Métis Women’s Health and Wellbeing

Regional Meeting – TELUS Centre for Professional Development, University of Alberta

February, 2006
Table of Contents

BACKGROUND ................................................................................................................................................. 3
MEETING SCHEDULE AND PROTOCOLS .......................................................................................... 4
MEETING OBJECTIVES ........................................................................................................... 5
DELEGATES .................................................................................................................................................... 6
PRESENTATIONS ........................................................................................................................................ 7
DAY ONE .................................................................................................................................................. 7
Prayer .......................................................................................................................................................... 7
Introductions ............................................................................................................................................. 9
Welcome Remarks .................................................................................................................................. 7
Hospitality .................................................................................................................................................. 9
DAY TWO ................................................................................................................................................ 11
Opening Remarks .................................................................................................................................. 11

DISCUSSION ............................................................................................................................................. 14
DAY ONE: ............................................................................................................................................... 14
Experiences .............................................................................................................................................. 14
DAY TWO: .............................................................................................................................................. 19
Experiences .............................................................................................................................................. 19
Issues ....................................................................................................................................................... 23
Priorities .................................................................................................................................................. 25
Recommendations .................................................................................................................................. 26

CLOSING CIRCLE ..................................................................................................................................... 29
CLOSING REMARKS .......................................................................................................................... 33
REPORT METHODOLOGY AND CONSENT .................................................................................... 34
AWHHRG CONCLUSIONS ............................................................................................................... 34
APPENDICES ........................................................................................................................................... 36
APPENDIX 1: ORGANIZING GROUP .................................................................................................... 37
APPENDIX 2: AWHHRG INTRODUCTION ........................................................................................... 38
APPENDIX 3: LIST OF DELEGATES .................................................................................................... 40

Funding for this event was made possible by the Women’s Health Contribution Program, Women’s Health, Gender and Analysis, Health Canada
Métis Women’s Health and Wellbeing

Background

The Aboriginal Women’s Health and Healing Research Group (AWHHRG) is a national network of First Nations, Métis and Inuit women researchers interested in community-based research focused on the health and healing of Aboriginal women, their families and communities. The AWHHRG receives financial support from the Women’s Health Contribution Program, Health Canada.

In February, regional AWHHRG member Lois Edge, with Angeline Letendre, AWHHRG agents and other associates (see Appendix 1), organized and hosted a Métis women’s meeting to provide an opportunity for Métis women to network, and voice their ideas, concerns and recommendations regarding health and well-being for Métis women and their families.

According to many participants, this gathering provided the first opportunity in the history of Métis women to meet and voice their concerns, ideas and recommendations regarding health and wellbeing, from their own perspectives as Métis women, and for the emergent purposes of making policy and research more relevant to Métis women, their families and communities.

In accordance with community-based principles and OCAP, the design, accessibility, on-site revision, delivery and recording of this gathering was initiated, determined, and controlled by Métis women. While not all Métis women were able to attend the Edmonton gathering, those that attended were from both official and unofficial representative positions, from multiple levels of society (communities, agencies, institutions), and from diverse Métis communities in Canada. Hence, the ideas, concerns, recommendations and conclusions that follow can be said to be a credible representation of Métis women’s perspectives on health and well-being in Canada.
Meeting Schedule and Protocols

Day 1: Thursday, February 23, 2006

6:00 – 9:00 pm Welcome Reception

6:15 – 6:30 Opening Prayer, Alma Desjarlais, Elder
Introductions, Lois Edge, AWHHRG Regional Member
Welcome Remarks, Judy Hughes, AWHHRG Chair &
Linda Day, AWHHRG Executive Director

6:30 – 7:00 Networking

7:00 – 8:00 Métis Women’s Health and Well-being Experiences, Discussion Facilitators: Lois
Edge, AWHHRG Regional Member; Angeline Letendre, University of Alberta

8:00 - 8:30 Entertainment: Marilyn Dumont & Asani

8:30 – 9:00 Networking

Day 2: Friday, February 24, 2006

9:00 – 9:30 am Aboriginal Women’s Health in Canada, Opening Remarks, Judy Hughes, AWHHRG
Chair

9:30 – 10:15 Métis Women’s Health and Well-being – Participant Discussion Break-Out Groups:
Identification of Experiences, Issues and Priorities

10:15 – 10:30 Health Break

10:30 – 12:00 Continuation of Participant Discussion Break-out Groups: Identification of
Experiences, Issues, and Priorities

Luncheon

1:00 – 2:30 Métis Women’s Health and Well-being
Group Reports on Identification of Experiences, Issues, Priorities &
Recommendations

2:30 – 2:45 Health Break

2:45 – 4:00pm Métis Women’s Health and Well-being, Closing Circle: Facilitator, Judy Hughes,
AWHHRG Chair

4:00 – 4:30 Métis Women’s Health and Well-being, Closing Remarks: Judy Hughes, AWHHRG
Chair, Linda Day, AWHHRG Executive Director; Lois Edge, AWHHRG Regional
Member; Recommendations to AWHHRG: Angeline Letendre, University of Alberta

Funding for this event was made possible by the Women’s Health Contribution Program,
Women’s Health, Gender and Analysis, Health Canada
Meeting Objectives

From the draft agenda, the following objectives were identified:

- to provide an opportunity for networking among Métis women who work in Métis women’s health and well-being;
- to share in the experiences of Métis women’s health and well-being,
- to identify key issues in Métis women’s health and well-being,
- to identify priorities for Métis women’s health and well-being,
- to identify recommendations for Métis women’s health and well-being,
- to introduce the Aboriginal Women’s Health and Healing Research Group as a vehicle for engaging with Métis women’s health and well-being experiences, issues, priorities and recommendations, and
- to celebrate achievements in Métis women’s health and well-being

These objectives are in line with the five functions of the Aboriginal Women’s Health and Healing Research Group (Appendix 2), its mission statement, current research priorities regarding GBA, health research governance, OCAP, historical research modes and its mission to:

“adopt a critical analysis to advance Aboriginal women’s holistic health through the promotion and application of research that is based on Aboriginal women’s needs, perspectives, knowledge, worldviews and protocols.”
More than 32 delegates attended the Métis Women’s Health and Well-Being Regional Meeting (see Appendix 3). Delegates included members of the Aboriginal Women’s Health and Healing Research Group, Métis representatives of agencies serving Métis women, Métis Elders, Métis student researchers, Métis women health researchers and Métis community members. Agencies or communities represented (other than AWHHRG) included:

- Camperville
- Métis of Manitoba
- Métis Settlement
- Gabriel Dumont
- Status of Women Canada
- Prairie Women’s Health Centre of Excellence
- National Aboriginal Health Organization, Métis Centre
- University of Alberta

Funding for this event was made possible by the Women’s Health Contribution Program, Women’s Health, Gender and Analysis, Health Canada
Presentations

Day One

Prayer

As was appropriate, the Métis Women’s Health and Well-Being Meeting began with a prayer, by Elder Alma Desjarlais.

Welcome Remarks

Judy Hughes, AWHHRG Chair, began the evening’s presentations with an overview of the Aboriginal Women’s Health and Healing Research Group’s national and community-based mandate to “network and reach out across the country”, with an invitation to share voices and join in the work of Métis women’s health and healing, for themselves, their families and communities, through visioning, policy development, knowledge generation and networking. Ms Hughes reiterated the growing awareness that “healing has to take place in order for us to have good health”, and represented such work as part of a blueprint across the country. As an example of work being done in this field, Ms. Hughes introduced the Annotated Bibliography of Aboriginal Women’s Health and Healing Research (2006), including documentation of 13 major themes and gaps in related research, and described the Aboriginal Women’s Health and Healing Research Group Logo and concept (below), as an envisioning tool.

“Our Logo Concept: The women standing in front of the tanned hide represent the Inuit, Métis, and First Nations of Canada.
The Inuit woman is dressed in a traditional amauti or parka that has a deep hood to carry babies – she represents the relationship of mother and child and future generations. The Métis woman wears a woven sash containing the infinity symbol meaning “the people will never go away”. And, the First Nations’ woman is clothed in a jingle dance dress symbolizing healing and the celebration of culture. The women hold hands in agreement and union for better health for new generations (Annotated Bibliography of Aboriginal Women’s Health and Healing Research, 2006).

To finish her welcoming remarks, and to acknowledge the continuing contributions of other members of the Aboriginal Women’s Health and Healing Research Group, Ms. Hughes proceeded to read excerpts from AWHHRG board member biographies: Mss, Lois Edge, Kim Anderson, Madeleine Dion Stout, Ellen Gabriel, Gaye Hanson, Eduardo Jovel, Nancy MacDonald, Dorris Peters, Alex Willson, and Caroline Tait.

Following Ms. Hughes, Linda Day, AWHHRG Executive Director, thanked the stakeholders of the Métis Regional Meeting and gave a brief history of the development of the Aboriginal Women’s Health and Healing Research Group, from its inception in 2003, to the competitive location of the AWHHRG office at the University of British Columbia in Vancouver. Ms. Day emphasized that the Aboriginal Women’s Health and Healing Research Group was a national organization with members strategically located across Canada, and that while creating
a national organization was challenging, it was also very exciting. Ms Day proceeded to describe recent accomplishments like the logo competition, which included 45 submissions, publication of the Annotated Bibliography of Aboriginal Women's Health and Healing Research (2006), and the current and upcoming issues of the AWHHRG Newsletter entitled “AWHHRG Updates”: Ms. Day concluded her welcoming remarks stating that it is her aspiration that delegates at the Métis Women’s Regional Meeting would provide “some good evidence regarding what Métis women feel is important regarding health and healing, policy advice, feedback, thoughts and comments”.

Introductions

Delegates get to know each other during an evening of introductions, Métis Women’s Health and Well-Being Meeting, Edmonton, February, 2006

After the meeting was opened by prayer, and opening remarks by Judy Hughes and Linda Day, Lois Edge invited delegates to briefly introduce themselves and their interests and experiences with Métis Women’s health and well-being.

Hospitality

Delegates enjoyed a healthy feast as they networked and shared information, February, 2006.
To ensure the success of any meeting, the atmosphere must be comfortable and inviting. In many Indigenous communities, this requirement is raised to the status of protocol. To ensure that the Métis Women’s Regional Meeting got off to a good start, delegates were provided with good food, and opportunities to network and connect to both Aboriginal and Métis experience through powerful songs, by *a capella* singing group *Asani* (nationally acclaimed for their version of “Oh Canada”), and powerful words, by renowned Métis writer Marilyn Dumont (authoress of *A Really Good Brown Girl*, 1996).
Good relationships around Métis women’s health and well-being grew through discussion, sharing, feasting, song and storytelling, Edmonton, February 2006.

**Day Two**

**Opening Remarks**

To begin the day, Ms. Lois Edge welcomed everyone, and introduced changes to the agenda: there were to be three break out groups (experiences, issues and priorities) followed by a break, then the delegates would reconvene for group summaries and discussion about recommendations. Ms. Edge then directed travel claim queries to Jeanette Sinclair and introduced Ms. Judy Hughes as the opening speaker.

After greetings in English, Swampy Cree and Spanish, Ms. Hughes acknowledged the inspirations of the previous evening and greeted the delegates as esteemed peers. She proceeded to set the tone for the rest of the day by emphasizing the seriousness of the health status of Aboriginal women in Canada:

“62% Aboriginal women face violence…40% have HIV/AIDS and it is rising, especially with young girls…Sexually Transmitted Diseases are on the rise, Aboriginal women face multiple barriers to equal and full participation: gender, ageism, poverty, isolation, employment, and education…”

Ms. Hughes directed attention to the importance of the Métis Women’s Health and Well-Being Regional Meeting, by emphasizing that it was the first national Métis women’s conference, even though Métis women have always been “part of the landscape”. She contextualized this further by reminding us that Métis women had not been recognized until changes were made in *The Constitution Act*, in 1982.

Ms. Hughes highlighted the absence of Métis women’s representation by specifying some of the Métis women-specific health issues: minimal access to health supports, differential access to primary care, falling behind in most status indicators, colonization, racism, lost generations, lack of voice, shelter inadequacies, and violence for women and children.

She gave a brief history of Métis women’s involvement in government processes, from “tea parties”, through radical invitations to speak at
board levels, through the development of the office of the Status of Women, the Native Women's Association of Canada (NWAC), and representation at Ministers meetings, in the Aboriginal women's health reporting framework, and NWAC’s Aboriginal Health Blueprint. The development of AWHHRG was discussed within this context, as an emerging advocacy group, to look at sex disaggregated information, develop indicators, engage in cultural-based and gender-based analysis, bring together relevant experts, and influence human resources policy “to encourage and promote and educate Aboriginal people in the health field, [to develop] more Aboriginal people providing services for Aboriginal people”.

Ms. Hughes discussed the challenges of under-representation by portraying advocacy work as tiring, as jumping from one issue to another, and as requiring different perspectives for different streams. She emphasized the importance and need for Aboriginal women to work together, to develop a strong voice and to become involved strategically. Ms. Hughes gave an example of the need for multi-disciplinary advocacy by relating how – in response to a question of how labour issues were relevant – she responded that if there’s “no income, [there’s] no health”.

The voice of AWHHRG and other Aboriginal women’s representative groups, was portrayed as having an influence on how health policy is shaped, in ways that are more relevant to Aboriginal perspectives and contexts, through discussions of the determinants of health and an emphasis on social health as the key to mental, physical, emotional and spiritual health. An example of this influence was how Aboriginal women advocated successfully against federal limitations on education (grade 12), and advocated for “life long learning” to include post-secondary and university education.

Ms. Hughes completed her opening remarks with a story about an Aboriginal woman who’s daughter was facing racism to the point where she wanted to change schools, but was told by the Superintendent that she couldn’t move unless there was a “serious reason”, and that “No, no, no racism doesn’t happen here”. The mother had to claim the daughter had “suicidal intentions” in order for her daughter to be relocated. This story gave urgency to her calls for delegates to sit on school boards, become involved, work together, help each other, make plans, and do advocacy for Aboriginal women, girls and their families. “Anytime you can organize a voice – 2, 3 women – that’s a voice!”
After Ms. Hughes’ address, Ms. Edge summarized the previous evening’s discussion of Métis women’s health and well-being, as providing a broad context for the day, with an emphasis on issues of:

“poverty of identity, education, programs and services, access, racism, discrimination, prejudice, loss of self, residential schools, loss of culture and spiritual knowledge, lack of opportunities to learn about culture or traditions, loss of Michif language, movement from rural to urban, need for central programs and services, poverty, isolation, and government indifference.”

To provide some balance, Ms. Edge drew attention to the strength of Métis women, implicit in their stories of revitalization, celebrations of success, accomplishments, resilience, strength, beauty and resistance.

She contextualized the days events by reminding delegates of the opportunity to share their voices, pose recommendations, feed into discussion and decision making at the national level, develop Aboriginal women’s determinants of health, reporting frameworks and health strategies, inform decision makers in the development of new policies, or removal or change of old policies, and to apply a more wholistic approach to Aboriginal women’s health and wellness.

Delegates were asked to separate into three groups for continuation of more detailed discussions of experiences, issues and priorities, following the morning break.
Discussion

Day One
Experiences
(All Delegates, Appendix 4)

During the first evening, delegates were asked to share their thoughts and experiences about health and well-being, in both medical and non-medical aspects, including considerations of mental, physical, emotional and spiritual domains. Delegates were encouraged to include population health indicators, including socioeconomic, housing, education, social, and income experiences. Again, delegates were reminded that this was an opportunity to develop recommendations for policy, government, and other political organizations.

To emphasize both the urgency and contextualized nature of Métis women’s experiences, key quotes were arranged under common themes, in the order that they were presented. Typed pauses may also indicate incomplete record-taking (up to 10%), as well as pauses in dialogue. Please note that in real conversation, these themes are usually dynamic and interconnected. Individual speakers are separated by paragraph and quotations.

Poverty

“Lots of memories… poverty, lack of food.”

“Women depressed… I challenge anybody to live without money; you’re going to be depressed, ’cause there’s no way out… It’s quite depressing.”

“I was struck by the mention of poverty, ’cause we did grow up poor, had a system of sharing…one got some and had enough to go around those were the memories.”

“We did a national survey across the country (Aboriginal women)...tell you no difference between on/off reserve, town, city… 3 elements: poverty, isolation and discrimination, we need to address those to bring us to a healthy state of mind and body…”

“People talk about poverty, we all grew up in poverty…small community…no racism because we were all Métis… Soto, Michif spoken in community… Never had any food from outside of the communities… We used whatever we had
there… great big lake, very fortunate… lots of fish, always had food, lived off the land. Sure experienced a lot of the residential school syndrome… I come from a big family; I have 8 children 16 great, 3 great great… A large contribution in terms of family in this society…

Racism and Discrimination

“Racism underplayed life, throughout life, it didn’t effect home, friends, family, but when we went out…migraines, …felt robbed, it affects health and wellbeing… having to fight to hang onto life…mentally to hang on.”

“The oppression of racism, poverty, really harming the way we live… so, delighted there’s a Métis women’s conference on health…1st one? Feel good that this is happening…one of the things that has driven us apart…total indifference of government to our needs… and hoops we have to jump through… we live in a society that’s very unfriendly to us…not user friendly.”

“The most crudest example of racism was in a magazine in Air Canada…Colleen Kline stands up and says I am a proud Métis woman…to have her insulted by this man, shows the depth of the racism…”

About racism…started as 6 yr old…priests and nuns teaching us catechism…I thought what they done was natural…to me, whatever they were saying… ‘cause I thought they were smarter than me… I thought they were right… We were Métis people…the nuns came in to teach us… The Métis kids…poverty stricken people, no government anything, no subsidies, no welfare, nothing…just on our own… and yet we were really scared of them sometimes because they were better than me. So what we had to do was, we had to work, we were given little papers to write “a” and “capital A” for a year, then I graduate to “b”; this was the way we were taught and blamed the government because he sent teachers there to… I could do a better job than that…how can we stamp out racism… Just a little kid trying to learn….grab you and call you…savage, damn Indian, just cause we’re young…something different, we didn’t know why we were called Indian…had Indian friends, didn’t know between Indian and Métis…to me they were just friends…brought us down to give us an education came down there and done things to us that I don’t know how to describe it, but it was unbelievably abusive… And when I’d be given a strap at school I’d go home and these nuns were working for God and the aunties were religious because… they had to be right and I had to be wrong… They knew that was going to happen.

“We all face the same things: racism, losing our language… In the early 70’s, they were still abusing them then… ‘All Indians are good for is getting drunk and being lazy.’ The kids told me that right away. Other women got after the nun for saying that. ‘We make a living just like you guys.’ All this we go through…”

“Let’s not forget our Métis women came a long way. I heard about Colleen Kline… I told her, whoever wrote it… no matter, he’s not a premier… I felt bad when I read it in the news and paper….one of those women who do a lot of work for… I’m very happy with her work.”
Traditional Ways of Being, Knowing and Doing

“Mainstream schooling system robs children of traditional knowledge of healing… most terrible injustice that was done to us… our children have the right to that knowledge… at university, opening the door a crack to allow students to go back and not lose that knowledge.”

“The saddest thing we’ve lost as Métis and Aboriginal… our cultural and spiritual knowledge that we grew up with, or maybe didn’t learn… a generation of lost parents… As Aboriginal people, we have the right to worship as we want to and to acknowledge … one God always… who I am and how I connect to the human race, is unique in our cultures… to have that taken away because of our colour of our skin… language is a big thing, root of how we understand and how we connect… many in my generation… roots torn out from under us… symptoms of alcoholism, promiscuity, family violence and bullying, much of that, we’ve lost a core piece of ourselves that help us to relate to who we are as proud people…”

“I teach the kids Métis dancing… hurt my knee… Not just the dancing, keep them busy… not to get into trouble… Parents can’t afford to get them into hockey and stuff; we live in the settlements… I went to Saskatoon… the community’s fortunate to live in the settlements… I didn’t think about it that way - I still preserve food, gardening - that we should teach our kids; we can do that in the settlements.”

Identity

“There’s a belief that Métis children that went to school didn’t have as hard a time as Aboriginal children… Not quite brown enough, not quite white enough. ’68 Constitution, identifiable nation, Métis person; all of a sudden, we have self…”

“I came a long way as a Métis person… I knew I was Métis, but no one else knew… asked if I was Indian… if I had number… I didn’t have a number… Are you French? Oh yeah. I passed as French for a long time. Métis first started to have identity identified at election… Was only white, Indian, other… That’s what they gave me, my identity. I didn’t have one before that… I was afraid people would ask and I didn’t know, didn’t learn about history, our kids don’t learn, they’re lost… Still, our children don’t know their identity.”

Sexual Abuse

“A lot of young women… from generations that lost self… falling victim to sexual abuse and exploitation of little girls… the economy, the boom town, the workers, victims addicted to men buying them pretty things so they’ll sleep with them… we have to do something to bring self back to these little girls.”
Single Mothers

“Single moms...who can’t get their kids to school…”

“I always like to see helpers in the family, lots of single mothers... I like to do something for single mothers...they told me they’re not handicapped…”

Education

“In Saskatchewan... keep worrying about the brain drain...we’re being called the brain waste...full potential that builds the province... Where do workers come from? Education and employment...[It’s a] way out of poverty,...same way... intergenerational effect...turn it around and you get the intergenerational effect of health and well-being in... breaking cycles, people becoming teachers... economic development, gaming, stability... like to see that addressed.

Reproductive Health

“...There needs to be a little more focus towards - AWHHRG has done some in this area -need more in Métis... reproduction health with women... study released on Aboriginal women having cervical cancer...some of the research in N. Saskatchewan through Prairie Women’s Health... with older women, our older women don’t get pap tested...it’s not being recorded... status on young women, cervical quite high, diabetes type II, area big...young girls having babies, 13, 14, 15, 16...gave birth to one at 16...had later, because given an opportunity to learn another way...touch on that issue: home versus urban...Métis urban different from north urban: identities thrive differently, young women that go into cities go into cultural shock...health issues...issues with babies...pediatrics, oral surgery...single young mothers children from north...area is health and research...”

Women’s Empowerment, Networking and Representation

“If we can share our strength and our beauty as Aboriginal women and Métis women in particular... do you know in Red River there was a Métis woman being maligned about being unfaithful to her husband, it was the English Bay women that came to ...the husband took those women to court and won regarding the bad stories about her...not allowing those women to destroy her... and it affects us.”

“We have about 200 women being honoured in Alberta...May 12th, theme “Angels among us”. These awards are different: no competition, no jury, communities nominate their women...not like National Achievement Awards. Women love this because the award belongs to us. It’s a different way of doing things... we stopped having meetings, started having gatherings...don’t have a committee; we have leaders who volunteer... We have to change how we participate and relate to each other... I have a dream of a centre for wellbeing and rights... almost no where...human regeneration, connection... It will come...

“So what do you do today about other racism? There’s a lot of it. Just what we can do to stamp it out? I know we’re getting stronger. I’ve been around for a
while; I've been fighting a lot…a lot of good Métis women, strong looking
women. It's up to us, not to let anybody put us down, to really keep on fighting
for what we believe in… The education was stolen from us… I think it's all up to
us now….sorry, there are men…but women are a little stronger than men… But
really, if the teachers want a good fight it has to be the mothers… We have to
watch our kids and what kind of education…are they getting? What they're
supposed to be getting. It was hard for a Métis person to go to a different
person. I graduated grade 3 in ten years… we couldn't go out like our
neighbours… The Métis people couldn't get that…we had to quit at 14, grade 8
or grade 7, no choice. Now we have to find work at 14, a very hard life… You
can relate… the Métis life. I was brought up by my grandmother when I was 6
wks old…really religious couldn't blame her for that…. I think it's up to us
women… Congratulations to this group for doing something for our women and
their health.

Women in Prison
“First programs [should be]…women coming out of prison, with no place to go…”

Humour

“I wanted to tell you…a little humour about politics…just before the elections…
Paul Martin and Harper and Jack Laden were on a jet, flying, and Martin says to
these guys, 'if I threw this thousand dollar bill out I could make a person very
happy', Harper: 'if I threw 10 - 100 dollar bills I could make ten people very
happy', Laden: 'if I could throw out 1000 ten dollar bills I could make 1000 people
happy'. These guys were making me sick, bragging like that, 'I feel like throwing
these guys out and making 33 million people happy!'”

Residential School

“I come from Camperville Métis community, next door to an Indian residential
school…. Although we weren't in the school, but close enough to see, experience
some of that abuse… priests and nuns. We went to school in the community
taught by the nuns…”

Language

“Michif language…laughs… My passion with my culture is my language. I
realized there were books for all kinds of languages… What about the Métis?
About 20 yrs ago when John Crawford came one evening and he heard I could
speak Michif and he was making a dictionary… I didn't believe him. He was
from the States… Got some tapes, said he'll play them… I couldn't believe my
ears: speaking in Michif, singing in Michif… Coming from the States, no
wonder… Of course Canada doesn't want to do anything, because of the
history… I don't like what they did in Winnipeg… and we resisted, especially
when we killed that white man, they never forgave us… We had to fight to be
recognized… My passion is the language dictionary… I thought…what about us
in Canada? I started doing something about it, going to Red River College,
They taught about interpreter's course… They were teaching Soto and Cree…
And I took that course and learned the vowel systems of Cree and Ojibway
languages... I took those systems and created a double vowel system, all in French... I developed a writing system of Michif language. I’m translating writing books, children’s books... I help Peter Baker who’s working on the genesis of the Michif language... And Pepin, a linguist from Montreal, I helped with the writing system... It’s my passion, because there was no written writing system... Worked on a beginner’s books on the language... It’s a part of health, part of culture, a very, very important part of our health and wellbeing."

Day Two
Experiences
(Group 1, Appendix 5)

Group 1 delegates were invited by the facilitator Linda Day to discuss Métis women’s experiences of health and well-being, from wholistic and population health perspectives (e.g. housing, education, social, socio-economic factors). Delegates were reminded of the session’s purpose of communicating Métis women’s health issues and recommendations to policy makers and government. The following headings, words and phrases are summarized from notes of the discussion that followed, and were synthesized from the notes of delegates and recorder Trisha Logan. Notes from different sources or different speakers are separated by semi-colons.

Poverty factors

Isolation/Marginalization; marginalization is a clearer term, it takes geographic indicators out of the context; isolation occurs out of lack of contact and knowledge; marginalization plus isolation will cover a broader context; isolation, I still feel it today, I communicate with people, but in here...; my children were my Rock of Gibraltar, they got me through the worst thing in the world: to feel alone, when you really feel alone you’re afraid to say something, there’s a lack of trust; isolation rural to urban with no proper support system; isolation, as a diabetic, there’s no community, don’t know how to access services or programs, my mother feels the same, how to connect with other Métis women going the same way
Pre-Conference Proceedings

Alcoholism; symptoms of substance abuse.

Violence; observing abuse, experiencing it, emotional and physical abuse, too often accepted as 'normal'; e.g., sexual abuse and sexual exploitation; family violence, sexual promiscuity and exploitation; girls are instigating violence, it’s far, far away from our traditional ways; young women at risk to be in harmful relationships if not independent; violence still going on, organized, violence against women, children, mafia-like approach

Racism/Discrimination and Sexism; harassment at the workplace; discrimination; restricted to certain roles and functions in our lives; related to harassment at the workplace; discrimination, I know it’s out there, my mother felt it; we would never choose to have diabetes, HIV/AIDS, homelessness, health impacts, where did it come from, we didn’t bring it on ourselves

Mental Health impacted; lack of self-esteem and self-worth, so we overcompensate in addressing these issues of loss; accepting roles of invisibility in order to fit into society; frustration related to work with Aboriginal and non-Aboriginal people in the workplace; credibility can be squashed by our own people; not developing our people to their full potential; post-traumatic stress disorder; as a Métis woman raised in a Métis way, the most damaging was mental abuse; mental abuse, how many women have suffered that, for me that’s the worst kind of abuse for a woman because it is destroying self, some women don’t even realize it’s happening; our girls are beautiful, they use that to get acceptance, but in the wrong way; grief, include children, they grieve too, death, separation; grief, natural part is the anger, told you’re not allowed to be angry, many people at the angry stage, you need to acquire skills to keep/change the anger; how do you reach people with no hope, can’t convey feelings,

Lateral Violence; we bring each other down, most prevalent in Aboriginal organizations, jealousy, negativity, it’s about abuse, we’re abusing each other, young women with big hearts and a commitment to health and healing, are being turned away; what I’ve found… the most destructive thing is gossip, you can’t say anything nice about people; broaden definition of lateral violence to include families, within families, resenting people and their lifestyles, trying to better themselves, it cost me with my family to get an education, I’m being viewed as selling/opting out, in my family it isn’t a discussion, it’s an argument, win-lose situation

Physical Health impacted; looking after basic needs is one of important...

Traditional Knowledge and Identity; mainstream educational system lack of acknowledgement of traditional knowledge of healing; we often lapse in using our own traditional health/healing practices; these practices are often not taught; loss of cultural (language) and spiritual knowledge and self identity through colonization; the current generation; loss of historical cultural knowledge and language; I lived on a settlement of 35 families on Great Slave Lake, we lived off the land, everything we did as a family, we did everything as a community, children were always involved, children and Elders were always fed first, sense of belonging and unity are the basis of my life, values and respect, I was taught “love one another”, that upbringing has
helped me to where I came today; child welfare, we never heard of it, children were always given to family, if it wasn’t for the teachings of my parents, I wouldn’t be here today; Inukshuks, rocks are our grandfathers, rocks were living, built part of your foundation, making connections with your people

Residential School; poverty of “self” through residential school experiences; negative trickle-down effect of residential school; my 3 sisters and I were put in this terrible place – residential school – all negative, cold, woke up, couldn’t speak our language, name taken away, first time I was called a savage, the survivors of those days say “leave it alone”, the money will never give back that big wrong; hypocrisy of residential schools: was told to believe in church, the church’s love, when so much abuse was brought by them

Single Mothers/Parenting: dealing with depression and other mental health issues; single parenting with limited $$; is difficult to further education and improve situation, women today don’t have any time to handle their kids, parents forgot how to parent, parents lack self esteem, in control; how to teach my boy to be a man, he respects women, how does he become a father, how do you raise a man, how do we engage men in raising men?

Women’s Sexual and Reproductive Health issues; lack of access to health care in these areas; diabetes and prenatal, early pregnancies/teen pregnancy; HIV/AIDS, exploitation plus infection of women, unknowingly infected, we don’t have to go to Africa to see spread of AIDS; if the only thing they get from unprotected sex is teenage pregnancy, they’ll be blessed

Rural versus Urban issues; looking back, it was the happiest time of my life, it all changed when we went to Yellowknife, first time seeing “white” kids, my first challenge “I wanted to learn”; parents new to the city are grateful just to have someone to talk to.

Elders; taking care of our Elders, considering where they are comfortable to be, where they can feel okay about cultural aspects of self (language and culture); working with Elders, we have a responsibility, for them to share their histories, to teach us, to learn from each other

Networking, Empowerment and Resistance; women will have to fight, take leadership role in terms of health and education for our children; women need to be encouraged to use their voice; need more conferences/meetings of Elders and grassroots Métis women; narratives must be included in drafts; you have to rise above it, what did I learn from that, you have to pay attention; the love never left me, it kept me alive, the joy from my family, even a smile keeps me going all day, I try to share that with people; fun, honest and real, I love listening to the old ladies, they’re all those things; coming from resilience, families lived off the land; I’m an eternal optimist, I know, have that strength, we have to remind them (girls) of that; how do we understand family, strength has survived, language is lost, spiritual is lost, traditional healing is lost, what has survived is our understanding of what it means to be a family, our roles; physical sites of housing as resistance, they can try and enforce rules, but this is where we can take a stand; going to university, learning from Elders, makes me want to go out and live better; language and culture; voice tends to blur our identities, need to be conscious of “location”: positive outlook,
positive health message; take pride in accomplishments and be proud of people, learn from others and ask for help, respect, instead show respect, some of our own don’t even know the meaning of it, you have to live it, walk the talk, everyday is a lesson, to take it in, to bring it out, remember to stick together; so many commonalities, gifts, similarities in all groups of Aboriginal women (First Nations, Inuit, Métis), pride in heritage keeps us going, being proud of who you are, great deal of work to do, stay together to get it done, we need to grieve on our own time for all of the losses – language, culture, family - to release anger and frustration, a knowledge of our gifts, where they came from, mentoring young Aboriginal women in the system, bring young Aboriginal women into the workplace, a welcoming environment;

Education; is key to overcoming many of these barriers/negative experiences; a balance of knowledge; support educational development of Métis women: loans, grants, etc; they allowed our brains to go to waste; not all Métis are given opportunity; if our children are not receiving what they should from public education then it’s not an indictment on them, it’s an indictment on the education system; education plus employers have a responsibility to look after the Métis children; after all those years of being put down, I couldn’t think for myself; negative attitudes and stereotyping are issues of ignorance, not taught in school, though curricula is emerging; has to do with access and opportunities

Social Policy and Housing, how do policy makers define families, single parents living with grandparents? Social housing for low income, who’s allowed to live in that house?

Leadership, roles of men and women, women have potential to be leaders but often are not: racism, discrimination, violence, physical and sexual abuse; leaders are warriors to fight for their community, beware of becoming part of their bureaucracy;

Youth; ask them what they want on the agenda, too… they learn to trust you; need to provide for young boys

Suicide; more prevalent among boys, they don’t have the fathers, revert to gangs, hopelessness
Issues

(Group 2, Appendix 6)

Lisa McCallum facilitates discussion of Métis women’s health and well-being issues, Edmonton, 2006.

The following headlined notes are drawn from the notes of the recorder Karen Schmon and delegates attending the Group 2 discussion of Métis women’s health and well-being issues. Headlines are arranged in the order they appear in the notes. This session began with a written statement of issues (on flip chart), summarized from the previous evening’s discussion:

“Métis women face broad and deep health and healing challenges, including loss of culture and self, poverty, racism, violence, teenage pregnancy, substance and sexual abuse. As Métis women, we keep ourselves bolstered against these challenges through the development of cultural identity, language, traditional knowledge and traditional healing and humour.”
Métis Elders share their stories and teachings, Edmonton, 2005

**Education**; for younger people; access

**Traditional Knowledge**; family values: love, caring, respect; people return to traditional family values.

**Single/Parenting**; in particular raising sons/children as a single mother; for example a woman raising a man-child wants to pass on traditional "male" knowledge of how to act like a man, how to be like a father; absence of male role models and subsequent intergenerational effects; how do we encourage men to assist single moms?

**Suicide**; and impacts of this; in terms of access to support

**Violence**; lateral violence

**Mental Health** issues; internalized depression; acknowledge our losses and grief: honour our history; and effects of history: e.g. residential schools

**Rural to Urban**; access to health/social support issues as rural Métis move to urban areas
Métis women work to prioritize issues raised, February, 2006

Group 3 was facilitated by Angeline Letendre. The following questions were posed to Group 3 delegates:

- What do you view as priorities?
- How can we best use our strengths and leadership positions to enhance Métis women’s health and well-being?

In addition, and similar to Group 2, a written statement derived from the previous evening’s discussion, was posted (on flip chart) to stimulate discussion:

“By virtue of their gender and history as Métis women, Métis women are strong and in the best position to lead in the health and healing of Métis women, our families and communities.”

The following headings and quotes are taken directly from the flip charts and personal notes of several delegates, in the order that they were written, and expanded as new quotes were added.

1. Role of Métis women as support providers to families and communities.

2. Wholistic/Population health determinants:

   Poverty
Isolation /marginalization; Isolation faced with brain injuries, “need support”.

Discrimination.

Physical Health, impacted; Looking after basic needs first important.

Mental health, impacted; mental abuse – children.

Housing, defining families in context of social policy and relationships.

Lateral violence, trying to bring each other down through abuse.

Suicide, young people.

3. Uphold, protect and respect traditional health knowledge and healing practices.

4. Significant role of women play as teachers in our families and communities

Single/Young Moms, how to be a father, raising the next generation of men; young moms – parenting skills.

5. Education of Métis identity to Métis, Aboriginal, non-Aboriginal and Mainstream groups.

Recommendations
(All Participants)

In order to make recommendations, organizers and delegates agreed that the findings of each discussion group should be reported to the whole group. Once discussion reports were made (Appendix 8), Angeline Letendre initiated a discussion of recommendations by asking
delegates to consider what each group had shared, and from those presentations, draw out key recommendations, for sending to policy makers via AWHHRG (Appendix 9). The following recommendations are summarized from, and given examples from the typewritten notes.

1. Métis women need and want more wholistic supports for post-partum recovery, to address complex and compounding issues:

   Depression, psychoses, alcoholism, neglect, devaluing, time pressures, personality disorders, financial pressures, inability to experience joy, intergenerational effects, no grandmother child care or teachings, physical isolation, cultural division, homebound due to poverty or new to neighbourhood, no sense of community, loneliness, spiritual wounding,

2. Métis women need and want more Métis or Aboriginal health care professionals, and Métis or Aboriginal women in particular, to address health care inadequacies:

   Workforce policies around health and mental health, only 2 Aboriginal psychiatrists in Canada, discrimination in access to higher education, frontline worker demand competes with demand for professionals, need to include cultural competency and traditional knowledge training for front-line workers and professionals, assimilation or privatization of professionals reduces community care and advocacy, danger of double-backlash for professional advocates, need for cultural advisors, need to examine what creates job satisfaction for Aboriginal professionals

3. Métis women need and want a greater sense of a mobilized community, to grow and develop and preserve Métis culture and language, and to address:

   Insufficient places to form community, dysfunctional centres and boards, commercialization of spaces and frameworks, insufficient or inadequate staffing to implement policies, insufficient awareness or utilization of skilled community people, the need for strategically placed and informed leaders, need to replace divisive organizational structures and processes (presidencies and Roberts Rules of Order) with more effective, community-relationship driven ones

4. Métis women need and want more Métis-specific health information,
policy, research, funding and strategies, to address community-based inadequacies in Métis-specific:

Health information, health research, language, culture, provincial curriculum, funding, mobilization and gathering of Elders to heal and share their histories and teachings, inclusion of Northern Métis, establishment of Elder-youth relationships for cultural continuity in the face of population-driven (4% Elders, 50% youth) knowledge extinction, jurisdictional gaps in health care funding (eye and ear care, prescription medicines, and personal care homes), understanding of social-economy

4. Métis women need and want more appropriate housing and care for Elders, to address serious dangers and deficiencies in:

Access to and sufficient numbers of seniors homes, personal care homes and independent living supports in Métis communities, Elder abuse, housing standards, access to physical therapy aids (massage, swimming, exercise), provision of basic necessities (blankets, food, clothes), political follow-through, protection of privacy, dignity, self-determination and personal effects, shelter vacate-policies, utilization of community care-givers, access to traditional foods, access to quality medical care, supports for disabilities, transportation for medical services, recreation and provisions, protection from overmedication,

5. Métis women need and want Métis advocates, to address or promote the following:

Cultural safety around the use of Métis culture, wholism, language, traditional knowledge, healing and medicines, pharmaceutical safety, lay access to health information, Métis diversity, freedom to choose or combine Métis and non-Métis health practices
At the end of the second day, delegates were given an opportunity to share their observations and experiences as participants in the first Métis women’s regional meeting on health and well-being. Comments were recorded in typewritten text (Appendix 10). To evaluate how the meeting met AWHHRG objectives, words and quotes were paired with the objectives. From this contextualization, readers can easily observe that the objectives have been met. Please note that many of the phrases could be placed under more than one objective.

**To provide an opportunity for networking among Métis women who work in Métis women’s health and well-being**

Wonderful to renew friendships, spokesperson selected by the community, I learn and bring back what I learned here, can take ideas and take them to other places...take that responsibility seriously, great to be here, to reaquaint, enjoying last night, very powerful, learned a lot, realized we have a lot of commonalities as Aboriginal women, I have hope for the future...a lot of hard work to do...coming...sitting with women like you, getting some strength and energy, not feeling isolated...we have to stick together and work together...to see a healthy prosperous Aboriginal population, glad to meet women across Canada, I’ll carry this to the next round, so rare we get together like this, and meeting all of you, some I’ve met, reminds that things come full circle, felt already knew some people, personal fear of stagnating, so much to do, reminding me of that, you taught that what you take in is what you take back, not what you write down...larger community representing...not everyone gets opportunities, very fortunate can teach other people, reciprocal arrangement, people in my community have faith to send me, nice to feel I’m with aunties, sisters, thankful for the relatives, older relatives, I appreciate the opportunity to come together with amazing group of women, to learn and hear form many generational perspectives, hear the history and culture and ways of knowing as we share, being shy and withdrawn, I feel the Métisness, it feels so good, come to change my thinking on one important area, to have all Métis women...so unusual, just wonderful to be among the women, get the strength from you, thinking...
of different people in the community, wish that one was here, this one to see what Métis women are doing...going to empower me to think about that and to do different things in the community to help promote health and well being, here I am, I'm gonna bring it back and teach my little girl, so she knows who she is, good to be here with grandmothers...I'm a grandmother...hard to believe anybody's going to learn from me...I have so much to learn... love listening to the stories, that's what gives me the strength, when I joined Aboriginal women, I was the “Métis” in the group, would love to take everyone to the department to say “see we are the Métis”...go to schools, always make sure they know who the Métis are...privileged and honoured, when arrived at 5pm, first person was Angie, such a great pleasure cause hadn't seen her since 8 yrs old...from Yellowknife...set tone for whole meeting... such a pleasure...how happy, very nice to meet new people and reacquaint with other people,

To share in the experiences of Métis women’s health and well-being

Like Angie was saying, sharing rubs places that might be raw or issues we prefer not to think about, brings to surface uncomfortable pain and sorrow...usually there’s a healing that occurs...some of us experienced that...in smaller group setting... the longer the more rewarding... the opportunities that come with these types of gatherings...healing takes place... I lament loss of cultural teachings, learned about foot soaks, did for Aboriginal Elders, crying when massaging...so calloused, she’d never had anyone touch her feet, keep going and going, struggle at many levels is to stay alive because it doesn’t matter how much education, or position you hold, you’re guilty, not like you have a chance, you have to fight, have to be 3-4 times smarter, just to get even, feel like I’m lost, lost my culture and language because of negative things my mom went through, just bad to forget it, learning from how she felt, will talk to mom, little by little she opens up, it’s okay to be who you are, too bad we lost out, really makes me sad... energizer bunny mode,

To identify key issues in Métis women’s health and well-being

Been a while since I attended meetings...had had enough, coming back out again...lots to share, knowledge...looking at retirement... thinking about all the issues, don’t think I’ll retire, don’t have much faith in organizations, I was remembering things from mother, aunts, friends, when it comes to health, they want moose meat, they want fish, they need the plants to live, and it’s kind of shaky sometimes to sit and listen to the older women about where they were and where they lived and the plants they picked are now gone, and can’t eat the fish, and young women aren’t prepared physically to have babies they’re having...thinking about organizations and funds that are counted for Aboriginal women and men, children across this country, and peoples ideas of accountability have nothing to do with the life the dollars are supposed to support...grandmothers and women...I don’t know if the men carry the same burdens...I have a strong sense of the burdens my brothers, uncles and father carried, we carry the suffering of the men with us, too, society has done that, so if we are sick and we fall, the men will fall, and the children will fall harder and that is the mainstream Canadian society, the way it’s structured, Canada is a new nation it’s building itself as a nation, and we as the first peoples here are struggling to find a place in the structures that are imposed...have to understand
those structures if we are to protect everything we need to be healthy… keeping the language alive… all interconnected, all issues, you can do all the programs for women, but it’s the men that’s killing them, since then, challenging all men to own up to what they’re doing, we have strength as women, there’s something we can’t do, men have to take on this responsibility, have to own up to what they’ve done, we are gathering our strength, men traveled the same way, different from Aboriginal women, because of indifference, government and society has been indifferent, don’t even care, launched decade of indifference: 2005 – 2015… the women goes into the shelter for 28 days and comes out and the man is just the same, what courage he had to say it… to start a men’s group, it’s incumbent on every male to own it, the indifference is so awful, she didn’t even know there was an Aboriginal women’s program: “do we have that?” “yes”,

To identify priorities for Métis women’s health and well-being,

I was ashamed how under-resourced Aboriginal women’s groups are, many of us have been single moms, pregnant at 16, raised alone, went to university, get tired trying to do too much, too few resources, doing a bazillion things, isolation really important… observed that violence is perpetrated against Aboriginal men, because jails are full of our men… if men are being abused, and they are, then it’s going to affect our health as well as the children and communities…

To identify recommendations for Métis women’s health and well-being

Spend time to look at the blessings we have in our lives, it has to put balance back into what we’re doing… appreciate opportunities to be with children, share with them, appreciate each other, same happens here, disconnect without issues, we have to build up to that, next session we need to do that, every time women get together, call themselves a working group… work for the federal government, don’t stop fighting and being vocal on issues like this health and wellbeing, support our young parents so they can be empowered and make a difference for the children that are growing up, especially with single moms, no father figure, need to have that… work with teachers, can tell them about this… we are mothers and nurture our boys we have to take that into our hearts as well

To introduce the Aboriginal Women’s Health and Healing Research Group as a vehicle for engaging with Métis women’s health and well-being experiences, issues, priorities and recommendations

Thrilled for gathering at Edmonton, a wonderful opportunity, an organization who even cares about Métis women’s health, in a government climate where government has no interest in Métis or Aboriginal women, I’m hopeful that women such as yourselves would come and identify experiences, issues, priorities, recommendations, what should happen regarding health, I had some trepidation (logistics, planning, just getting things done), I said my prayers and trusted it would unfold as it should; it certainly has, thankful and grateful, worried whose going to come, will they fight, what if they fight… had to let go and trust, thrilled to see power strength and beauty in all of you, made me proud to do the work, to hear, to learn...
from you and honoured in roles in Aboriginal health and Aboriginal education, thank organizers that brought us together, thank organizers, need that connection with one another, there’s lots to be thankful for, sorry couldn’t sit in all sessions, wonderful opportunity, nice to meet board members, it gives me a good feeling to know that there’s all these Métis women that are working towards the betterment of our families our women, children, girls, good to know, I just know this is going to go places, not going to go places, going to do things, I’m just full of hope, I hope we can make things better for our children, these are the people that are gonna build our nation, let’s be strong for them and the people that’s here, it’s going to go all over Canada, the documentation should be proof to the government to do this more often, realize we’re not alone, other women working to the same ends, same needs, feel really strengthened that there’s a collective effort to do that, makes me feel hopeful, finally justice … look forward to having a national conference, sure that’ll come,

To celebrate achievements in Métis women’s health and well-being

Very exciting day and ½, we’re doing the right thing…putting other people in front of your own happiness, comes back ten fold…never too old to learn…Elders and seniors and children, they have my heart, I’ll go as far as I can on their behalf, how far my friends have come, do it with whole heart and whole soul, we work together to always improve, trying and never giving up…very painful but at least I opened the door and you gave me the strength to do that, I appreciate you all, love you, when I go back, we work together…we have a circle like this, in our own way we each function as healers in our families and communities, we need to honour that as well…I always feel motivated…can keep going for a couple months…I’ll think of you…makes me proud and happy and energized, learned quite a bit, mentioned enjoying sharing… great satisfaction, thank everybody, for the experience of strength that I’ve gained, felt power of group, thinking last august conference, so many of people who presented…all talked around notion of Indigenous feminism…we get together…that’s not how we live it, that’s the power, more sharing of what we carry as women from the past as well as present, so many things that weren’t said that were important to be said, remember as individuals…doing important work…just you that’s doing this, good work, anything I can to help, highlight was singers, very inspirational to me, we’ve got the strength, the knowledge, and now we have it in this wonderful circle, feel empowered by all of you, beautiful, intelligent smart women, on top of that you’re Métis, I’m a musician and singer, wanted to run up and sing with ladies, inspires me, music is good tool to use with languages, happy to talk about language, root of culture, root of being, hope to continue to work on revitalizing Michif language, so many words can understand so deeply… language round kinship…teaching children…area of supporting the single moms, younger moms, feel very lucky, support of family, parents, bothers, sisters, they supported me… glad to be able to attend this meeting, very empowering Métis women, don’t often see all Métis women, strong, intelligent, educated, blessed to be here, a lot of women loved to be here, and the music, and the poems just wonderful and inspiring, the singing, hair standing on back, I think its going to continue…these women are going to make people aware through singing,, I think I’ll pick up my guitar sitting out there in the corner…maybe that’s what I’ll start doing, singing these little Métis songs, songs are very important…all the information to read…live out in the bush, I like to read
empowering things to read…so heavy, will be glad brought them home, nice to come, everything hurting, nice to have young girl to carry everything, I’ll be shouting my voice out there and doing the best I can in the Métis women’s movement, thanks for giving me pleasure of being here among Métis women, their intelligent is inspiring, learned a lot that made me realize there’s more to learn, feel happy I was here, sad government hasn’t don’t this before, hope you have sense of belonging, all served a purpose in each others lives…whether to recall memory, or evoke something to think about feel sisterhood, spirits strengthened for next length of journey, when we look at all issues… capacity building part of solution, scale tipped to get things in the right way, all the women here doing that in lives and community efforts, really touched me, just to listen to struggle our women go through, humbles me…have to remember that we come from a tough people

Closing Remarks

On behalf of the Aboriginal Women’s Health and Healing Research Group, Lois Edge thanked the delegates for joining the research group to talk about Métis health and well-being. She summarized the two days of proceedings as a time of sharing, commentaries, an exploration of social, cultural, political and economic issues and experiences, and an identification of gaps, barriers and opportunities as contributions to policy making regarding Métis women’s health. Ms. Lois acknowledged the resilience and resistance evident in the honouring of each other during the closing circle. She expressed her hopes that such a broad spectrum of diverse Métis women, with so much in common - mentally, emotionally, through traditions, practices, values and beliefs - would advocate for the human right to Métis worldviews and the right to pass them on to future generations.

In the spirit of good hosting, the organizers thanked the film crew of Earth Magic Video, and other contributors to the proceedings, and with humour, distributed gifts (generously donated by Gabriel Dumont) to both supporters and delegates for coming such a long way to share their knowledge and wisdom.
Pre-Conference Proceedings

Report Methodology and Consent

Earth Magic Media video crew contribute their smiles and expertise to the 1st Métis women’s health and well-being regional meeting, February, 2006.

To fulfill communication commitments to delegates, AWHHRG membership, and AWHHRG financial supporters, the Aboriginal Women’s Health and Healing Research Group contracted and facilitated the writing of this report, by enabling the contractor to collect and integrate all of the recordings: handwritten submissions, typed transcripts, and photographs provided by organizers, participants and recorders. To ensure that participants were informed and that all collected documentation was approved, participants were asked to sign a general release and license form provided by Earth Magic Media (see Appendix 10).

AWHHRG Conclusions

The Aboriginal Women’ Health and Healing Research Group, in conjunction with regional members and associates, prepared and facilitated a successful meeting on Métis women’s health and well-being: experiences, issues, priorities and recommendations. The

Funding for this event was made possible by the Women’s Health Contribution Program, Women’s Health, Gender and Analysis, Health Canada
workshop was well attended by Métis women Elders, community members, agency representatives and researchers or associates, who were well connected to diverse and relevant Métis agencies and communities across Canada.

Participants were provided with a good foundation of information and questions from which to engage dialogue and provide direction for policy application and health research.

As the first regional gathering of Métis women regarding health and well-being, it was not surprising to have successfully solicited so many responses. It is particularly interesting to note the consistency of responses between smaller discussion groups, and between the smaller and larger delegate groups. Delegates consistently emphasized the following foci as important for Métis policy consideration and planning:

- Poverty, discrimination, isolation, marginalization, racism, sexism, violence, substance abuse, physical and mental health, lateral violence, traditional knowledge, Michif language, identity, sexual abuse, single mothers, youth, Elders, sexual and reproductive health, rural to urban migration, single parenting, social policy and housing, suicide, education, women’s empowerment, networking and leadership.

Regardless of orientation to the meeting focus – experiences, issues, priorities, or recommendations, delegates consistently used a combination of expressed feelings, stories, commentaries, statements, humour, and analyses to represent their understanding of Métis women’s health and well-being.

In closing, participants were overwhelmingly positive about the gathering, and demonstrated that the meeting had met the goals for networking, introduction to AWHHRG, celebration of Métis women’s strengths, and identification of unique experiences, key issues, priorities and recommendations for Métis women’s health and well-being.
Pre-Conference Proceedings

Appendices

Appendix 1: Organizing Group
Appendix 2: AWHHRG Introduction & Update
Appendix 3: Participant List

Funding for this event was made possible by the Women’s Health Contribution Program, Women’s Health, Gender and Analysis, Health Canada
Appendix 1: Organizing Group

Organizers
Lois Edge, AWHHRG Regional Member
Angeline Letendre, University of Alberta
Jeannette Sinclair, Event Coordination

Facilitators
Lois Edge, AWHHRG Regional Member
Angeline Letendre, University of Alberta
Linda Day, AWHHRG Executive Director
Lisa McCallum, Prairie Women's Health Centre of Excellence

Speakers
Judy Hughes, AWHHRG Chair
Linda Day, AWHHRG Executive Director

Recorders
Tricia Logan, Metis Centre @ NAHO
Kim Bayer, Metis Centre @ NAHO
Karen Schmon
Appendix 2: AWHHRG Introduction

AWHHRG Vision

- Increase knowledge of Aboriginal women’s health and healing through community-driven research framed by Aboriginal women’s needs, perspectives, knowledge, worldviews and protocols.
- Be supported by a recognized academic institution
- Provide policy advice to federal, provincial, territorial and local governments.

AWHHRG Mission

- Create a supportive community for Aboriginal women engaged in health and healing research and policy advice;
- Support and promote community based health and healing research done by and with Aboriginal women;
- Identify and address gaps and weaknesses in Aboriginal women’s health and healing research;
- Promote research ethics that include Aboriginal consultation and input;
- Foster critical, contextual and Aboriginal approaches to health and healing research initiatives; and
- Develop policy advice and recommendations for action to improve the health and healing of Aboriginal women.

AWHHRG Functions & Objectives

- **Research Focus**: use culturally appropriate research strategies to generate new knowledge;
- **Policy Advice**: build a national policy research agenda; critique policies and make policy recommendations;

Funding for this event was made possible by the Women’s Health Contribution Program, Women’s Health, Gender and Analysis, Health Canada
**Network Building:** facilitate research collaborations locally, regionally, internationally;

**Information Sharing:** establish a strong base for research, policy and action;

**Organizational Development:** establish a strong organizational base that supports research, policy advice and action.

**AWHHRG Governance**

- Chair and Co-chair
- MOU with the University of British Columbia
- Executive Director
- PWHCE as interim host
- Centre of Excellence on Aboriginal Women’s Health and Healing
- Expanding network with the development of sister nodes in the Atlantic and Prairies
- Women’s Health Contribution Program, Health Canada
- Bureau of Women’s Health and Gender Analysis, Health Canada

**AWHHRG Research Priorities**

- Health Research governance
- GBA and OCAP
- Historical research modes of Aboriginal women
- Annotated bibliography on Aboriginal women’s health and healing
- Planning Group Members’ individual research interests
Appendix 3: List of Participants

From self introductions during evening of February 23, 2006

Alma Desjarlais, Elder
Lois Edge, AWHHRG Regional Member
Rita Flameau, Camperville
Grace Rizoli, Camperville
Angie Criere
Judy Hughes
Linda Day, AWHHRG Executive Director
Dawn Marsden
Angeline Letendre
Lois Edge
Cora Pillwax, Univ of Alberta
Brigid Every, Métis of Manitoba
Ella Mayor, Métis of Manitoba, Executive Director
Alice Reid, Primary Health care Coordinator
Alma Desjarlais, Métis Settlement.
Karen Schmon, Gabriel Dumont
Lisa McCallum, Prairie Women’s Health Centre
Muriel Stanley, President for Inst for Advance of Aboriginal Women, Chair of Aboriginal Human Rights Commission in Alberta,
Sara Oje, graduate student, University of Alberta
Jeanettle Sinclair, University of Alberta, Indigenous Peoples Special Advisor
Laura Sakaluk, Status of Women Canada
Debbie Goule
Cheryl Little Red, Singer
Sara Pocklington, graduate student, University of Alberta
Phillis Steves, graduate student, Lac St. Anne
Marilyn Dumont, writer, University of Athabaska
Nelva Sterling, Home Ownership Instructor, Alberta Government
Joanne Gagnon, Edmonton Catholic Schools
Laura, instructor, Michif language & cross cultural education
Kim Bayer, Community Liaison Worker, NAHO
Trisha Wilhelm, Community Liaison Worker, NAHO
Earth Magic Video