

RESEARCHED TO LIFE;
THE MÉTIS NATION OF
ALBERTA ON HEALTH
RESEARCH

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MÉTIS NATION OF ALBERTA TRIPARTITE PROCESS AGREEMENT
UNIT

If you ask a Métis person to complete yet another survey he or she might say, “we are researched to death.” I say, it is time to think about being “researched to life.” That is my approach to research in the Métis community as the Health Research and Development Advisor at the Métis Nation of Alberta.

One of the most important parts of my job is to promote awareness that Métis people are a distinct Aboriginal group and to ensure that the Métis perspective is respected and taken into account by health researchers, professionals, and government officials.

Does research mean anything in the Métis community? Absolutely! But, research in a Métis community may simply be a group of Métis Elders getting together and telling stories, comparing notes and experiences about their lives, how they live now, and how they used to live many years ago. Unfortunately, many of these stories are not recorded and get lost in the hustle and bustle of our hurried lives. If researchers were to record these stories and analyze the findings, I think we might be surprised at what we could learn about health in the Métis world.

The bridge between researcher and the researched depends very much on the subject matter, the way in which a topic is investigated, and the relationship that develops between the investigator and the subject. Mutual respect and two-way communication enhance discussions and lead to further learning and personal development. If research is conducted with an open mind, it is the “Métis way” to enjoy much laughter and camaraderie, even when researching serious health issues such as diabetes, fetal alcohol spectrum disorder, and suicide.

One challenge faced is that some Métis people do not self-identify and therefore cannot be “counted.” Health Canada’s First Nations and Inuit Health Branch (FNIHB), whose mandate is to serve First Nations and Inuit people, does not provide coverage and support to Métis people. While we acknowledge and appreciate partnerships developed with FNIHB, (most recently contributing to the “Lifting the Silence on Suicide: Together We Can Make A Difference” conference), Métis people do not benefit from the numerous programs and services that FNIHB provides to First Nations and Inuit people. This includes various health research initiatives that focus on the two Aboriginal groups only.

It is important to build capacity in the Alberta Métis community so Métis themselves can conduct health research — it is important to be “researched to life”!

THE TRIPARTITE PROCESS AGREEMENT

The *Tripartite Process Agreement* signed in 1992 between the Métis Nation of Alberta, the Government of Canada and the Government of Alberta provides a forum to:

- ☀ Promote discussions between the Métis Nation of Alberta, Canada and Alberta, particularly in the following areas:
 - Education/Advanced Education/Career Development and Employment;
 - Family and Social Services;
 - Economic Development and Trade;
 - Municipal Affairs and Housing; and
 - other areas for discussion subject to the agreement of all the parties;
- ☀ identify opportunities, appropriate to the circumstances of Métis people in Alberta, for the development of practical, negotiated arrangements for furthering Métis **self-management and self-reliance**, based on a collaborative approach to change involving both orders of government and Métis people; and
- ☀ seek opportunities to increase Métis input into the decision-making on, and administration of, programs, policies and services directly affecting them.

The Tripartite Process Agreement is intended to complement the 1999 Alberta/Métis Nation of Alberta Framework Agreement, which also includes these areas of interest for the MNA: Tourism; Environmental Protection; Community Development; Agriculture, Food and Rural Development; Health; and Justice. The following are health initiatives that make up the 2002–2003 work plan:

MÉTIS HEAD START STRATEGY

MNA Unit staff established relationships with relevant Ministerial, National Headquarters and Regional Health Canada officials, and continues to research availability of further funding to develop proposals for expanded Head Start Programs in the province.

MÉTIS CANCER PREVENTION STRATEGY

TPA Unit staff maintains a partnership with the Alberta Cancer Board. This has included participation in the development of a cancer awareness/prevention/information package for Aboriginal people by providing the Métis perspective. This package is nearly complete and will be available soon.

MÉTIS POPULATION HEALTH STUDY

TPA Unit staff consulted with professors in the Departments of Public Health Sciences and Environmental Health Sciences at the University of Alberta. Together, they developed a posting for a Master's student to assist in research at the Department of National Defence Headquarters. A number of students applied for the position but the professors felt they were not suitable. They recommended posting the position again in the 2002-03 academic year.

MÉTIS HIV/ AIDS STRATEGY

TPA Unit Staff continue to be represented on the National Aboriginal Council on HIV/AIDS (NACHA), sitting on the NACHA Epidemiology and Surveillance (NESS) and the Community-Based Research (CBR) Sub-Committees. NACHA is part of the Canadian Strategy on HIV/AIDS. As well, TPA Staff has formed partnerships with Positive Links, AIDS Calgary and the rural-based Kimamow Atoskanow Foundation.

In Phase I of the Strategy, 12 HIV/AIDS awareness and prevention workshops focusing on youth and young mothers in rural and remote areas were held throughout the province. This project received funding from the Alberta Community Council on HIV/AIDS. In Phase II, Métis community members have expressed interest in holding further workshops.

MÉTIS SUICIDE PREVENTION STRATEGY

TPA Unit staff participated in the follow-up Steering Committee of the Aboriginal Suicide Prevention conference entitled, "Lifting the Silence on Suicide: Together We Can Make a Difference." TPA Staff continue to work with the Alberta Centre for Injury Control and Research program that addresses Aboriginal suicide.

MÉTIS TOBACCO REDUCTION STRATEGY

TPA staff researched and developed a youth-focused proposal to AADAC (Alberta Alcohol and Drug Abuse Commission) for their Alberta Tobacco Reduction Strategy, which was recently funded for six months. TPA Unit Staff participate on the Steering Committee of the AADAC Aboriginal Tobacco Use Strategy and has been part of the Strategy's Aboriginal Consultations.

MÉTIS DIABETES STRATEGY, PHASE II

The Métis Diabetes Strategy project "Building Healthy Communities, Phase II" was funded by Health Canada's Aboriginal Diabetes Initiative and is currently being implemented throughout the province by a consultant super-

vised by TPA Unit Staff. The focus of the project is on “training the trainers” (25 in all), who are meant to sustain diabetes support groups in a number of communities. A second video and brochure is being produced and additional materials and resources are being obtained. TPA Unit Staff is encouraging Métis active involvement in the Alberta Centre for Active Living (Seniors.)

MÉTIS FETAL ALCOHOL SPECTRUM DISORDER STRATEGY

TPA Unit staff prepared and submitted a Letter of Intent for funding of a Fetal Alcohol Spectrum Disorder initiative on the request of Alberta Children’s Services. This was successfully funded by that Ministry over two years and is now being implemented by the Family and Social Services Sector Advisor and a Consultant. TPA Unit staff participate in the Métis Nations of Alberta FASD Project Provincial Steering Committee. This committee plans the activities of the project, including Métis-specific resources like an educational video.

BOOK REVIEWS AND REPRINTS

Just Another Indian by Warren Goulding. Calgary: Fifth House Ltd. Calgary, 2001.*

His name is John Martin Crawford, and he is one of Canada's most deadly serial killers. He callously raped and murdered four women and possibly more. His crimes have placed him in the company of David Berkowitz, Ted Bundy, and Paul Bernardo, but most people would not have heard of him. Why? Because his victims were Aboriginal women, argue Warren Goulding and others.

I don't know which is more shocking to me, the fact that the Canadian public knows more about the birthday parties Karla Homolka attends while in prison, or that they don't know the name John Martin Crawford.

Goulding is a long time journalist in Saskatchewan. With this book he takes on a subject no one was interested in during the trial proceedings. Yet he writes a compelling chronicle of the killings, the investigation and the trials.

The 220-page book begins with asking questions of the media. Why were the murder investigation and subsequent trials not front-page news, carried with the same righteousness as the Paul Bernardo case?

One local Saskatoon columnist answered that it was because of geography, and the lack of drama. If this were Toronto, he argued, it would have been front-page news. According to him, racism was not one of the reasons.

As a First Nations woman raised in southern Saskatchewan, I find this response typical of the male white status quo in Saskatchewan. His attempts at justifying the silence around the killings is typical of those who don't want changes to a system that keeps First Nations women marginalized, underemployed and living in poverty.

This book is a good read. It challenges you to examine racism, sexism, and power imbalances in our society. Justice Wright, in his final remarks of the trial, nailed all of this:

"It seems Mr. Crawford was attracted to his victims for four reasons: one, they were young; second, they were women; third, they were native; and fourth, they were prostitutes. They were persons separated from the community and their families. The accused treated them with contempt, brutality; he terrorized them and ultimately he killed them. He seemed determined to destroy every vestige of their humanity."

Goulding's book gives back some of this humanity to Eva Taysup, Calinda Waterhen, Shelly Napape and Mary Jane Serion. He also challenges us to look inside ourselves, our families, and our communities for those elements that created John Martin Crawford.

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RESEARCH AS A SPIRITUAL CONTRACT*

LESLIE TIMMINS

In the past, when an anthropologist approached a First Nations tribe to document, for example, a ceremony, it would sometimes happen that faulty information would be given. If the researcher failed to “pay” for the knowledge being offered, he risked putting himself and the giver of that knowledge in jeopardy. In Cree, *pastahow* refers to this spiritual harm or “debt” that can be visited upon the relatives or future generations of the giver or receiver of knowledge if proper payment is not made. If you take something from someone, you have to give something back: this keeps life in balance. In this way, all knowledge is spiritual knowledge.

Connie Deiter and Linda Otway, two researchers affiliated with the Prairie Women’s Health Centre of Excellence, recently completed a study in which they put this principle into practice. “When Linda Otway and I approached First Nations women elders for our research on health and community healing,” says Connie Deiter, “we brought them traditional gifts of pouch tobacco and cotton broadcloth, and an honorarium. In a way we were following a ‘research method’ we’d been taught as children. When we asked an elder to teach us something or pray for us, we paid them with a gift. The skill or benefit we gained would, in turn, accrue value to our family and community. When we asked for knowledge to be shared in our research study, we knew we were entering into a spiritual contract.”

The completed study, *Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women’s Health Project*, indicates that definitions of health, healing and healthy communities, as articulated by the women Otway and Deiter interviewed and those who answered their survey, still carry remnants of these old teachings. “An enduring concern about ‘balance’ and *pastahow* is apparent,” says Deiter. “What you do now, or is done to you, puts in place what will happen in the future; how we treat each other has a fundamental impact on our health. Although elders expressed these views in explicitly spiritual terms and the (mostly younger) women in the survey in primarily secular terms, most of the women’s responses indicate a broader understanding of health than is offered by a biomedical view alone.”

A total of 98 women from Manitoba and Saskatchewan participated in the study, including five elders. “Because so much of First Nations history has not been recorded, we wanted to talk to older women who had experienced residential schools. Women who knew the old permit system, which required people to get a pass from an Indian Agent to receive medical care. With the elders,” Deiter says, “we used an interview method that allows for an oral history to be given if the speaker wishes. We asked one question only, ‘What do you think ‘health’ is?’ The elders’ responses commonly placed ‘healing’ and ‘health’ within both personal and historical contexts, linking colonization and illness.”

Amy, a Sioux grandmother from Oak Lake, Manitoba, who is diabetic, said, “My health problems, I believe, began when I was eight years old. Now I’m sixty-seven. In between there I went through a lot of mental, physical, sexual [abuse]. When I was taken out of my home and taken to a residential school — from that first day, that’s when my illness started. Through healing I went back to . . . my Indian and Dakota

way. Since I sobered up twenty years ago, the Creator has helped me and I help others." Inez, a Plains Cree elder in her late sixties, recalls, "For a long time at Onion Lake residential school, I had what was called a 'running ear'; nothing was done. . . . Today, I follow the Indian way. I always go back to my reserve for healing and rest."

The top health concerns identified by the elders were family violence, diabetes, and the need for better coverage of noninsured medical expenses. Although prescription drugs are "free" to First Nations people under the Indian Act, Deiter points out that a number of the women said that they were usually only covered for "older" drugs. "If they wish to have the newer (and more effective) drugs, they have to pay for them themselves."

Although the majority of survey respondents were younger women, 70% concurred with the elders in identifying family violence as their number one health concern. They chose this over options including Fetal Alcohol Syndrome, hypertension, and cancer. Again, like the elders, they listed diabetes as a second priority, followed by substance abuse and mental health issues.

Most respondents said their communities were not healthy and their definitions of "healthy" showed a high degree of consensus. A common description was, "[a place] where everyone works together and watches out for one another." One woman wrote that a healthy community is "one that is free of illhealth [or] comprised of people who, despite ill-health, are intellectually, spiritually . . . and emotionally sound."

Confirming other research about the poverty of Aboriginal women in Canada (Statistics Canada, *Aboriginal Profile*, 1996) the data showed that 57% of the respondents live on incomes of less than \$20,000 a year, only 40% are employed full or part-time, and 35% are single parents. Although some identified "good food" as part of good health and most of the women said their nutritional requirements were being met, some qualified this by stating that they regularly could not afford to buy fresh foods. "Can't afford the Canada Food Guide" was the cryptic comment of one woman. "Of the 28% who said their nutritional requirements were not being met," Deiter points out, "some stated that they have gone without food to ensure their children were fed."

"Our study reveals that Aboriginal women see health as a holistic condition, largely created by the community and for the community," Deiter says. "We used a variety of research tools to find this out, but it was essential, in our view, to include methods that were appropriate to the culture we were studying. And now it's essential for governments to embrace this view of health and empower Aboriginal women to realize it."

* This article is based on an interview with Connie Deiter. It originally appeared in the Centres of Excellence in Women's Health *Research Bulletin*, 2(3) Winter 2002 and is reprinted here with their permission. For a free subscription to the *Research Bulletin*, contact www.cwhn.ca Leslie Timmins is Assistant Editor of the CEWH Research Bulletin. Connie Dieter is a Plains Cree writer and researcher, soon to be defending a Master of Arts thesis on oral history at the University of Alberta. For a copy of *Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project* contact: Prairie Women's Health Centre of Excellence, Tel: (+1-204) 982-6630, Fax: (+1-204) 982-6637, e-mail: pwhce@uwinnipeg.ca or download: www.pwhce.ca/pdf/deiter.pdf.