



MÉTISBC



NATION

Métis Nation British Columbia
"Ta Saantii"

Canadian Public Health Association
May 30th, 2018





**According to Stats Canada, 2016,
4.9% or 1.67 million of all
Canadians identified as Aboriginal.**

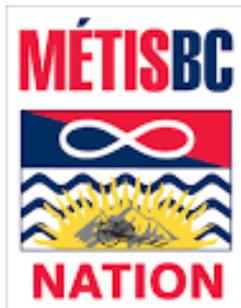
**Of that number, 28% (587,545)
people identified as Métis, with
15.2% of Métis living in BC.**

A pair of light-colored gloves with intricate white embroidery, including floral and paisley patterns, and fringed cuffs. The gloves are positioned behind the text.

**89,405 people identify as
Métis which is roughly
1/3rd of the
Aboriginal population in BC**



Métis National Council



the Métis
Nation *of*
Ontario

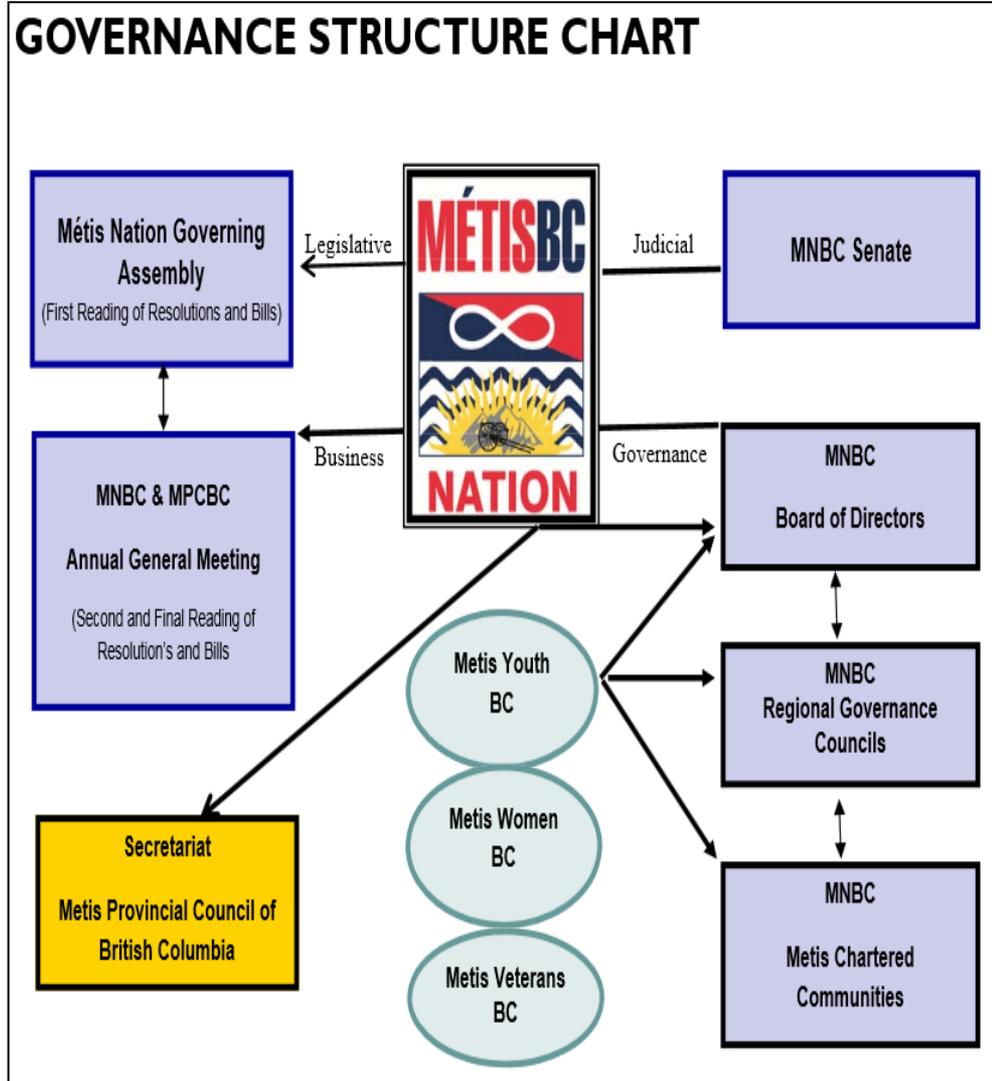


About Us:

Self-Governing Nation:

- 89,405 Self identified Métis in BC (2016 Census)
- Incorporated in 1996 as Métis Provincial Council of British Columbia (MPCBC)
- MNBC Constitution adopted in 2003.
- Citizenship Act adopted in 2005.
- Nearly 17,000 Métis Citizens registered
- 7 regions in BC
- 38 Métis Chartered Communities

GOVERNANCE STRUCTURE CHART





MNBC Provincial Board of Directors

- Eleven members
 - 4 provincial
 - 7 regional
- Province-wide mail in election
- Board members serve two functions
 - Elected voice for their constituency
 - Minister portfolios





Regional Governance Councils



7 Regional Governance Councils

Voting members are;

- All the region's Métis Chartered Community Presidents (or representatives)
- Regional youth and women's representatives

Non-voting members;

- Regional Director (non-voting chair)
- Plus committee representatives such as the Captain of Natural Resources, a Métis Veteran, the MNBC Senator and others as required for reporting to the region



38 Métis Chartered Communities

Grassroots Volunteer based.

Comprised of;

- Elected President or Vice-president
- Youth
- Board of Directors

Reviews and ratifies;
Legislation (resolution submit)

- Has own Constitution
- Registered with the Society's Act.





Métis Nation British Columbia Chartered Communities

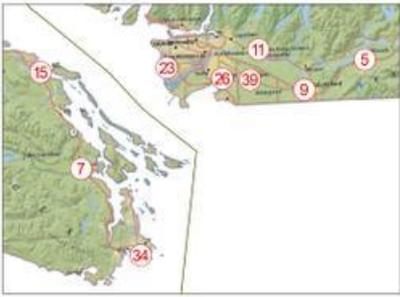
- ① Alberni Clayoquot Métis Association
- ② Ashcroft District Métis Association
- ③ Boundary Métis Community Association
- ④ Cariboo Chilcotin Métis Association
- ⑤ Chilliwack Métis Association
- ⑥ Columbia Valley Métis Association
- ⑦ Cowichan Valley Métis Association
- ⑧ Elk Valley Métis Association
- ⑨ Fraser Valley Métis Association
- ⑩ Ft. St. John Métis Society
- ⑪ Golden Ears Métis Society
- ⑫ Kelowna Métis Association
- ⑬ Kootenay South Métis Society
- ⑭ Métis Nation Columbia River Society
- ⑮ Metis Nation New Caledonia Society (Vanderhoof)
- ⑯ Mid-Island Métis Nation Association
- ⑰ MIKI'SIW Métis Association
- ⑱ Moccasin Flat's Métis Society
- ⑲ Nelson & Area Métis Society
- ⑳ Nicola Valley & District Métis Society
- ㉑ North Cariboo Métis Association
- ㉒ North East Métis Association
- ㉓ North Fraser Métis Association
- ㉔ North Island Métis Association
- ㉕ Northwest BC Métis Association
- ㉖ Nova Métis Heritage Association
- ㉗ Powell River Métis Society
- ㉘ Prince George Métis Community Association
- ㉙ Prince Rupert & District Métis Society
- ㉚ River of the Peace Métis Society*
- ㉛ Rocky Mountain Métis Association
- ㉜ Salmon Arm Métis Association
- ㉝ South Okanagan Similkameen Métis Association
- ㉞ The Métis Nation of Greater Victoria Association
- ㉟ Tri-River Métis Association
- ㊱ Two Rivers Métis Society
- ㊲ Vermillion Forks Métis Association
- ㊳ Vernon & District Métis Association
- ㊴ Waceya Métis Society

*Interim Charter Community

This map is a living document and is intended to be amended and refined over time. This map is the property of Métis Nation BC and may not be reproduced without written permission.

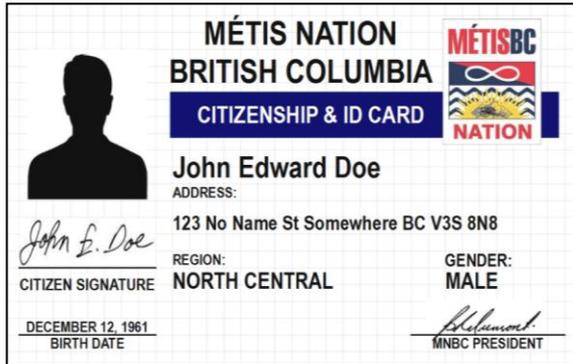
Coordinate System: NAD 1983 Albers
Provincial Map Scale: 1:2,750,000, Street Map Scale: 1:1,000,000
Created: April 2018 by Injilawastah (www.injilawastah.ca)
Data Sources: Province of British Columbia, Government of Canada, National Geographic, ESRI, DeLorme, HERE, UNEP/WFP, CGRS, NASA, ESA, METI, GBCO, NOAA, increment P Corp.

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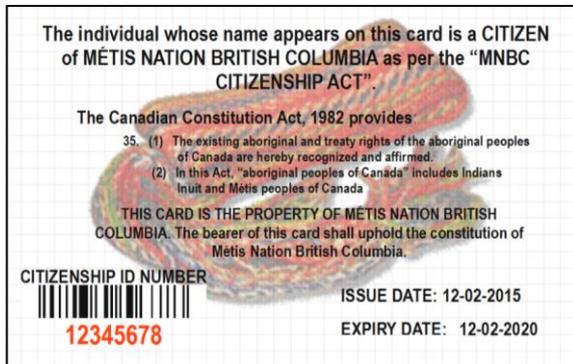


Métis Nation British Columbia's Citizenship Card



Security Features;

- Hologram imaging
- Magnetic Strip coding system
- Unique identification number
- Digital photo and signature



The card has to be renewed every five-years. This card has to be obtained to vote, run for Métis office, participate as a delegate in the Annual General Meeting and obtain a Harvesting Card.

*17,000 Citizenship Cards hve been issued

<https://www.youtube.com/watch?v=pa3SCNFoUjI&t=18s>



Daniels Decision – April 14, 2016

- Asserts that Métis are the responsibility of the federal government and should be defined as “Indians” under section 91(24) of the Constitution Act, 1867.
- Federal fiduciary responsibility

The case is based on three points:

1. The 200,000 non-status Indians and 400,000 Metis are “Indians” under the section 91(24) of Constitution Act of 1867.
2. The federal government has a fiduciary duty.
3. And is obligated to negotiate and consult with Metis and non-status Indians.



ABOVE: Harry Daniels (1999) - passed away in 2004



LEFT: Gabriel Daniels Celebrates Supreme Court Decision (2016)



Métis Nation Relationship Accord II

- Children and Families
- Education (Lifelong Learning) and Training
- Economic Opportunities
- Health (Community, Family and Individuals)
- Housing
- Information Sharing
- Justice
- Metis Identification and Data Collection
- Wildlife Stewardship



Above: Prime Minister Justin Trudeau and MNC President Clara Morin Dal Col

Nation to Nation Process

Immediately re-engage in a renewed nation-to-nation process with Indigenous Peoples to make progress on the issues most important to First Nations, the Métis Nation, and Inuit communities.

Below: MNC President Clement Chartier and Prime Minister Justin Trudeau



Canada Métis Nation Accord – signed April 13, 2017

"Today's important discussions as part of the Permanent Bilateral Arrangement with the Métis National Council truly represent significant progress on our relationship based on the recognition of rights, respect, cooperation, and partnership. I am looking forward this upcoming year to continue this joint work with the Métis Nation to make further progress on the Accord and to implement the historic Budget 2018 investments for the Métis Nation."



*The Honourable Carolyn Bennett,
M.D., P.C., M.P.
Minister of Crown-Indigenous
Relations and Northern Affairs*

Truth and Reconciliation Commission of Canada



Truth and Reconciliation
Commission of Canada:
Calls to Action



***94 Calls
to Action***

Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result

of previous Canadian government policies, including residential schools, and to **recognize and implement the health-care rights of Aboriginal people** as identified in international law, constitutional law, and under the Treaties.

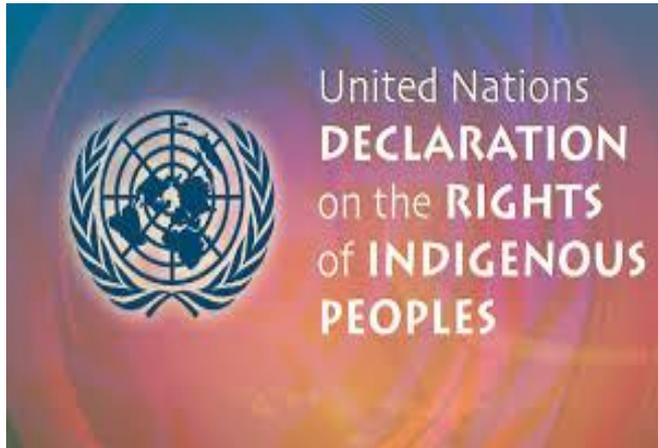


TRC – Calls to Action (Health)

19) to **establish measurable goals to identify and close the gaps in health outcomes**, and to publish annual progress reports and assess long-term trends.

20) to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal **government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples**

21) call upon the federal government to **provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms** caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

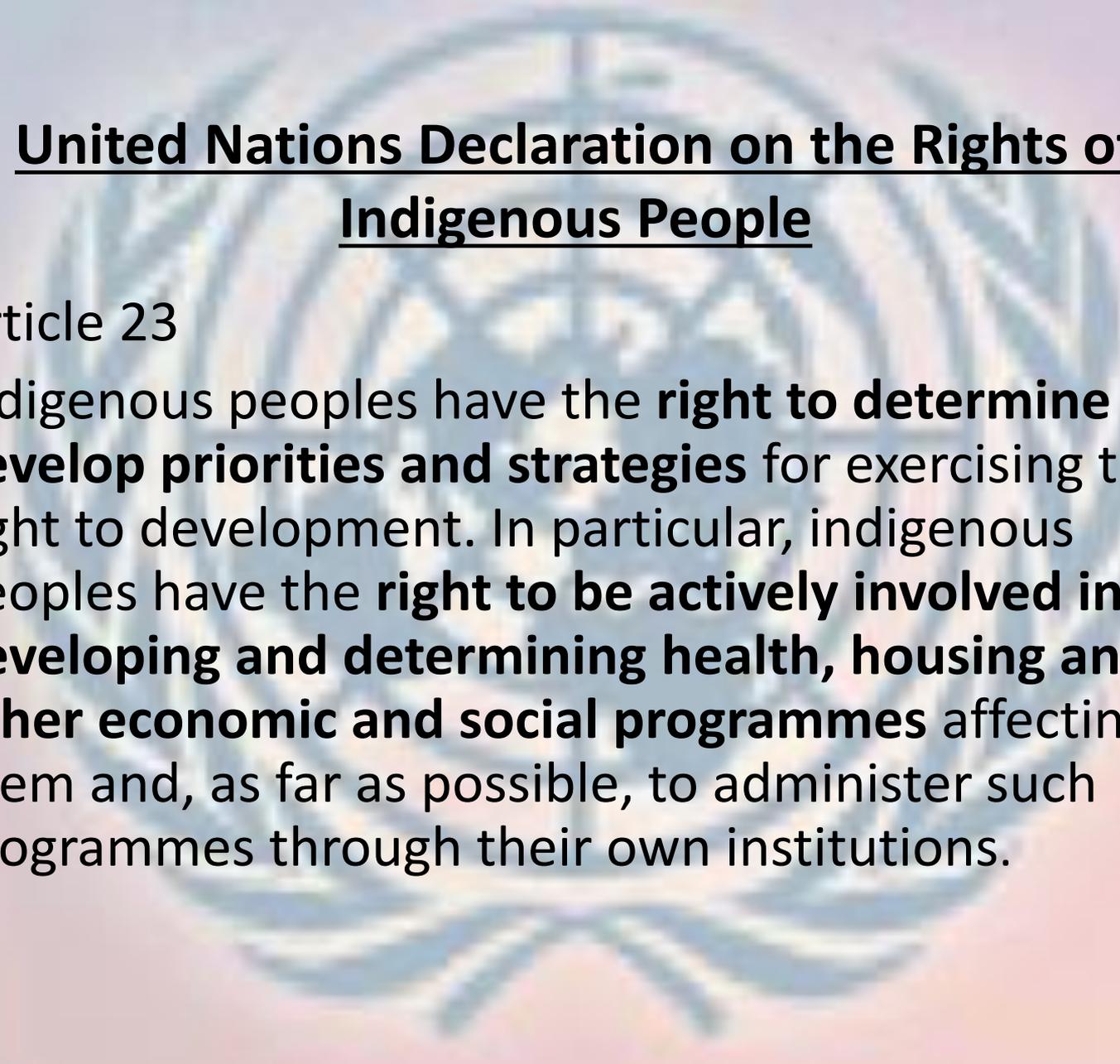


President Chartier addressed the Forum and expressed his appreciation for the Trudeau government's commitment to fully engage with the Métis Nation in the upcoming reconciliation process.

Minister Bennett announced Canada's full support without any qualification, May 10, 2016 for the UNDRIP with intention to adopt and implement according to the Canadian Constitution.

"we are breathing life into section 35 and recognizing it as full box of rights for Indigenous people". Minister Carolyn Bennett

Reaffirming that indigenous peoples, in the exercise of their rights, should be free from discrimination of any kind,



United Nations Declaration on the Rights of Indigenous People

- Article 23
- Indigenous peoples have the **right to determine and develop priorities and strategies** for exercising their right to development. In particular, indigenous peoples have the **right to be actively involved in developing and determining health, housing and other economic and social programmes** affecting them and, as far as possible, to administer such programmes through their own institutions.

United Nations Declaration on the Rights of Indigenous People

- *Article 24*
- 1. Indigenous peoples have the **right to their traditional medicines** and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. **Indigenous individuals also have the right to access, without any discrimination, to all social and health services.**
- 2. Indigenous individuals have an equal right to the enjoyment of the **highest attainable standard of physical and mental health**. States shall take the necessary steps with a view to achieving progressively the full realization of this right.



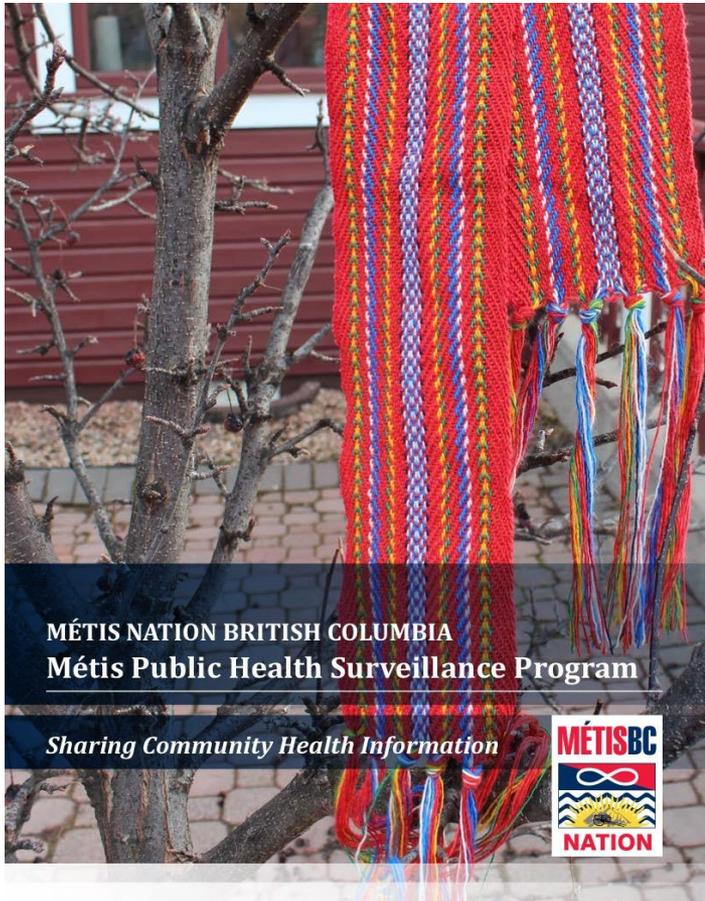
The Métis Flag is a national symbol of the Métis people in Canada.
The infinity symbol represents the blending of two cultures
into one and reminds us that the
Métis shall live on forever.



Métis Public Health Surveillance Program

First of it's kind on Métis in BC.

Covering cardiovascular disease, like Ischemic Heart Disease and Hypertension, Diabetes, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Rheumatoid / Osteoarthritis, Chronic Kidney Disease and Mental Health





Métis Public Health Surveillance

MNBC Health Ministry utilized our governance structure through a resolution for all of our Métis Citizens to identify as Métis to the BC Ministry of Health

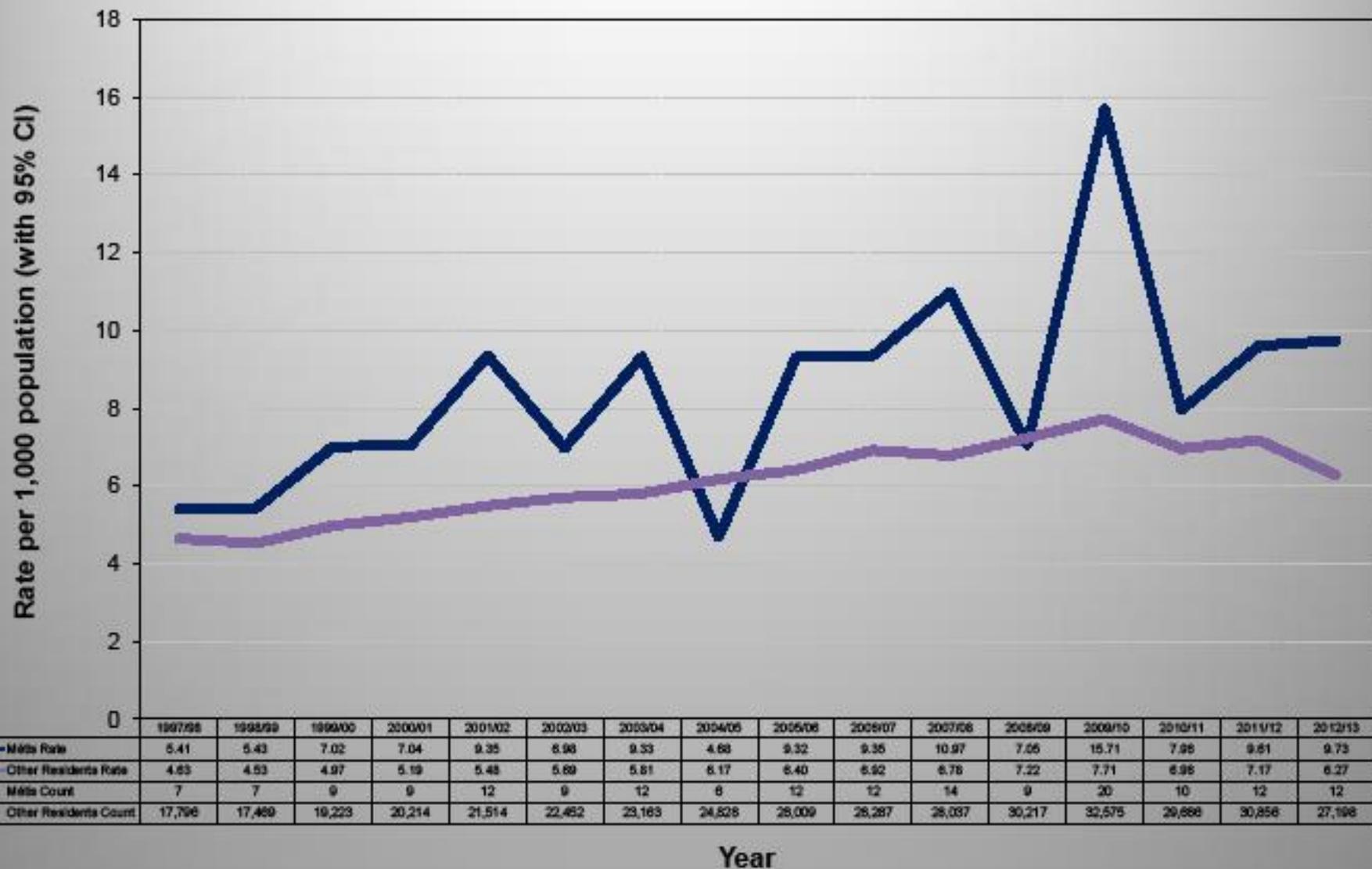
Métis Nation Governing Assembly - 100%

Annual General Meeting – 98.7%

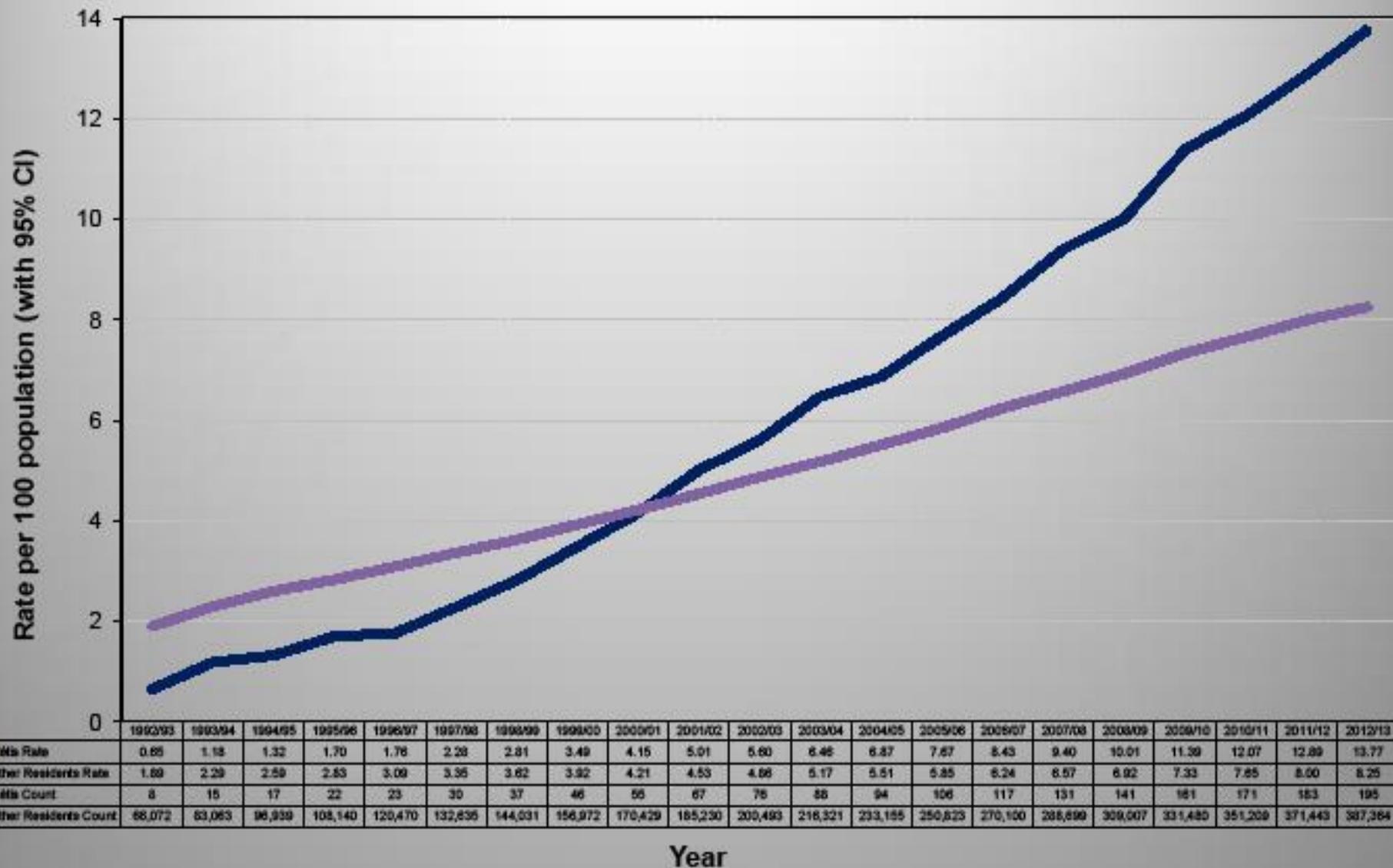
Mail out to 12,592 Citizens over the age of 18 (60 days to respond)

160 opt out responses = 98.7% in favour of identifying as Métis

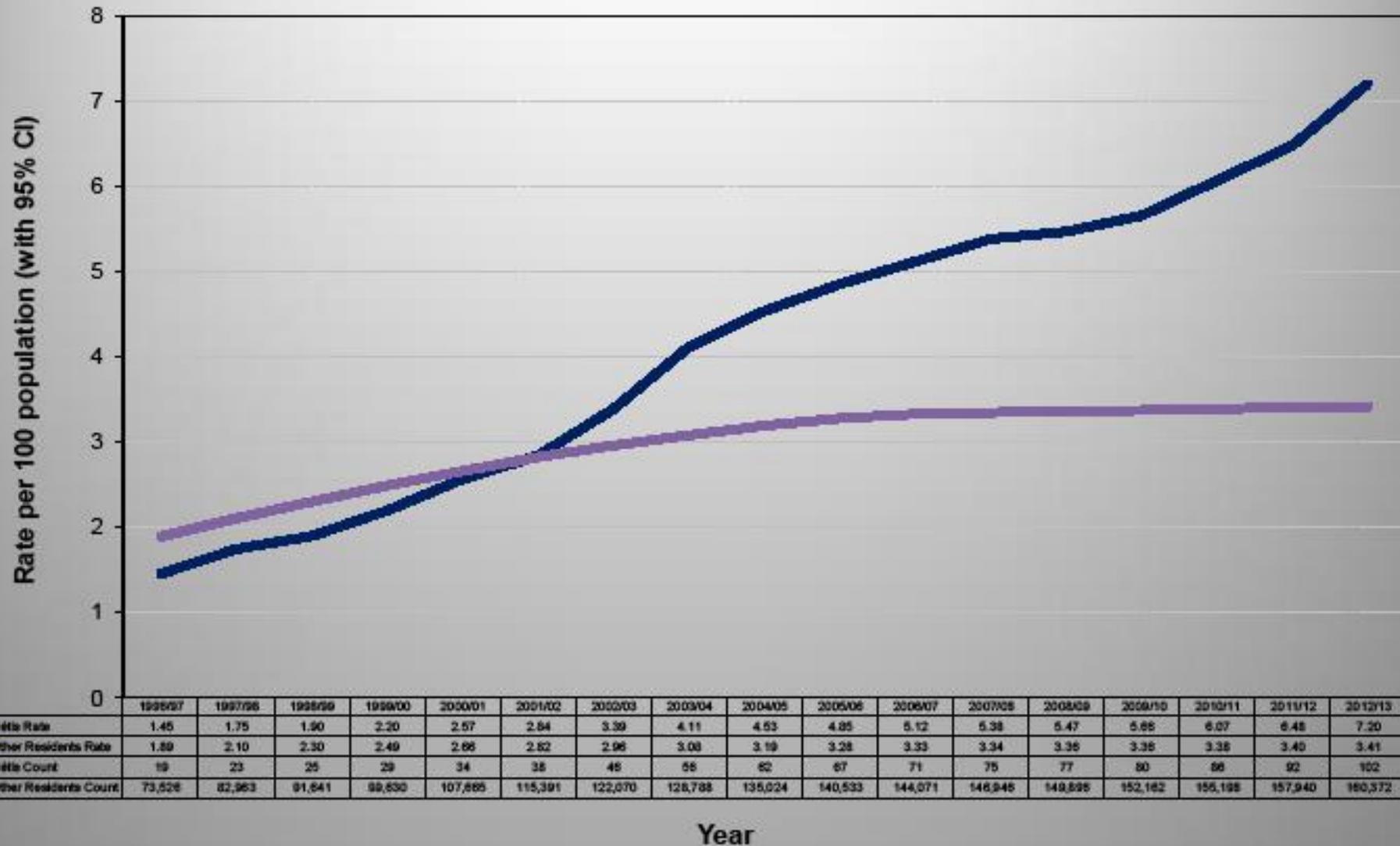
Diabetes, Crude Incidence Rates, Métis and Other Residents, BC, 1992/93 to 2012/13



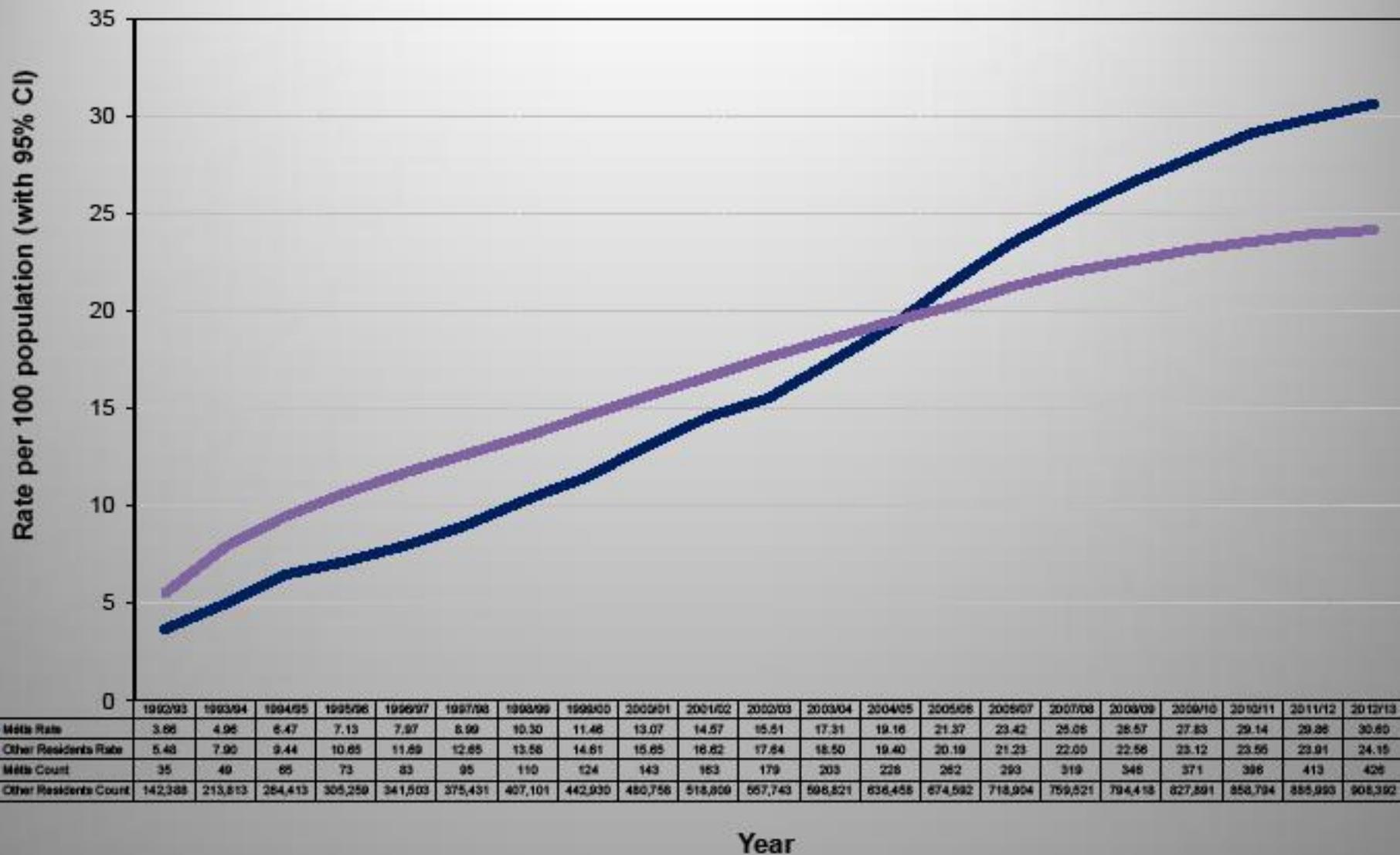
Diabetes, Crude Prevalence Rates, Métis and Other Residents, BC, 1992/93 to 2012/13



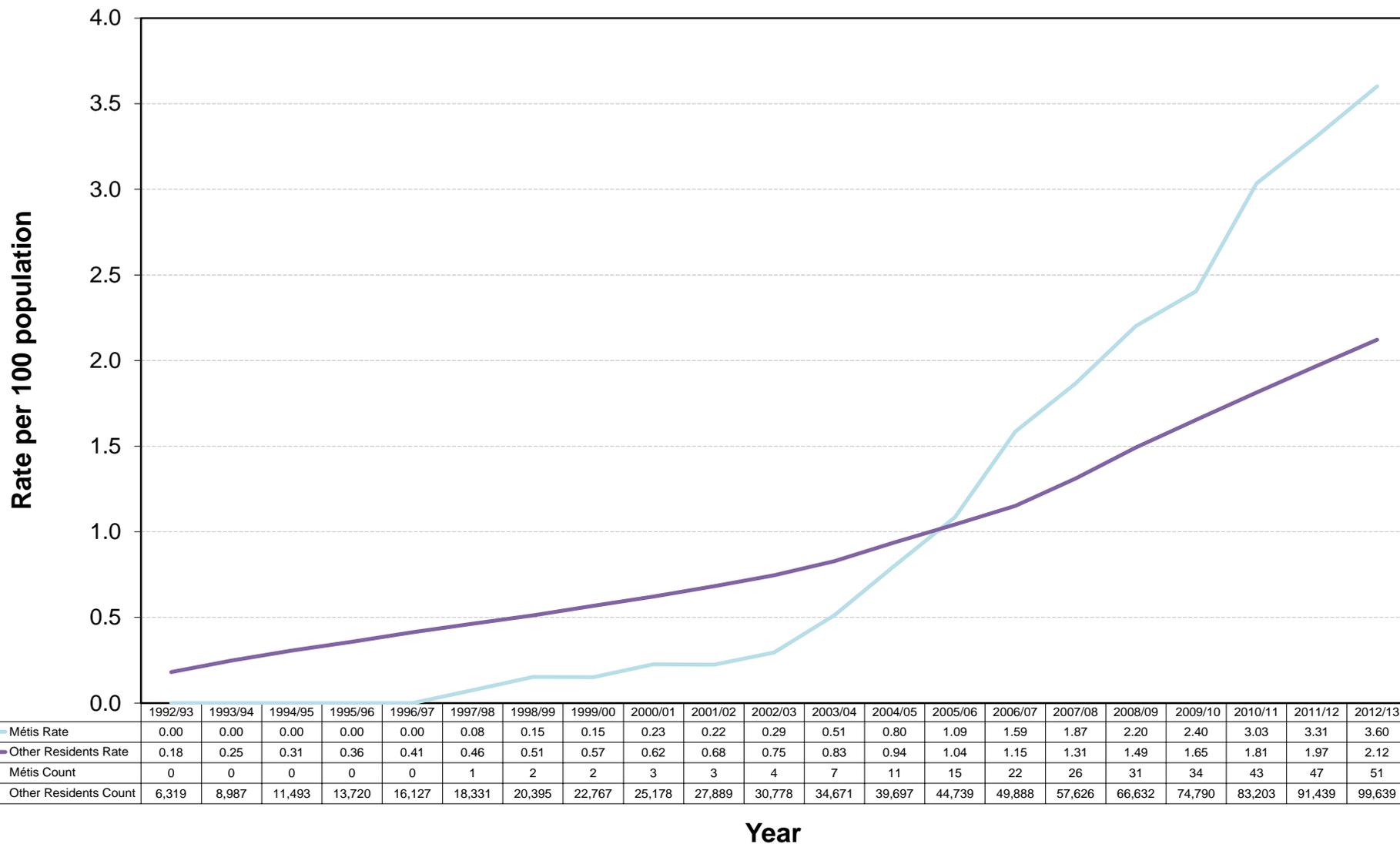
Ischaemic Heart Disease, Crude Prevalence Rates, Métis and Other Residents, BC, 1992/93 to 2012/13



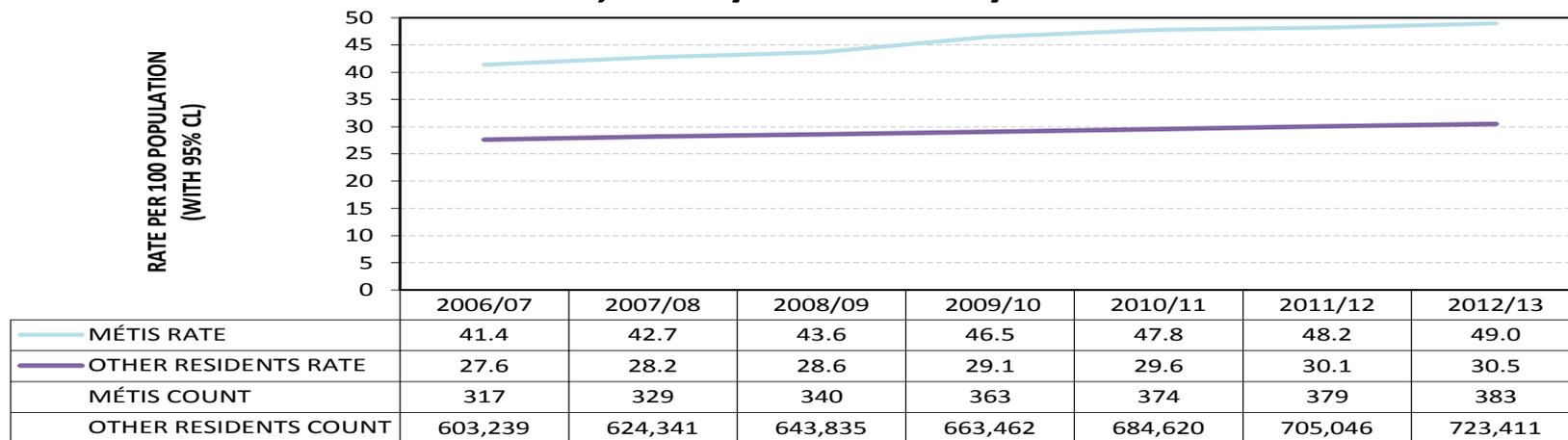
Hypertension, Crude Prevalence Rates, Métis and Other Residents, BC, 1992/93 to 2012/13



Chronic Kidney Disease, Crude Prevalence Rates, Métis and Other Residents, BC, 1992/93 to 2012/13



Depression, Crude Prevalence, Females, Métis and Other Residents, BC, 2006/07 to 2012/13



Source: Population Health Surveillance and Epidemiology, BC Ministry of Health, February 2015.

Figure 2: Prevalence of Chronic Depression amongst female Métis citizens and other residents of BC between 2006/07 and 2012/13.

Métis females (49%) had been diagnosed with chronic depression much more often than other female residents of BC (30%) (figure 2).

Métis males (26%) were less likely to have a chronic depression diagnosis than Métis Females but more likely to be diagnosed than other male residents of BC (18%)

Medical Services Plan (MSP)

Discharge Abstract Database (DAD)

PharmaNet

Vital Statistics.

Health Systems Matrix

Overdose Cohort

National Ambulatory Care Reporting System
(NACRS)

Next Steps for Metis Public Health Surveillance Program

**MÉTIS NATION
BRITISH
COLUMBIA**

STAND PROUD

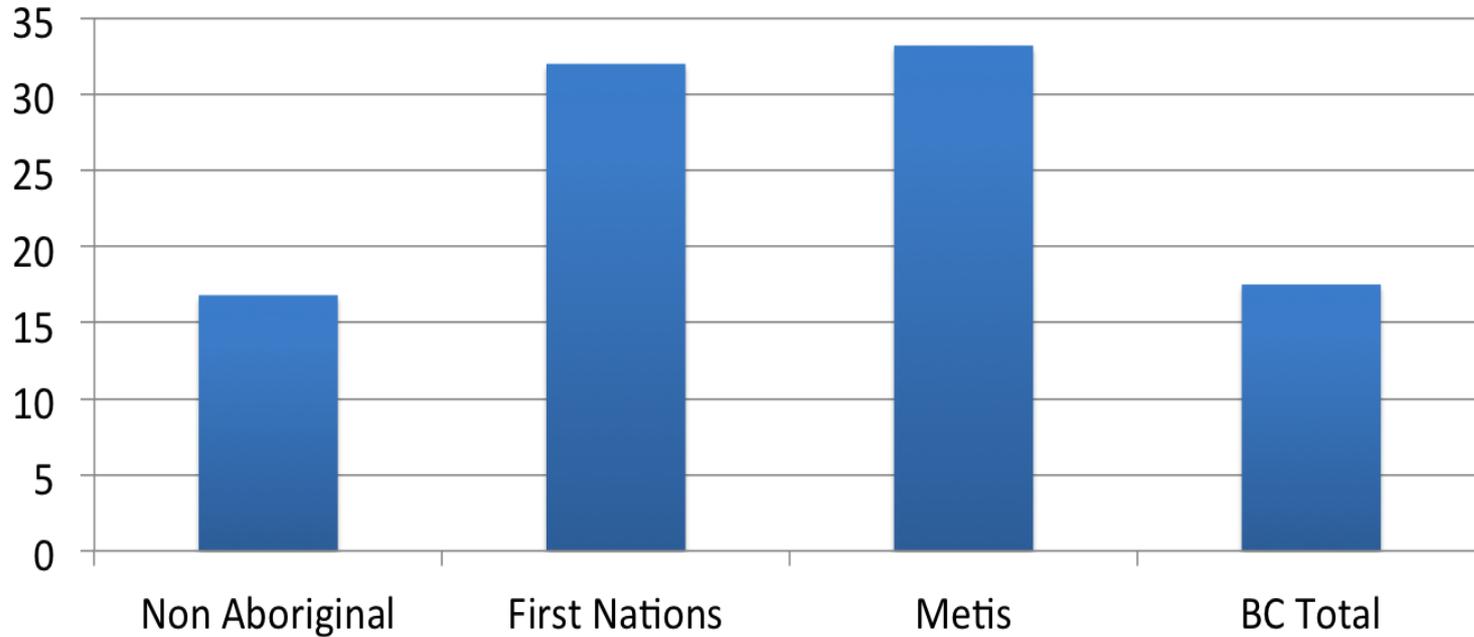
SHARE YOUR IDENTITY

SHOW OUR STRENGTH



www.mnbc.ca

Smoking Tobacco in BC



Data on Smoking prevalence taken from: Statistics Canada. Select health indicators of First Nations people living off reserve, Métis and Inuit. 82-6240X. January 2013.



Canadian Partnership Against Cancer (CPAC)



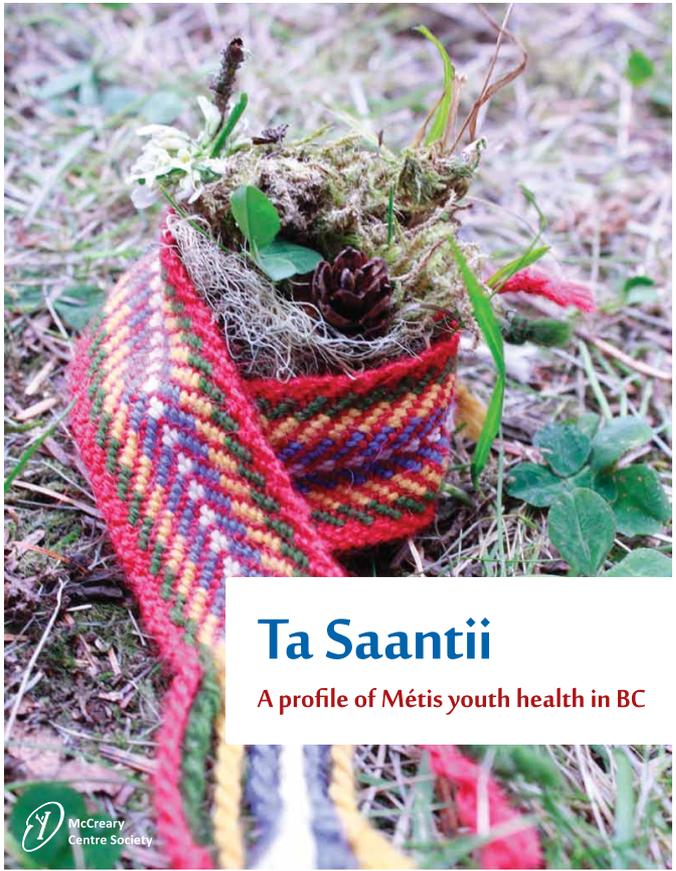


Canadian Partnership Against Cancer (CPAC)

  Cancer Screening Guidelines			
	COLORECTAL	BREAST SCREENING	CERVIX
25-39 YRS	<ul style="list-style-type: none"> Screening is not recommended for this age group 	<ul style="list-style-type: none"> Screening is not recommended for this age group 	<ul style="list-style-type: none"> Screen every three years
40-49 YRS	<ul style="list-style-type: none"> Screening is not recommended for this age group 	<ul style="list-style-type: none"> Without a family history (first degree relative such as mother, daughter, sister), screening is not recommended and you are encouraged to speak to your doctor about the benefits and limitations of mammography With a family history it is recommended you get a mammogram every year 	<ul style="list-style-type: none"> Screen every three years
50-59 YRS	<ul style="list-style-type: none"> Screen every two years with the FIT (fecal immunochemical test) A colonoscopy is recommended every five years if you have a significant family history (first degree relative) with colon cancer under the age of 60 or a personal history of adenomas 	<ul style="list-style-type: none"> Get a screening mammogram every two years 	<ul style="list-style-type: none"> Screen every three years
60-74 YRS	<ul style="list-style-type: none"> Screen every two years with the FIT (fecal immunochemical test) A colonoscopy is recommended every five years if you have a significant family history (first degree relative) with colon cancer under the age of 60 or a personal history of adenomas 	<ul style="list-style-type: none"> Get a screening mammogram every two years 	<ul style="list-style-type: none"> Screen every three years until the age of 69
75+ YRS	<ul style="list-style-type: none"> Screening is not recommended for this age group, though you are encouraged to speak to your doctor if you have any questions or concerns to determine if screening is right for you 		



McCreary Centre - Survey



Ta Saantii
 A profile of Métis youth health in BC



Homeless and street-involved Métis youth

Page 1 of 8

In 2014, McCreary Centre Society conducted a survey of homeless and street-involved youth with almost 700 young people aged 12–19. The survey took place in 13 communities across British Columbia (Abbotsford/Mission, Burnaby, Chilliwack, Kamloops, Kelowna, Nanaimo, Nelson, North Shore, Prince George, Prince Rupert, Surrey, Vancouver, and Victoria).

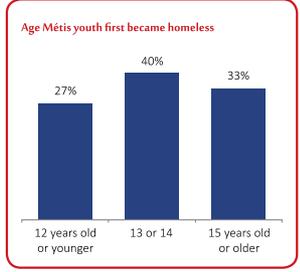
Many homeless Métis youth had families who were struggling with challenges in their lives. For example, 52% had a family member who had been in government care, 47% had a family member who had been in a residential school, 65% had a family member who had a problem with alcohol or other substances, and 56% had a family member who had attempted or died by suicide.

This fact sheet profiles the health picture of the 12% of survey respondents who self-identified as Métis.

Background

The most common reasons Métis youth gave for becoming homeless were not getting along with their parents (50%) and running away (40%).

Sexual minority youth and youth with government care experience are overrepresented among homeless populations and this was the case for Métis youth, as 30% identified as lesbian, gay, or bisexual. Also, 21% identified as Two Spirit, and a small percentage as transgender. Almost two thirds (65%) of Métis youth had been in foster care, a group home, or on a Youth Agreement.



Definitions

Métis: The National Aboriginal Health Organization defines “Métis” as people with mixed First Nations and European ancestry. The Métis are recognized as one of the three Aboriginal Peoples in Canada, alongside the First Nations and Inuit.

Homeless and street-involved: Youth who did not have a home; were couch surfing or living on the street; were involved in a street lifestyle; or were living in unstable conditions such as a single-room occupancy apartment, a motel, or living in a house without adults.



In 2008, over a quarter (27%) of Métis girls (12-19) had ever deliberately cut or injured themselves without trying to kill themselves.

In 2013, this number increased for Métis girls to 36%



Twenty-three percent of Métis youth seriously considered suicide in the past year and over half (55%) of these youth made a suicide attempt during that time



Protective Factors



The strongest protective factors
against suicide ideation for
Métis Youth was
family connectedness
and having a supportive adult
outside their family to confide in.



Tobacco

- 34% had tried smoking, with 52% of that smoking within the past month

Marijuana

- 41% have tried marijuana
- Most common age – 13 to 14 yrs. old
- Males were more likely to have used with in the past month 72% vs 55%



Alcohol

- 64% had tried alcohol, of which 65% drank in the past month and 46% engaging in heavy sessional drink
- Most common age for first drinking was 13 to 14 years old
- The percentage of youth who drank in the past month dropped from 73% in 2008 but the rates of heavy and sessional drinking remain the same



Nick Lang – 15yrs old
blonde hair blue eyed Métis boy

“Please use Nick's story to lobby the Federal and Provincial governments for more Mental Health and Substance Abuse resources for our Métis people, including our Youth”
– Peter Lang (Nick's father)

Last Resort:

One family's tragic struggle to find help for their son



REPRESENTATIVE FOR
CHILDREN AND YOUTH

October 2016



Last Resort:

*One family's tragic struggle
to find help for their son*

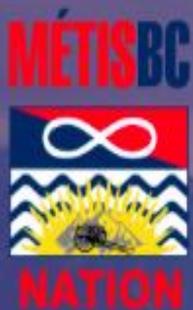


*The Representative for
Children and Youth has twice
recommended that the
provincial government should:*

*“develop and fund a
comprehensive system of
substance use services
capable of consistently
meeting the diverse needs of
youth and their families
across British Columbia.”*



*MNBC is working with the new
Ministry of Mental Health &
Addictions to determine
substance use and mental
health programs & services
needed to meet the diverse
needs of Métis youth and their
families as determined by the
Métis Nation"*

A person is standing on a beach, looking out at a large body of water with mountains in the background under a purple and blue sky. The person is seen from behind, wearing a dark long-sleeved shirt and pants.

*Let's start a conversation on
Mental Health & Addictions*

MÉTIS YOUTH 15-29YRS ARE INVITED FOR CONSULTATION

Please email MNBC Provincial Wellness Coordinator
Ashley Turner at aturner@mNBC.ca for more information on how to participate

July 20-22nd, 2018 - Vancouver

<https://youtu.be/s9kemj9JPoQ>

Thank You

Susie Hooper
Minister of Health
shooper@mnhbc.ca

Tanya Davoren
Director of Health
tdavoren@mnhbc.ca



MÉTIS NATION BRITISH COLUMBIA