A New Trail to Blaze:
Moving toward an Equitable Access to Healthcare in Urban Areas for Indigenous People

Position Paper presented to the

Government of Canada

As part of the development of a new
Indigenous Health Act

Regroupement des centres d'amitié autochtones du Québec (RCAAQ)

January 7, 2022
Wendake, Québec

REGROUPEMENT
DES CENTRES D'AMITIÉ
AUTOCHTONES DU QUÉBEC

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* This report was originally written in French and translated for your convenience

Preamble

This position paper is the contribution of the Regroupement des centres d'amitié autochtones du Québec (RCAAQ) to the development of Indigenous health legislation that the Government of Canada has committed to developing together with its First Nations, Inuit[a] and Métis Nation partners.

In July 2021, the RCAAQ began reviewing relevant documentation on the challenges experienced by Indigenous people living in or passing through urban areas. This process was combined with working sessions held both virtually and in person between July and December 2021 with RCAAQ member Centres, their staff and partners. As a result, the RCAAQ has been able to gather as much knowledge and expertise as possible and identify the main challenges and obstacles to accessing health services and improving and maintaining good living conditions.

Indigenous Elders from various nations also participated in the process. As bearers of knowledge and culture within the Quebec Native Friendship Centre Movement, they are a vital source of experience and wisdom.

On September 27, 28 and 29, 2021, the health and wellness event *Forum sur la santé et le mieux-être* was held, drawing over 65 participants from Indigenous, governmental and academic organizations. The goal was to work collectively toward establishing meaningful partnerships and clarify common directions, in order to give rise to informed reflection on Indigenous health and to the implementation of concrete actions. The participation of the Government of Québec and the Centres intégrés de santé et services sociaux (CISSS and CIUSSS) in the various regions has been and will continue to be essential to the current process.

We quickly realized that First Peoples living in or passing through urban areas are one of the most marginalized populations, even among the Indigenous population in Canada. Many inequalities persist in health service delivery, increasing the socioeconomic disadvantages of this urban population.

In light of statistics and trends that point to significant growth in the urban Indigenous population in the coming years, the Government of Canada now has an opportunity to redress a persistent injustice that would otherwise have devastating consequences for future generations: urban Indigenous people[b] must be considered a distinct community according to the distinctions-based approach.

[a] For consistency with the Inuktitut language, the word *Inuit* is used as a plural (the singular being *Inuk*).

[b] This population includes the Inuit and members of the First Nations and Métis Nation. However, the latter is less present in Quebec as no Métis group has, to date, received legal recognition in the province.

Summary

As part of the Government of Canada's consultation with Indigenous organizations as part of the development of the Indigenous Health Act, the Regroupement des centres d'amitié autochtones du Québec (RCAAQ) is submitting this position paper to outline its main recommendations.

In light of the findings and observations laid out in this paper, the RCAAQ makes the following recommendations, namely, that the Government of Canada:

1. Recognize the distinct needs of all Indigenous populations regardless of where they live;

2. Consider the RCAAQ and its national association, the National Association of Friendship Centres (NAFC), its preferred partner on urban issues in drafting the Indigenous Health Act so that the provisions of this Act fully take into account the realities of urban Indigenous people;

3. Establish a permanent bilateral mechanism to affirm its relationship and collaboration with the Native Friendship Centre Movement via the national association (NAFC);

4. Commit to an open dialogue to co-develop a work plan and priorities with the Native Friendship Centre Movement regarding health and wellness services within our service infrastructures;

5. Recognize the Native Friendship Centres as health and social service providers to urban Indigenous people; and,

6. Equip the network of Native Friendship Centres with resources for the implementation of an urban Indigenous governance and health service delivery model.

For the drafting of this Act, the RCAAQ and its individual Centres have identified four main priorities: accessibility, non-discrimination, quality of services offered, and funding, regardless of place of residence. The RCAAQ therefore recommends that:

7. The Act prioritize access to health and social service infrastructures to ensure physical, economic, informational, linguistic and cultural accessibility for urban Indigenous people;

8. The Act guarantee all Indigenous people access to all health and social services, on an equal basis and without discrimination; and

9. Stable, flexible and permanent funding be provided to Native Friendship Centres to develop health and social services within their infrastructures.

Presentation of the Regroupement des centres d'amitié autochtones du Québec (RCAAQ)

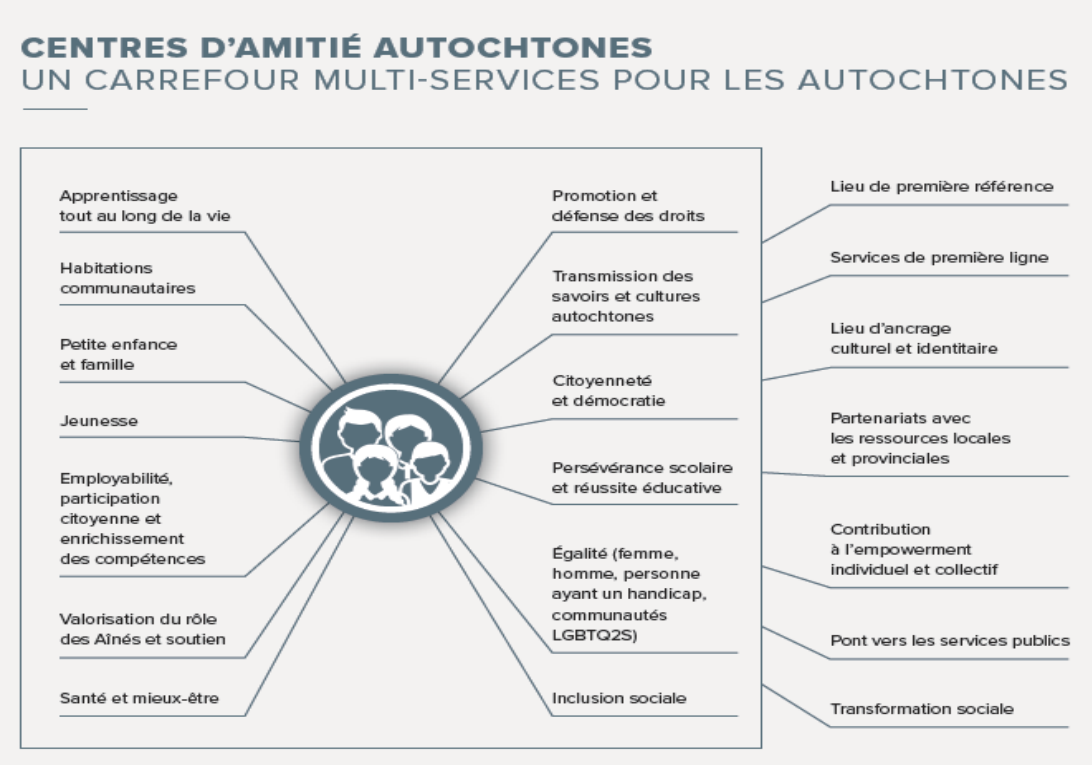
The RCAAQ is the provincial association of Native Friendship Centres that has been advocating for the rights and interests of Indigenous citizens in Quebec's cities for over 50 years, while actively supporting member Centres throughout Quebec. Ten Centres and one point of service are affiliated with the RCAAQ.

They serve Indigenous people living in or passing through the cities of Chibougamau, Joliette, La Tuque, Maniwaki, Montréal, Québec City, Senneterre, Sept-Îles, Shawinigan, Trois-Rivières and Val-d'Or. Native Friendship Centres throughout Canada are grouped in the National Association of Friendship Centres (NAFC). The RCAAQ implements innovative and proactive strategies to meet the needs of Indigenous people in cities. It also supports the development and implementation of province-wide projects and programs, while supporting the various Centres with strategic advice. For the RCAAQ, the autonomy of each Centre is essential, as it enables each organization to be locally grounded and offer the outreach services that Indigenous people need. The RCAAQ and the Friendship Centres are Indigenous, autonomous, democratic and non-partisan organizations. Created by and for Indigenous people, the Friendship Centres draw their agency from their expertise in the field and their in-depth knowledge of their communities.

In its provincial scope, the RCAAQ is a key partner of the Government of Québec on urban Indigenous issues and a central player for ensuring equity in service delivery to Indigenous people in cities. Supporting and contributing to the development of concrete solutions and public policies, the RCAAQ strives to better document the presence, needs and realities of urban Indigenous people through consultation, research and evaluation.

The Centres' mission is to improve the quality of life of urban Indigenous citizens, promote Indigenous culture and foster closer ties between peoples. Built around integrated and interrelated services, supported by a culturally relevant and safe approach, Friendship Centres are living environments where the cultural, community and social identity of urban Indigenous people can flourish. As such, they are true front-line service hubs created by and for urban Indigenous people. The Centres develop initiatives in collaboration with Indigenous, government and academic bodies across several action areas, including health, individual and collective wellness, early childhood, youth, rights and advocacy, social inclusion, community housing and much more (see graphic below).

In sum, the Friendship Centres' work revolves around an integrated and interrelated range of services, underpinned by a culturally relevant and safe approach and supported by a philosophy of individual and collective empowerment. Moreover, the services offered at the Native Friendship Centres are recognized as essential and priority services by the Quebec Ministère de la santé et des services sociaux (MSSS).



Lastly, the Indigenous people who use Centre services and who do not tend to use public services much, if at all, often have complex life trajectories; they face multiple challenges and their difficulties are multifaceted. It is often impossible to intervene on one aspect or family member alone; such conventional intervention approaches lead most often to repeated failure with this clientele. Innovative and novel approaches to intervention are crucial to breaking down the social inequalities that have persisted for decades. This is a challenge that the Centres have been devotedly tackling for almost 70 years in Canada.

Quebec Native Friendship Centre Movement

The active citizen involvement in the RCAAQ and the Centres brings the Quebec Native Friendship Centre Movement to life. The Movement's key focus areas are fit into an overall project of social transformation by and for urban Indigenous people. Established in Quebec for 50 years now, the Native Friendship Centre Movement is the largest infrastructure of services for Indigenous people in cities. In many regions of Quebec, the Native Friendship Centres promote cultural re-appropriation and the affirmation of identity—both essential for the full social participation of urban Indigenous people. They are essential places of action, citizen participation and solidarity for the urban Indigenous population. In this way, the Centres contribute to the social, community, economic and cultural development of their communities, drawing on innovative models of collaboration with various partners.

THE NATIVE FRIENDSHIP CENTRES: MULTI-NATION ORGANIZATIONS

The first Native Friendship Centres were founded by and for Indigenous people in the 1950s in Canada and in the late 1960s in Quebec. They were not created as a result of the Indian Act, and therefore are an example of genuine self-determination.

Found across Canada and Quebec, Native Friendship Centres are multi-service centres located in cities and serve an Indigenous clientele. In Quebec, this clientele comprises a large majority of First Nations and Inuit members. Thanks to their "open door" policy, Centres serve Indigenous people regardless of their status, nation, or place of origin or residence.

Our governance is based on collective and transparent decision-making that takes into account all of our cultural values and the diversity of urban Indigenous people. We uphold democratic governance that encourages and strengthens citizen participation. To this end, we promote concerted and collective action within the decision-making bodies of our governance, and train members in leadership. We promote the re-appropriation of individual and collective voices by fostering the emergence of an inclusive and committed Indigenous civil society (RCAAQ, 2019).

Native Friendship Centres are representative of and accountable to their members.

Section 1. TAKING OUR PLACE: An Overview of Urban Indigenous Peoples and the Current Situation in Health Services

A Provincial Overview

As in Quebec, the majority of First Nations peoples in Canada do not reside in the territorial communities.[c] Indeed, in 2016, 55.8% of this population lived in cities (Canadian Encyclopedia, 2018). This is a relatively new situation. In 2005, approximately 44% of First Nations people reported living off-reserve. This proportion increased during the years that followed, reaching nearly 50% in 2011. These statistics demonstrate the importance of offering services throughout Canada adapted to the needs of First Nations people living outside of their communities of origin.

In Quebec, Indigenous migration to cities has increased rapidly in recent years. According to the 2016 census,[d] more than 55% of First Nations members live in Quebec's urban areas and 15% of Inuit in Quebec live outside the Northern Villages of Nunavik (Statistics Canada, 2019). Between 2001 and 2016, the total First Nations and Inuit population officially residing in cities grew by 171.2% (38,065 people), which is about twice the annual growth of the population in the territorial communities (Lévesque et al., 2019).

The presence of First Nations members and Inuit in Quebec cities

- Over 55.6% of First Nations members permanently live in cities (Statistics Canada, 2016); this excludes those who are passing through on a short-, medium- or long-term basis.
- 15% of Inuit live outside of the Northern Villages of Nunavik (Statistics Canada, 2016).
- In the provincial overview *Urban Indigenous People and the Accessibility of Public Services*, out of 1,724 respondents, 94.2% were members of one of the ten First Nations in Quebec, while 2.4% were Inuit (RCAAQ, 2018).
- Montréal has a greater Inuit presence than other large Canadian cities (CIUSSS Centre-Sud-de-l'Ile-de-Montréal, 2020).
- It is estimated that more than 90% of those who use Native Friendship Centre services in Quebec are First Nations members and Inuit.
- Since 2016, the RCAAQ has supported the creation of four new Centres and a new point of service and it is currently supporting action by Indigenous groups seeking to form a Centre in their city. This is a testament to the growing needs in cities and the vitality of the urban Indigenous community in Quebec.

This population is extremely diverse: culturally, linguistically and demographically (age, gender, income, region of origin, family background, education, etc.). The Indigenous presence in Quebec cities far surpasses the number of Indigenous people who officially reside there, as Indigenous people may be in the city temporarily or simply passing through for various reasons. The most frequent reasons include for work, studies, specific services or to escape a difficult situation (RCAAQ, 2018). Moreover, in the most recent Quebec First Nations Regional Health Survey, six out of ten people reported having lived outside of their community—a significant increase compared to the 2008 data (FNQLHSSC, 2008 and 2018).

[c] In Quebec, the Indigenous territorial communities are the Northern Villages of Nunavik, the reserves defined in the Indian Act, and the lands under the Cree and Naskapi conventions.

[d] It should be noted that in Quebec, the First Nations and Inuit account for a very small proportion of the total general population (0.6%), which makes official population census methods ineffective in counting and representing them (as samples are too small to be representative in many cities).

In the city, Indigenous people often feel isolated from their family and community networks. Urban Indigenous realities therefore bring up specific challenges, with which the Centres are familiar, as they have been firmly established for several decades in many regions of Quebec. This expertise can also be seen across Canada, where the National Association of Friendship Centres (NAFC) runs programs that bolster the services and support offered to urban Indigenous people via the Native Friendship Centres.

ISSUES AND CHALLENGES IDENTIFIED

The urban Indigenous population

- High and growing demand for health services from First Nations and Inuit members
- Multiple and increasingly complex needs of the Indigenous population
- An increased demand for support that goes beyond health services, for example, community members without documents (RAMQ health insurance card, birth certificate, status card, etc.).
- Individuals with complex life trajectories and major barriers that limit their ability or motivation to access the health services they need
- Socioeconomic inequalities not only in comparison to the non-Indigenous population, but also by nation of origin

Public health services

- A high level of mistrust of and bad past experiences with public services, as well as low use of public services
- Difficulties encountered when the first or second language is English (not French) when trying to access—and understand—public services
- Shortcomings in support and interpretation services in Indigenous languages within public services
- Limited understanding of Indigenous realities among public service employees
- Time and energy invested in integrating and training health workers providing secondment services in the Centres so that these professionals adjust to the different realities and approach
- Lack of formal joint decision-making spaces, which would ensure adequate follow-up and linking of services developed collaboratively between the Friendship Centres and the public network
- Continued perseverance to maintain good collaborative relationships and ensure sustained funding

Recognition and inclusion

- Recognition of the essential role Native Friendship Centres play
- Legal recognition of the urban, hybrid or collaborative Indigenous governance models developed by Native Friendship Centres over the past 50 years in Quebec
- Legal and administrative recognition of alternative models of clinics and of secondment in professional health services within Native Friendship Centres (e.g. access to medical records, referrals, transfers, etc.)
- Governmental recognition of urban Indigenous realities

Strengthening the operational capacities of the Friendship Centres

- Little or no access to federal funding for health services for urban Indigenous populations
- Lack of funding for reception, appointment scheduling, care coordination, etc.
- Lack of clarity and sustainability in the funding of physical resources (equipment, materials, renovation and maintenance costs)
- Lack of funding to adapt or create infrastructure to provide health services
- Ability to measure the population-wide impacts of health services in a culturally relevant manner
- Development of management and intervention teams

Accessibility and Adequacy of Public Services for Urban Indigenous People

To better understand the realities, needs and concerns of urban Indigenous people in regards to their access to Quebec public network services, the RCAAQ conducted a large-scale survey in 2017 with more than 1,700 Indigenous people in 13 cities (RCAAQ, 2018). It is the largest urban Indigenous population sample to date in Quebec, and the data collected brings a better understanding of the relationship between urban Indigenous people and health services.

Key survey findings:

- More than 71% of respondents said they had been living in an urban area for more than a year and 49% for more than five years.
- 57% of respondents reported having been a victim of racism while seeking services in the Quebec health network.
- 25% have used public services for mental health assistance.
- 25% wanted help with an addiction, drug or alcohol problem.
- Respondents overwhelmingly stated that health and social services are “not adapted” to their values, culture and reality as Indigenous people.

The data included in the RCAAQ’s position paper on the relationship between urban Indigenous people and public services (RCAAQ, 2018) points to several conclusions:

- Despite their provision in all the cities in the study, health and social services are under-used by Indigenous people when this latter’s characteristics and needs are taken into account.
- Many Indigenous people are not aware of the public services available to them.
- Cultural and language barriers persist for a significant proportion of Indigenous people in their use of and access to public services.
- Given the high proportion of parents of young children, the difficulties and limitations faced by Indigenous adults in accessing public services can have both a short- and long-term negative impact on the lives of many Indigenous children.
- The high rates of victimization of Indigenous people and of their dealings with the legal system are troubling and reflect a significant divide between the Indigenous and non-Indigenous populations.
- The existence within the public service system of racism and discrimination against Indigenous people is undeniable and of great concern.

"Sometimes I don't understand a thing when doctors talk to me. I would like to have someone to go with me and explain it to me in my language, so that I understand."*

"How people approach me is important. I sometimes shut down quickly if the person is intimidating or makes me feel bad."*

"[…] we don't say we're Indigenous, because we're afraid we'll be looked down on by others in positions of authority."*

"We need services, but we are afraid to use them."*

* Excerpts from the Overview (RCAAQ, 2018).

Finally, the issue of systemic racism in healthcare has been widely discussed and studied in recent years (CERP, 2019; TRC, 2015). A National Association of Friendship Centres (NAFC) forum held in November 2020 outlined the specific issues faced by Indigenous people when receiving healthcare in urban areas. The forum highlighted that it is essential that the process be led by Indigenous organizations and communities to provide adequate services, address systemic racism and avoid tragic events, such as the death of Joyce Echaquan, which occurred at the Joliette hospital in September 2020.

Understanding the Health Status of Indigenous People in Quebec

Although Quebec's public health services are technically available in cities to all, many examples of the divide between the Indigenous and non-Indigenous populations persist in healthcare, even in 2021. Indeed, certain health and wellness issues disproportionately affect Indigenous people. To implement appropriate solutions that will truly improve the health of Indigenous people, whether these latter live in the communities or in urban areas, it is crucial to understand the health problems that affect Indigenous people and, when necessary, to develop services that are specific to their needs.

Here are a few health facts to clarify the situation.

Mental health

Mental health among Indigenous people is one of the most concerning yet least documented issues. In 2015, 13% of First Nations members had a psychological distress index ranging from moderate to severe. Among the diagnosed mental disorders, the most frequently reported are anxiety disorders (FNQLHSSC, 2018). Too often, these mental health problems lead to suicide. Since the early 1980s, rising suicide rates in some First Nations communities have become a major concern. Meanwhile, for several decades now, the Inuit of Nunavik have had a suicide rate that is six to seven times higher than the Quebec average. However, no data is available for suicide rates among First Nations people living in cities, even though they now make up more than half of the Indigenous population. The RCAAQ would like to underscore the usefulness of collecting in-depth data on this subject to develop necessary tools and offer appropriate support.

Addiction

Addiction is also a major problem among Indigenous people, and sometimes starts at a young age. The proportion of people who reported abusing alcohol at least once a month was 39% among the Eeyou (Cree) in 2003 and 67% among the Inuit of Nunavik. In 2015, this figure reached 56% among First Nations as a whole (CERP, 2019). Among the Innu in Quebec, the average age of initiation to alcohol is reported at 9.63 years (Cotton and Laventure, 2013).

Diabetes

Type-2 diabetes is a major public health issue for First Nations members (Tran & Lévesque, 2019). In recent decades, its prevalence has increased dramatically, leading to multiple related problems. In 2008, the prevalence of diabetes was three and a half times higher among the First Nations than in the greater Canadian and Quebec populations (FNQLHSSC, 2018). The disease is estimated to affect 25% of middle-aged Indigenous adults and 40% of Elders (FNQLHSSC, 2018). In addition, one in two people with diabetes have already experienced one or more complications related to their illness (FNQLHSSC, 2018).

Food insecurity

The nutrition issues Indigenous people face have long been criticized, especially in the territorial communities, but also in the city. “Nearly one-third of children (Pirkle et al., 2014) and 38% of women in Nunavik are iron deficient, a prevalence nine times higher than in the general Canadian population (Plante, Blanchet, & Turgeon O’Brien, 2007)” (as quoted in Gagné & Lévesque, 2019; translation). In urban areas, a significant proportion of Indigenous people face financial difficulties that are severe enough to affect their diet; these people must sometimes call upon the food assistance services provided by the Friendship Centres, where an increase in demand has been noted in recent years (Bergeron et al., 2015).

Obesity

Another health problem on the rise is obesity. Between 2002 and 2015, obesity among First Nations children aged 2–11 years increased from 29% to 44%; among adolescents aged 12–17 years this rate went from 16% to 28%, while it rose in adults aged 18 years and older from 35% to 44%. The combined rate of obesity and overweight is 81% among First Nations men and 78% among First Nations women (FNQLHSSC, 2008 and 2018). This is significantly higher than in the general Quebec population where, in 2015, the combined rate of overweight and obesity was estimated to be 61.3%, or 66.8% in men and 55.5% in women (CERP, 2019).

Right to housing

In Quebec, as elsewhere in Canada, Indigenous people are much more likely to live in substandard and/or overcrowded housing than non-Indigenous people, and this situation affects both those living in the territorial communities and in the city. For example, 12% of First Nations members living in Quebec’s urban areas live in housing in need of major repairs, a rate twice as high as among non-Indigenous people (Statistics Canada, 2016). In addition, the overrepresentation of Indigenous people among the homeless population in Canada is a known and documented problem: they comprise up to 10 times—in some places 20 times—their relative demographic weight (Lévesque et al., 2015). In 2013, it was estimated that 20% of homeless people in Montréal were Indigenous (Belanger et al., 2013).

Housing, as well as access to safe drinking water and adequate nutrition, must therefore be considered an important determinant of Indigenous health, including for those living in urban areas, since the scarcity of housing in cities is often insidiously compounded by racism and discrimination.

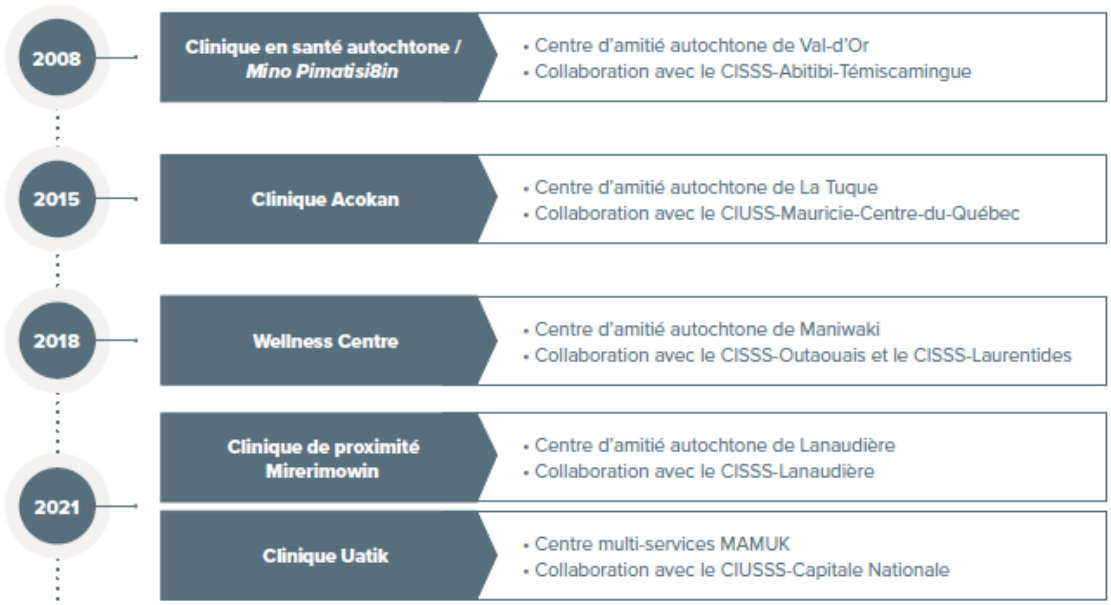
In light of these statistics, it is clear that urban Indigenous people have urgent and unmet needs in Quebec. It is important to find effective solutions so that urban Indigenous people receive the help and healthcare they need. Particular attention should be brought to bridge the gap that has widened over time in regards to services specific to Indigenous people living in cities. Indeed, it has been noted that the public services available to the general population do not adequately respond to the specific needs and realities of Indigenous people. Evidence has shown that until Indigenous-specific services are developed, Indigenous people do not have access to all the services they need in urban areas, which in turn perpetuates health disparities. Specific services in the city, such as those provided in the Friendship Centres, can break this vicious cycle and effectively address problems that have gone unresolved for decades.

Promising and Successful Models

For years, Native Friendship Centres have had to negotiate agreements on a piecemeal basis to provide health and social services to urban Indigenous people, despite being the most culturally relevant body to take on this task. It has been recognized and documented that simply adapting existing services to Indigenous people is not enough; instead, the very logic and vision behind these services must be revisited and specific new services that build on Indigenous expertise and know-how must be incorporated. Several significant examples can be seen within the Quebec Friendship Centre Movement.

For example, the *Clinique en santé autochtone* (formerly Minowé), an Indigenous health clinic founded in 2009 by the Val-d'Or Native Friendship Centre (VDNFC) in collaboration with the Centre intégré de santé et services sociaux de l'Abitibi-Témiscamingue (CISSS-AT), was designed to make front-line services more accessible to the urban Indigenous population in the region. Most recently, the model has been enhanced and improved to become Mino Pimatisi8in, which is an innovative response designed to renew the service selection, increase service accessibility, build wellness and improve the health status and living conditions of urban Indigenous people in the Vallée-de-l'Or region. Collaboration with CISSS-AT allows the Centre to provide direct access to front-line health and psychosocial services, including perinatal, early childhood, maternal and family services. It also provides services to preserve the cultural identity of children and adolescents under youth protection measures, as well as community-based services for the Indigenous population of all ages and genders (VDNFC, 2019).

Since the Minowé clinic was set up in Val-d'Or, four other Centres in Joliette, La Tuque, Maniwaki and Québec City have also developed local clinics or systems to provide professional health service secondment on their premises. These ventures are innovative models of collaboration and partnership between the Native Friendship Centre Movement and the public health and social services network in Quebec.



Friendship Centres: Promoting Indigenous Health

The greatest expertise of the Quebec Native Friendship Centres stems from our shared history, experiences and learning. The collaborative work between the individual Centres and the RCAAQ, along with the sessions we held as part of the process for this position paper, have allowed us to highlight the characteristics and strengths of the Centres in health and wellness for First Nations and Inuit members. The Centres

- welcome people in a way that fosters building trust,
- take a holistic approach that, to ensure balance, considers all aspects of a person's life,
- work in the moment, take enough time and respect the individual pace of the service users,
- hold expertise to understand the urban barriers Indigenous people experience and to draw on these perceptions as a way of pinpointing the challenges to be overcome in the public system,
- offer community living environments that are places of trust, solidarity and cultural security,
- give access to healthcare and local services in a familiar environment, where users can count on being surrounded by other Indigenous people, and
- take collective action that is underpinned by more than 50 years of expertise in Quebec and nearly 70 years in Canada.

QUEBEC NATIVE FRIENDSHIP CENTRE MOVEMENT: OUR VISION OF HEALTH

Indigenous health is rooted in a holistic conception of wellness, which seeks balance between a person's four dimensions: the physical, the emotional, the mental and the spiritual.

Health occurs when all aspects of a person's individual, family, community and professional life are in harmony. Knowledge, traditions and cultures are central to Indigenous health.

Section 2. RECOGNIZING: Existing and New Findings on Urban Indigenous Health

In recent years, many findings have shed light on the relationship between urban Indigenous people and health and social services in Canada and Quebec. The commissions that have studied the issue agree on certain key findings: provincial services for Indigenous people in urban areas are inadequate or insufficient and significant barriers impede their access. It has also been repeatedly demonstrated that Indigenous people living outside of the territorial communities are more affected by cultural, linguistic and social barriers (i.e. the discrimination caused by the stigmatization of the social issues affecting a significant proportion of Indigenous people) than those living in the communities. This section summarizes the situation.

Excerpts from the report of the Viens Commission

The Health System in Canada and Quebec[e]

For the most part, the authority to legislate in the healthcare system rests with the provinces, while the federal government provides financial support to implement these services. To qualify for this support, each province must meet the standards set by the federal government. This concept is based on the principle of universal healthcare in Canada, which allows all citizens to have access to the same health services, regardless of where they are in the country. The provinces, in this case Quebec, are therefore responsible for putting in place the laws and regulations that will allow the population to have equal access to all healthcare services throughout the province. This principle also authorizes First Nations Band Councils "to provide for the health of residents on the reserve," which is the case for most non-agreement Indigenous communities in Quebec.

However, there are some exceptions where the Quebec government is not responsible for the healthcare provided to the population. Non-Insured Health Benefits for First Nations members registered as "status Indians" and recognized Inuit living in urban areas are funded by the federal government. In addition, it is important to mention that some healthcare for children is provided under Jordan's Principle, which prioritizes the wellness of Indigenous children whether or not they live on-reserve. Its purpose is to ensure that the services provided to children take precedence over any payment conflicts between levels of government, including many health services.

In Quebec, the Centres intégrés de santé et de services sociaux (CISSS) and the Centres intégrés universitaires de santé et de services sociaux (CIUSSS) are the two main care providers within the public health and social services network, serving the population in the various regions. This network is composed of 34 institutions, plus 5 establishments serving northern and Indigenous populations, seven university-based institutions and a multitude of other organizations. The Quebec health and social services network has five main divisions: community services, hospital services, residential and long-term care services, childhood and youth protection services and rehabilitation services. However, in the province of Quebec, the organization and funding of services offered to Indigenous people differ according to their place of residence and their community's status as agreement or non-agreement communities. Furthermore, the services provided in the Quebec public network do not target the specific needs of Indigenous populations, thus accentuating the problem of access to adequate and quality healthcare for this clientele.

[e] This section is based on the Commission d'enquête sur les relations entre les Autochtones et certains services publics au Québec, 2019

Speech from the Throne and Mandate Letters

In an ongoing effort for reconciliation with Indigenous people and to provide a functional and adapted health system, the Government of Canada has provided its Minister of Indigenous Services a clear mandate since September 2020. On that date, the Speech from the Throne included a commitment to "Expedite work to co-develop distinctions-based Indigenous health legislation with the First Nations, Inuit and the Métis Nation, as well as a distinctions-based mental health and wellness strategy, and work with partners to address systemic racism in the healthcare system" (Office of the Prime Minister, 2021a).

In December 2021, new mandate letters were issued. In these letters, the Prime Minister called for the implementation of the *United Nations Declaration of the Rights of Indigenous Peoples* and for working in partnership with Indigenous people. As such, Patty Hajdu, the Minister of Indigenous Services, must "continue to address the profound systemic inequities and disparities that remain present in the core fabric of our society, including our core institutions" (Office of the Prime Minister, 2021b). To achieve this, public policy must be developed from an intersectional and inclusive perspective. **The mandate letter states that it will be essential to work with organizations that provide services tailored to the needs of urban Indigenous populations.** In the area of health, one of the goals is to implement Joyce's Principle and ensure that it guides the work of co-developing distinctions-based Indigenous health legislation. This will support health systems that respect and ensure the safety and well-being of Indigenous peoples.

Other ministers working with Minister Hajdu to support urban Indigenous populations include the Minister of Health, Jean-Yves Duclos, and the Minister of Housing and Diversity and Inclusion, Ahmed Hussen.

Joyce's Principle

The death of Joyce Echaquan on September 28, 2020, at the Centre Hospitalier de Joliette in Lanaudière near the Atikamekw community of Manawan was the spark that led to creating this principle.

Joyce's Principle aims to guarantee to all Indigenous people the right of equitable access, without discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health. Under Joyce's Principle, it is mandatory to acknowledge and respect traditional and living Indigenous knowledge in regards to health.

This tragic situation highlights the problems faced by Indigenous people in healthcare centres throughout Quebec and Canada. These events have reignited debate on the equity of healthcare being provided based on race, colour, gender, language, ethnicity, health status, place of residence and many other variables. The healthcare offered must be the same for the entire population. (Joyce's Principle, 2020)

The United Nations (UN)[f]

In referring to the Government of Canada's commitment to implement the *United Nations Declaration on the Rights of Indigenous Peoples*, it is relevant to note that this charter merely confirms fundamental human rights—which are already recognized in several international texts—and requires Canada to respect and implement formal international obligations, including those contained in the *International Covenant on Economic, Social and Cultural Rights*.

[f] Our emphasis in this section.

This is the international legal framework into which we believe the proposed Indigenous Health Act fit. In its General Comment No. 14, the United Nations Committee on Economic, Social and Cultural Rights recalls that (Committee on Economic, Social and Cultural Rights, 2000):

- Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

- It is a comprehensive right, encompassing not only the provision of timely and appropriate healthcare, but also the underlying determinants of health such as access to safe and potable water and adequate sanitation, access to sufficient and safe food, nutrition, housing, safe and healthy working and living conditions, and access to health-related education and information, including sexual and reproductive health.

- Another important aspect is the participation of the population in all health-related decisions at the community, national and international levels.

With respect to Indigenous Peoples, the Committee further elaborates on this right, stating that:

- The Committee considers that Indigenous Peoples have the right to specific measures to improve their access to health services and care.

- These health services should be culturally appropriate, taking into account traditional preventive care, healing practices and medicines.

- States should provide resources for Indigenous Peoples to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health.

- The Committee notes that, in Indigenous communities, the health of the individual is often linked to the health of the society as a whole and has a collective dimension.

- In this respect, the Committee considers that development related activities that lead to the displacement of Indigenous Peoples against their will from their traditional territories and environment, denying them their sources of nutrition and breaking their symbiotic relationship with their land, has a deleterious effect on their health.

This shows that the participation of Indigenous Peoples—including those living in urban areas—is essential to decision-making and the development of health laws, policies, programs and services, and that it is Canada's responsibility to ensure their implementation.

With the adoption of the *United Nations Declaration on the Rights of Indigenous Peoples* in 2017, international law was enriched with principles specific to the right to health of Indigenous Peoples. Thus, it is relevant to quote them here at length (UN, 2007):

Article 21.1

Indigenous Peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

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.

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.

Article 29.3

States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of Indigenous Peoples, as developed and implemented by the Peoples affected by such materials, are duly implemented.

The UN Committee on Economic, Social and Cultural Rights is of the opinion that the State must respect, protect and fulfil the right to health. To do so, the State has the obligation to adopt the necessary legislative, budgetary and other measures to ensure healthcare is fully operational. However, the State must also ensure that it does not deny or diminish equal access of all people (including minorities), nor must it create discriminatory measures and practices.

Lastly, the latest study by the Special Rapporteur on the Rights and Freedoms of Indigenous Peoples, submitted to the 2021 session of the UN General Assembly, agrees with this statement, stressing that:

> "In the cities, local associations serving Indigenous people are leading the effort, very often with little or no government support. (...) It is the responsibility of States to ensure respect for the individual and collective rights of Indigenous Peoples, regardless of their place of residence" [translation].

From this perspective, the Special Rapporteur concludes that it is the responsibility of the State to fulfil its international obligations, by ensuring (Calí Tzay, 2021):

- "The participation of urban Indigenous Peoples in decision-making on services dedicated to their socioeconomic needs and to preserve and strengthen their institutions;
- The adoption of effective and appropriate measures for Indigenous populations, particularly women and girls, to access healthcare. "

In this context, we agree with the Committee on Economic, Social and Cultural Rights and the Special Rapporteur on the Rights of Indigenous Peoples: the State, in this case Canada, should provide Indigenous Peoples with the resources to design, control and deliver their own services—tailored to their needs, practices and including the use of traditional medicines—regardless of their place of residence.

Truth and Reconciliation Commission of Canada

In 2015, the Truth and Reconciliation Commission tabled its report containing 94 recommendations to facilitate reconciliation with Indigenous Peoples in Canada. One of the calls to action relates specifically to urban Indigenous healthcare and the improvements that can be made (TRC, 2015):

> **Call to Action 20**: In order 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.

One of the key elements that was identified is the importance of providing adequate and appropriate healthcare services both to those living in and outside the communities. It is also critical to ensure self-determination by Indigenous Peoples regarding the healthcare available to them (TRC, 2015).

National Inquiry into Missing and Murdered Indigenous Women and Girls

In June 2019, the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMIWG) was tabled. Its findings reaffirm that services and solutions must be led by governments, organizations, and Indigenous Peoples with reference (excerpt p. 193) to Articles 3 and 4 of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) (NIMMIWG, 2019).

> Article 3 of the UNDRIP: Indigenous Peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.
>
> Article 4 of the UNDRIP: Indigenous Peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.

The final report of the NIMMIWG regularly refers to the urban realities experienced by Indigenous women, as illustrated in the following passage:

> "Despite their attempts at making a better life in a larger city, Indigenous people living in urban centres experience greater health inequities than those living on-reserve" (NIMMIWG, 2019).

One of the calls for justice mentions the issue of equity in health service regardless of status and residency (NIMMIWG, 2019):

> Call to Justice 3.6: We call upon all governments to ensure substantive equality in the funding of services for Indigenous women, girls, and 2SLGBTQQIA people, as well as substantive equality for Indigenous-run health services. Further, governments must ensure that jurisdictional disputes do not result in the denial of rights and services. This includes mandated permanent funding of health services for Indigenous women, girls, and 2SLGBTQQIA people on a continual basis, regardless of jurisdictional lines, geographical location, and Status affiliation or lack thereof.

Urban Indigenous Governance: Native Friendship Centres as a Model for Self-determination

As part of a seminar on Indigenous self-determination organized by the non-governmental organization Rights and Democracy, the former UN Rapporteur on the Rights of Indigenous Peoples, Rodolfo Stavenhagen, mentioned that the right to self-determination can be considered through a constructivist lens rather than from a legal perspective. For Stavenhagen, the right to self-determination must be understood "as a right of Peoples rather than a right of States, as a right of communities organized in a certain way (...) using the term Peoples in its sociological and cultural sense" [translation]. He adds that "if we want to build a new type of international system for the right of Indigenous Peoples to self-determination, we must begin by defining the concept of 'Peoples' itself. If this can be done, then it will be easier to accommodate the interests of States and the rights of Peoples" (Rights and Democracy, 2002; translation).

By understanding the concept of the right to self-determination in this way, we understand that Native Friendship Centres are a model of self-determination in urban settings.[g]

Throughout the world, "Indigenous Peoples have been able to use what they consider their right to self-determination to establish autonomous communities based on local political and demographic realities." They have made use of several options to take control of their destiny.

In the negotiations within the Working Group on the UN Declaration on the Rights of Indigenous Peoples, throughout the discussions on self-determination, Indigenous people expressed their various conceptions of this right and how it operates in their respective communities and societies. For some, it may be regional autonomy agreements, and for others, it means collectively taking control of their future in urban areas through functional rather than territorial autonomy (Permanent Forum on Indigenous Issues, 2020).

Report of the Public Inquiry Commission on Relations between Indigenous Peoples and Certain Public Services in Québec

In 2019, the Public Inquiry Commission on Relations between Indigenous People and Certain Public Services in Québec: Listening, Reconciliation and Progress (hereafter referred to as CERP or the Viens Commission) released the report submitted to the Government of Québec after 19 months of investigation and the collection of 765 testimonies. In particular, it is reported that access to quality healthcare services is much more difficult for Indigenous Peoples. Five main reasons for this discrepancy are explored (CERP, 2019):

1. **Cultural barriers:** There is a significant gap between the Western view of healthcare services and the Indigenous view. Western thinking, particularly in relation to mental health, relies on biomedical standards and individual patient approaches, whereas for Indigenous people, health is about achieving balance and cohesion, sustained and strengthened by family, friends, community and nation. The needs of Indigenous people are therefore not met by public healthcare standards, leading to a difficult relationship between the system and Indigenous people. As a result, the health system is under-used by Indigenous people.

2. **Difficulty of access to services:**
    a. In the communities, these problems stem from the lack of access to services, the lack of data on the specific needs of Indigenous people, and problems with drugs, addiction and suicide.

[g] Here, it is relevant to refer to articles 3, 4, 9, 18, 33 and 34 of the *United Nations Declaration on the Rights of Indigenous Peoples*, which provides, among other things, for the right to self-determination of peoples including the right to self-governance in their internal affairs and the right to live in a community, to choose their representatives and to establish their own institutions

b. In urban areas, similar issues echo those of the communities, including discriminatory practices in patient care and gaps between the services offered and the needs and values of the Indigenous population. Homelessness is a significant problem facing the Indigenous population outside the communities, particularly in the Montréal area. Many initiatives exist to address this problem, but it remains important to continue to support the work of community organizations and their staff.

3. **Complex shared jurisdiction:** This complexity leads to administrative red tape, which in turn makes it difficult to navigate within services. There is virtually no collaboration between community-based services and the provincial system, which results in Indigenous authorities being unable to deal with their members effectively. Obtaining a health insurance card, accessing medications, accessing non-emergency medical transportation, and accessing local healthcare are all made more complex by shared jurisdiction.

4. **Human resources management issues:** The main problem that persists is the difficulty of recruiting workers and professionals to work in remote areas, while training is also lacking for those who do go or who are already in the field. For Indigenous people, the relationship of trust with care providers is very important, and turnover complicates this relationship. It is also difficult to recruit Indigenous professionals because of the level of education required. In addition, when Indigenous staff do manage to obtain the necessary qualifications for such jobs, they face a significant wage and benefit inequity compared to non-Indigenous staff.

5. **A failing complaint system**: Problems with the complaint system exist at three different levels: Indigenous people are not always aware of the procedures and measures available to them; the results obtained from filing a complaint are often unsatisfactory; and fear of reprisals. In several cases, well-founded complaints have been filed by patients but no action has been taken to rectify the situation. To partially address this issue, one option would be to hire a complaints commissioner who speak the language.

Ending Discrimination against Indigenous People Living in or Passing through Urban Areas

First Nations and Inuit living in or passing through urban areas in Quebec face many barriers to accessing equitable, safe and relevant healthcare. The RCAAQ believes that Canada's decisions to exclude Indigenous organizations providing front-line urban services—such as Native Friendship Centres—from access, management and funding violate section 15 of the Canadian Charter of Rights and Freedoms and as such these decisions cannot be justified under this Charter. In addition, the distinctions-based approach used by the Government of Canada cannot be applied to urban First Nations people because it is fundamentally discriminatory to them.

Equality rights protected by the Canadian Charter of Rights and Freedoms – Violation of section 15

Section 15(1) of the Charter states:

> **15.** (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Section 15(1) reflects a profound commitment to promote equality and prevent discrimination against disadvantaged groups.[1]

The focus of section 15 is therefore on laws that draw discriminatory distinctions—that is, distinctions that have the effect of perpetuating arbitrary disadvantage based on an individual's membership in an enumerated or analogous group.[2]

In *Corbiere v. Canada (Minister of Indian Affairs and Northern Development)*, the Supreme Court of Canada considered a challenge to provisions of the Indian Act that limited to on-reserve residents the right to vote for the chief and council of an Indian Band. One of the central issues was whether off-reserve residency, what the Court called "Aboriginality-residency (off-reserve Band member status),"[3] was an analogous ground of discrimination that would be suspect when used by the government as a basis for making laws or creating programs. The Court unanimously ruled that the "Aboriginality-residence" factor was a ground of discrimination[4] and that off-reserve Band member status must "stand as a constant marker of suspect decision-making or potential discrimination."[5] Since this ruling, laws or government programs that make distinctions on the basis of off-reserve Band member status are suspected of prohibited discrimination.

Indigenous people off-reserve: victims of persistent systemic disadvantage

Supreme Court decisions recognize that Band members living off-reserve are part of a "discrete and insular minority" defined by both race and place of residence, who are vulnerable, and who have not always been accorded equal respect or consideration by the government or others in Canadian and Indigenous societies. The views and needs of Indigenous people living off-reserve are not always taken into account by policy makers; living off-reserve means these Indian Band Council members suffer particular disadvantages compared to those who live on-reserve. They live apart from communities to which many of them feel a sense of attachment. As a result, they are faced with racism and culture shock, as well as difficulties in maintaining key aspects of their identity.[6]

Building on the work of the Royal Commission on Aboriginal Peoples (RCAP), Supreme Court of Canada decisions recognize that Indian Band members living off-reserve suffer from "persistent systemic disadvantages."

In this context, section 15 of the Charter is intended to prevent the Government of Canada from designing programs or enacting legislation, such as those discussed here, that perpetuate the "persistent systemic disadvantages" suffered by Band members living off-reserve.

Canada's decision to entrust control of healthcare to the Band Councils and its results

Canada allocates $5.426 billion to Indigenous Services Canada for health and social services.[7] Of this amount, $2.402 billion is contributed to First Nations and Inuit for primary healthcare ($1.224 billion), First Nations and Inuit health infrastructure support ($0.845 billion) and supplementary health benefits ($0.333 billion). By contrast, only $50.1 million is contributed to urban programs for Indigenous people, and only a portion of this is intended for urban health.[8] These figures were drawn from the Main Estimates of Canada. Additional funding increases these figures, bringing the total federal health spending for First Nations and Inuit for 2018–2019 closer to $4 billion.[9]

In Quebec, 44.4% of Band members live on-reserve.[10] Almost all of these Band members receive primary healthcare services from their Band or Tribal Council. Canada has allowed Bands and Tribal Councils to take control of the delivery of healthcare in their communities and most have done so. Health Canada has signed funding agreements with Bands and Tribal Councils that foresee that these latter manage the Indigenous health system and receive funding from Canada to do so.

These agreements generally provide for two types of funding: a flexible transfer payment consisting of lump sums based on the number of members residing in the community, among other criteria, and a contribution payment to reimburse actual expenses incurred.[11] Canada transfers approximately $156 million to Band Councils in Quebec through these agreements.[12] With this authority, Band Councils provide healthcare to Band members in community facilities.

Most Band Councils limit health services to their members who live on-reserve, and even where this limitation is not clearly stated, it effectively and logistically applies to members who live nearby their community of origin.

Canada funds Band Councils to provide a range of enhanced services on-reserve, including: "maternal health, infant health, preschool health, school health, senior health and mental health. Services provided generally include vaccination; birth planning; health education and nutrition; alcoholism, smoking and drug addiction prevention; infectious disease control and other general clinic services, including the control of cardiovascular disease, hypertension and diabetes; and nursing care and personal home care." [13]

The Government of Canada funds some reserves, particularly those with the largest populations, to provide services through a home care program, including physiotherapy, occupational therapy and oxygen therapy.

Even in cases where the Band allow its members living off-reserve to access services or enhanced services provided on-reserve, distance, transportation, time and logistical issues make this impractical. Therefore, in practice, time and distance make these services inaccessible to Band members living off-reserve, even when Bands permit such access.

The 55.6% of Band members who live off-reserve in urban areas in Quebec receive health services through the universal healthcare services and programs that Quebec offers to provincial residents. Via its Health Integration Fund, Canada provides approximately $5–6 million to Indigenous organizations, including those off-reserve, for this population.[14]

The Health Services Integration Fund (HSIF) is an initiative supporting collaborative planning and multi-year projects aimed at better meeting the health-care needs of First Nations and Inuit.

Through HSIF, Indigenous Services Canada is working with other provincial, territorial and First Nations and Inuit organizations to

- improve the integration of federally-funded health services in First Nations and Inuit communities with those funded by the provinces and territories,
- build multi-party partnerships to advance health service integration,
- improve First Nations and Inuit access to health services, and
- increase the participation of First Nations and Inuit in the design, delivery, and evaluation of health programs and services.

(Government of Canada, 2020)

The HSIF does not provide any funding for the provision of direct health services to Indigenous populations.

Most of the time, members with Indian status who are temporarily or permanently living off-reserve must rely on the universal healthcare services (i.e. available to the entire population of Quebec). These are not tailored to Indigenous people or culturally appropriate for their needs or realities. As noted, the RCAP, TRC, NIMMIWG and Viens Commission have all described a series of problems Indigenous people experience when accessing universal healthcare in urban areas. In many cases, these result in off-reserve Band members receiving substandard healthcare or none at all. For this reason, RCAP has insisted that "Aboriginal service institutions should be seen as long-term responses to the needs of urban Aboriginal people."[15] Furthermore, it specifically mentioned Friendship Centres as the most suitable and appropriate organizations to provide services to Indigenous people. Friendship Centres would like to provide these services in an Indigenous-specific and culturally appropriate manner, but the Government of Canada has so far denied them the funding to do so.

As confirmed by the relevant case law in similar situations, Canada's decision to exclude urban Indigenous organizations from the management and delivery of healthcare to First Peoples in cities in Quebec constitutes both direct and indirect discrimination. Both on paper and in effect, this decision creates a distinction based on off-reserve Band status. It also denies certain benefits in a way that reinforces, perpetuates or exacerbates the disadvantages Band members experience when they live off-reserve.

Disparity in funding based on place of residence

Canada's decision to grant authority for the management and control of Indigenous healthcare to Band Councils in Quebec, and to deny this authority to Indigenous people living off-reserve and their representative service organizations, creates a distinction based on Indigenous residency ("off-reserve Band member status"). Organizations located on-reserve benefit from local community control (or management rights) over the greater part of the federal Indigenous healthcare system, and they receive federal transfers to enable them to exercise this control. This advantage is not available to off-reserve Band members and Native Friendship Centres have insufficient funds to exercise it. This discrimination in funding amounts to a near total deprivation of necessary and culturally appropriate healthcare for more than half of Band members living off-reserve.

Enabling Native Friendship Centres to provide services equivalent to those offered on-reserve would enhance off-reserve Band members' ability to develop their communities.

The Viens Commission demonstrated how Native Friendship Centre users do not receive the public network services they want or need, a situation Viens criticized as discriminatory.[16] Denying off-reserve Band members local control of healthcare services via the Native Friendship Centres is a significant barrier to the development of their communities, for a group that is already heavily discriminated against.[17]

The Truth and Reconciliation Commission came to similar findings and offered this explanation for why urban Indigenous people are disadvantaged: "Jurisdictional disputes have particularly affected (…) urban Aboriginal people, as the federal government insists that providing services to these groups is a provincial and territorial responsibility."[18]

To address this problem, the TRC specifically called on the Government of Canada to take action to remedy the unequal situation of Indigenous people living off-reserve:

> **Call to Action** 20: In order 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.[19]

All these commissions have produced findings and drawn conclusions that are consistent and unanimous. Their results are also consistent with the Supreme Court of Canada's conclusions regarding the condition of Indigenous people living off-reserve.

Canada's decisions regarding local community control and funding of Indigenous health services are responsible for the substandard health services off-reserve Band members receive. It is notable that both federal and provincial commissions concur that Canada's decisions have increased the gap in health status and health services between Band members living on- and off-reserve.

Providing the RCAAQ and its member Native Friendship Centres with the necessary financial resources

In its 1996 Final Report, the Royal Commission on Aboriginal Peoples (RCAP) drew attention to the situation of Indigenous people living in the city: "Government funding for urban Aboriginal services has not kept pace with the growth of the urban Aboriginal population." [20] This is all the more true today.

The RCAP also explained why services designed for the general population were inappropriate for urban Indigenous people. Such services, the RCAP noted, are provided in organizations that have not trained their non-Indigenous workers on providing culturally appropriate services that are sensitive to Indigenous realities. The Viens Commission came to the same conclusions.

The RCAP emphasized that:

> "In urban areas with a sufficiently large Aboriginal population, service delivery by Aboriginal institutions should be promoted by continuing to develop existing institutions and by supporting new initiatives. (…) Aboriginal service institutions should be seen as fundamental to service delivery, not as discretionary initiatives. "[21]

The RCAP indicated that the most important Indigenous service organizations were the Native Friendship Centres, who play a unique role in "attempting to meet the needs of Aboriginal people in cities." The RCAP goes on to state that:

> "Friendship Centres are already experienced in program innovation and development and in delivery mechanisms appropriate to particular urban communities. Despite a poor funding base and overextended resources, Friendship Centres have become known for their culturally sensitive, efficient and effective service provision. Friendship Centres and similar urban institutions could act as single-window agencies to serve Aboriginal residents under the current system (…)." [22]

Friendship Centres have an extensive history of providing cultural programming and have long been the most effective urban resource in this regard. They also provide social contacts, information and services. For many urban Indigenous people, a Centre is at the heart of their urban Indigenous community.[23]

In addition, according to the RCAP, "Friendship Centres have generally been more successful than other Aboriginal institutions in meeting the needs of Aboriginal people in urban areas." The Centres have indeed been responsible for "a wide range of positive achievements for Aboriginal people." They "have taken a lead in developing holistic services based on Aboriginal values, beliefs and practices (…)." It goes on to say that "evaluations of Friendship Centres consistently conclude that Aboriginal people feel more comfortable participating in Centre activities than in activities of non-Aboriginal agencies."[24] The RCAP therefore concludes that "The federal government should recognize the important role of Friendship Centres and provide sufficient resources to enable them to fulfil this community development function." [25]

The Constitution requires Band members living outside the communities be treated equally, not only by federal and provincial governments, but also by Indigenous governments.

The RCAP and other commissions have identified many ways in which Canada could pursue its goal of fostering Indigenous self-government by transferring the administration of services to Indigenous governments while protecting the equality rights of Band members living off-reserve. One of RCAP's recommendations was to strengthen and fund the Native Friendship Centres so that these later can provide healthcare services to urban Indigenous populations. The RCAP considered provision of necessary services for urban Indigenous people to be "fundamental" and "non-discretionary," because the services needed by urban Indigenous people were "the most important issue," with Friendship Centres being best placed to meet these needs.

Strengthening the capacity of Native Friendship Centres and providing them with sufficient resources to meet the health needs of urban Indigenous people is not only a credible alternative, it is considered essential by the Canada and Quebec Commissions, as well as the Supreme Court of Canada.

Section 3. TRANSFORMING: Urban Indigenous Health Needs and Priorities for Action

Native Friendship Centres are attuned to the needs of Indigenous people and are able to develop appropriate services for the urban Indigenous population. In the last few pages, we have reviewed several statistics, as well as the recommendations of the various committees and commissions that have dealt with Indigenous issues in recent years. For its part, the RCAAQ is keen to emphasize the importance of the culturally relevant and safe approach within local initiatives, which improve urban Indigenous people's access to health and social services, while reducing the social inequalities they experience. The idea is not to create a separate network, but rather to build on the Friendship Centres as providers of services to Indigenous people. In this way, they can complement the public network, using the existing infrastructures of the Friendship Centres to ensure that Indigenous people have access to adequate health and social services, and that they can be supported in a culturally safe manner.

The Centres' various initiatives act positively on the determinants of health by developing programs, services and activities to reduce the vulnerability factors present among urban Indigenous people. Their constructive and innovative initiatives strengthen the four dimensions of the Indigenous Medicine Wheel—the spiritual (soul), the mental (mind), the emotional (heart) and the physical (body)—and therefore reinforce the holistic health of Indigenous people in a way that is line with the recommendations and calls to action of the Truth and Reconciliation and the Viens commissions. The range of health and social services offered at Friendship Centres is provided in a culturally safe space, free of racism and discrimination.

Well-being and Indigenous Health: Improving the Health Status and Living Conditions of Urban Indigenous People in Quebec through Indigenous-specific Approaches and Practices

The Native Friendship Centres work day in and day out to create a continuum of culturally relevant and safe health and social services to narrow health and social gaps. They work on prevention, intervention and follow-up. As part of this approach, they prioritize the following elements:

- Strengthening the provision of safe front-line services[h] for individuals and their families
- Supporting individuals and families in all areas of their lives to promote wellness
- Promoting health from an Indigenous perspective of individual and collective wellness
- Raising awareness of Indigenous realities among workers in the health and social services network
- Linking with local services and resources and developing partnerships
- Fighting racism and discrimination
- Fighting poverty and social exclusion
- Strengthening cultural identity

[h] Non-exhaustive list of front-line services offered by Native Friendship Centres in Quebec: Routine health and social services, perinatal services, disease prevention, health promotion, chronic disease management, screening, local services, mental health services, psychosocial services, and addiction services.

Guiding Principles and Values

Various values and fundamental principles emerged from the data gathered during the engagement sessions. These are suggested to guide the development of the Indigenous Health Act and the relationship between the Native Friendship Centre Movement and the Government of Canada.

- **Community:** The capacity of Indigenous communities to organize and develop solutions to social issues according to their own realities. Via citizen participation, Indigenous people express their needs to work toward individual and collective wellness. Excellence in the delivery of care and services must be achieved through increased knowledge of the specific needs in the field and effective mechanisms for continuous improvement of service delivery.

- **Systemic:** A holistic approach with the power to influence the system across the board, with the goal of reducing negative impacts on Indigenous populations by facilitating access to front-line care and services. Innovation and collaboration are necessary foundations to working to create public policy and to change practices. A systemic approach facilitates the implementation of sustainable solutions within the network, which will have both qualitative and quantitative impacts.

- **Social innovation:** A process that aims to reflect on and develop new solutions in unconventional ways, with a focus on approaches and services that respond more adequately and sustainably to Indigenous needs. Social innovation creates systemic change and involves the commitment of many partners.

- **Cultural security:** The process of ensuring social and cultural security is one of affirmation, transformation and reconciliation intended to reduce the gaps and inequalities that exist between the Indigenous population and the greater Canadian and Quebec populations in health and other areas. It recognizes the legitimacy of Indigenous social and cultural difference. It takes into consideration the lasting effects of colonization and systemic racism, as well as resulting intergenerational trauma. It proposes a response to the power imbalance that exists between the dominant society and Indigenous people. The process goes beyond individual adjustments to the services or support offered: for the necessary systemic changes to be made, cultural security must involve public and governmental institutions as well as Indigenous people. This approach also reflects Indigenous people's collective and community desire for transformation and social innovation. It aims to reduce inequalities, it is based on the founding principle of social justice, and above all, it is part of a clear and legitimate intention of political and identity affirmation and of Indigenous governance (Lévesque, 2017).

- **Self-determination:** The right to self-determination is the re-appropriation and application of traditional knowledge by Indigenous groups, communities and organizations united around a common objective, namely, the social, cultural and economic development of their communities. Self-determination is Indigenous peoples' right to act for their own self-fulfilment, enjoying autonomy in their mode of operation and governance.

- **Indigenous agency:** Agency, or the power to act, is one of the essential principles of the movement and struggle of Indigenous peoples to achieve autonomy and community wellness. It involves individual and collective processes that strengthen the capacity and confidence people need to shape their own futures, propose their own solutions and bring about the world they wish to see.

- **Respect and recognition:** True recognition requires an understanding of historical inequalities and their negative impacts, particularly in terms of the health of urban Indigenous people. It is crucial to understand, respect and recognize the distinctive approaches, expertise, values, know-how and life skills that are part of Centres' capacity for innovation. It is equally important to respect and recognize the existence in Canada of distinct urban communities made up of First Nations, Inuit and Métis people, who have their own realities and histories. Urban Indigenous organizations must be acknowledged as communities with the means to meet their specific needs.

Positive Impacts on the Well-being of Urban Indigenous Populations

An Indigenous Health Act that adheres to the guiding principles and values suggested above and is inclusive and non-discriminatory for urban Indigenous populations would be significant progress in improving the living conditions of Indigenous people in Canada. Investing in health for prevention, intervention, healing and support is also a way for Canadian society to progress and correct many of the mistakes of the past.

Improving the quality of life of Indigenous people living in or passing through cities will have direct positive impacts, including:

⇒ Improving the daily lives of Indigenous women and ensuring their safety
⇒ Improving families' wellness and strengthening their power to act
⇒ Protecting the cultural identity of Indigenous children and youth
⇒ Strengthening pride in identity among Indigenous populations
⇒ Increasing Indigenous people's access to the services they need
⇒ Allowing more Indigenous people to join the workforce
⇒ Fostering the perseverance and educational success of Indigenous youth
⇒ Ensuring greater access to culturally safe environments for Indigenous people
⇒ Increasing collaboration between Indigenous and non-Indigenous settings in terms of access to health services
⇒ Reducing systemic racism in public networks

Section 4. RECONCILING: Recommendations

In light of the statistics, the findings of the various reports and its own views, the RCAAQ makes the following recommendations, namely, that the Government of Canada:

1. Recognize the distinct needs of all Indigenous populations regardless of where they live;

2. Consider the RCAAQ and its national association, the National Association of Friendship Centres (NAFC), its preferred partners on urban issues in drafting the Indigenous Health Act so that the provisions of this Act fully take into account the realities of urban Indigenous people;

3. Establish a permanent bilateral mechanism to affirm its relationship and collaboration with the Native Friendship Centre Movement via the national association (NAFC);

4. Commit to an open dialogue to co-develop a work plan and priorities with the Native Friendship Centre Movement regarding health and wellness services within our service infrastructures;

5. Recognize the Native Friendship Centres as health and social service providers to urban Indigenous people; and

6. Equip the network of Native Friendship Centres with resources for the implementation of an urban Indigenous governance and health service delivery model.

For the creation of this Act, the RCAAQ and its member Native Friendship Centres have identified four main priorities: **accessibility**, **non-discrimination**, the **quality** of services offered, and **funding**, **regardless of place of residence**.

In general, the available data show that Indigenous people are not aware of, and therefore under-use, the services offered by the Quebec health and social services network. Urban Indigenous people must have access to service infrastructures that are both local and accessible. From this perspective, the initiatives developed by the Friendship Centres must be taken as an example and supported by the Government of Canada to encourage Indigenous people to access health services, ensuring that:

7. the Act prioritize access to health and social service infrastructures to ensure physical, economic, informational, linguistic and cultural accessibility for urban Indigenous people.

Many Indigenous people fear the discrimination they will face once they enter the non-Indigenous healthcare system. They fear being denied access to healthcare based, for example, on their race, colour, gender, language, political opinion, disability, health status, sexual orientation or place of residence. There is also a fear of stigmatization due to social realities that disproportionately affect Indigenous people, such as poverty, mental health problems, drug and alcohol addiction, dealings with the legal system, birth rate, etc., which creates another barrier to accessing health services. In line with the both the recommendations of the various commissions and with Joyce's Principle, these kinds of discrimination need to be eradicated so that equal services can be offered to all citizens.

Indigenous people deserve to receive services that take their cultures, languages and beliefs into account. However, the healthcare system must also provide the necessary equipment as well as competent and recognized professionals. This is an essential element that will make it possible to consolidate the public offer of healthcare and social services. In turn, this will concretely reduce the gaps and disparities in the health and social services Indigenous and non-Indigenous people receive. It will also help restore Indigenous people's confidence in the services provided that:

8. the Act guarantee all Indigenous people access to all health and social services, on an equal basis and without discrimination.

Finally, flexible, stable and permanent funding must be provided to Native Friendship Centres so that they can provide effective programs and services as part of adequate infrastructures. With the continued growth of the urban Indigenous population, and the increasing complexity of the challenges they face, funding is key to ensuring the success and sustainability of projects that will provide this population with access to a fair and equitable healthcare system. Therefore:

9. stable, flexible and permanent funding must be provided to Native Friendship Centres to develop health and social services within their infrastructures.

Conclusion

This position paper has clearly demonstrated that the realities of urban Indigenous people are multifaceted and thus complex. As a result, it is now more important than ever to provide culturally safe services to Indigenous people living in or passing through cities. Undoubtedly, the Native Friendship Centres contribute positively to the strengthening and diversification of the service offer for urban Indigenous populations. Their specific knowledge of Indigenous people's needs and realities leads to the development of innovative solutions that truly make a difference in Indigenous people's lives.

It is crucial that the Native Friendship Centre Movement, and the continuum of services the Centres provide to Indigenous people and their families, is recognized, supported and enhanced. It should not be forgotten that these Friendship Centres are places where young Indigenous people expand their social network, have learning experiences that are culturally relevant and reinforce a sense of pride in their identity—all elements that are considered essential to life-long learning, development and success (RCAAQ, 2020).

Yet, the evidence presented in this position paper clearly demonstrates that the health and social services currently available to Indigenous people living in or passing through cities are not culturally appropriate and do not provide the urgent support this population needs. In order to rectify this lack, it is crucial for the essential role of the Friendship Centres to be recognized. This should be done by allowing them to coordinate and implement best practices and by properly funding their services. It is the Centres who are most familiar with traditional practices and culture, and this expertise allows them to adapt to different local realities and, ultimately, to contribute to effectively reducing the incidence of health problems among Indigenous people. The Centres can also mitigate the mistrust of the healthcare system that historical trauma and bad experiences have spurred in many Indigenous people. Necessary funding would be mutually enriching to Indigenous and non-Indigenous people alike, as both gain better understanding of each other, lay the foundations for partnership and earn the other's respect of their expertise. The vision the Centres have developed over the decades has demonstrated the potential for collaboration between urban Indigenous organizations and the healthcare system. It is now a matter of extending this vision throughout Quebec and Canada with a view to improving Indigenous people's condition, and therefore health, throughout the country.

By highlighting the content that arose during the various consultations held to draft this position paper, the RCAAQ wishes to share its concern about a distinctions-based approach. While the RCAAQ supports this approach, it believes improvements must be made to make it more inclusive and to take into account the range of realities of Indigenous people throughout Quebec and Canada. In this regard and to support its arguments, this position paper refers to the Constitution Act of 1982 and the Canadian Charter of Rights and Freedoms, as well as the recommendations issued by the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission, the National Inquiry into Missing and Murdered Women and Girls, the Viens Commission and the United Nations Declaration on the Rights of Indigenous Peoples.

We thank the Government of Canada for initiating this engagement with us on Indigenous health legislation as part of the bill, which we hope will enhance and transform many aspects of health and social services for Indigenous people living off-reserve. In conclusion, we wish to reiterate our full desire to collaborate in the implementation of urban Indigenous health services in a renewed and innovative partnership approach with the Government of Canada.

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[3] Corbiere v. Canada, [1999] 2 S.C.R. 203, par. 6.
[4] Corbiere v. Canada, [1999] 2 S.C.R. 203, par. 14. The Court said that the off-reserve residence of Band members "goes to a personal characteristic essential to a Band member's personal identity, which is no less constructively immutable than religion or citizenship. Off-reserve Aboriginal Band members can change their status to on-reserve Band members only at great cost, if at all."
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