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Closing the health service gap: Métis women and solutions for culturally-safe health services

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Abstract

Métis peoples, while comprising over a third of the total Indigenous population in Canada, experience major gaps in health services that are culturally-safe. This is problematic given Métis peoples experience severe disparities in health determinants and outcomes compared to the non-Indigenous Canadian population. At the same time, Métis are unlikely to engage in health services that do not value their cultural identities, often utilising mainstream options.

Traditionally, Métis women were central to the health and well-being of their communities. However, due to decades of colonial legislation and land displacement, female narratives have been silenced, and Métis identities have been fractured. This has resulted in having direct implications on Métis peoples current health and access to health services. Solutions to filling the Métis health service gap may lie in the all too often unacknowledged or missing voices of Métis women. Given these contexts, this commentary aims to generate critical discussion on the culturally-safe health care gap for Métis peoples in Canada. It does this by calling on policymakers, health care workers, and researchers alike to engage with Métis women regarding the health of Métis communities, and finding solutions towards identifying and implementing pathways to culturally-safe healthcare.

Keywords: health inequalities, Indigenous people, health access, Métis, women, healing

Introduction

Métis peoples, while comprising over a third (35%) of the total Indigenous population in Canada (Statistics Canada, 2017), experience major gaps in health services that are culturally-safe (Bourassa, 2011; Dyck, 2009; Wesche, 2013). This is problematic given that Métis peoples experience severe disparities in health determinants, and outcomes, as compared to the non-Indigenous Canadian population (Chartrand, 2011; Kumar, Wesche, & McGuire, 2012; Macdougall, 2017; Reading & Wien, 2009; Smylie, 2008; Vizina, 2005). While Métis are unlikely to engage in health services that do not value their cultural identities, they are often left utilising mainstream options as some Indigenous specific services may be exclusionary (Konsmo et

al, Danforth, Flicker, Anderson, Thistle, & Rankin, 2012; Wesche, 2013).

Traditionally, Métis women[i] were central to the health and well-being of their communities (Anderson, 2011). They held special roles such as "midwives and doctors without diplomas, pharmacists and herbalists without shops. They went from house to house, village to village, to share their knowledge and care for patients with the healing plants they had carefully harvested from the woods." (Anderson, 2011, p.148). However, due to decades of colonial legislation and land displacement, female narratives have been silenced, and Métis identities have been fractured (Fiola, 2015; Minosh, 2017). This has had direct implications on Métis peoples' current health and access to health services (Smylie, Adomako, & Wellington, 2009).

Given these contexts, this commentary aims to generate critical discussion on the culturally-safe[ii] health care gap for Métis peoples in Canada. This commentary does not discuss gender-specific opportunities, but rather encourages readers to listen to those who identify as Métis women who we believe may hold solutions to the Métis culturally-safe health service gap[iii]. We provide insight for policymakers, healthcare workers, and researchers alike. We begin by providing an overview of Métis identity in Canada and the complexities that surround it. We illustrate the lack of culturally-safe health services in place for Métis peoples. We argue that part of this reality is due to a lack of recognition of Métis women's voices and narratives, which has impacted Métis identity in Canada. We conclude by demonstrating how Métis women are the traditional health care providers of their communities. As such, solutions to filling the Métis culturally-safe health service gap may lie in the all too often unacknowledged or missing voices of Métis women.

The Complexities of Métis Identity

Métis peoples account for 1.7% of the total Canadian population (Statistics Canada, 2017). They are the fastest growing group of Indigenous peoples in Canada, increasing by 51.2% between 2006 and 2016 (Statistics Canada, 2017). Many critics are sceptical of this increase and challenge the authenticity of those whom claim to be Métis in the most recent census (Bell, 2017; Gaudry & Leroux, 2017; Schroeder, 2017). This remarkable increase is likely due to many factors, including changes in self-reporting as a result of new generations confronting past shame, or increases in pride in identity.

For example, in past years, many Métis may not have felt comfortable or safe identifying as Métis, especially on a government census (Fiola, 2015). This is rooted in a colonial history of eradication attempts by the government that continues through more subtle strategies today (Alfred & Corntassel, 2005). For instance, while Métis peoples stem from 17th century relationships between early waves of European men and First Nations women in the Western provinces (Smylie, 2009), "arriving at legal definitions regarding who is considered Métis…and what that means in terms of rights and governmental responsibilities is complex and disputed" (Monchalin, 2016, p.8). The *Royal Commission on Aboriginal People* described that Métis identity is a cultural, historical and overall *way of life* identification, not merely an ancestral connection (Canada. Royal Commission on Aboriginal Peoples, 1996; Bourassa, 2011). At federal, provincial, and regional levels, definitions of who is Métis varies[iv] (Bourassa, 2011). Colonial tactics intended to divide and conquer have resulted in much time and energy being spent on legislating Métis and Indian as separate legal and racial categories; the consequences of this are an erasure of identity, rights, and territorial claims (Mawani, 2002).

Exclusion from treaty processes[v] in addition to the fraudulent scrip[vi] system which swindled Métis out of money and land, represent attempts by the government to minimise their responsibility of the Métis (Fiola, 2015). Fiola (2015) states that "[t]hroughout the treaty-making eras, the government…tightened its grip on who could and could not enter into treaty, taking aim specifically at people of mixed blood" (p.46). After the Northwest Resistance and the lost Battle of Batoche in 1885, it was common for Métis to acquire "[s]elf-identification strategies for survival – including silence, passing, and internalized colonization" (Fiola, 2015, p. 24)[vii]. Métis peoples were viewed as squatters on their own land, living on road allowances as a result of broken promises and the vast influx of settlers (Anderson, 2014; Metis Centre, National

Aboriginal Health Organization, 2008). Colonial policies such as the Canadian Constitution, while recognising Métis peoples in the 1982 amendment, made clear that Métis are "wholly distinct," and contrived "further divisions that were not there before" (Fiola, 2015, p. 53). These colonial impacts on identity had rippling effects that continue today[viii]. While today some Métis may be winning court cases to recognise their land rights, their historical and ongoing experiences have impacted their identities and health (Corntassel, 2012; Iseke, 2013).

Impact of Métis Identity on Health and Access to Health Services

Métis peoples in Canada are overrepresented in ill-health and disease while facing barriers to accessing culturally-safe, responsive, and well-developed health care (Allan & Smylie, 2015; Vizina, 2005). While all Indigenous peoples in Canada have been impacted by colonisation, identity divisions by government have made it so only certain Indigenous people have access to specialised care (Fiola, 2015). For example, Métis and non-status First Nations do not have access to the Non-Insured Health Benefits (NIHB) Program provided under the Indian Act, while facing similar health disparities as Indigenous peoples who hold "status" (Greenwood & de Leeuw, 2012; Lawrence, 2004; Loppie, Reading, & Wien, 2009; Smylie, 2009; Smylie, Adomako, & Wellington, 2009; Smylie & Firestone, 2015a; Statistics Canada, 2013). This federal exclusion has resulted in Métis peoples being defined as "other" among an already oppressed group (Brant-Castellano, 2004; Smylie et al., 2004). Further, Smylie et al. (2009) found that many Métis report feeling uncomfortable with Indigenous specific health services, as they are more accepting of First Nations and/or Inuit peoples. Some Indigenous-specific health organisations have not been entirely accepting of Métis peoples utilising services (Bourassa, 2011; Wesche, 2013).

Métis identity has had a direct impact on which health services individuals will try to access, where one feels welcome, and what is accessible (Smylie et al., 2009). Decades of assimilation strategies by settler governments, coupled with over-representation in ill-health and disease (Chartland, Logan, & Daniels, 2006; Kumar et al., 2012; Macdougal, 2017; Reading & Wien, 2009; Smylie, 2008; Vizina, 2005), have resulted in Métis peoples being "caught betwixt and between" First Nations and mainstream services (Smylie et al., 2009, p.35). Both Indigenous-specific and mainstream health services lack culturally-safe environments for Métis peoples. Culturally-safe meaning an environment where Métis peoples define how they feel safe, where their social and political contexts are acknowledged, and where they can hold trust in a health service setting.

A lack of Métis-specific data limits the development of culturally-specific, appropriate, and effective health programs and services for Métis peoples (Brant-Castellano, 2004; Vizina, 2005). Andersen (2016) argues that the issue is not that there is no Métis specific health data; but rather the little data that does exist, is "flawed by a conflation of racialized and national conceptualizations of 'Métis'" (p.71). Smylie and Firestone (2015a) note that while there could be Métis data, there is a lack of ethnic identifiers in registration systems, primary care and hospital administrative datasets, as well as acute and chronic disease surveillance systems. This results in the invisibility of Indigenous peoples in the majority of provincial and territorial health datasets (Smylie & Firestone, 2015a). A literature review of Métis-related health research by Kumar et al. (2012) found an increase in Métis-related articles from the years 1980 to 2009. Despite this, a large proportion of articles remained pan-Indigenous in nature and failed to provide a Métis-specific breakdown of findings.

Evans et al. (2012) explain that carrying out research with Métis communities is not a straight forward process. The authors describe common barriers that include: "[F]irst, a lack of health care infrastructure (i.e. Métis-specific health care centers); secondly, limited human resources (i.e. community health directors similar to those found in First Nations reserve communities); thirdly, reliance upon volunteers; and fourthly, political instability" (p.57). The barriers of carrying out research in Métis communities, coupled with exclusion from federal and Indigenous health services, and Métis specific data being rare, has contributed to the lack of culturally-specific health services.

Métis Women's Missing Voices and Narratives

While Métis peoples have undergone decades of colonial violence and betrayal by the Canadian government, they exist and are growing today despite it all. Métis peoples remain adept at maintaining kinship ties, which have served as the backbone of Métis societies (Adese, 2014: Macdougall, 2006). This can be shown through examples such as Macdougall's (2006) work, proposing that Métis identity was fostered through social relationships according to *wahkootowin*. Passed on to Métis peoples from their maternal lines, wahkootowin is a Cree term meaning, "a worldview that privileged relatedness to land, people (living, ancestral, and those to come), the spirit world, and creatures inhabiting the space" (p. 3).

Further, while the French, Scottish, and English traders had some influence, the Cree, Dene, and eventually Métis women "brought to their marriages attitudes and beliefs – a worldview – about family and social life that influenced the creation and shape of this particular Métis socio-cultural identity" (Macdougall, 2010, p. 270). Métis women have always played a significant role in the retention, maintenance, and persistence of Métis identity (Laliberte, 2013). Campbell (1973) writes extensively about the role of women in the formation of Métis identity, and how women were critical in forming a Métis way of life. Further, Troupe (2009) found that relationships between Métis families were usually based on women's kinship ties, and women played essential "behind the scenes" supporting roles for Métis political and social activities.

Despite this, Indigenous women within the relationships of the Métis are often overlooked, and a heavy patriarchal narrative dominates (Macdougall, 2010). An article published in Red Rising Magazine by Minosh (2016) states:

> "Where were the Métis women of our past? The "great man" approach to history leaves little room for the stories of the women who were too often — in their day and ours — seen as inconsequential. Our foremothers were just as important in forming our history as their male counterparts were. Yet these women are too often missing from the histories that we tell" (p.22).

Macdougall (2010) compliments this and notes that the "the physical location of Métis communities in maternal lands, or the role of Aboriginal women in development of their children's social world have been overlooked as contributing factors in the creation of a style of life." (p. 437). Métis patrilineal lines are more easily traced through colonial documentation, such as fur trade records, church records, and scrip (Fiola, 2015). Métis scholar, Emma LaRocque (2007) further states that "The Métis community of my generation was by no means free from patriarchal notions and practices. Take the name we had for ourselves: Apeetowgusanuk, or "half-son." Why not "half-daughters"?" (p. 59). Tracing records, in addition to the gender binaries enforced by colonization[ix], has led to many Métis today emphasising the patriarchal roots of family structures, culture, and traditions that impact Métis identity (Bourassa, McKay-McNabb, & Hampton, 2004; Fiola, 2015; Hanson, 2016; Macdougall, 2010). Métis Elder Jules Lavalee has said "I believe we had quite a few matriarchal systems in our tribal affiliations. And so, perhaps a lot of our problems came in trying to live the European patriarchy" (Anderson, Innes, & Swift, 2012, p. 267).

European patriarchy has undoubtedly left lasting impacts still felt today, such as with leaders who might have internalised colonial notions of identity. Pratt (2011) notes "the Métis community can be just as harsh as any outsider in terms of falsely evaluating a community member's belongingness" (p.17). This has resulted in the undermining of Indigenous women's traditional authority, agency, and roles within families, and traditional governance systems (Hanson, 2016). Between the Canadian government's assimilative tactics, required colonial forms of documentation, and identity gate-keepers who are pre-dominantly male, Métis female narratives are not often heard.

Filling the Health Service gap: Learning from Métis Women

Traditionally, Métis women were central to the health and well-being of their communities (Anderson, 2011). The health and well-being of Métis communities was contingent on how well one managed all relations, including the human community, the land, and the spirit world (Macdougall, 2006; Anderson, 2011). Anderson

(2011) states that "individual and community health and well-being were connected…[and] the health of the individual was understood to be the health of the collective and vice versa" (p.168). Métis peoples remain adept at maintaining their kinship ties, which as argued above, have served as the pillar of Métis societies (Adese, 2014). These kinship ties are commonly known to have been maintained by Métis women, as they have always played a significant role in the retention, maintenance, and persistence of Métis identity (Troupe, 2009; Laliberte, 2013).

According to Kermoal (2016), Métis medical knowledge, *lii michin* (the medicines), was passed through matrilineal lines of families; from mother to daughter, grandmother to granddaughter, auntie to niece or all of the above. Kermoal (2016) describes how "[w]omen cared for and gave medical advice to men, as well as women and children, and their activities were integral to the health and well-being of the community. Since illnesses are part of everyday life, women's knowledge and skills were indispensable" (p. 122). Campbell (2010) states that "[a]lthough our *nokom*s (grandmothers) did most of the doctoring…every mother had her own stash of medicines used for croups, coughs, fevers and any number of childhood illnesses" (p.5)

Métis women have continued to reclaim their rightful roles in communities (Dorion, 2003). This commentary thus calls for creating space for Métis women to continue to share their voices that hold the key to the health of their communities. Policymakers, healthcare workers, and researchers alike have a responsibility to engage with Métis women regarding the health of Métis communities and finding solutions towards culturally-safe health care. They can support Métis women's empowerment, in the sharing of Métis truths, and work with, and listen to those who have always remained at the heart of Métis communities, women. Below are some practical recommendations towards engaging with Métis women and culturally-safe health care.

Support Métis community-led research. As mentioned earlier, Evans et al. (2012) explain prominent barriers when trying to carry out research in Métis communities. These barriers often include a lack of health care infrastructure, limited human resources, having to rely on volunteers, and political instability (Evans et al., 2012). Despite this, Bourassa (2011) found that Métis communities, in fact, both want and need data. Supporting the Métis community to carry out their own research may be one step towards engaging with Métis women on both culturally-safe health care and the health and healing of communities. This may include supporting Métis community organisations, Métis graduate students, and Métis academics looking to do work with, by, and for their communities.

Relationship Building and Respect. In both planning to engage with Métis women regarding the health of Métis communities and finding solutions towards culturally-safe health care, authentic relationships are critical. Research implemented by Métis individuals is a start, but relationship building must be incorporated at the beginning of the research process, or build on already existing relations. Have the community initiate and guide any research or policy process. Approach peoples and communities with respect, and follow local community protocols (Kovach, 2009).

In addition, Métis peoples must see themselves in recruitment materials (i.e. posters, social media callouts, flyers; Wesche, 2013), or any other materials related to the research, policy, or programming. Materials must reach the local community in a way that is relevant. For instance, this may entail working with local Métis artists to create art or designs for recruitment materials (Monchalin & Bourassa, in press). What is important to highlight is that not all Métis peoples have a connection to the sash, beading, or jigging, and to frame all Métis people as a monolith would be inaccurate and fail to capture the rich diversity of the Métis population. All research and engagement carried out with Métis peoples must be reflective of the particular community one is working work, while being careful not to apply a pan-Métis approach.

Self-Reflection and Listening to Métis Women. A key component of relationship building is self-reflection and listening. Before engaging with Métis communities, first stop and ask what your motivation is for doing so and how you are planning on giving back. Be self-

reflective, honest, and accountable before engaging in any research or policymaking. Come in a good way, in a way which is seeking to actually listen to Métis women, follow their lead, and act on and support their requests or recommendations. Do this without any hidden agenda, such as one which is simply looking to "take" and leave.

Also, remember that Métis women do not need "saving". It is clear from history that this approach has not worked. This means no more outsiders looking in to see how they can attempt to "fix" Métis peoples or communities. All research must be grounded in community needs rather than the needs of the academy or other colonial institutions (Kovach, 2009).

Conclusions and Moving Forward

While this commentary focuses on the importance of engaging with Métis women, we agree with Métis-Cree scholar Kim Anderson (2010) who states, "When I think about how our women are cast as the strength and foundation of the nation, I have to ask how well is this serving us" (p.88). Anderson (2010) cautions that despite tremendous strength, we must not overwork Native women. Aligning with Métis scholar Emma LaRocque's (2007) statement:

> "Women cannot saddle ourselves with the staggering responsibility of teaching or nurturing the whole world; nor should we assume sole responsibility for 'healing' or 'nurturing' Aboriginal men. To assume such roles is tantamount to accepting patriarchal definitions about the nature and role of women" (p. 65).

At the same time, Anderson (2010) states that "healthy life [is] maintained through balance between the various life forms, including men and women" (p.82). Thus, we call upon men to support the women in their families and communities. This support can include, but is not limited to, men both recognising and unlearning the toxicity of patriarchy that has influenced Métis identity and the silencing of Métis women's narratives. This, in turn, will create space for Métis women's voices to share their health and healing knowledge.

Furthermore, the roles of Two-Spirited peoples are often left out of conversations around the health and well-being of our communities. When engaging with Métis women, it is intrinsic to be inclusive of Métis Two-Spirit peoples. Hunt (2016) states that "people working to shape both Aboriginal and non-Aboriginal health policies, programs and frameworks have a responsibility to educate themselves about the cultural, gender and sexual identities of Two-Spirit people in order to provide appropriate, accessible, non-judgmental and safe services." (p. 22). While influenced by the Indian Act, residential schools purposefully imposed gender binaries to undermine and remove Indigenous Two-Spirit and women's traditional roles and governance systems (Hanson, 2016; Hunt, 2016). Within many Indigenous communities across Turtle Island, "the roles of Two-Spirit individuals carried unique responsibilities that were vital to the nations' collective well-being" (Hunt, 2016, p.7). While it is imperative not to romanticise Two-Spirt roles and identities, Hunt (2016) continues that these roles were inclusive of being "teachers, knowledge keepers, healers, herbalists, childminders, spiritual leaders, interpreters, mediators and artists." (p. 7). Engaging with and learning from Two-Spirited peoples is intrinsic to improving the health and well-being of our communities.

With this in place, we may see improved health and a closing of the health disparities for Métis peoples in Canada. As Métis filmmaker, Christine Welsh proclaimed: "Native women will be rendered historically voiceless no longer. We are engaged in creating a new history, our history, using our own voices and experiences." (Welsh, 1991, p.24).

References:

Adese, J. (2014). Spirit gifting: Ecological knowing in Métis life narratives. *Decolonization: Indigeneity, Education & Society*, *3*(3), 48-66.

Alfred, T., & Corntassel, J. (2005). Being Indigenous: Resurgences against Contemporary Colonialism, *Government and Opposition, 40*(4), 597–614. https://doi.org/10.1111/j.1477-7053.2005.00166.x

Allan, B., & Smylie, J. (2015). *First peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada.* Toronto, Canada: Wellesley Institute.

Andersen, C. (2014). *Metis: Race, recognition, and the struggle for Indigenous peoplehood.* Vancouver, Canada: UBC Press.

Andersen, C. (2016). The colonialism of Canada's Métis health population dynamics: caught between bad data and no data at all. *Journal of Population Research, 33*(1), 67-82. https://doi.org/10.1007/s12546-016-9161-4

Anderson, K. (2010). Affirmations of an Indigenous Feminist. In C. Suzack, S.H. Huhndorf, J. Perreault, & J. Barman (Eds.), *Indigenous women and feminism: Politics, Activism, Culture* (pp.81-91). Vancouver, Canada: UBC Press.

Anderson, K. (2011). *Life stages and native women: Memory, teachings, and story medicine* (3rd ed.). Winnipeg, Canada: University of Manitoba Press.

Anderson, K., Innes, R. A., & Swift, J. (2012). Indigenous masculinities: Carrying the bones of the ancestors. In C.J. Greig, & W. Martino. (Eds.). *Canadian Men and Masculinities: Historical and Contemporary Perspectives* (pp.266 -284). Toronto, Canada: Canadian Scholars' Press.

Baba, L. (2013). *Cultural Safety in First Nations, Inuit and Métis Public Health: Environmental Scan of Cultural Competency and Safety in Education, Training and Health Services.* Retrieved from: https://www.ccnsa-nccah.ca/495/Cultural_Safety_in_First_Nations,_Inuit_and_M%C3%A9tis_Public_Health.nccah?id=88

Bell, R. (2017, October 28). How would you conceive of Métis identity?': Experts doubt population with historic Métis ties in census. *CBC News*. Retrieved from http://www.cbc.ca/

Bourassa, C. (2011). *Metis health: The invisible problem.* Kanata, Canada: J.Charlton Publishing.

Bourassa, C., McKay-McNabb, K., & Hampton, M. (2004). Racism, sexism, and colonialism: The impact on the health of Aboriginal Women in Canada. *Canadian Woman Studies*, 24(1), 23–29.

Brant-Castellano, M. (2004). Ethics of Aboriginal Research. *Journal of Aboriginal Health*, *1*(1), 98–114.

Campbell, M. (1973). *Halfbreed.* New York, NY: Saturday Review Press.

Campbell, M. (2011, February). Nokoms Had Their Own Stash of Medicines. *Eagle Feather News, 14*(2), 5.

Canada. Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples.* Retrieved from http://www.aadnc-aandc.gc.ca/eng/1307458586498/1307458751962

CBC News. (2016, November 4). Christi Belcourt wants name removed from Métis Nation of Ontario registry. *CBC News*. Retrieved from http://www.cbc.ca/

Chartier, C. (2010, June 17). Métis still waiting for their apology. *Winnipeg Free Press*. Retrieved from https://www.winnipegfreepress.com/opinion/westview/metis-still-waiting-for-their-apology-96636889.html

Chartrand, L. N. (2011). *Maskikiwenow: The Métis right to health under the Constitution of Canada and under selected international human rights obligations.* Ottawa, Canada: National Aboriginal Health Organization.

Chartrand, L. N., Logan, T. E., & Daniels, J. D. (2006). *Métis history and experience and residential schools in Canada.* Ottawa, Canada:Aboriginal Healing Foundation.

Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity, Education & Society*, *1*(1), 86–101.

Dickason, O. P. (2002). *Canada's First Nations: A history of founding peoples from earliest times* (3rd Ed.). Don Mills, Canada: Oxford University Press.

Dorion, L. (2003). *Emerging Voices of Métis Women.* Retrieved from http://www.metismuseum.ca/resource.php/01269

Dyck, M. (2009). *Social Determinants of Métis Health.* Ottawa, Canada: National Aboriginal Health Organization.

Evans, M., Andersen, C., Dietrich, D., Bourassa, C., Logan, T., Berg, L. D., & Devolder, E. (2012). Funding and Ethics in Métis Community Based Research: The Complications of a Contemporary Context. *International Journal of Critical Indigenous Studies*, *5*(1), 54–66.

Fiola, C. (2015). *Rekindling the sacred fire: Metis ancestry and Anishnaabe spirituality*. Winnipeg, Canada: University of Manitoba Press.

Greenwood, M., & de Leeuw, S. (2012). Social Determinants of health and the future well-being of Aboriginal children in Canada. *Paediatrics & Child Health*, *17*(7), 381–384. https://doi.org/10.1093/pch/17.7.381

Gaudry, A., & Leroux, D. (2017). White settler revisionism and making Metis everywhere: the evocation of Metissage in Quebec and Nova Scotia. *Critical Ethnic Studies, 3*(1), 116-142. https://doi.org/10.5749/jcritethnstud.3.1.0116

Hanson, C. (2016). Gender, justice, and the Indian residential school claims process. *The International Indigenous Policy Journal*, *7*(1).

Hunt, S. (2016). *An introduction to the health of two-spirit people: Historical, contemporary and emergent issues*. Prince George, Canada: National Collaborating Centre for Aboriginal Health.

Iseke, J. (2013). Negotiating Métis culture in Michif: Disrupting Indigenous language shift. *Decolonization: Indigeneity, Education & Society*, *2*(2), 92–116.

Kermoal, N. (2016). Metis women's environmental knowledge and the recognition of Metis rights. In N. Kermoal, & I. Altamirano-Jimenez (Eds.), *Living on the Land: Indigenous Women's Understanding of Place* (pp. 107-138). Edmonton, Canada: AU Press, Athabasca University.

Konsmo, E. M., Danforth, J., Flicker, S. Anderson, K., Thistle, J., & Rankin, J. (2012). *Environmental/Land Justice for Metis Women and Youth as HIV Prevention*. Toronto, Canada: Native Youth Sexual Health Network.

Koptie, S. (2009). Irihapeti Ramsden: The Public Narrative on Cultural Safety. *First Peoples Child and Family Review*, *4*(2), 30–43.

Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations, and contexts*. Toronto, Canada: University of Toronto Press.

Kumar, M. B., Wesche, S., &McGuire, C. (2012). Trends in Metis-related health research (1980-2009): Identification of research gaps. *Canadian Journal of Public Health*, *103*(1), 23–28.

Laliberte, R. (2013). Being Métis: Exploring the Construction, Retention, and Maintenance of Urban Métis Identity. In E. J. Peters, & C. Andersen (Eds.), *Indigenous in the city: contemporary identities and cultural innovation* (pp.110-131). Vancouver, Canada: UBC Press.

LaRocque, E. (2007). Metis and feminist: Ethical reflections on feminism, human rights and decolonization. In J. Green. (Ed.), *Making Space for Indigenous Feminism* (pp.53-71). Black Point, Canada: Fernwood Publishing.

Lawrence, B. (2004). "Real" Indians and others: Mixed-blood urban native peoples and Indigenous Nationhood. Vancouver, Canada: UBC Press.

Loppie Reading, C., & Wien, F. (2009). *Health Inequalities and Social Determinants of Aboriginal Peoples' Health*. Prince George, Canada: National Collaborating Centre for Aboriginal Health.

Macdougall, B. (2006). Wahkootowin: Family and cultural identity in northwestern Saskatchewan Metis communities. *Canadian Historical Review*, 87(3), 431-462. https://doi.org/10.3138/CHR/87.3.431

Macdougall, B. (2010). *One of the family: Metis culture in nineteenth-century northwestern Saskatchewan*. Vancouver, Canada: UBC Press.

Macdougall, B. (2017). *Land, family and identity: Contextualizing Metis health and well-being*. Prince George, Canada: National Collaborating Centre for Aboriginal Health.

Manitoba Métis Federation. (2018). Who are the Metis? Retrieved from http://www.mmf.mb.ca/who_are_the_metis.php

Mawani, R. (2002) 'Chapter 2: In Between and Out of Place: Mixed-Race Identity, Liquor, and the Law in British Columbia, 1850-1913'. In S. Razack (Ed.). *Race, space, and the law: Unmapping a*

white settler society. Toronto, Canada: Between the Lines.

Metis Centre, National Aboriginal Health Organization. (2008). *In the Words of Our Ancestors: Métis Health and Healing*. Ottawa, Canada: Author.

Métis Youth Collaboration. (2018). *Dear Métis Leaders: An Open Letter to Métis Nation Leaders, regarding their support for the Kinder Morgan Pipeline*. Retrieved from https://dearmetisleaders.wordpress.com

Minosh, K. (2016, October). My Grandmother is Metis History. *Red Rising Magazine*, p. 22.

Monchalin, L. (2016). *The Colonial Problem: An Indigenous Perspective on Crime and Injustice in Canada*. Toronto, Canada: University of Toronto Press.

Monchalin, R., & Bourassa, C. (in press). A Métis methodology for HIV research. *Journal of Indigenous HIV Research*.

National Aboriginal Health Organization. (2006). *Fact sheet: Cultural safety*. Ottawa, Canada: Author.

Nicks, T., & Morgan, K. (1985). Grande cache: The historic development of an Indigenous Alberta Metis population. In J. Peterson, & J. S. H. Brown (Eds.), *The new peoples: Being and becoming Métis in North America* (pp. 163–83). Winnipeg, Canada: University of Manitoba Pree.

Pratt, Y. P. (2011). *Meaningful Media: An ethnography of a digital strategy within a Metis community* (Doctoral dissertation thesis). Retrieved from http://dx.doi.org/10.5072/PRISM/4308

Reading, C. L., & Wien, F. (2009). *Health inequalities and the social determinants of Aboriginal peoples' health*. Prince George, Canada: National Collaborating Centre For Aboriginal Health.

R. v. Powley, Supreme Court of Canada. (2003) Retrieved from https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2076/index.do?r=AAAAAQAOUi4gdi4gUG93bGV5LCAB

Schroeder, L. (2017, October 31). Who is Métis? Statistics Canada numbers open window on debate. *CBC News*, October. Retrieved from http://www.cbc.ca/

Smylie, J. (2008). Resisting exclusion: Using culture to share health information among Metis in Ottawa. In Canadian Institutes of Health Research (Ed.), *Knowledge to action: A knowledge translation casebook* (pp. 39–42). Ottawa, Canada: Canadian Institutes of Health Research.

Smylie, J. (2009). The health of Aboriginal peoples. In D. Raphael, D. (Ed.), *Social determinants of health: Canadian perspectives (*2nd ed., pp. 280–301). Toronto, Canada: Canadian Scholars' Press.

Smylie, J., Adomako, P., & Wellington, P. (2009). *Knowledge Translation and Indigenous Knowledge Research Project: Final Community Report*. Ottawa, Canada: Author

Smylie, J., & Firestone, M. (2015a). Back to the basics: Identifying and addressing underlying challenges in achieving high quality and relevant health statistics for Indigenous populations in Canada, *Statistical Journal of the International Association for Official Statistics, 31*(1), 67-87. https://doi.org/10.3233/SJI-150864

Smylie, J. & Firestone, M. (2015b). The Health of Indigenous Peoples. In D. Raphael, D. (Ed.), *Social determinants of health: Canadian perspectives* (3rd ed., pp. 434-469). Toronto, Canada: Canadian Scholars' Press.

Smylie J., Martin, C., Kaplan-Myrth, N., Steele, L., Tait, C., & Hogg, W. (2004). Knowledge translation and Indigenous knowledge. *International Journal of Circumpolar Health*, *63*(Suppl. 2). 139–143. https://doi.org/10.3402/ijch.v63i0.17877

Statistics Canada. (2013). *Aboriginal peoples in Canada: First Nations people , Métis and Inuit national household survey, 2011*. Ottawa, Canada: Author.

Statistics Canada. (2017). *Aboriginal peoples in Canada: Key results from the 2016 Census*. Retrieved from: http://www.statcan.gc.ca/daily-quotidien/171025/dq171025a-eng.htm

Troupe, C. (2009). *Métis women: social structure, urbanization and political activism, 1850-1980* (Master's Thesis) Retrieved from https://ecommons.usask.ca/handle/10388/etd-12112009-150223

Vizina, Y. (2005). *Supporting Metis needs: Creating healthy individuals and communities in the context of*

HIV/AIDS. Ottawa, Canada: Canadian Aboriginal AIDS Network.

Welsh, C. (1991). Voices of the Grandmothers: Reclaiming a Metis Heritage. *Canadian Literature*, *131*, 15–24.

Wesche, S. D. (2013). Métis women at risk: Health and service provision in Urban British Columbia. *Pimatisiwin: A Journal of Aboriginal & Indigenous Community Health*, 11(2), 187-196.

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Appendix: Additional Notes[1]

[i] This includes every Métis person who identifies as a woman in any way; including but not limited to those who may identify as two-spirit, transgendered, non-binary, beyond gender, English language, other gendered or any combination of these.

[ii] Cultural safety, a concept initially developed by the Māori nurse Irihapeti Ramsden, "is an outcome of nursing and midwifery education that enables safe service to be defined by those that receive the service" (Koptie, 2009, p. 31). Further, cultural safety is defined as approaches that move "beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to healthcare" (National Aboriginal Health Organisation, 2006). Cultural safety calls on health service providers to reflect on their own culture and how it influences the health care they provide (Baba, 2013).

[iii] While this commentary advises readers to listen to those who identify as Métis women to fill the Métis culturally-safe health service gap, we also acknowledge the powerful leadership of several prominent Métis health scholars and policymakers who we reference and draw on throughout this commentary. To name some Métis women leading the way and informing this field with their work are: Dr. Janet Smylie, Dr. Yvonne Boyer, Dr. Carrie Bourassa, Dr. Judy Bartlett, Elder Maria Campbell, Dr. Emma LaRocque, Dr. Brenda MacDougall, Dr. Kim Anderson, Dr. Angeline Letendre and Dr. Catherine Richardson, to name a few. This commentary would not be possible if it were not for their hard work, bravery and determination.

[iv] There are numerous Métis organisations across Canada, consisting of various definitions of who is Métis. For example, the Manitoba Métis Federation states that Manitoba is the birthplace of the Métis nation (Manitoba Métis Federation, 2018). Yet, some other provincial Métis organisations such as the Métis Nation of Ontario abide by the Supreme Court Powley case definition. To be considered Métis, one must: 1) identify as a Métis person; 2) be a member of a present-day Métis community; and, 3) have ties to a historic Métis community (*R. v. Powley*, 2003).

[v] The Indian Act was amended in 1880 "to specifically exclude halfbreeds outside Manitoba from coming under the provisions of the Act, and from any of the treaties" (Dickason, 2002, p. 279). The 1880 Indian Act introduced the rule that halfbreeds in the treaty could "voluntarily" withdraw from the treaty and take scrip. Despite these increasing restrictions, Métis people nonetheless continued to be included in discussions for Treaty 4 (1874), Treaty 6 (1876), Treaty 8 (1877), and Treaty 11 (1921), but with even less success (Fiola, 2015). While some Métis made it into Treaty 6 (Nicks & Morgan, 1985), the government did not systematically deal with Alberta Métis land rights until the Métis Population Betterment Act, 1938 (Fiola, 2015).

[vi] Scrip was designed to extinguish Métis Indigenous title. The history of the scrip system is filled with corruption on the part of the federal and provincial governments, as well as European land surveyors and bankers who swindled the largely illiterate Métis out of land and money (Fiola, 2015). Land allotments were always purposely far from Métis settlements to prevent Métis solidarity and resistance, and were unsuitable for agriculture (Fiola, 2015).

[vii] Fiola (2015) describes:

- *Silence* as "a self-identification strategy whereby the individual/family self-identifies as anything but Métis or Aboriginal" (p.30) and would often "emphasize their Euro-Canadian heritage" (p.31).
- *Passing* meant "to shift one's racial reference group to that of another (including other groups of colour) perceived to be less marginalized in the existing racial hierarchy" (p.31).
- *Internalized colonization*, Fiola(2015) describes as "when colonized peoples believe in the superiority of the

[1] All references for this section are in the main referernce list

> dominant culture while criticizing their own culture" (p.29).

[viii] For example, in an attempt for Métis people to be taken seriously, to be recognised, and treated equally by the Canadian settler government, the leaders of some Métis organisations have participated in consultation activities. Some consultations have gone against what it means to be Métis by approving extraction of the land. For example, in an article by CBC News (2016), Métis artist Christi Belcourt wrote a letter to the Métis Nation of Ontario (MNO) saying she wants her name removed from their registry because MNO signed deals with Energy East, Nuclear Waste Management Organization, and other mining agreements. She is quoted in the article, "We need to, as Indigenous people, hold true to our values and our ways of our ancestors, which are ways of the land, ways of the water" (CBC, 2016, para.3). In addition to this, a letter written by Métis youth from across Turtle Island opposes Métis leaders support of the Kinder Morgan Pipeline. The letter, written to the Métis leaders who approved the pipeline states, "when in your journeys did being Métis simply become an identity to assert in order to obtain money and power"(Métis Youth Collaboration, 2018, para. 1).

[ix] For example, residential schools imposed gender binaries to undermine and remove Indigenous women's traditional authority, agency, and roles within families, clans, and traditional governance systems (Hanson, 2016). In addition, debates surround Métis peoples' attendance at residential schools. Many Métis today are often challenged in their claims of attending residential school's based on internalised colonial notions of who is Indian. Métis National Council President Clément Chartier, a residential school survivor, highlighted that the schools Métis attended were church-run, government-sanctioned institutions aimed at assimilating the Métis (Chartier, 2010). "Métis survivors endured the same forced separation from family and community, the same attacks on their culture, and in many instances were victims of the same physical and sexual abuse as those who attended the schools covered by the settlement agreement." (Chartier, 2010, para.5).