



MÉTIS WOMEN'S ENGAGEMENT AND RESEARCH CONSULTATION ON INDIGENOUS HEALTH LEGISLATION

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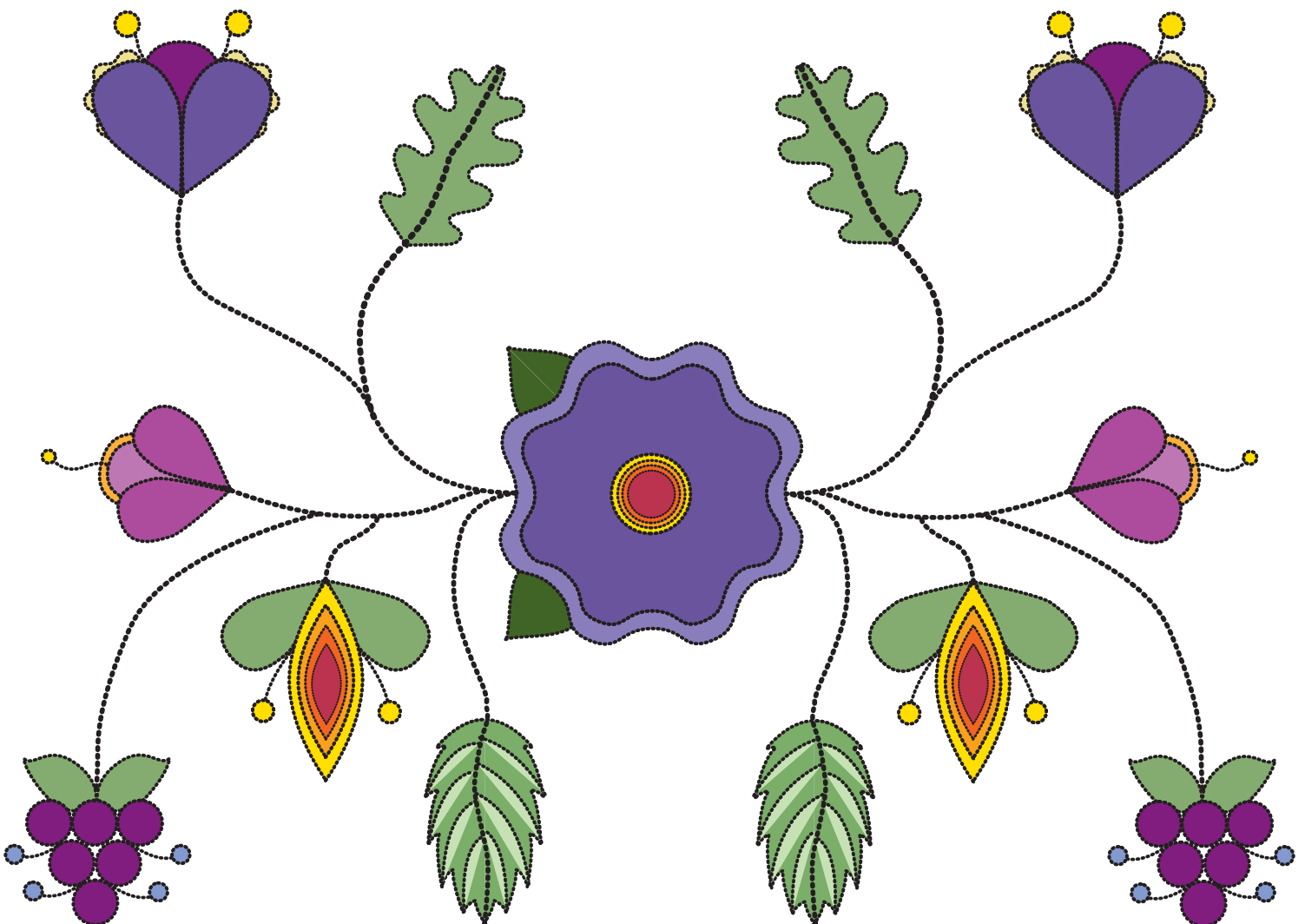
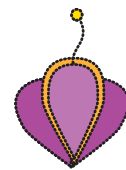




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WHO WE ARE

Les Femmes Michif Otipemisiwak / Women of the Métis Nation (LFMO) is a National Indigenous Women's Organization that serves as the democratically elected, representative, national, and international voice for Métis women across the Métis Motherland. LFMO is mandated to represent and promote the human and Indigenous rights, and the economic, social, and political needs, interests, and aspirations of Métis women, Two-Spirit, and gender-diverse people across the Métis Motherland.

As the representative voice of women in the Métis Nation, LFMO plays a significant role in enhancing the social, cultural, economic, environmental, and leadership space occupied by Métis women. Our goal is to ensure that Métis women from across the Motherland are safe, respected, connected, empowered, and have the capacity to work with the Canadian and Métis governments, agencies, and organizations to help create the conditions for healthy, vibrant, and productive communities throughout the Métis Nation.

ACKNOWLEDGEMENT

LFMO acknowledges and is appreciative to be consulted on distinctions-based health legislation. LFMO conducted five (5) community engagement sessions on "Métis Women's Voices in proposed Indigenous Health Legislation", thus allowing for appropriate space and discourse for Métis women to articulate their needs, suggestions, and proposed outcomes for Métis involvement in the development of the legislation and their proposed actions for legislative change.

ENGAGEMENT PROCESS

To uphold safe engagement practice due to COVID-19 restrictions, engagement occurred through online video conferencing sessions instead of in-person. Métis women and gender diverse people's wisdom and voices were captured and formed the basis of the report and its recommendations. The invitation was shared in cooperation with Provincial Women's Leadership from across the Métis Motherland and helped to identify dynamic Métis women and gender diverse people in each of the Governing Member provinces. Other venues were used to advertise the sessions including Facebook, email invitation (previous LFMO attendees) and through word of mouth, also known as the "moccasin telegraph".

RESEARCH COLLECTION METHODOLOGY

Sessions were hosted with participation from Métis women and gender diverse people from Métis Nation of Ontario, Métis Nation-Saskatchewan, Métis Nation of Alberta, and Métis Nation British Columbia, complete with a national session incorporating additional feedback from across the Métis Motherland.

Opportunities were also made available for Métis women and gender diverse participants to join other sessions if they were unavailable for their Governing Member session, as well as an opportunity for one-on-one conversations if participants preferred that method instead. Input



could also be received by email, answering questions individually if there was no ability for participation in the five (5) scheduled Zoom sessions.

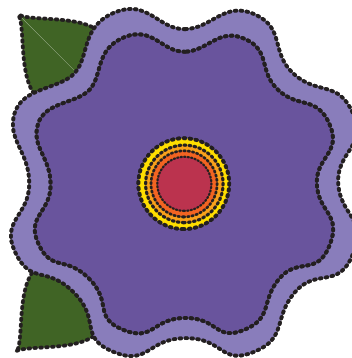
LIMITATIONS

Although attempts to equalize voice and input were facilitated, often people's comfort levels in sharing in an online environment are not always equal. Additionally, "Zoom" fatigue and over utilization of online video conferencing through the pandemic has reduced participation rates and meaningful engagement which is otherwise garnered through preferred in-person gatherings.

LFMO acknowledges the great value and shared benefit to all attendees when the opportunity to meet in person occurs; the ability to share meals and have additional conversation leads to strong and unified input as others support and help to strengthen each other's voices. Gathering in person, and being in circle, helps Métis community members celebrate and honour our cultural customs as Métis people

Participants were extended the ability to participate with cameras on or off, allowing for people to feel more comfortable in an online format. Participants were also encouraged to utilize the chat function to share and support ideas, provide their input and their recommendations if that was their preference.

The online session engagements through Zoom created an opportunity for those who may have previously not had the ability to participate by removing a travel barrier, as well as the need for childcare for those wanting to participate with younger children at home. Conversely, for those with limited technology and lack of accessibility to stable internet, the online format created an additional barrier for participation.





EXECUTIVE SUMMARY

LFMO is pleased to have the opportunity to collect input and recommendations with respect to the development of distinctions-based Indigenous health legislation. The legislation must address, among other issues, systemic racism in health care and service gaps that Métis people experience within the system.

It is imperative that the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Truth and Reconciliation Commission's Calls to Action, the Missing and Murdered Indigenous Woman and Girls (MMIWG) 231 Calls to Justice and the 62 Calls for Miskotahâ LFMO's Métis-specific perspectives and recommendations on MMIWG and 2SLGBTQIA+ people, are not only referenced, but guide in the development of Health Policy Legislation from conception to implementation.

This consultation process led by LFMO, allowed for Métis people to share their input and recommendations on establishing the overarching principles as the foundation of health services for Métis people; transform health service delivery through collaboration with Métis Governing Members and / or organizations in the development, provision, and improvement of health services, and provide input on a funding model that provides stable, predictable, and adequate funding for Métis health care.

Legislation will directly impact all Métis Communities and families and their interactions with the healthcare system. Thus, it is imperative that Métis women and gender diverse peoples' voices, their lived experiences and subsequent recommendations must be captured and ensure there is "nothing about us, without us" with respect to healthcare.

The objective of this report is to provide Métis women and gender diverse peoples perspective on a variety of issues regarding the development of Indigenous Health Legislation and related perspectives on racism toward Indigenous peoples in the health care system.

- 1) Establish overarching principles as the foundation of health services for Métis peoples;**
- 2) Transform health service delivery through collaborations with Métis governments/organizations in the development, provision, and improvement of health services;**
- 3) A funding model that provides stable, predictable, and adequate funding for Métis health care.**



OVERARCHING MÉTIS PRINCIPLES

MÉTIS NATION DISTINCTION

Métis people are one of three distinct, rights-bearing Indigenous peoples in Canada recognized under the Constitution Act, 1982 section 35 (1) which recognizes and affirms the existing rights of Métis in Canada. Further, under section 15 (1) of the *Canadian Charter of Rights and Freedoms*, which protects Métis women from discrimination on the basis of sex, as well as race, national or ethnic origin, age, or mental or physical disability.

“I do not feel the Métis are seen or heard” – session participant

For the health care system to begin to meet the needs of the Métis Nation, health care practitioners need to understand the unique and diverse perspectives of Métis people. These unique needs are rooted in Métis cultural traditions and impacted by historical and ongoing trauma and colonialism. This missing content in Canada’s formal educational system has led the Métis Nation to remain hidden in plain sight. Métis scholars and their allies have identified that Métis remain marginalized in their school curriculum.

If mentioned, Métis are often presented as a people in the past. Usually, the leader of the 1885 Northwest Resistance, Louis Riel, who is a revered figure and should be discussed, is the only Métis acknowledged. One man stands as the only representative of the entire and diverse Métis nation in official school curricula (Adams, 1989; Anuik & Kearns, 2012; Dorion & Préfontaine, 1999; Miller, 2004; Sealey & Lussier, 1975).

Métis Nation culture is diverse and its collective traditions. The Métis Nation, not afforded the same support and benefits that First Nations and Inuit access, is gaining recognition and utilizing opportunities to exercise their inherent rights as the Métis Nation. However, due to historical and ongoing colonial impacts, some Métis people no longer have a strong sense of cultural identity, and they must be given the opportunity to relearn, reteach and reclaim who they are as a distinct and unique Indigenous person.

HOLISTIC APPROACHES TO HEALTH

The concept of wellness and holistic health must encompass Métis cultural identity.

A whole of person and culturally appropriate approach to physical, mental, spiritual, and emotional health will build and support resiliency for the Métis Nation.

Métis-Specific health and well-being incorporates traditional and western values, perspectives and offers combinations of holistic medicine and western medicine. Colonial practices of Residential Schools, Day / Mission schools, and the 60’s scoop have led to Intergenerational trauma and the need for trauma informed programs and services for survivors and their families.



Métis principles and values are grounded by family and that family is defined by the person. Kinship networks are vital in Métis worldview and may not always be recognized as a typical family in dominant Canadian society. Métis women have a distinct role to play in families, as caregivers, nurturers, and women warriors. It is important to include women's and gender diverse people's voices and perspective as it comes from a place of nurturing and is comprised of a maternalistic point of view. Extending beyond physical health, mental, emotional and spiritual health and well-being are valued as priorities.

CULTURALLY SAFE AND EQUITABLE ACCESS TO CARE

For health care programs and services to be effective for Métis people they must understand and reflect diversity and be distinctions-based or more preferably worded Métis specific. Métis perspective needs to be honoured and not lumped in with First Nations and Inuit people; all Indigenous people are not the same.

As such, culturally relevant and responsive services will facilitate Métis people to access crucial health care services earlier, thus drastically improving health outcomes. Métis women tend to prioritize their family's health and well-being over their own. There is an ongoing need for Métis led research in women's and gender diverse people's health.

CALLS FOR MISKOTAHÂ

Following the exclusion of Métis women, girls and 2SLGBTQQIA+ in the "National Inquiry into Missing and Murdered Indigenous Women and Girls", in collaboration with Métis women across the motherland, LFMO developed and released "62 Calls for Miskotahâ". The calls are intended to serve as Métis-specific recommendations and perspectives in ending violence against Métis women, girls and 2SLGBTQQIA+ peoples.

Miskotahâ is the Michif word for change. LFMO developed a set of 62 recommendations that will bring change to the lives of Métis women, girls, 2SLGBTQQIA+ people and their families.

The very first Miskotahâ recommendation speaks to this engagement process on Indigenous Health Legislation, and that action is required of federal and provincial governments to amend legislation, develop, and implement additional policies to ensure that Métis people are identified, so that adequate information is gathered, and appropriate services can be delivered. The Métis Nation's definition of Métis must be included in the policy. Stating: *"Métis" means a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation.*"

Miskotahâ's sixty-two (62) calls to action will be woven throughout this report as input collected from the participants in the five (5) online community engagement sessions both parallel and reinforce the recommendations made. The full "Calls for Miskotahâ" document is referenced as Appendix C.



MÉTIS SOCIAL DETERMINANTS OF HEALTH

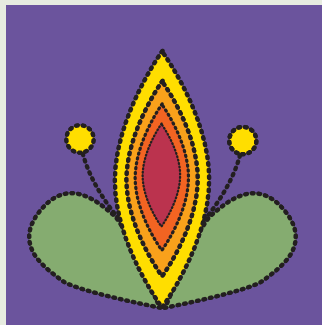
Métis Nation Council's Governing Members have worked collaboratively to define the Métis Social Determinants of Health (MSDoH). These determinants impact Métis communities, families, and individuals. Using this approach addresses the root causes of health inequity and brings greater understanding to the barriers and issues the Métis Nation faces.

Métis Social Determinants of Health (MSDoH) include:

Income and Social Status	Environment and climate change
Poverty	Social supports and coping skills
Housing	Healthy behaviours
Race/Racism	Access to health services
Colonialism	Biology and genetic endowment
Employment and working conditions	Gender and intersectionality
Education and literacy	Culture
Childhood experiences	Relationship to animals, land, and waters
Physical Environments	

JOYCE'S PRINCIPLE

Joyce's Principle was brought forward in each of the five sessions and the participants were in agreement with the measures put forward. Measures are noted in Appendix B.



On September 28, 2020, Joyce Echaquan (37) live streamed the mistreatment she was receiving from an unknown number of healthcare workers, who taunted her moments before she died in a hospital in Joliette, outside Montreal. The Atikamekw Nation mother of seven from Manawan north of Joliette, went to the hospital because of stomach pain. While in her bed, she complained that she was being over medicated. Her death has sparked conversations about systemic racism in the healthcare system and has led to the concept of Joyce's Principle.

Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health.

Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health. The relationship between Indigenous people and the Government of Canada must change in relation to health and social services.



The Government of Canada must recognize the right to autonomy and self-determination of Indigenous peoples in matters of health and social services. The Government of Canada must recognize the systemic racism faced by Indigenous people when attempting to access social and health services, particularly in relation to rights of equitable access without discrimination. Indigenous people must have the right to the enjoyment of the highest attainable standard of physical, mental, emotional, and spiritual health. To achieve this, recognition, and respect for Indigenous people's traditional and living knowledge in matters of health are "*sine qua non*" (*something indispensable or essential – Merriam Webster*).

FORMALIZING THE RECOMMENDATIONS

The six (6) Métis guiding principles of Métis Nation Distinction, Holistic Approaches to Health, Culturally Safe and Equitable Access to Care, Calls for Miskotahâ, Métis Social Determinants of Health and Joyce's Principle were kept top of mind as the participants guided the development of recommendations from the five (5) online sessions. Twenty (20) recommendations are derived directly from the knowledge shared by participants throughout the community engagement sessions. Subsequently, relevant, and corresponding "Calls for Miskotahâ" are listed throughout and reinforce the following recommendations.

TRANSFORM HEALTH SERVICE DELIVERY THROUGH COLLABORATIONS WITH MÉTIS GOVERNMENTS / ORGANIZATIONS IN THE DEVELOPMENT, PROVISION, AND IMPROVEMENT OF HEALTH SERVICES

ANTI-INDIGENOUS RACISM AND DISCRIMINATION TRAINING

The health care system at all levels needs to be informed and educated regarding Métis people, including cultural considerations, traditions, history, and impacts of historical and ongoing trauma. Doing so will increase understanding, thus reduce discrimination, racial profiling, and bias. This cannot be a simple course but rather a process of on-going learning, self-reflection, and gained competencies that are measured through health regulators (e.g., colleges for Nurses and Physician/Surgeons). This training is not "one and done", but rather an ongoing learning journey for those serving Métis population in understanding the unique challenges and barriers that Métis people face when seeking health services.

It is imperative that staff in various health care settings, notably hospitals, need to undergo continual and ongoing cultural competency or sensitivity training to better understand and serve the three Indigenous Groups in Canada. First Nations and Inuit people have access to Non-Insurable Health Benefits (NIHB) offered through the federal government¹. Métis people receive no health benefits which creates inequity in services received and a perceived misconception that Métis people are not Indigenous and don't require or deserve such support.

¹ First Nations Health Benefits in BC come through First Nations Health Authority for both status First Nations and Inuit in British Columbia.



"Métis-specific training in the curriculum for medical staff and for social workers to learn how the Métis are distinct from First Nations" – session participant

Métis curriculum needs to be built into all anti-Indigenous racism training courses, so staff can understand the unique differences in culture, heritage, and language between the three Indigenous peoples of Canada. Cultural competency efforts to date have largely focused on First Nations people and the traditional territory as to where the healthcare services are located, which creates a misunderstanding that all Indigenous people have access to the same resources and that First Nations services are applicable and effective for Métis people. Noting again that Métis people do not have access to Non-Insurable Health Benefits or have access to discharge services to their home community centres / clinics like many First Nations and Inuit people do.

Increasing Métis representation in the workplace creates a safer experience for Métis and 2SLGBTQIA+ when they can access practitioners and nurses that understand their cultural needs. Additional seats at some Universities are set aside for Indigenous students, this should become standardized to encourage Métis people to pursue careers in the health field.

The introduction of Métis Patient Navigators as a point of contact to bridge the gap between western medicine and Métis perspectives is needed to reduce discrimination and racism. Indigenous Patient Navigators are often First Nations focused and need to be educated as to the distinct and cultural differences between First Nations and Métis people. There is often an assumption that discharging a Métis person out of hospital means back to their community health centre, whereas Métis people are discharged back to their volunteer communities and often lack crucial resources for them to fully recuperate at home.

Work with Métis Governing Members and the health authority's Patient Quality Care Offices (PCQO) is essential to ensure that Métis people have a safe and supported way of reporting any mistreatment, or discriminatory practices through a complaints process. Negative patient experiences need to be reported in order to challenge and end the offending behaviours.

RECOMMENDATIONS:

- 1) Métis curriculum and course development made mandatory for all health care workers, with follow up to assess continued learning, and how their practice is impacted.

Corresponding Calls for Miskotahâ #6

- a. The federal government funds LFMO to develop a comprehensive "Métis culture and historical awareness" training program.
- b. LFMO will deliver the training, funded by the government of Canada, with federal and provincial government departments scheduling and facilitating the training.
- c. That this training is mandatory for all public servants, government contractors and government funded organization. Those receiving the training will be responsible for its coordination.



- d. This training must include detailed information on Métis history, contemporary realities, kinship, historical and contemporary trauma, and other concepts specific to service provision and will include Elders, Knowledge Keepers and guest speakers.
- 2) Training programs must be evaluated on an on-going basis by Métis communities, Elders and Knowledge Keepers to ensure that training efforts are making a difference to Métis families accessing frontline services.
- 3) Increase Métis representation in health care, ensure seats are set aside for Métis students in the health care system at all levels of staffing and management.
- 4) Hire Métis Patient Navigators/Ambassadors as health care advocates and family supports at point of care for not only hospital and health authority-based programs and services, but also those that exist within Métis Communities and from Métis service providers.

Corresponding Calls for Miskotahâ #20

There is a need for Métis advocates to help facilitate navigation for Métis people, their families and kinship networks through various systems including, but not limited to, healthcare, criminal justice, policing, employment and education, housing, child and family welfare, etc.

"Community networking and calling local organizations to see where they are and what they are providing. These organizations do not even know that the others exist. We have programs and health professionals out there but no one is being directed to them." – session participant

- 5) Develop a formalized healthcare experience / complaints process for Métis people in collaboration with the Governing Members and Health Authorities.

ADDRESSING GENDER PARITY AND GENDER BIAS

It is imperative that issues of gender be considered in the development of Indigenous Health Legislation, and an acknowledgement of the impacts of gender bias that impact Métis women, girls, and 2SLGBTQQIA+ Métis be considered. An intersectional lens must be applied when considering the systemic changes that this legislation represents, as the impacts of both racial and gender bias embedded within the Health System in Canada impact Métis women, girls and 2SLGBTQQIA+ Métis exponentially. From issues of Sexual and Reproductive Health, to careers in Healthcare, Métis women experience barriers and gaps that encompass both racial and gender biases and discrimination.

Les Femmes Michif Otipemisiwak "developed a Métis-specific GBA+ Tool which can be utilized by Métis people, communities and organizations including self-governing bodies, as well as provincial/federal government bodies to facilitate a dialogue throughout the entire development and implementation process of programs, policies and initiatives. Further, the tool can be used to facilitate partnerships between the Métis and provincial/federal government



bodies to ensure that the unique realities facing Métis women are incorporated into Métis-specific, pan-Indigenous and public policy, across the continuum, from development to implementation... This Métis-specific GBA+ Tool is meant to be a living and ever-expanding document that can be tailored by LFMO based on feedback of utilization experiences from all users". Source: National Métis Women's Forum (2019) Métis-Specific Gender Based Analysis Plus (GBA+) Tool.

According to the World Health Organization, gender is a multifaceted concept that captures "the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for girls and boys, and women and men." Gender is not binary; it is a multidimensional phenomenon. Gender inequity is largely underpinned by socially constructed gender norms, roles, and relations. However, most of the medical literature describes gender as being binary (women and men) and as such, most of the research focuses on differences between women and men rather than considering intersectionality.²

"Gender equity and racial diversity in medicine can promote creative solutions to complex health problems and improve the delivery of high-quality care."³ In our consultations with Métis women and 2SLGBTQQIA+ Métis, gender equity and elimination of Anti-Indigenous racism factored prominently in the discussions and recommendations for improvement of Health Care systems and services in all regions.

RECOMMENDATIONS

- 6) Develop program and education supports for Métis people employed within the health care system to provide opportunities for advancement and promotions, with an intersectional lens on gender equity.
- 7) Ensure funding is set aside for mothers to pursue healthcare careers and provide childcare to prevent barriers to parent participation.

Corresponding Calls for Miskotahâ #7 All levels of government, including Métis institutions of governance, will commit to using the findings in the Métis Specific-Gender Based Analysis Plus tool to inform their decisions on governance, programs, and services.

- 8) Ensure Metis gender and sexually diverse people's health, reproductive, and wellness needs are recognized and respected, including family planning, 2SLGBTQQIA+ supports in chosen medical therapy and surgical procedures. This must include culturally safe and affordable fertility treatment, prenatal care and access Métis midwives and doulas.

Corresponding Calls for Miskohatâ #24 There is a need for Métis-specific public education

² Gender and health. Geneva: World Health Organization. Available: www.who.int/health-topics/gender#tab=tab_1 (accessed 2022 May 19)

³ Advancing gender equity in medicine Andrea C. Tricco, Ivy Bourgeault, Ainsley Moore, Eva Grunfeld, Nazia Peer and Sharon E. Straus CMAJ February 16, 2021 193 (7) E244-E250; DOI: <https://doi.org/10.1503/cmaj.200951> (Accessed 2022, 05 19)



directed towards Métis women and girls from birth onwards that informs them of their rights and assists them in understanding boundaries to prevent abuse from occurring.

- 9) Resource transportation, accommodation, and emergency funding, including housing and shelter opportunities for Métis women and gender diverse people and their families fleeing domestic abuse.

Corresponding Calls for Miskohatâ #25 Stable, consistent, and robust funding must be committed to the creation of culturally- specific housing shelters for Métis women, girls, and LGBTQ2S+ people in both larger and smaller cities, that provides a safe space for people fleeing domestic violence and to serve as a stop-gap measure to the high rates of housing insecurity as experienced by Métis women and their children, girls, and LGBTQ2S+ people.

MÉTIS-SPECIFIC PROGRAMS AND SERVICES

"I think the gap in Métis-specific services might be because many Métis are not able to specify what we want or need to be culturally safe. It is like we are not accustomed to being considered..." – session participant

As mentioned earlier, holistic health and wellness must encompass Métis cultural identity. A whole of person culturally appropriate approach to physical, mental, spiritual, and emotional health will build and support prosperity for the Métis Nation. Strengthening identity through Métis led specific health and wellness programming and services will ensure culturally appropriate and relevant approaches are used. Métis specific programming increases safety and encourages Métis people to come together as communities to begin the healing process. Those who were disenfranchised and may be late to learning about their Métis identity, benefit from these cultural connections. Métis specific approaches must be supported to increase mental wellness and pride in identity as a unique Indigenous person.

RECOMMENDATIONS

- 10) Métis women and gender diverse people require Métis specific mental health and emotional well-being supports available to them as a priority. Ensure Métis culture is seen as medicine – strengthening identity, and their mental health & well-being through upstream and preventative mental health and harm reduction programs and services.

Corresponding Calls for Miskotahâ #21 There is a need for the development of family and community programming that focuses on bringing Métis communities and families together to share, learn about and reinforce Métis culture and a positive sense of Métis identity.



Corresponding Calls for Miskotahâ #23 Action is required of the federal and provincial governments to ensure that holistic, culturally based wraparound programs, services and opportunities acknowledge and address conditions that situate Métis women and children as vulnerable, such as but not limited to poverty, housing, employment and education, access to childcare etc.

- 11)** Recognize intergenerational trauma and support the creation of trauma informed programs and services for survivors and their families.

Corresponding Calls for Miskotahâ #9 Action is required by federal and provincial governments to acknowledge that Métis people suffered physical and sexual abuse and intergenerational trauma from the loss of culture, identity, and meaningful parenting from federal and provincial government educational policies, including but not limited to, Indian Residential Schools and Day Schools and the Sixties Scoop. Federal and provincial governments must also:

- a. Acknowledge that Métis students attended residential schools and day schools but due to federal policies on how Métis students were admitted and funded, Métis students often were not registered on school class lists.
- b. Work in collaboration with the Métis Nation to resolve, compensate and apologize to Métis survivors of residential and day schools.
- c. Ensure health and healing services are available to Métis survivors and their family suffering from intergenerational trauma.

- 12)** Support opportunities for Métis Elders programming, including living longer at home independently, affordable housing, and food security.

COLLABORATION OF EXISTING SERVICES AND SYSTEMS

"We are fighting over grants and competing mandates but no one is actually talking to the other. We need community-led and action-based thinking and to bring people to the table and work on action based plans that are unique to Métis people" – session participant

In our regional consultations we had the opportunity to hear about diverse programming and provide a focus on regional differences in the delivery and provision of Métis health care. What is available to Métis women, girls and gender diverse people varies from province to province depending on the working relationship the Governing Member has with their provincial governments' partners and the funding opportunities that exist for Métis service providers to be successful applicants for ongoing funding.



RECOMMENDATIONS

- 13) Governing Members and LFMO are made aware of funded service providers to strengthen relationships and create authentic partnerships, so Métis women and gender diverse people are aware of what programs and services are available in their area.
- 14) Sustainable funding is provided so Métis Governing Members and service providers are not in direct competition with each other and can provide increased supports that are Métis specific and trauma informed.

Corresponding Call for Miskohatâ #52. Action is required of the federal and provincial governments to acknowledge that the current state of Métis health in Canada is a result of previous Canadian government policies and that federal and provincial governments agree to work with LFMO to develop and implement a healthcare Bill of Rights for Métis women. This should include, but not be limited to, issues relating to informed consent, forced sterilization, disabilities, equality in access to health and healing, mental health, addictions, and trauma-informed processes.

MÉTIS-SPECIFIC RESEARCH AND DATA

"Focus research into Elders before their knowledge of language and traditional medicine is gone. I was told recently that my great-grand-mother knew traditional medicine but did not pass it on. It is very important to incorporate their knowledge" – session participant

Work must be undertaken with the Métis Governing Members to utilize data currently available through information sharing agreements and data access requests. The Métis Governments must have stewardship over joint reporting, ensure a strengths-based approach and establish agreements with the province and other stakeholders to ensure access to Citizen information is protected through stewardship of information. LFMO would like to work with the Governing Members in gaining understanding of health outcomes and work collectively to influence change. Métis research must be strength based and not deficit focused, to build prosperity in the Nation.

RECOMMENDATIONS

- 15) Métis Governments must be supported by their provinces/stakeholders to have information sharing agreements to set baseline assessments to measure against improved health, while still owning/stewarding the information.

Corresponding Calls for Miskohatâ #5 Action is required by all levels of government to invest in community-engaged research to identify the needs of Métis women, girls, and LGBTQ2S+ people.



“We have been set aside on the road allowances of policy, programming, and research long enough. Distinctions-based, co-created change is needed” – session participant

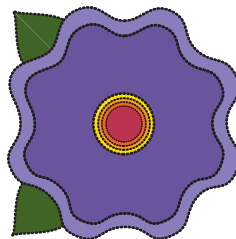
- 16)** Prioritize funding women’s health research, childbirth, and women’s health outcomes as they often come late to care as their own health is not prioritized while caring for others.

“One of the primary challenges in understanding the situation for Métis women, girls, and 2SLGBTQQIA+ people is the general lack of data related to Métis health and wellness. For instance, between 1980 and 2009, only 80 “peer-reviewed articles related to Métis health were published and very few of these have firm statistical data related to Métis (versus pan-Aboriginal or pan-Indigenous data). The fact that between 1992 and 2001, only two studies focused on Aboriginal health had direct data on/for Métis makes it even more challenging to demonstrate the circumstances facing Métis women, girls, and 2SLGBTQQIA+” (My ancestors would be proud of us” Métis Women and 2SLGBTQQIA+ Peoples Housing Histories, Experiences, Struggles, and Perspectives Dr. Jennifer Adese and Dr. Jerry Flores).

- 17)** Develop a LFMO Centre for Excellence - Métis Women and Girls to support and develop Métis women’s health and healing programs, conduct research, train, and advocate for Métis women in partnership with the Government of Canada and post-secondary learning institutions. The Centre will build leadership skills and build capacity in Métis communities to conduct research.

Corresponding Calls for Miskohatâ #3 Action is required by the federal and provincial governments to prepare and publish annual reports on the social and economic factors of Métis women and children, identified in the joint strategy.

Corresponding Calls for Miskohatâ #5 Action is required by all levels of government to invest in community-engaged research to identify the needs of Métis women, girls, and LGBTQ2S+ people.





FUNDING MODEL THAT PROVIDES STABLE, PREDICTABLE, & ADEQUATE FUNDING FOR MÉTIS HEALTHCARE

"The federal government needs to accept its responsibility under the *Daniels* decision and ensure there is support for other health systems and not just the First Nations and Inuit Health Branch" – session participant

In each engagement session that we hosted, the call for non-insured health benefits for Métis was strong, prominent, and accompanied by stories and anecdotes about the marginalization of Métis women and their families as related to extended health care gaps and barriers. The equitable availability of non-insured health benefits for Métis women and their families remains a gap and barrier to Métis health in Canada.

President of the Métis National Council, Cassidy Caron recently presented to the House of Commons on Non-Insured Health Benefits (April 29, 2022) and stated:

"As a constitutionally recognized Indigenous people, Métis must have the same opportunity as First Nations and Inuit to contribute to the achievement of an overall health status comparable to the Canadian population and shift the focus of health service delivery from an illness model to a prevention, wellness, and health promotion model.

A self-determined Métis version of Non-Insured Health Benefits will work towards improved health and well-being for Métis Citizens, families, and communities now and for future generations. It is increasingly clear that these health inequities arise from disparities in Métis Social Determinants of Health and the processes of colonization, forced assimilation, and social exclusion. Métis Non-Insured Health Benefits should be financially sustained by federal financial resources, coordinated with provincial authorities and private insurance providers."

RECOMMENDATIONS

- 18) Legislation must ensure parity and equitable rights to access health services and access to funding, education, research, and Métis specific culturally informed trauma healthcare.
- 19) Métis Governments must drive the decision making and support long term sustainable funding for the creation of much needed Métis specific programs and services from birth to end of life.

Corresponding Calls for Miskotahâ # 36 Kinship relationships must be supported. Placement of Métis children with Métis kinships and families must be prioritized as the best interest of the child. Métis family structures must be honoured.



- 20)** Expand services for Métis including non-insured health benefits like dental, vision coverage, and extended health and allied benefits.

Corresponding Calls for Miskotahâ # 54 Action is required by federal and provincial governments to develop and fund a Métis Health Benefits program to ensure Métis women and children have access to a range of benefits not covered by hospital and medical care insurance. This program would cover prescription drugs, dental services, vision care, medical supplies, and equipment as well as ambulance services.

REGIONAL PERSPECTIVES

Regional perspectives from the five (5) online community engagement sessions were recorded through dialogue captured by note takers and comments collected from the chat section. It is important to note that these are individual participants' quotes/paraphrasing and their individual shared perspectives and are not official statements from Governing Members. The perspectives shared are from those across the Métis Motherland, who may have a family member, or friend in another province that they are sharing their feedback on.

MÉTIS NATION OF ONTARIO (MNO)

"Métis in Ontario are able to access mental health supports provided by the First Nations and Inuit Health Branch (FNIHB) through advocacy by MNO in obtaining funding to access these Indigenous Health Services. Métis distinctions-based services would be helpful as many people do not know who the Métis are, let alone healthcare workers"

"We need to make access to health services immediate and accessible. The Ontario Health Insurance Plan (OHIP) covers certain things and we know it is there and we do not question it. Our future Métis health must instill confidence in our children, grandchildren, and Elders that the system is there to support them. My sister is a widow and she lives just above the poverty line. She will not go to the dentist and she is a Métis citizen. We need to instill confidence in our own Métis systems, in all aspects of care, including prenatal, pediatrics, and Elder care. Métis people must feel confident that they are covered and that may help remove some of the stress in seeking treatment"

"We can self-identify as Métis when we enter [the] system, but without a citizenship card, how do we connect that to our health care profile? Our standard health card does not distinguish us as Métis"

"Living in northwestern Ontario is difficult when it comes to accessing health care and specific health care needs such as cardiologists. We have to travel to Thunder Bay or Winnipeg to access the nearest cardiologist. Winnipeg has not been accessible to us during the pandemic so we must travel to Thunder Bay, which is a six-hour drive. There is a backlog of surgeries and I have been waiting a year for surgery. I will have to drive to Thunder Bay and back on my own"



“There should be funding to support Métis who need to travel in order to receive treatment. It has been really hard during the pandemic. Our roads and geographic area are barriers to accessing health services. People do not want to go anywhere because they do not have the money and they cancel treatment and they die. The MNO does provide some funding, but it needs to be more and to be specific to where the people are living. If I was living in Toronto, accessibility would be easier and cheaper”

“[Wabano] Centre in Ottawa has doctors who work specifically with Indigenous patients – they have cultural competency and there is specific funding for these centres; these centres should be in all provinces to provide culturally grounded care for our communities”

“I have worked in mental health in Ontario and as a Métis person, I feel I am not taken seriously for who I am nor am I given the opportunity to speak out or share my opinions about Indigenous issues. Education is what will help people to understand that Métis people are different and have different needs. Post-Secondary education is key to learn more about Métis culture. My daughter will be able to go to the Gabriel Dumont Institute for teacher training but there is nothing like that for healthcare or mental health”

MÉTIS NATION - SASKATCHEWAN (MN-S)

“In the southwest region of Saskatchewan, we are embarking on an intensive research project pertaining to health. We are working with the University of Regina and we would welcome any questions you would like us to consider in our research”

“The Métis Nation – Saskatchewan (MN-S) is helping in some areas, but many Métis Elders cannot afford their dental work”

“Our transport program no longer exists”

“We need to put in supports for Métis staff members working in the healthcare system. As someone who has been in health for a long time as a diabetes educator, in the last three weeks, I have applied for four management positions within the health authority and have not had any interviews for the positions. It makes me wonder if it is reconciliation that is not important, or if me putting forth a Métis worldview to the position is getting me turned away; I do not know where to go for support. If we are talking about having a Métis health system with Métis workers, we need a safe space to go to share experiences and heal in a different way because there is currently nothing in place”

“Highlight the need for data sovereignty and data access; there is a lot of pushback from the province on this and it needs to be recognized that in order to honor Métis self-determination, it requires access to Métis Citizen data”

“Métis people should be offered insured health benefits; we have been advocating for this since I became part of the Métis Nation, and we are so close to that realization. Transfer payments from Canada that go to the Province of Saskatchewan should come to the Métis Nation so that we can provide those services to our people through professionals we partner with. We want



the health authority to be a significant partner, but down the road we are talking about shifting that responsibility to the MN-S”

“There are barriers in the cancer programs; I took a class on cancer care at the University of Saskatchewan and was shocked at how the cancer care runs their system – if a physician refers a patient to the cancer clinic, it is the cancer care team who determines who gets care and who does not, and this is unacceptable”

MÉTIS NATION OF ALBERTA (MNA)

“Alberta spends a lot on its health budget, but funds do not seem to go to the areas that need to be addressed immediately”

“Funding from Canada under the health legislation to support all-over wellness for Métis people in Alberta and across all provinces, especially in mental health”

“My nephew in Alberta is going to graduate as a dentist and he plans to give back to the Métis community. He carries a significant student debt and this has been stressful for him. It would be nice to help students like him and alleviate those cost burdens”

“When people say “Indigenous”, they equate that to First Nations; we need to ensure people understand that Métis is a distinct group. When looking at data for health, children’s services, etc. in Alberta, Métis are left out; it is difficult to ask for funding when we do not know what our numbers are”

“A significant problem in Alberta is for people who have chronic health issues; you have to have a doctor that has an understanding about your condition. There are no family doctors that specify in certain areas of healthcare. Most doctors in clinics here do not have hospital privileges so if you are taken into care, your trusted doctor cannot be part of your care plan”

“Coming out of the inquiry for MMIWG, there was a strategy on collecting disaggregated data, which is incredibly important, and is not happening in Alberta; we have these tools, yet the government is very resistant to implementing them”

“In rural communities, it costs money to travel to the doctor in Edmonton (i.e., time off work, accommodation, transportation)”

“In my experience, faith-based organizations create major barriers to the provision of culturally and spiritually relevant health services in Alberta (i.e. Covenant Health). In many communities, they are the only provider of health services”

“We are doing a deep-dive into mental health services in northeastern Alberta as there are not a lot of culturally appropriate services. Our people do not want to access supports that are not culturally sensitive. We are weeding out the ones that are not open to cultural sensitivity



training. Funding is required for education on cultural sensitivity in the region”

“The federal government should fund Métis women’s experiences of racism in health care. This was done for First Nations in Alberta”

“In Alberta, medical offices are turning clients away who are covered by the Alberta Works program. I serve kids in the school but if I refer them for treatment they are being turned away and they are having to go outside of our community to get treatment. There should be funding or health care that is Métis-specific”

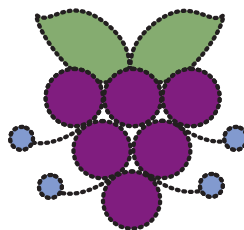
MÉTIS NATION BRITISH COLUMBIA (MNBC)

“[Luma] Centre in Vancouver has doctors who work specifically with Indigenous patients – they have cultural competency and there is specific funding for these centres; these centres should be in all provinces to provide culturally grounded care for our communities”

“In BC, we have a process where our Métis Card is connected to our [health] care card. This is valuable for tracking and data purposes. It is possible to connect them”

“First Nations in BC have established their own health authority, [First Nations Health Authority] and run many programs and services that are administered by a transfer payment. There are best practice models in place that we can refer to”

“My daughter had a heart transplant 20 years ago and we had to leave British Columbia to go to Toronto for the procedure. There was no infrastructure in place to get help from our Nation. I am still an advocate in the transplant world, particularly pediatric transplants. We need a national framework on how to help communities, particularly women and children. I had to leave my home and my family and we were left out of pocket for expenses. We should advocate our federal partners for support for Métis people who need to leave the province to receive care”





“Métis Nation British Columbia (MNBC) just published a Métis public health baseline report in partnership with the Ministry of Health and BC Public Health called, “Taanishi Kiya”. This might be helpful for others to review”

“We needed to leave the province to get surgery for my daughter and it was challenging to navigate the various systems including WorkSafeBC. She had experienced mental health issues too. There should be a national insurance plan to support the Métis in a way that is respectful and does not blame or point fingers. It is a big financial burden for families to carry for all the associated costs”

CONCLUSION

“See us and hear us as we really are. We need to be acknowledged and accepted for who we are and for our unique needs” – session participant

The objective of this report was to provide Métis women and gender diverse peoples perspectives on a variety of issues regarding development of Indigenous Health Legislation and related perspectives on racism toward Indigenous peoples in the health care system. This was done through five online engagement sessions for Métis women and gender diverse people across the Métis Motherland. Sessions were held for Métis Nation British Columbia, Métis Nation of Alberta, Métis Nation – Saskatchewan, Métis Nation of Ontario and a national session open to all.

Through these engagements, six overarching principles were identified as the foundation of health services required for Métis people, which include: 1) distinctions based approaches for the Métis Nation, 2) ensuring holistic approaches to health (whole of person), 3) culturally safe and equitable access to care for Métis people, referring to the 4) Calls for Miskohatâ while discussing Indigenous Health Legislation and that action is required of federal and provincial governments to amend legislation, develop and implement additional policies to ensure that Métis people are identified, so that adequate information is gathered, and appropriate services can be delivered, understanding the root causes for health inequity by applying a 5) Métis Social Determinants of Health lens and lastly to apply, 6) Joyce’s Principle to guarantee all Indigenous people the right of equitable access, without any discrimination, to social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health centered in the work we collectively do together with provincial and federal governments.

Twenty (20) recommendations have been made through the analysis of priorities through LFMO’s online session engagement. To assist in the transformation of health service delivery with Métis governments/organizations in the development, provision, and improvement of health services, including a funding model that provides stable, predictable, and adequate funding for Métis health care, the following must be actioned in collaboration:



- 1) Métis curriculum and course development made mandatory for all health care workers, with follow up to assess continued learning, and how their practice is impacted.
- 2) Training programs must be evaluated on an on-going basis by Métis communities, Elders and Knowledge Keepers to ensure that training efforts are making a difference to Métis families accessing frontline services.
- 3) Increase Métis representation in health care, ensure seats are set aside for Métis students in the health care system at all levels of staffing and management.
- 4) Hire Métis Patient Navigators / Ambassadors as health care advocates and family supports at point of care for not only hospital and health authority-based programs and services, but also those that exist within Métis Communities and from Métis service providers.
- 5) Develop a formalized healthcare experience / complaints process for Métis people in collaboration with the Governing Members and Health Authorities.
- 6) Develop program and education supports for Métis people employed within the health care system to provide opportunities for advancement and promotions.
- 7) Ensure funding is set aside for mothers to pursue healthcare careers and provide childcare to prevent barriers to parent participation
- 8) Ensure Metis gender and sexually diverse people's health, reproductive, and wellness needs are recognized and respected, including family planning, 2SLGBTQQIA+ supports in chosen medical therapy and surgical procedures. This must include culturally safe and affordable fertility treatment, prenatal care and access Métis midwives and doulas.
- 9) Resource transportation, accommodation, and emergency funding, including housing and shelter opportunities for Métis women and gender diverse people and their families fleeing domestic abuse.
- 10) Métis women and gender diverse people require Métis specific mental health and emotional well-being supports available to them as a priority. Ensure Métis culture is seen as medicine – strengthening identity, and their mental health & well-being through upstream and preventative mental health and harm reduction programs and services.
- 11) Recognize intergenerational trauma and support the creation of trauma informed programs and services for survivors and their families.
- 12) Support opportunities for Métis Elders programming, including living longer at home independently, affordable housing, and food security



- 13)** Governing Members and LFMO are made aware of funded service providers to strengthen relationships and create authentic partnerships, so Métis women and gender diverse people are aware of what programs and services are available in their area.
- 14)** Sustainable funding is provided so Métis Governing Members and service providers are not in direct competition with each other and can provide increased supports that are Métis specific, and trauma informed.
- 15)** Métis Governments must be supported by their provinces/stakeholders to have information sharing agreements to set baseline assessments to measure against improved health, while still owning/stewarding the information.
- 16)** Prioritize funding women's health research, childbirth, and women's health outcomes as they often come late to care as their own health is not prioritized while caring for others.
- 17)** Develop a LFMO Centre for Excellence - Métis Women and Girls to support and develop Métis women's health and healing programs, conduct research, train and advocate for Métis women in partnership with the Government of Canada and post-secondary learning institutions. The Centre will build leadership skills and build capacity in Métis communities to conduct research.
- 18)** Legislation must ensure parity and equitable rights to access health services and access to funding, education, research, and Métis specific culturally informed trauma healthcare.
- 19)** Métis Governments must drive the decision making and support long term sustainable funding for the creation of much needed Métis specific programs and services from birth to end of life.
- 20)** Expand services for Métis including non-insured health benefits like dental, vision coverage, and extended health and allied benefits.

Les Femmes Michif Otipemisiwak (LFMO) remains dedicated to creating space and sharing Métis women's and gender diverse people's wisdom and voices and ensuring their input is captured through engagement and research consultation on Indigenous Health Legislation. LFMO shares the desire and interest in following up and participating in additional discussions as this report's recommendations are reviewed and discussed nationally.



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APPENDIX A:

LFMO facilitated five (5) virtual dialogues on Indigenous health legislation. In each of the online sessions, the following series of questions were presented to guide the dialogue:

What fundamental Métis principles and Métis values need to be present in the co-development of a health legislation from a Métis Woman/2SLGBTQIA+ perspective? What fundamental principles need to be a part of the relationship between the federal government and the Métis Nation in this process?

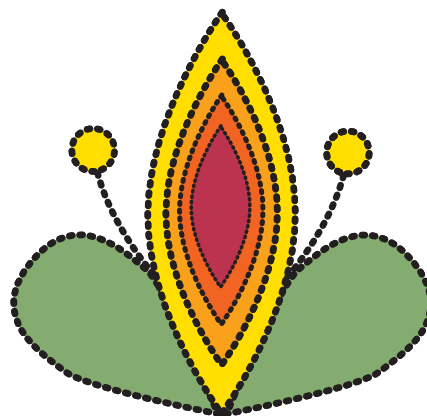
How can the spirit of Joyce's Principle inform the co-development of a distinctions-based Indigenous health legislation?

What do you view as the most essential objectives of Métis health legislation? What is the overall goal of Métis health legislation from your perspective?

What are some of the main gaps or barriers faced by Métis in accessing equitable, high quality, culturally relevant health services that are free from discrimination and racism? Are there any unique barriers that you have experienced in your province?

What funding obstacles do you face in accessing health care services? How can funding be designed to meet the unique needs of Métis Nation Communities?

What is the most important message as a Métis woman or gender diverse person to federal and provincial governments as they develop an Indigenous-specific health care legislation?



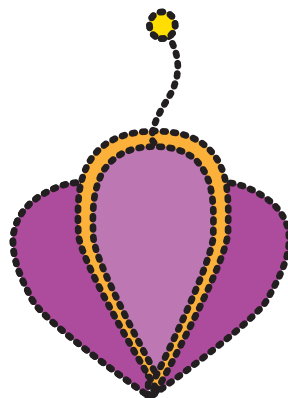


APPENDIX B

Joyce's Principle - The Government of Canada, in collaboration with the Indigenous authorities concerned, must put in place an action plan regarding Joyce's Principle.

Without limitation, the following measures should be adopted:

- I. The Government of Canada must take all legislative measures necessary to implement Joyce's Principle;
- II. The Government of Canada must review its program funding practices related to the provision of services in collaboration with the Indigenous authorities concerned;
- III. The Government of Canada must harmonize its reimbursement and coverage program with the provinces [Territories]. This will help ensure optimal and equitable access to care, treatment and medication for all Indigenous people;
- IV. The Government of Canada must facilitate access to safe care for members of Indigenous communities in an equitable manner, accounting for the bond of trust that must exist with the chosen health facility;
- V. The Government of Canada must link the resources allocated to real needs of Indigenous people;
- VI. The Government of Canada must do everything to facilitate the mobility of health and social services resources between and outside of communities;
- VII. The Government of Canada must implement Joyce's Principle regardless of jurisdictional conflicts between Quebec [Provinces/Territories] and Canada.





APPENDIX C

Calls for Miskotahâ

Miskotahâ is the Michif word for change. These recommendations will bring change to the lives of Métis women, girls, LGBTQ2S+ people and their families.

Identity, Data Collection and Research

1. Action is required of federal and provincial governments to amend legislation, develop and implement additional policies to ensure that Métis people are identified, so that adequate information is gathered, and appropriate services can be delivered. The Métis Nation's definition of Métis must be included in the policy.

It states:

"Métis" means a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation."

2. Action is required by the federal government to identify Métis women and girls when developing a national plan to collect and publish distinctions-based data on the criminal victimization of Indigenous women and girls. This must include data related to murdered and missing Métis women and girls, victimization of Métis women and domestic violence.

Action is required to develop a LFMO Centre for Excellence - Métis Women and Girls to support and develop Métis women's health and healing programs, conduct research, train and advocate for Métis women in partnership with the Government of Canada and post-secondary learning institutions. The Centre will build leadership skills and build capacity in Métis communities to conduct research.

3. Action is required by the federal and provincial governments to prepare and publish annual reports on the social and economic factors of Métis women and children, identified in the joint strategy.
4. Action is required to develop a distinctions-based mechanism to identify First Nations, Métis and Inuit within the criminal justice system, rather than identifying everyone as Indigenous.
5. Action is required by all levels of government to invest in community-engaged research to identify the needs of Métis women, girls, and LGBTQ2S+ people.



Intergovernmental Affairs

6. Action is required to address and reduce the racism and stereotyping Métis women and girls experience when accessing services. The federal government must fund a comprehensive “Métis culture and historical awareness” program for Métis women to educate and support all public servants, including but not limited to police, early responders, medical and health services, social workers, income assistance, community and family support services, transition workers and others working with Métis people to better understand the unique circumstances of Métis women and girls. Without this type of training, services providers will not be equipped to identify Métis people and in turn, adequately collect and analyse data and deliver appropriate services. LFMO makes the following recommendations:
 - a. The federal government funds LFMO to develop a comprehensive “Métis culture and historical awareness” training program;
 - b. LFMO will deliver the training, funded by the government of Canada, with federal and provincial government departments scheduling and facilitating the training;
 - c. That this training is mandatory for all public servants, government contractors and government funded organization. Those receiving the training will be responsible for its coordination.
 - d. This training must include detailed information on Métis history, contemporary realities, kinship, historical and contemporary trauma and other concepts specific to service provision and will include Elders, Knowledge Keepers and guest speakers.
 - e. Training programs must be evaluated on an on-going basis by Métis communities, Elders and Knowledge Keepers to ensure that training efforts are making a difference to Métis families accessing frontline services.
7. All levels of government, including Métis institutions of governance, will commit to using the findings in the Métis Specific-Gender Based Analysis Plus tool to inform their decisions on governance, programs and services.
8. Action is required on the parts of the federal and provincial governments, in collaboration with LFMO, to develop a joint strategy to eliminate the social and economic barriers that create disparities between Métis women and other women in Canada. This should include, but not be limited to, the reduction of poverty and disparities in health indicators, education, employment and housing. There should be established collaborative mechanisms and processes to ensure meaningful input from Métis women.



9. Action is required by federal and provincial governments to acknowledge that Métis people suffered physical and sexual abuse and intergenerational trauma from the loss of culture, identity and meaningful parenting from federal and provincial government educational policies, including but not limited to, Indian Residential Schools and Day Schools and the Sixties Scoop. Federal and provincial governments must also:
 - a. Acknowledge that Métis students attended residential schools and day schools but due to federal policies on how Métis students were admitted and funded, Métis students often were not registered on school class lists;
 - b. Work in collaboration with the Métis Nation to resolve, compensate and apologize to Métis survivors of residential and day schools;
 - c. Ensure health and healing services are available to Métis survivors and their family suffering from intergenerational trauma.
10. There must be equal representation of First Nations, Métis and Inuit peoples, especially women, across all levels of Canadian government including political structures, policies and programs and judiciary branches.
11. That Métis governments ensure that Métis women are equally represented in all levels of government – executive, legislative and judiciary branches in addition to locally, regionally and nationally.
12. That Métis governments ensure representation of women in the Métis government public service.
13. That Métis governments ensure equal access and opportunity to programs and services offered by Métis governments for Métis women.
14. That Métis governments include a funded Department for the Status of Women with each governing member to address the needs of Métis women.
15. Métis women recommend that the federal government, in collaboration with the Métis Nation, ensure that processes are developed to address the exclusion of Métis from the Comprehensive Land Claims and Inherent Right Policies, or any distinctions-based approach that may be developed to take their place.

Consultation and Engagement

16. LFMO and its designates require full and equal participation in any and all implementation efforts. LFMO must be included and have a voice in the implementation of any recommendations regarding these and any and all MMIWG recommendations. The LFMO representative and designates must have a determining say, rather than act as voice or one vote of a majority, when dealing with matters that directly impact Métis women and girls. If deemed necessary by the LFMO representative, they must be given



opportunities and time to meaningfully consult and conduct a Gender-Based Analysis as part of ongoing meaningful consultation with Métis communities and Métis women's leadership, including Elders and Knowledge keepers, provincial women's reps and grassroots Métis women, girls and LGBTQ2S+ people.

17. That Métis governments, in collaboration with federal and provincial governments, develop a Duty to Consult mechanism that ensures the inclusion of Métis women; further, that Métis governments develop, in collaboration with Métis women, their own Duty to Consult policies and practices. This will ensure an intersectional lens is completed in the establishment of Métis government constitutions.

Services

18. Action is required of the federal and provincial governments to provide sustainable funding for existing and emerging Métis services that are sustainable, supportive and based on the distinct needs of rural and urban Métis communities and Métis women;
19. Action is required by the provincial and federal governments to fund and ensure that Métis women who are victims of violence receive proper support and resources, such as counselling, healing, advocacy services that are culturally competent, culturally safe and trauma-informed. These victim supports must be extended to the entire kinship network of the victim. If requested, the support from Métis Elders, Knowledge Keepers or others throughout all court proceedings shall be available.
20. There is a need for Métis advocates to help facilitate navigation for Métis people, their families and kinship networks through various systems including, but not limited to, healthcare, criminal justice, policing, employment and education, housing, child and family welfare, etc.
21. There is a need for the development of family and community programming that focuses on bringing Métis communities and families together to share, learn about and reinforce Métis culture and a positive sense of Métis identity.
22. Action is required from all levels of government to create adequately funded and accessible Métis-specific victim programs and services with appropriate evaluation mechanisms, so that that Métis specific data is included in evaluation mechanisms and reports.
23. Action is required of the federal and provincial governments to ensure that holistic, culturally-based wraparound programs, services and opportunities acknowledge and address conditions that situate Métis women and children as vulnerable, such as but not limited to poverty, housing, employment and education, access to child care etc.
24. There is a need for Métis-specific public education directed towards Métis women and girls from birth onwards that informs them of their rights and assists them in understanding boundaries to prevent abuse from occurring.



25. Stable, consistent, and robust funding must be committed to the creation of culturally-specific housing shelters for Métis women, girls, and LGBTQ2S+ people in both larger and smaller cities, that provides a safe space for people fleeing domestic violence and to serve as a stop-gap measure to the high rates of housing insecurity as experienced by Métis women and their children, girls, and LGBTQ2S+ people.
26. The development of safe, affordable and sustainable Métis housing with a dedicated inventory of safe houses for Métis women, with a focus on offering Métis families the necessary support for successful tenancies so that they can move upward through the housing continuum.
27. The development and implementation of policies that ensure the provision of adequate income support for Métis families.

Child Welfare

28. That provincial and delegated child welfare agencies specifically identify Métis children and families, in order to provide appropriate Métis cultural services and to collect and analyse data specific to Métis children and families.
29. That the federal, provincial, territorial and Métis governments commit to reducing the number of Métis children who are in family care due to government intervention by:
 - a. Monitoring and assessing neglect investigations of Métis children;
 - b. Providing adequate resources for preventative programs to enable Métis communities and Métis child-welfare organizations to keep Métis families together and ensure that Métis children are in culturally appropriate environments;
30. Action is required to ensure that all child-welfare decision-makers are trained and understand thoroughly the impacts of colonization on Métis peoples, with particular attention to the discrimination perpetuated by the government through legislation, policies and practices, including the residential school system, day schools, the Sixties Scoop, as they impacted Métis children and families.^{.321}
31. Action is required of the provincial and territorial governments to prepare and publish annual reports on the number of Métis children who are in care, as well as the reasons for apprehension, the total spending on preventive and care services by child-welfare agencies and the effectiveness of various interventions.^{.322}
32. Action is required by provincial and territorial governments to ensure that their respective province's Office of the Child and Youth Advocate includes statistics and other information on Métis children and families in their legislative reports and other publications.
33. Each province must have a child advocate who reports directly to Parliament or its respective legislative assembly, not to a Minister or Caucus, and provides an annual public report to the House of Commons or its respective legislative assembly.



34. Action is required of all levels of government to fully implement Jordan's Principle and expand these principles beyond on-reserve children to include Métis youth and children. This includes amending any interjurisdictional agreements to include Métis children.
35. Action is required by federal and provincial governments to ensure Métis content is included in efforts to develop culturally appropriate parenting programs for Indigenous peoples.
36. Action is required by provincial child welfare agencies to honour Métis family structures and kinship relations so that Métis children remain connected to their families, culture and communities. This requires:
 - a. Extended family members are sought and then supported, to the same degree and equally funded as foster parents, whether the child is considered under kinship care, foster care or guardianship agreements;
 - b. Provincial governments fund for legal aid services for extended family members to receive legal advice to understand their rights and responsibilities in caring for a child under kinship care, foster care or guardianship agreements;
 - c. Provincial and federal governments ensure that all family tax benefits are provided to extended family members without reduction to the funding provided by child welfare agencies.
37. Kinship relationships must be supported. Placement of Métis children with Métis kinships and families must be prioritized as the best interest of the child. Métis family structures must be honoured.
38. Child benefits must be directed to families in kinship care at the same level as provided to mainstream foster families.

Jurisdiction

39. Action is required to ensure that Métis women and children are not denied services or fall through the gaps while the federal and provincial governments work out inter-jurisdictional issues relating to Métis people. Interjurisdictional cooperation is essential and imminent, in light of the Supreme Court of Canada's decision that the federal government has the jurisdictional responsibility to Métis people. LFMO requires the following actions to ensure inter-governmental cooperation so that Métis women and children are safe, not denied services and not further marginalized by inter-jurisdictional disagreements:
 - a. Federal and provincial governments agree to enter into an agreement that ensures intergovernmental cooperation so that Métis women are safe and are no longer denied services or further marginalized;



- b. Federal and provincial governments commit to the timely and smooth transition of programs and services and will enter into written protocols;
- c. Provincial and federal governments, led by the federal government, prioritize the identification of any and all government programs and services to Métis people and enter tripartite discussions and reach agreements about the funding and delivery of services for Métis women and children.

Criminal Justice

- 40. Police services must develop a best practices protocol for law enforcement's response to missing person reports of Métis people, including steps that police should take upon receiving a missing person's report for any Métis person.
- 41. Action is required to support victims and family members when dealing with the media. Métis victims are often stereotyped and devalued in media accounts and action is required to ensure these myths about Métis women cease. The federal and provincial governments must financially support the development of educational notes for media and government communications branches. These notes must also be redistributed in the event of a case involving a Métis woman or girl.
- 42. Action is required by federal, provincial and territorial governments to commit to eliminating the overrepresentation of Métis people in custody over the next decade, and that annual reports or other reporting mechanisms include specific reporting on Métis people in conflict with the criminal justice system and to ensure that Métis women are properly identified as Métis people in all aspects of the criminal justice system, including but not limited to police services, community corrections, prisons and parole.
- 43. Action is required to ensure that there is training and funding available for Gladue writers on how to write a Gladue Report that includes, but is not limited to, ensuring issues related to the historic impacts of colonization on Métis offenders.
- 44. Action is required to ensure that Métis people have access to and information on the availability of Gladue reports. Gladue reports have often been only available to First Nations and its imperative to ensure equitable Métis access.
- 45. Action is required of the federal, provincial and territorial governments to work with Métis communities and Métis organizations to provide culturally relevant services to Métis inmates on issues such as substance abuse, family and domestic violence, and overcoming the experiences of physical and sexual abuse, as well as, historic trauma experienced by generations of Métis people.
- 46. Resources need to be made available to Métis families and kinship networks of victims of violence, including but not limited to assistance with funerals, on-going counselling and trauma-informed supports.



Implementation Committee

47. Action is required to develop an Implementation Committee to review the Calls for Justice in this report; the Calls to Action in the Truth and Reconciliation and the Métis MMIWG Final Report, Reclaiming Power and Place. When referring to Aboriginal or Indigenous peoples, there must be action to ensure that it is always inclusive of Métis people in a distinctions-based and respectful process.
48. Action is required to implement the Calls to Miskotahâ in this report. An Implementation Committee should work in cooperation with the LFMO Advisory Group to develop a workplan, to identify the institution or department that would carry out the responsibility of each recommendation and to establish measurable benchmarks, such as due dates and progress reports.
49. Action is required to support the LFMO Advisory Group on implementing the Calls to Miskotahâ and to develop an action plan that will include Elders and Knowledge Keepers, provincial women's representatives and others with knowledge of issues related to Métis women and girls.
50. That all members of the Implementation Committee successfully complete Métis distinctions trauma-informed training prior to commencing meetings or engagements. The Committee must commit to learning about Métis people before engaging in decision-making and it should not be LFMO's responsibility to teach committee members individually.

Health and Wellness

51. Action is required, as a high priority, to ensure that Métis peoples have access to services to diagnose, treat and provide support for FASD.
52. Action is required for the development of Métis FASD preventive programs that can be delivered in a culturally competent and safe manner.
53. Action is required of the federal and provincial governments to acknowledge that the current state of Métis health in Canada is a result of previous Canadian government policies and that federal and provincial governments agree to work with LFMO to develop and implement a healthcare Bill of Rights for Métis women. This should include, but not be limited to, issues relating to informed consent, forced sterilization, disabilities, equality in access to health and healing, mental health, addictions, and trauma-informed processes.
54. Action is required of the federal and provincial governments to recognize, respect and address the distinct health needs of Métis women and girls and to ensure there is equal access to services related to Métis health and healing, including but not limited to disability services, treatment for trauma, mental health services, addictions and supportive recovery programs.



55. Action is required by federal and provincial governments to develop and fund a Métis Health Benefits program to ensure Métis women and children have access to a range of benefits not covered by hospital and medical care insurance. This program would cover prescription drugs, dental services, vision care, medical supplies and equipment as well as ambulance services.
56. Action is required that the federal government, in consultation with LFMO, establishes measurable goals to identify and close the gaps in healthcare outcomes between Métis women and other women in Canada and to publish annual reports and assess long-term trends.
57. Action is required to support Métis women as they look to restore their identity, culture, traditions and practices while accessing health services. This requires financial support to develop and deliver Métis women's programs that are strengths-based, trauma-informed, culturally-safe and grounded in Métis values and worldviews.
58. Action is required of federal and provincial healthcare systems to recognize the value of Métis healing practices and to use them in the treatment of Métis patients in collaboration with Métis healers and Elders where requested by Métis patients.
59. Action is required of medical and nursing schools in Canada to incorporate Métis health needs, history, culture and rights in their Aboriginal peoples training, as set out in the TRC Calls to Action.
60. Action is required to recognize and support the role of Métis Elders and Knowledge Keepers in healing Métis women and children. Funding and other supports must be available to support capacity building of Métis Elders and Knowledge Keepers for peer support, ongoing training on Métis trauma-informed processes and issues facing contemporary Métis women and girls.

Prevention and Awareness

61. Action is required by the LFMO, federal and provincial governments to cooperate in the development of a media campaign to dispel common misconceptions about Métis people, especially as they relate to Métis women and girls. This media campaign will focus on historic discrimination, racism and other conditions that have worked to make Métis women and children vulnerable but will employ a strengths-based narrative touching on Métis identity, strengths, pride and worldviews.
62. Funding must be directed towards public education campaigns about Métis women, girls, and LGBTQ2S+ people to highlight our distinct experiences with racism, sexism, and colonization.
63. The development of community-based reconciliation activities aimed at reducing racism and promoting safe, vibrant communities.



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