

Métis Vision for Health – Executive Summary

This document summarizes the Métis Nation's report to Canada on the Métis vision for distinctions-based Indigenous health legislation. It was developed collaboratively by the Governing Members (Métis Nation British Columbia, Métis Nation of Alberta, Métis Nation–Saskatchewan, Métis Nation of Ontario) and Métis National Council.

At the outset, co-development of distinctions-based health legislation must acknowledge the unique resiliency and strengths of the Métis people. It must reflect the lived experiences of Métis and build upon existing Nation-to-Nation agreements that recognize Métis self-government as critical to Canada's future.

Distinctions-based health legislation must also be grounded in Articles 18 and 19 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and uphold the substantive rights to health in Articles 23 and 24. The UNDRIP was negotiated by Indigenous Peoples and States to respond to the realities of historic and ongoing colonialism, and in June 2021 the Canadian Federal Government reaffirmed its commitment to advancing the implementation of the Declaration within Canadian law, through the United Nations Declaration on the Rights of Indigenous Peoples Act.

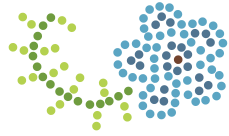
The past and ongoing legacy of colonization including (but not limited to) oppressive systemic policies, such as the loss of land, residential schools, sixties scoop, federal and provincial jurisdictional battles, and systemic racism has taken a significant toll on the lives of Métis people. The root cause of poorer health outcomes suffered by the Métis starts with inter-generational family and individual experiences of trauma caused by colonial policies and adversity in their childhood, perpetuates through the continuation of oppressive systemic policies within the provision of health-related services, and a forced reliance to interact with the colonial system. To effectively respond to the negative health outcomes resulting from historic and ongoing colonialism, Indigenous health legislation must recognize and uphold the substantive rights held by the Métis Nation.



OUR VISION:

Through Métis self-determined healthcare systems, Métis people are healthy, happy, resilient, grounded in their cultures and languages and thriving as individuals and as members of their Métis families and communities.





Principles of Métis Health

Current data systems are not able to identify Métis people and as a result, most available statistics inaccurately reflect Métis Social Determinants of Health (MSDoH) disparities. Nonetheless, there is evidence that Métis populations in Canada experience a disproportionate burden of social challenges across the core social determinants of health compared to the general Canadian population.

Addressing MSDoH through a multi-sectoral approach will be key to closing the health gaps between Métis and other Canadians. A MSDoH approach seeks to acknowledge and understand the root causes of a variety of historical, economic, social, and political inequities. It is a departure from a siloed biomedical¹ model, or ideas that emphasize stereotyping by suggesting that the health inequities faced by Métis people are a matter of genetics or individual or community choice. MSDoH illuminate ways in which social, cultural and economic marginalization impacts health. MSDoH links history, policies, and practices that have contributed to disparate rates of poor health outcomes and assists in setting out a path forward to improve health and well-being. (For a list of Métis Social Determinants of Health, see pg. 13 of report). In addition, Métis distinct health legislation must allow for a Métis intersectional gender-based analysis to improve outcomes and ensure equity and equality in health care.

For systems change to be effective, it is essential that Métis-specific health legislation also consider the following principles related to Métis health and well-being:

1. Health is self-determined: Self-determination in health for Métis people means being active, in charge of one's life, being able to prevent illness, and to live a healthy lifestyle.
2. Health is holistic and multi-faceted: Métis health is multi-faceted and involves physical, mental, emotional, social, and spiritual well-being. Interpersonal relationships are critical to Métis health. Family and kinship, community strength and mutual commitment between community members have always been the backbone of Métis communities. Relationships with the world around us (animals and land), history, culture, cultural continuity, language, and identity are all interrelated and equally important.
3. Health is place-based: Location is a key element of Métis identity as Métis history, citizenship, and sense of belonging is rooted in place.

¹ A biomedical model of health “assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables, [and] leaves no room within its frame-work for the social, psychological, and behavioural dimensions of illness.” Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5746722/>



Priority Areas of Support

In 2021, Métis Governments engaged their respective citizens to further explore and validate health principles and priorities as they relate to the development of distinctions-based Indigenous health legislation. Grounded in this engagement, we collectively present a non-exhaustive list of areas that must be supported by Métis-specific health legislation. (See pages 18, 19 of report)

- Extended Health Benefits
- Mental Health and Substance Use supports
- Barrier-Free Access to Primary Health and Specialist Care
- Community-Based, Long-Term Care and Palliative (Hospice) Care
- Building Meaningful, Collaborative Relationships
- Comprehensive Community Health Centres within Hubs
- Increased Métis Health Human Resources
- Healthy Living, Disease Prevention & Health Promotion
- Strengthening Métis Nation Cultural Supports and Traditional Well-Being Programming
- Expanding Virtual Health Opportunities
- Métis Research, Needs Assessment and Evaluation
- Building Culturally Competent Health Systems
- Pre- and Post-natal care
- Culturally Relevant Sexual Health and Reproductive Care
- **Climate Change Impact on Health**

Accountability and Implementation

Federal and Provincial investments and legislation should enable Métis Governments to develop region-specific priorities, structures, plans and accountability mechanisms within their respective jurisdictions to support the implementation of a Métis Nation health legislation, as well as healthcare systems that are tailored to respond to community needs and local and regional realities.

Beginning in 2022-2023, Canada should provide distinctions-based, long term, sustainable and predictable funding to Métis Governments to build capacity for both infrastructure and human resources that support healthcare systems for Métis people in each jurisdiction. In addition to funding, Métis Governments will require agreements and structured relationships with other levels of government, community health bodies and other stakeholders.

In conclusion, meaningful Nation-to-Nation co-development of health legislation is fundamental. The co-development of distinctions-based health legislation must address holistic and distinct cultural needs of Métis people, acknowledging the life experience of Métis people and closing health status gaps between Métis and other Canadians.