have any grievances in terms of your care – or access to health care and services?**

**Do you find easily accessible enjoyable things to occupy your time?**

1. Movies
2. Going to Social Events
3. Reading
4. Other

**Are you able to keep connected to your Métis community?**

**Are you able to get to culturally specific leisure activities?**

Yes                      No

**If yes, what types of activities do you attend?**

**Are you currently responsible for others?**

Yes                      No

**If yes, who?**

- a. Ill Spouse
- b. Grown Children
- c. Grandchildren
- d. Ill family member
- e. Other

If yes, does this cause:

1. Anxiety,
2. Financial burdens,
3. Other

**What do you think you may require long term care in a long term care facility?**

Yes                      No

**If NO, who will look after you as you age and need assistance?**

1. Spouse
2. Children
3. Relatives
4. Friends
5. Others

**Would your life be different if the Métis community was able to assist in your health care needs?** This means, if the Métis community were able to provide housing for their elders, homecare overseen by the Métis, long term care facilities specifically for the Métis, etc.?

**Would your life be different if you had your medication covered, support of transportation, assistance with meals as some status aboriginal peoples do through the Non Insured Health Benefits Program?**

**Personal Economics**

**What is your current Income Level?**

- Below \$10,000
- \$10,000 - \$20,000
- \$20,000 - \$30,000
- \$30,000 - \$40,000
- \$40,000 - \$50,000
- \$50,000 - \$60,000
- \$60,000 - \$70,000

**Do you own your own home?**

**Are you still paying a mortgage?**

Yes                      No

**If yes, monthly mortgage payments are is between?**

1. \$100 -\$400
2. \$401 -\$700
3. \$701 - \$1000
4. \$1001 -\$1500
5. \$1501 or greater

**Mortgage will be paid off?**

1. 0-5 years
2. 5-10 years
3. 10-20 years
4. 25-40 years

**Are you renting?**

If yes, rent is:

1. Subsidized by Métis political community
2. Regina Housing Authority
3. Aboriginal subsidized housing
4. Totally paid by self
5. Subsidized by family members

**Rent is between:**

6. \$100 -\$400
7. \$401 -\$700
8. \$701 - \$1000
9. \$1001 -\$1500
10. \$1501 or greater

**How many years did you contribute to the Canada Pension Plan?**

0-10

10-15

15-25

25-30

30-40

40-50

Greater than 50



**When you were employed, did you contribute to a pension plan other than CPP?**

Yes                      No

**If yes, for approximately how many years?**

**Did you pay into a personal medical plan?**

1. Through your place of employment
2. Blue Cross
3. Medical Services
4. Other

**Does your current monthly income cover your medical costs sufficiently?**

Yes                      No

**Are the costs keeping you from doing things you like to do?**

Yes                      No

**If you were covered under a plan that is similar to the Non Insured Health Benefits currently available to status Indian individuals, how would that impact your life?**

**Are you able to adequately navigate through the health care administrative system satisfactorily? Example, can you find caregiver professionals, manage your finances, apply for subsidies, etc?**

## Appendix C

### Ethics Approval

University  
of Regina

OFFICE OF RESEARCH SERVICES  
MEMORANDUM

DATE: December 14, 2010

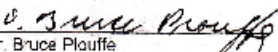
TO: Diodre A. Desmarais  
[REDACTED]

FROM: Dr. Bruce Plouffe  
Chair, Research Ethics Board

Re: **The Impact of Colonialism on the Health of Métis Elders (File #27S1011)**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

- 1. **APPROVED AS SUBMITTED.** Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F), **ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS.** Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implementation.
- 2. **ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED).** Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB. **Do not submit a new application.** Once changes are deemed acceptable, ethical approval will be granted.
- 3. **ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED).** Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB. **Do not submit a new application.** Once changes are deemed acceptable, ethical approval will be granted.
- 4. **UNACCEPTABLE AS SUBMITTED.** The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.

  
Dr. Bruce Plouffe

cc: Dr. Joyce Green – Political Science

\*\* supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office of Research Services (Research and Innovation Centre, Room 109) or by e-mail to [research.ethics@uregina.ca](mailto:research.ethics@uregina.ca)

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Fax: (306) 586-1833  
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