

First Nations/Inuit/Métis Health Human Resource Inventory:

**First Nations, Inuit & Métis
Education History from a HHR perspective**

Prepared for the National Aboriginal Health Organization

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INTRODUCTION

Aboriginal¹ people in Canada face an extreme health crisis. Multiple variables such as remote locations or proximity to urban centres, socio economic conditions, industry, lifestyle choices, and the environment among many others all contribute to various epidemic level diseases and conditions for First Nations, Inuit and Métis people in Canada.

Lifestyle changes, brought on by colonization² has caused the most disruption to communities and has led directly to the health epidemic today for Aboriginal people. Environmental, territorial and resource changes continue to impact the connection between Indigenous peoples and their respective ecologies. The introduction of new diseases and subsequent western health science changed the relationship between Indigenous peoples and their traditional medicines and healing practices. Indigenous medicines have often become ineffective in combating western diseases leading people to distrust their original health care practices. In recent years, the blending of traditional and western health practices have attempted to reconcile these gaps.

Access to traditional medicine and health practices can be difficult for many First Nations, Métis and Inuit people for many reasons including cultural change, movements of people to urban centres and loss of language. Some urban centres provide health services specifically for Aboriginal people in a holistic manner. Wabano Centre for Aboriginal Health in Ottawa is a prime example of the integration of clinical and traditional Aboriginal health and wellness providing programs and services in mental health and wellness including counseling services and traditional healing care. The Wabano Clinic provides primary health care services with family physicians and nurse

practitioners along with laboratory services, perinatal care, foot care, chiropractic care, and HIV testing.

One proposed solution to the Aboriginal health crisis is to increase the number of First Nations, Inuit and Métis health professionals. It is expected that these health care professionals will address key areas of the crisis, including:

- First Nations, Inuit and Métis health care professionals serving Aboriginal communities (urban, reserve, rural, and remote) are more likely to have a vested interest in those communities and may contribute to a longer service period than non-Aboriginal health care providers.
- First Nations, Inuit and Métis health care professionals may have more personal experience addressing cultural differences that often exist around western medicine, especially in the context of traditional medicines. When given the proper training, they are more likely to be respected by Aboriginal community members regarding sensitive cultural issues. There may also be a higher likelihood that Aboriginal health care professionals understand and/or speak the Aboriginal language of patients where applicable.
- First Nations, Inuit and Métis health professionals can provide important health and professional role modeling for the communities where they work and/or live.
- As front line workers, Aboriginal health professionals can provide advocacy on behalf of First Nations, Inuit and Métis people regarding health policy and program development impacting local, regional and national levels (Indigenous Physicians Association of Canada, 2007).

While other factors impact their health, a significant increase in Aboriginal health human resources will improve the health status of First Nations, Inuit and Métis people in Canada. It is one component of a larger push for health care on First Nations, Inuit and Métis terms that will create a bridge between mainstream trained health professionals and Aboriginal Peoples, ultimately contributing to improved health.

The following paper provides a historical overview of First Nations, Inuit and Métis education within a health human resource context. It is intended to inform the reader how the history of education has contributed to the current First Nations, Inuit and

Métis health human resource landscape to provide a better foundation for effective solutions and sustainable healthy communities.

ORIGINAL EDUCATION

Indigenous peoples of North America have always had education systems as a foundation for the survival and flourishing of families and communities. European contact and the ensuing diseases and warfare impeded the knowledge transmission processes in many ways. Learning was a lifelong process reflecting the values of the Indigenous communities. “It operated in a non-coercive way, relying in the use of models, illustration stories, and warnings to convey the information that was considered essential” (Miller, 1996, p. 35). Education was “based on experiential, informal learning that was integrated with life and was not based on notions of achievement” (Schissel & Wotherspoon, 2003, p. 38). Ross (1992) describes this type of learning as “pattern-thought” or a modeling approach to education that “rests on the accumulation of individual memory, observation and pattern-thought skills. It does not seem to permit teaching...instead it requires one to watch, and watch again...” (p. 78). The “curriculum” of Indigenous education told young people things about themselves, “who they were, what other beings around them were, and how the humans and the other beings related to each other” (Miller, 1996, pp. 38).

Communities transformed immeasurably after the arrival of European settlers and the inception of mission based schools. As death and sickness spread across communities, the traditional mode of education became difficult. Indigenous methods of curing illness

through ceremony and medicine were not always effective for the rapid spread of foreign-based disease.

As religious instruction infiltrated Indigenous communities, colliding worldviews and philosophies were introduced. The original ways of teaching and knowing became less dominant. Despite these disruptions original education persists among many Indigenous communities in various formats.

Indigenous educational practices vary between and among First Nations, Inuit and Métis; however, some generalizations are made herein in order to demonstrate the context of Indigenous education past and present. In general, historic traditional Indigenous education can be viewed within four categories or levels: early childhood education, life skills training, advanced skill education and mastery training. Within early childhood education, children were introduced to their surroundings, often with explanations of how the world came to be. As children aged, life skills training provided education for survival, sustenance and family and home development (homemaking, childrearing, home construction, etc.). Ethnographer Diamond Jenness (1922) explains how the Copper Inuit relate life skills training to their children by being encouraged to make dolls and clothing from animal skins and by watching and emulating their elders when they went on hunting trips (pp. 169-170).

Indigenous societies around the world believe that each person is born with a gift meant to benefit all the people, not only the individual such as hunting, skinning animals, making clothing or creating medicines). Based upon the identification of gifts youth would be integrated into advanced skill education to hone their talents. Finally, some individuals might exhibit an extreme gift that would designate them for mastery training.

This education is culturally and regionally specific, including professions such as carving, pottery, historic documenting, basketry and oratory. Today, traditional Indigenous education follows similar patterns of teaching by doing, mentorship, and emulation and may include instruction for newer cultural activities and practices (i.e., beadwork) or include contemporary education and skill building like carpentry or teaching. The jobs or professions may have changed, but often the underlying methods of instruction still persist from generation to generation. Nearly all Indigenous people in Canada participate in western education systems (at least as children and youth), while some also receive traditional instruction in traditional roles, jobs or skill sets.

Historic Indigenous health education was integrated in all levels of instruction. In the early childhood stage, children were exposed to their immediate environment, learning how to grow and/or harvest foods, identify medicine plants and recognize seasonal changes. In the life skills stage, children were taught how to harvest and process basic medicine plants, how to cook foods for proper nutrition and how to access traditional healing practices. For youth identified as gifted towards medicines and/or healing, they would be introduced to specific practices and procedures depending upon their particular talents. Some of those young people would be further identified for future leadership roles in health and healing and would be offered mastery level training, often taking years or even decades of additional instruction. Jenness (1922) recorded the educational journey of a west coast healer that started in early childhood when his mother made him take a bath in the river and scrubbed him with spruce boughs: "...even though there was ice on the water; and one morning after I had scrubbed myself – I was still only three – she clothed me with her blessing or power, what we call in our language *swi-em*"

(p. 8). This young boy was treated in a special way; he was never being allowed “to receive food from anyone who might be ceremonially unclean’ – until he was eight. At that point he was subjected to regular talks by three of his mother’s ‘oldest and best informed relatives to teach me the ancient history of our people and the commandment which He-Who-Dwells-Above had imposed upon us when he established us upon this earth’” (Jenness, 1922, p. 9). At ten, the boy had a routine where he would fast in the forest, bathe and rub himself with spruce boughs and pray, a routine that persisted throughout the autumn and winter months (Jenness, 1922, p. 10). When he was fourteen, he had a vision where he encountered a medicine man who instructed him on how to heal: “now lay your hands on that sickness and remove it,’ the vision ordered. ‘I laid my hands to the patient and cupped his sickness with them. He rose to his feet, cured. “That is how you shall remove every sickness” (Jenness, 1922, p. 11).

Many Indigenous communities persisted in their original health practices and education processes despite the negative impacts of colonization. During the process of colonization, western education became a tool of assimilation, often replacing Indigenous education methods and processes. The following sections address specific educational experiences after European contact for First Nations, Inuit and Métis. The final section involves a discussion relevant to all three groups with reflections on the shared history impacting on the First Nations, Inuit and Métis health human resource landscape. In recent history (the last 40 years), a renewed focus on Aboriginal education has taken place at the community level, in post secondary institutions, and in policy. Initiatives and policies on Aboriginal education will highlight some of this renewed focus. Spotlight

sections highlight the efforts of First Nations, Inuit and Métis health professionals in the areas of nursing, community health representatives, midwifery and medical physicians.

FIRST NATIONS EDUCATION

Great diversity exists amongst the First Nations in Canada in terms of geography, culture, linguistics, economics and politics. First Nations peoples can be found in every Canadian province and territory in reserves, in urban centres and in small rural communities. Each First Nation community maintains a distinct political relationship with the government of Canada, but maintain a shared experience of policy and legislation providing a common foundation.

Canada has a long history of attempting to deal with First Nations in a consistent manner (i.e., the Indian Act), despite differences in treaty relationships, cultures and geographical settings. Several similarities exist in terms of how education has been imposed on communities from provinces and the federal government.

Formal education for Aboriginal people came out of three different but interacting streams of colonial imposition. The first were missionary based schools established initially by the Catholic Church in the 16 century. The second stream of formal education was through federally administered and church operating residential schools. A third stream was the result of the treaties negotiated during western expansion wherein First Nations leaders negotiated with the Crown for the right to education and schools on every reserve (Government of Canada, 1992).

Missionary schools ran across Canada until the late 1800s until the country formally established itself with the BNA of 1867. Early missionary approaches focused on basic oral religious education for all ages in an attempt to convert First Nations people

from their traditional belief systems to various Christian denominations. Eventually reading and writing were added to the missionary education process focusing upon children and youth. Eventually the federal government and the churches combined their efforts and jointly developed schools focusing upon trades and domestic skills, known today as industrial or residential schools.

Before residential schools and alongside mission run schools in the early nineteenth century, elite institutions were developed for promising young men to further their education. The Mohawk Institute in Brantford Ontario is an example of the precursor to residential schools. It took only those young men who showed promise through their respective churches. Shortly after, girls were added to their tutelage, and the school had a long waiting list of potential students. These schools were part of a bigger educational strategy operated through churches, working with an internal conversion agenda of training Indigenous youth to become Christian leaders in their respective communities and integrate into the transforming mainstream Canadian society.

When Canada became formally established, residential schools were formally entrenched as required learning institutions for First Nations children across Canada.

Residential School Experiments in New France

Récollet missionaries in New France founded the earliest recorded residential school experiments in the 1620s. The Récollets encouraged a two-fold approach towards conversion. First, they encouraged increased French settlement: “to civilize them it was necessary first that the French should mingle with them and habituate them among us, which could be done only by an increase to the colony” (LeClerq, 1881, pp. 110-111). Their second approach was to secure funding from people in France to establish a

boarding school, “in order to bring up young Indians to Christianity, who might afterwards aid the missionaries in converting their countrymen” (LeClerq, 1881, pp. 110-111). The Récollets withdrew from New France in 1629, closing their school when their superiors in France had been deemed unsuccessful (Miller, 1996, p. 40).

Jesuits replaced the Récollets. The Jesuits eventually undertook residential schooling with the same goal of building conversion allies within First Nations communities. The Jesuits were considered the “intellectual elite” of European religious orders and were eager and better equipped to try their hand with the “savages” of the New World (Fournier & Crey, 1997, p. 50). They also advocated for the establishment of hospitals to care for sick First Nations people in the hopes that they would inherit the children of any deceased patients (Miller, 1996, p. 41). Massive epidemics took place in New France between 1630-1640, with First Nations such as the Mohawk and Huron losing up to 75 percent of their entire population (Hill, 2005, p. 144). Often epidemic victims were predominantly adults in the childbearing years of 15 to 40 years old. The hospital project surely would have produced many children for the Jesuit education system.

While the Jesuits offer to care for orphaned children was perceived as an act of charity it was not entirely altruistic. The Jesuits also worked with Governor Champlain to force First Nations parents to place their children in the residential school in Quebec. The Jesuits used their relationship as allies with First Nations people to convince them that the placement of children in residential schools would be symbolic of their diplomatic connection. The Jesuits knew that by having possession of First Nations

children would ensure the persistence of friendly relations with First Nations people (Miller, 1996, p. 42).

In the 1680s in New France, Jesuits convinced the French colony to train First Nations girls in domestic skills and to encourage these young women to marry French settlers. The French colonial government in New France also provided a dowry for these young First Nations women (Dickason, 1992, p. 171). The program, like many other assimilation initiatives in New France, was not very successful in recruitment, but further similar initiatives continued until the late 20th century.

Residential Schools – the Merging of Political and Religious Agendas

Under the British North America (BNA) Act, the Dominion Government was given responsibility for ‘Indians and lands reserved for Indians’. This created a complicated situation around educating First Nations people, a domain of the provincial governments. A solution to the ‘Indian education problem’ was suggested wherein the government would provide financial support to churches, many of whom were already operating residential and/or day schools servicing mainly First Nations and Métis children. The churches would in turn provide teachers and other staff to the now federally funded schools. Many of the treaties negotiated between the Dominion and First Nations contain provisions for education (i.e., Treaty Nos. 1, 2 & 3), yet the treaties’ records (oral and written) do not mention the assimilation agenda set forth in federal Indian policy. In terms of First Nations education, the federal government was clearly telling First Nations one thing but acting in a contradictory manner.

Captain Richard C. Pratt coined the phrase “save the man, and kill the Indian” to explain the efforts not only of the Carlisle Indian School (USA) that he founded. This

also described the agenda and foundation of Indian boarding schools in the United States, and by extension, residential schools in Canada. A strong philosophical connection exists between the US and Canadian Indian affairs personnel, especially between Pratt and Duncan Campbell Scott, Deputy Superintendent of Indian Affairs (1913-1932). Scott, who entered Indian Affairs service in 1879, was responsible for the outlawing of many ceremonial practices and the ongoing supervision of the federal government's Indian education agenda as set out under the Indian Act. A speech in 1920 summarizes this agenda:

I want to get rid of the Indian problem. I do not think as a matter of fact, that the country ought to continuously protect a class of people who are able to stand alone... Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department, that is the whole object... (McGillivray, 1997, p. 143)

The philosophies of Pratt and Scott stand as symbols of the residential school colonial agenda. Getting rid of the "Indian problem" began with children through education. For both Church and State, the Christian and fiduciary obligation to Indians could "be discharged through the medium of children," meaning adults could not be rescued from "their present state of ignorance, superstition and helplessness, as they were "physically, mentally and morally unfitted to bear such a complete metamorphosis" (Fournier & Crey, 1997, p. 55).

In the early nineteenth century, Imperial policy makers debated how to address the 'Indian Problem'. They eventually concluded their debate with a plan to assimilate First Nations through western education and encouragement of European-style farming. Lord Glenelg, Colonial Secretary 1835-1839, stated that the aim was "to protect and cherish this helpless Race... (and) raise them in the Scale of Humanity" (Dickason, 1992,

p. 225). The First Nations peoples through the ongoing sale of their lands financed the new Indian policy. Dickason (1992) states that the Indigenous peoples were in fact “pay[ing] their own way into civilization” (p. 225). As Canada was at the time a conglomeration of colonies independent from each other, the individual governors were charged with the task of outlining how their colony would implement the plans for First Nations ‘path to civilization’ via the sale of their lands.

During the nineteenth century, missionaries continued their proselytizing efforts with First Nations. Some missionaries, such as the Moravians, partnered their spiritual efforts with commercial trading interests (Dickason, 1992, p. 227). Missionary impacts in education and other areas were often negative for First Nations, but some missionaries made a lasting positive impression in the areas of education. For example, Methodist missionary James Evans, while working with the Cree people in Norway House in 1841, created a syllabic writing system incorporating shorthand with Cree symbols. By the end of that century the Cree written language had become a staple knowledge among the people and they were known to have one of the highest literacy rates in the world (Dickason, 1992, p. 241).

As promised within the treaty process, the First Nations people began to ask for schools. The communities believed that these schools would be a partnership which would afford them the opportunity to train their youth for the changes ahead while maintaining the promises “to preserve Indian life, values and Indian Government authority” (Dickason, 1992, p. 333). The Indian education agenda was implemented primarily in three types of schools: boarding, industrial and day schools. Boarding schools were usually located on reserves with students between the ages of eight and

fourteen, while the industrial schools were located near city centres with a mission of meeting the needs of manufacturing or agriculture for the local settler community. The more skills oriented schools accepted students through the age of eighteen in order to capitalize on the labour force. Few, if any of the schools offered solely academic curriculum. The programs were usually half-day in length and would include basic reading and arithmetic (usually that which was sufficient to carry out the labour requirements) with a half day of labour in agriculture, manufacturing, crafts or housekeeping (i.e. sewing, mending, washing of clothes, etc.). The trades taught were intended to offer lower level skills for survival and not to produce scholars or mastery level professionals (Dickason, 1992, p. 334). By 1900 the ratio of First Nations children in day school versus residential/industrial school was two to one. The day schools operated under similar curriculum and shared a common agenda with the residential programs but were much more costly. In 1923 the remaining industrial schools were officially merged with residential schools (Miller, 1996, p. 148).

Under the leadership of Duncan Campbell Scott, the residential school system was expanded in the early 1900s. In 1930, three-quarters of the pupils in residential schools were registered in the primary grades of one to three and only three percentage of pupils made it past grade six. In 1931, the peak of the residential school period, there were over 80 residential schools across Canada (Fournier & Crey, 1997, p.50). By the 1950s, one in 10 First Nations students made it past grade six – one-third of the equivalent Canadian mainstream population (Dickason, 1992, p. 335). The average student was lucky to have completed grade five by the time they reached the graduation age of 18 (Dickason, 1992, p. 335).

Concerns with residential schools included a disproportional mortality rate. Sarcee Boarding School, for example, was identified as having a 28 percent death rate, mostly from tuberculosis between the years of 1894 and 1908 (Dickason, 1992, p. 335). At Kuper Island, Indian Affairs files indicate that 40 per cent of the students who attended died before they could return home (Fournier & Crey, 1997, p.58). In general, mortality rates were high but not fully reported. Reports continue to be made of residential school student deaths that were covered up at the time.

Even though the government's First Nations education agenda was to facilitate the transition of First Nations people in mainstream Canada, tensions arose from the newly created First Nations labour force. For example, Frank Oliver, Minister of the Interior and Superintendent General of Indian Affairs (1905-1911), noted that the mainstream population was displeased with the new labour force. He stated "we are educating these Indians to compete industrially with our own peoples, which seems to me a very undesirable use of public money" (Dickason, 1992, p. 336).

Starting in the 1940s, as part of a political shift towards state-church autonomy, the federal government began phasing out the church partnerships in First Nations education. With costs rising and a growing public concern about segregation, the federal government began to phase in day schooling while slowly closing most residential schools by 1970. Dickason (1992) summarizes highlights of the 1970s for Aboriginal education:

Blue Quills, near St. Paul, Alberta, became the first school in Canada to be controlled by an Amerindian band, in 1970. Its success encouraged others to follow its example; in 1973 the Métis community at Ile a la Crosse in northern Saskatchewan took over the local school. The following year the Ojibwa of Sabaskong Bay in northern Ontario defied the department and began the process of taking over their elementary school; three years later,

in 1977, they were also running the secondary school. Today, Indian Affairs encourages bands to take over full or partial administration of reserve schools, although its funding policy is not always consistent with this goal (Dickason, 1992, p. 337).

Since the late 1980s residential school survivors have led a movement to educate the Canadian public about abuses endured in the government funded institutions. The federal government, in consultation with many First Nations leaders and residential school survivors, recently created the Indian Residential School Settlement. This program offers financial compensation to former residential school students in exchange for opting out of court proceedings. Other survivors continue to explore a court resolution, seeking judicial redress for abuses suffered in the government supported schools. The legacy of residential schools persists after several generations of mainstream schooling and continues to be a scar in Canadian history.

Indian Control of Indian Education

In 1969 the Liberal government, under the direction of Pierre Trudeau, released the *Statement of the Government of Canada on Indian Policy*, otherwise known as the *White Paper* (Canada, 1969). This document suggested that the federal government begin to treat First Nations peoples as citizens (a right which was ‘bestowed’ earlier in the decade³), ending all special services and responsibilities. Trudeau’s document argued for the termination of the Indian Act and amending the Constitution. The treatment of a specific racial group differently did not fall within Trudeau’s vision of multiculturalism and equality. The White Paper promoted this as a positive step forward for First Nations people, involving a change in the course of history and enabling “Indian people to be free – free to develop Indian cultures in an environment of legal, social and economic equality with other Canadians” (Canada, 1969, p. 3). This was not the first opinion paper released

in the 1960's on the topic of the future of First Nations people. The Hawthorn Report of 1966 supported a radically different perspective than the White Paper. This report agreed that First Nations should have full rights as citizens, as dictated by new laws, but should also be considered as 'citizens plus' with additional treaty and constitutional benefits. In general, the Hawthorn Report was well received by First Nations leadership. The White Paper did not receive such support from First Nations leadership at the time.

The release of the White Paper marked a turning point for First Nations people in Canada, bringing to the forefront issues of inherent rights, treaty law, self-determination and education. A 1969 declaration by the Indian Chiefs of Alberta known as the Red Paper became the first in a series of First Nations leadership responses to the White Paper. One of the most important documents pertaining to education, the 1972 *Indian Control of Indian Education* (ICIE) policy paper was presented by the National Indian Brotherhood (NIB) as a direct response to the threat of governmental abolishment of treaty law. Following a national conference aimed at discussing First Nations governance, the NIB presented the educational policy paper to the Minister of Indian Affairs and Northern Development. The paper declared that First Nations people must conduct the education of First Nations youth so that their educational content and values would be intrinsically grounded in Indigenous beliefs. This document demanded that First Nations be treated as equals to the federal government and that the relationship exist on a nation-to-nation basis.

In later years the NIB reorganized as the Assembly of First Nations (AFN) and re-released the policy paper twice, once in 1976 and again in 2001. In 2001, there were only a small number of schools under management by the federal government. In reality, very

few of the schools not managed by the federal government were operating within the community leadership framework demanded by the ICIE policy paper.⁴

Support for the AFN's position continues across First Nation communities. One author builds on the ICIE paper, stating, "Native teachers are key to progress in the education of Indians" (Kirkness, 1999, p. 57). Kirkness (1999) also suggests that there is a connection between the creation of strong First Nations identities in students, academic success and instruction by First Nations teachers (Kirkness, 1999, p. 57).

Although neither the federal government nor the Minister of Indian Affairs has ratified the AFN Policy Paper, each elected AFN National Chief has kept it forefront on the agenda. However, the goals of self-determination through control of education remain aloof. Only a handful of communities have since taken over management of their reserve educational systems, and when they do, it is often with insufficient resources.

First Nations controlled post secondary institutions is closely related to Indian control of Indian education. In Canada, Stonechild (2006, p. 103) notes four types of Aboriginal-controlled institutions:

1. The Saskatchewan Indian Federated College (renamed First Nations University of Canada) is the first Aboriginal college/university to be controlled by First Nations communities.
2. The second type of institution is controlled by local tribal councils and focuses on brokering programs from other institutions. Examples of this include Yellowquills College in Manitoba and the Blue Quills College in Alberta.
3. The third type of institution is community learning centres that provide upgrading and distance education.

4. The fourth model is an unaccredited institution offering training like self-government (Stonechild, 2006, p. 103).

Across Canada, several First Nations/Aboriginal Institutes have been created and now form the National Association of Indigenous Institutes of Higher Learning (NAIIHL). This national group works to realize the goal of creating and sustaining opportunities for community-controlled post-secondary education (NAIIHL, n.d.). Operating under a similar philosophy with ICIE, First Nations and other Aboriginal Institutes seek to provide post-secondary opportunities that are culturally relevant and responsive to community needs. These range from providing space for mainstream institutions to offer community-based academic programs (i.e., paramedic training programs) to partnerships with mainstream institutions to deliver Aboriginal-specific courses (i.e., registered practical nursing for Aboriginal communities) to community-initiated programs of study (i.e., adult language immersion). They serve youth and adult learners, with a higher concentration of adult Aboriginal students than found in mainstream institutions. In most instances, Aboriginal institutions face issues around accreditation, lack of financial support (often directly connected to accreditation) and lack of (mainstream) credentialed community-based educators to design and deliver curriculum. These institutions remain forward thinking and continue to persevere for First Nations post-secondary education that is responsive and relevant to First Nations' realities.

Other national associations exist such as the National Aboriginal Student Services Association (NASSA) whose membership includes Aboriginal Student Service units from across colleges and universities in Canada to “empower institutions of higher

learning to become welcoming environments where Aboriginal Peoples can successfully pursue educational goals while maintaining their cultural identities” (Canadian Association of Colleges and Universities of Canada, 2007). The existence of these national associations are important for keeping the issue of post secondary education on provincial and national government agendas and being responsive to the growing needs of Aboriginal students.

Contemporary Status of First Nations Education

Education has evolved not only in communities at the elementary and secondary level, but also at the post-secondary level. Governments are slow to respond to the needs of the booming Aboriginal youth population. One area that has received attention is language.

According to Indian and Northern Affairs Canada (INAC), “Language is instrumental in creating a strong cultural identity, and key in maintaining a vibrant culture” (INAC, 2002). Through language, the values, culture, teachings and history are passed. When generations of people lose their language abilities the implications move beyond linguistic literacy and affect cultural literacy of a people (INAC, 2002). In 2002, the Federal Department of Canadian Heritage created an Aboriginal Languages Initiative that over 11 years would fund various programs that support preserving, revitalizing and promoting Aboriginal languages and culture. This includes community/adult education programs and instituting language programs in the schools and teacher training.

According to the Task Force on Aboriginal Languages and Cultures (n.d.), funding has been completely inadequate to address the needs of the scores of Indigenous languages in Canada.

Recent decades have been marked by a resurgence of First Nations identity as Indigenous people. Territories are being fought for in the courtroom, economic and political self-determination is moving forward, language and culture is being revitalized. At the core of this revitalization of identity is education and the ability to educate one's own people on their culture, worldview and language. The battle for self-determination has been fought on many levels, but education has remained a central issue and key to the future generations' ability to know who they are as First Nations peoples. According to Battiste and Youngblood Henderson (2000), Indigenous students are alienated from the process of education and the curriculum itself: "(In) most existing educational systems, Indigenous heritage and transmission of that heritage are missing. Even if part of the heritage is present, it is presented from a Eurocentric perspective" (Battiste & Youngblood Henderson, 2000, p. 88). Barman, Hébert and McCaskill (1999) state that without control over education, the cycle of learning is broken – taking with it cultural awareness and identity and that "the socialization of children, through education, shapes all aspects of identity, instilling knowledge of the group's language, history, traditional behavior, and spiritual beliefs" (Barman, Hébert & McCaskill, 1999, p. 1).

Looking at the contemporary landscape it is also important to mention the often invisibility of off-reserve and urban First Nations people within the discussion of First Nations education. In 2001, approximately 700,000 Aboriginal people lived off reserve, 71% of the country's entire Aboriginal population (Métis, Inuit and First Nations people inclusive) (Statistics Canada, 2006, p.p. 285). According to Statistics Canada Census of 2001, 28% of Aboriginal people live in Census Metropolitan Areas (Statistics Canada, 2005c). In many cases, children living off reserve attend provincial schools with little

First Nations curricular content. There are however many examples of schools in mainstream communities, especially those with a high proportion of First Nations children that are intentional in the provision of cultural content both in the curriculum and in co-curricular programming. Queen Elizabeth District High School in Sioux Lookout, Ontario operates a program called the Aboriginal Alternative Education Program providing specialized programming and supportive learning environments for Aboriginal students.⁵

Post Secondary Education Funding

Prior to the 1950s, any First Nations person desiring to attend post secondary education would have to finance the endeavor on his or her own. In many cases, aspiring young people would petition their local First Nation government for funds. It was up to the discretion of the local leadership and budgetary capacity to fund students in post-secondary pursuits. Until 1951, university education came with a price tag. The Indian Act of 1886, section 86 provides for the enfranchisement (loss of Indian status and accompanying treaty rights) upon receipt of a university degree:

Every Indian who is admitted to the degree of doctor of medicine, or to any other Degree, by an university of leaning, or who is admitted, in any province of Canada, to practice law, either as an advocate, barrister, solicitor o attorney or a notary public, or who enters holy orders, or who is licensed by a denomination of Christians as a minister of the gospel may upon petition to the Superintendent General, ipso facto become and be enfranchised. (Government of Canada, 1886)

In the 1950s Indian Affairs provided informal funding to student applicants on a ‘case by case basis’. Starting in 1968, Indian Affairs began supporting First Nations and Inuit students seeking post secondary education. In the 1968-69 year they funded 250 students who were ineligible for funding under the Adult Occupational Training Act.

(Stonechild, 2006, p. 63). In 1977, the federal government established the Post-Secondary Education Assistance Program supplemented later in 1983 with funds to support preparatory programs for university and college studies. The goal of the program was to fund the maximum amount of students who qualified for entrance into colleges and universities (Stonechild, 2006, p. 63). In 1988, Indian Affairs created the Indian Studies Support Program to support the development and delivery of special post-secondary programs for Aboriginal peoples. In the early 1990s additional monies were added to the funding programs, but in 1996 the PSE program was capped at 2% annual growth despite much higher increases in tuition, number of students attending post secondary institutions, increasing numbers of First Nations and Inuit populations, and rising tuition (Parliament, 2007, p. 4)

Many myths exist around First Nations and Inuit education funding. The reality is that this funding is tenuous and provided based on criteria, and only sustained year to year based on the academic success of the student. Each First Nations⁶ sets criteria for funding allocations and may exclude members based upon residency, previous support, desired program of study or prior academic achievement. Depending on factors such as the cost of living in the community of post secondary institution, number of dependents, and costs of supplies and books for specific programs, many students find their sponsorship amount is inadequate. Because post-secondary support has not increased in over a decade, First Nations are often forced to limit the amount of money per student in order to fund a greater number of students, while still turning away as many as 25 percent of applicants (Grand River Post Secondary Education Office website, 2006). Students who receive funding may be eligible for provincial loans, based on their income or

income earned the previous year. This is often problematic for mature students who may have worked the previous year. The financial burdens of First Nations and Inuit students have recently gained bureaucratic attention but it is unclear if changes are expected in the near future to significantly and sufficiently increase post-secondary funding.

Education and First Nations Health Human Resource Capacity

Aboriginal people continue to be underrepresented in professional and financial occupations in Canada's labour force. At the same time there has been a significant increase in the representation of Aboriginal workers in primary and unskilled jobs (Frideres & Gadacz, 2005, p. 103). In 2005 the "Aboriginal labour force in [health occupations and natural and applied sciences] was half of the non-Aboriginal workforce" (Frideres & Gadacz, 2005, p. 107). Aboriginal employees are likely to be paid less than non-Aboriginals for the same work. In the 1990s it was reported that First Nations people consistently earnings were two-thirds of non-First Nations, regardless of the level of education (King, 1993).

Residential schools impacted many Aboriginal families in Canada. Families may have parents and grandparents who went to residential schools or other extended family members. The multi-generational effects continue to impact the relationship First Nations people have with education. Residential schools have impacted the perceptions and practice of health care. Generations of First Nations people have disconnect from their traditional health care and healing practices. This disconnection from traditional notions of health and wellness becomes a challenge in inspiring First Nations students to consider a career in health.

Today, First Nations children continue to be underserved by their education systems, both on and off reserve. Even in the case of First Nations-controlled schooling, the complications of a mandated provincial curriculum and serious under-funding has created schools that appear to be in the hands of First Nations communities but in fact are mere shadows of their provincial counterparts, often with limited success in meeting the needs of First Nations students. Similarly, First Nations students attending mainstream (non-band supported) provincial schools are regularly marginalized in terms of their culturally specific needs. In addition, the lack of appropriate curriculum with First Nations histories, cultures and knowledge content continually fails to inspire students in academic success. This perpetuates the void of qualified First Nations professionals, especially in health care.

INUIT EDUCATION

As the Indigenous people of the Arctic, Inuit traditional territory spans four nations (United States, Canada, Greenland and Russia). In Canada it includes the provinces of Labrador and Quebec and the territories of Nunavut and the Northwest Territories. Prior to 1999, the Nunavut Territory was a part of the Northwest Territories. Inuit have also had a significant presence in the south for at least the last century, (especially in cities like Ottawa) although statistics and government reports have not always adequately recorded that presence.

Western education among the Inuit was very limited until the mid-twentieth century, despite a European presence in the Arctic from the sixteenth century onwards. Arctic missionaries provided basic education from a few trading-post settlements and received minimal government support for their efforts (McLean, 1995, p. 183).

Indigenous Inuit education persisted throughout the Arctic, with the transference of life skills, advanced training and mastery education in areas such as hunting, harvesting, family development, governance and ecological management.

A Call for Western Education

In the 1920s and 1930s the ethnographer Diamond Jenness, while working with the Canadian Arctic Expedition, made several calls for the establishment of a formal education system for the Canadian Inuit, focusing upon vocational training in naval navigation, mechanics, carpentry, metal working, health care, and wireless telegraphy (McLean, 1995, p. 182). His proposals were not successful with the government, who saw a need to support the hunting and trapping lifestyle of the Inuit. The government felt that it was in fact dangerous to provide western education as it would take the Inuit away from their traditional economic activities and could result in an inferiority complex based upon the limitations of their economy (McLean, 1995, pp. 182-183).

The federal government's education policies in the North shifted after World War II. They called for: "equal opportunity is to be afforded to all Indian, Eskimo, and white children, and those of mixed blood who, regardless of creed, are to be fitted for the life which they will have to fare in a rapidly changing world" (McLean, 1995, p. 184). This was a marked shift away from previous reliance on missions to provide (limited) western education to Inuit (Dickason, 1992, p. 396). In this new approach, the federal government developed a full-scale education plan for the North, including the building of permanent schools in many Inuit settlements and communities. The new educational agenda was part of the federal government's plan to create larger, more permanent

settlements in the North. The Inuit Tapiriit Kanatami (2004) describes these new settlement initiatives and the impact on Inuit life:

...Inuit were moved to communities at the request of the federal government with the promise of health, education and housing services. It was at this critical juncture when Inuit society began to unravel under the stress of rapid change. The extended family was no longer the key social unit as government agencies began to assume many responsibilities of health, education, and just and was the repository of essential resources. As well, southern culture began to inundate the north and began to heavily influence the younger generation in particular. In turn, these changes undermined the traditional role of elders and began to impede the transmission of knowledge and values between generations. (pp. 4-5)

As part of the settlement shifts, the first Inuit day schools were opened in 1949 and by 1955 plans were in place for a network of schools (McLean, 1995, p. 184). It took several years for most of the plans to be actualized (Douglas, 1994, p. 159). A 1952 report outlines aspects of the new Inuit educational agenda:

- Not induce families “to congregate in settlements where they are unable to hunt and trap”.
- Teach elementary English and simple arithmetic.
- Teach health, hygiene, and the rudiments of geography and science.
- Focus on practical skills such as craftsmanship and sewing.
- Encourage “promising” Inuit students to achieve higher education, become community leaders, and fill positions currently occupied by Euro-Canadians in the North (McLean, 1996, pp. 187-188).

The explicit objective of this agenda was to support the ability of Inuit to continue living as hunters and trappers, while also ushering Inuit movement into wage labour (McLean, 1996, p. 188).

Legacies of Removal and Epidemic Disease

While the federal government was planning Inuit education, the Inuit were experiencing one of the largest tuberculosis outbreaks in history. Linked to government-

sponsored removals and economic shifts, Inuit per capita rates of tuberculosis became the highest in the world. Dickason (1992) describes these relocations:

Throughout this period the policy of “encouraging” Inuit to relocate in areas selected by the government was in full force; as Jenness remarked, permanent villages were not within the Inuit experience before the arrival of whites, and not one that has been developed since has been on a site selected by them. At first the relocations were co-coordinated with the fur trade; the HBC [Hudson Bay Company] was informed in 1934 that if it wished to continue its operation in the North, it must assume responsibility for Native welfare without expense to the department. That failures resulted is hardly surprising; the considerations that guided the selections did not always match with the conditions needed by the Inuit for survival.

This was illustrated by a series of attempts that began in 1934 when twenty-two Inuit from Cape Dorset, eighteen from Pond Inlet, and twelve from Pangnirtung were transported to Dundas Harbour. What had appeared to officials to be a suitable location, accessible by sea, abounding in marine life and with good prospects for furs, turned out to have ice conditions in winter that impeded both hunting and the dog-team travel needed to maintain traplines. After two years the Inuit had to be evacuated, some to go back to their home bases but others to try life in still another location. In the succeeding years Inuit were transported to one site after another (Croker Bay, Arctic Bay, Fort Ross, Spence Bay), each one of which proved to be unsuitable for the hunting and trapping way of life that officials were convinced must be preserved. (Dickason, 1992, pp. 396-397)

While the federal government had relinquished their responsibilities to the HBC, the commercial interests took precedence over Inuit wellbeing with devastating results.

Dickason (1992) makes the link between tuberculosis in some Inuit regions and the link to Canadian federal interests in northern sovereignty. In 1964, over 70 percent of Keewatin Inuit were placed in sanatoriums for periods ranging from three months to nine years resulting in children being adopted into southern families without surviving parents or extended families giving consent or provided with notice (Dickason, 1992, p. 397).

Plans to relocate the remaining Inuit population to the south was considered by the federal government, but in the end, such plans were rejected because:

“...the North needed its people, above all those who knew how to cope with its rigorous demands. A new reason had also emerged to reinforce the argument for more balanced use of natural resources: the need for settlement to support Canada’s claims to sovereignty”. (Dickason, 1992, p. 397)

The legacy of these removals and government-created settlements continues to impact the Inuit today. The manufactured settlements of these policies became the hubs of western education in the Arctic, another symbol of southern imposition on the northern landscape. A connection exists between the tuberculosis epidemic and current Inuit health issues, including health human resource shortages. Government imposed policies fueled the tuberculosis epidemic through settlement shifts without adequate support for proper housing and health care. The response to the health crisis led to the disappearance of many Inuit through adoption of children to southern families and the placement of the ill in sanatoriums. Inuit people who had escaped the tuberculosis epidemic were left with gaps in knowledge about their family members who were sent away for treatment. Inuit people who received treatment endured months or years away from home, isolated from any contact with their family members. The lasting impressions of men in white coats and masks removing family members with tuberculosis remains. This pain is furthered by the lack of knowledge on the survival of those family members. As significant numbers of community members were being removed from the Inuit territory, those remaining behind were left to contemplate what had happened to their loved ones.

Much like residential schools, a mistrust and fear of health care practitioners exists for many people with the memory of the forced removal of Inuit with tuberculosis.

Trust and fear continued to be degraded as information on survivors and dead Inuit came to the surface. This legacy continues to be passed down to future generations who by proxy of storytelling have absorbed the negative experiences of Inuit people and western medicine.

Inuit-controlled Schools

The original government-designed schools were essentially transplanted southern schools, both in terms of organization and staff. The schools were English-only and lacked connection to the lived experience of Inuit (Annahatak, 1994, p. 15). Betsy Annahatak (1994), an Inuk education counselor from Nunavik, describes the later shift away from this approach:

It was not until 1975, through the establishment of a new school board that resulted from the James Bay Agreement (a political land claim agreement between the Quebec government and the Inuit in Nunavik), that we gained some measure of control in the education of our children. From that process of empowerment came the teaching in our own language during the first three primary grades, plus several hours per week of teaching Inuktitut language, cultural skills, and religion in all grades from three to secondary levels. (p. 16)

Even with this new level of autonomy, teachers and schools often found themselves unprepared and under-funded for their new agenda.

Contemporary western education among the Inuit is often criticized. One of the strongest critiques asserts that the schools are based within the ‘southern’ mode of education is inherently incompatible with Inuit ways of learning and knowing.⁷ Stairs (1992) asserts that “education in the North has been historically disruptive,” and removes students “from their ecology and social networks” (p. 122). Douglas (1994) notes that patterns are changing, however, as Inuit professionals move into school staffing positions

(p. 162). This shift towards increased Inuit teachers and aides contributes to staff continuity, and student confidence and consistency.

Land Claims Settlements

Starting in the 1950s Inuit in Canada began assertive efforts to gain recognition of their Aboriginal rights. The Inuit of Canada maintain associations with Inuit from Greenland, the United States and Russia, all of who are seeking recognition and redress from their respective nation-states. In 1971 the Inuit Tapirisat of Canada (ITC) was formed to pursue Inuit land claims within the Northwest Territories. Their efforts culminated in the 1993 Nunavut Land Claims Agreement (NLCA). The most widely known aspect of the agreement is the creation of the Territory of Nunavut (out of lands formerly within the boundaries of the Northwest Territories), but lesser known aspects of the agreement have had significant impacts on Inuit life in Nunavut, including education. Inuit in Quebec were active participants in the James Bay and Northern Quebec Agreement of 1975, according them a level of self-government in Nunavik along with financial compensation and support for government and social needs. The Inuvialuit settled their claims with the Northwest Territories government in 1984. This agreement included provision for self-government and allowed the Inuvialuit greater control over their education system. The Labrador Inuit Land Claims Agreement of 2004 between the Inuit of Nunatsiavut, the Province of Newfoundland and Labrador and the Government of Canada constitutes the fourth Inuit/Inuvialuit land claim.

The push for Inuit land claims came along side of and in conjunction with the push for greater Inuit control of education. Inuit insistence of Aboriginal rights supported their education efforts and demonstrated the rights of Inuit to determine their educational

agendas. As the settlement agreements continue to be implemented, Inuit continue to pursue greater jurisdiction over the education of all their people from early childhood through post-secondary and adulthood. Recent reports, such as those by the Inuit Tapiriit Kanatami, outline the Inuit agenda for increased education control and support (ITK, 2005; ITK, 2004).

The land claims settlements and creation of new governments has also led to increased access to technology in the north. Inuit have been quite effective at lobbying for technology to support education initiatives at all levels of education, but much work remains in order to bridge the educational gaps faced by the Inuit. Several post-secondary institutions and partnerships endeavor to bridge those gaps. Among them is Nunavut Arctic College (NAC), offering academic programs at diploma and bachelor levels from three campuses and 24 community learning centres (NAC, n.d.). NAC health curriculum includes programs in community health representative, health careers access and nursing (bachelor and diploma). NAC has also partnered with southern universities to offer specific programs such as the Akitsiraq Law School, a partnership between the Akitsiraq Law School Society, University of Victoria Faculty of Law and NAC, graduating 11 new lawyers in 2005 (NAC, 2007). The University of the Arctic is a network of university, colleges and other organizations committed to higher education in the North (including institutions from Canada, the United States, Russia, Finland, Norway, Iceland and Greenland). They promote research in North, including environmental and health research. The Nunavut Sivuniksavut program housed out of Algonquin College in Ottawa is another important program for Inuit youth in Nunavut to

prepare students for educational, training and career opportunities created through the Nunavut Land Claims Agreement.

Education and Inuit Health Human Resource Capacity

The National Aboriginal Health Organization produced a discussion paper regarding Inuit health human resource capacity building in 2004 entitled “What Sculpture is to Soapstone, Education is to the Soul: Building the capacity of Inuit in the health field”.⁸ The results of their research provide important insight into the developing Inuit health human resource landscape. At the high school level, key issues are raised. For example, their research found that high school students had limited access to many of the courses required for entry into post-secondary health studies (NAHO, 2004, pp. 9). These limitations are due to the number of interested students and qualified teachers (NAHO, 2004, pp. 9). Distance education options are available but the success rate in those courses is lower than in face-to-face teaching. Post-secondary students and graduates also responded that nearly 75 percent felt “ready for life in the south” (where many go for college programs and where all go for university courses) but only 56 percent “felt ready for post-secondary studies” (National Aboriginal Health Organization, 2004, p. 7).

At the post-secondary level further illuminating information is provided, including the following excerpts:

- Most Inuit students are in certificate and diploma college programs, mainly in northern colleges. About one-third of Labrador and Nunavik students and 14 percent of Nunavut students are in universities.
- More than half of Nunavut's students are in one-year certificate studies.
- Reported post-secondary withdrawal rates in 2002 ranged included: Inuvialuit, 2 percent; Labrador, 12 percent; and Nunavik 16 percent (Nunavut statistics were unavailable). Specific post-secondary school

withdrawal rates ranged from 11 percent to 32 percent (based upon eleven institutional responses).

- The majority of post-secondary students are women, as are high school students planning to continue their education. The imbalance is quite startling, with two to three times as many women in most programs. (Nunavut data, however, indicated that almost equal numbers of men and women are attending southern schools) (National Aboriginal Health Organization, 2004, pp. 7-8).

The information is very useful in forecasting the Inuit health human resource landscape. Inuit health professionals are likely to be women working in entry level technical and care positions. The opportunity to advance these Inuit, however, into longer training programs, and more advanced health-related careers, clearly exists if resource allocation responds accordingly.

As noted by Annahatak (1994) and Douglas (1994), education has not always served the Inuit needs and interests. The Inuit people are striving to adapt western education to better meet their many needs, including health human resource capacity. The urgency of this issue is clear: “Inuit schooling levels are low while the need for highly educated, skilled workers and professionals is described as critical” (King, 1993). Inuit post secondary funding is insufficient to meet this demand, a situation similar to First Nations post-secondary funding. The Inuit share concerns similar to those of First Nations people and Métis regarding the insufficient support from the federal government in support of education and the long-term impacts to community development and goals of self-determination.

MÉTIS EDUCATION

Today, Métis people live in every province and territory in Canada, but many can trace their heritage back to the Red River Colony and/or other early Métis settlements in Manitoba, Saskatchewan and Alberta. In the 2001 Canadian Census, over 300,000

people identified as Métis (Statistics Canada, 2006). As the descendants of Europeans and Indigenous peoples, the Métis created an amalgamated culture rooted in traditions old and new. Many were active in the fur trade while others took up farming in their settlements such as Batoche (near Duck Lake, Saskatchewan), St. Albert (in Alberta) and in the Cypress Hills of southern Saskatchewan. In these settlements missionaries established themselves and using a western education model, provided religious teachings to the Métis. The missionaries were also active in agricultural training as they saw a direct connection between farming and guiding the Métis towards assimilation.

Métis Residential School Experiences

The earliest Catholic missions and day schools on the Red River go back to 1818, but the overall pattern of missionary education was not structurally organized until the latter part of the century. Miller (1996) describes the earlier missionary education efforts (or lack thereof):

The Oblates laboured in the region from 1845 onward, and from the late 1850s the Grey Nuns were to be found at a number of sites in what would become Alberta. Prior to the time of Canada's acquisition of Rupert's Land from the Hudson's Bay Company in 1870, the Roman Catholic presence had not yet taken on the form of a boarding school. Rather, the Oblates and sisters operated rudimentary day schools, or the priests traveled with and worked among the Indian and Métis groups of the plains without stressing education of the Aboriginal peoples. (Miller, 1996, p. 95)

Prior to the 1870, the main focus of the missionaries was about converting Métis and First Nations to Christianity and not necessarily providing western education. In some cases, priests might take a special interest in a Métis child they deemed to have promise. Louis Riel was one of those Métis boys sent to Montreal for training in the priesthood.

In 1879 Sir John A. Macdonald commissioned a report on US Indian boarding schools in order to guide the design of Canadian “Industrial Schools for Indians and Half-Breeds” (Miller, 1996, p. 101). The report adamantly recommended the integration of Indian and Métis students in the new educational experiment. The implementation of this experiment failed to follow this directive. Instead, Métis students were unofficially recruited, but by 1896 the federal government insisted that only Status Indians could be enrolled in the three industrial schools in the North West (Miller, 1996, pp. 102-104). This move was the first of many attempts to by the federal government to marginalize the Métis.

Even when the government attempted to address specific Métis needs, their efforts typically fell short. In 1896 a small reserve in Northern Alberta was established – the first reserve exclusively for Métis settlement. By 1899 the Grey Nuns were operating a boarding school modeled after those designed for First Nations’ education. However, the government did not follow through with their promises of farming equipment and the settlement dispersed. By 1908 the settlement land leases (which the government had coordinated for the Métis) were cancelled and the reserve was opened up to French-Canadian settlement (Dickason, 1992, pp. 360-361).

The actual number of Métis children who attended industrial and residential schools is unknown. Many, if not most schools, however, definitely had Métis pupils, and therefore left a long-lasting impact on the Métis of today – an impact similar to that experienced by First Nations peoples. In the past and present, Métis people often slip through the gaps both in terms of being serviced as well as documented, especially with government programs.

Contemporary Métis Education

The Canadian federal government assumes no fiduciary responsibility for Métis education. Instead, Métis education is left to the provinces, but they have not always concurred with this delegation of responsibility. For example, the provincial government of Saskatchewan did not assume responsibility for Métis education until 1944 (King, 1993). In the 1991 Census, it was reported that in Manitoba, Saskatchewan and Alberta over half of all Aboriginal school-aged children were Métis. In British Columbia, over one-third were Métis. The 1991 Census reports that nationally, almost one-third of all Aboriginal school children were Métis (King, 1993).

School districts in and around Métis settlements (especially in the northern areas of the prairie provinces) have operated under significant Métis leadership (King, 1993).

According to King (1993), in these districts,

...there has been de facto Métis control of Métis education but it has not been formalized nor made policy by provincial governments. For all intents and purposes, Métis children receive the same education offered by the provincial government to all other students in the province. (King, 1993)

As noted previously when First Nations, Inuit or Métis children attend mainstream schools, their unique needs and cultures are often unrecognized and not considered, rendering those children invisible. Dorian and Yang (2000) report that Métis students attend college or university often find that the elementary and secondary education they received did not prepare them to succeed against the academic rigor of most post-secondary institutions. Student experiences at the University of Saskatchewan, for instance, reveal several contributing factors that impact completion rates for Métis students. They note that “first and upper year Aboriginal students, including Métis, were

admitted to the university with averages much lower than that of general first year applicants” (Dorion & Yang, 2000, p. 178). Secondly, “Aboriginal students participated at a lower rate than would be expected from their proportion of the general provincial population, and their academic achievement was, on average, relatively lower than that of other students” (Dorion & Yang, 2000, p. 178). These factors lead to higher drop out rates for Métis and other Aboriginal students than that of the general student population.

While Indian Control of Indian Education has not produced the successes initially anticipated, the quest for Métis control of Métis education has even further to go. King (1993) explains:

No one has spoken of Métis Control of Métis Education except the Métis people. No government has taken on this policy to devolve control of educational services to Métis people. Research into the application of Métis Control of Métis Education needs to be done. (King, 1993)

Dorian and Yang (2000) connect low rates of literacy and high school completion among Métis people with factors contributing to a lack of economic security for Métis people of all ages. In Saskatchewan, for example, where the authors focused their study, “21.8% of Métis people over age 15, had less than a grade 9 education, and 65% did not receive any form of post-secondary education” (Dorion & Yang, 2000, p.177). While these findings are based upon census data from 1991, the authors contend that the lack of literacy skills, basic education and post-secondary attendance has had significant consequences for Métis communities as “the largest pool of employable Métis people (65%) lacked the education necessary to compete for employment in what is becoming a technology and information based economy” (Dorion & Yang, 2000, p. 177).

Métis Post Secondary Education

The lack of federal involvement with Métis education extends into the post-secondary realm as well. Métis college and university students face extreme financial burdens while often experiencing continued marginalization within mainstream institutions. As a result, Métis students are extremely under-represented at the post-secondary level and within the skilled workforce.

The Post Secondary Student Support Program does not include provisions for supporting Métis college and university students. As a result, Métis students often incur great debt to finance their college and/or university studies. A 1991 report, “A Post-Secondary Education for Métis People” outlines these financial hardships:

The evidence shows that the Métis person who graduates as a teacher in Saskatchewan in 1991 will be less well off economically than if they had stayed on welfare. Upon graduation as a teacher, they will not be joining the middle class but will be in the ranks of the working poor. A single student with no dependents in the B. Ed. program in 1990 with no other source of income would accrue \$13,008 of debt that was eligible for remission and \$21,138 to be repaid in full.

Another student in the same class, single with three children, deemed to be more in need, would incur an even greater debt load. This individual would owe: \$17,280 eligible for remission and \$56,160 to be repaid in full. (King, 1993)

King (1993) also notes the following:

... the expenditures of the graduate teacher would exceed the teacher's income while the expenses and income of the welfare recipient and the person on minimum wage equal out. Income levels and expenditures of the graduate Métis teacher do not equalize until the sixth year of teaching according to the Institute's calculations. This is in contrast to an Indian teacher graduating at the same time, who because of sponsorship is never in a deficit position during schooling and becomes a self-sufficient contributing professional in the first year of teaching.

The debt factor has long-term effects on Métis students' aspirations. Even for those who do get some post-secondary education, they are inhibited from going on to longer programs such as engineering,

medicine, or post-graduate work. A Masters level graduate could carry a debt of \$40-50 thousand dollars.

Various levels of government complicate the debt issue because rules are set by the federal government for Canada Student Loans which impact on Métis students while at the same time policies and regulations are set at the provincial level which are layered on top of the federal framework. Métis involvement in decision-making at both these administrative levels is minimal. Programs, which on the surface are meant to provide easier access to Métis students, have become so complex that they now are a disincentive to access to education. (King, 1993)

The 1996 Royal Commission on Aboriginal Peoples discusses the issue of Métis students and post secondary funding. Recommendation 3.5.22 proposes that a scholarship fund should be established for Métis students who do not have access to financial support under existing policies (RCAP, 1996).

While some might argue that these economic hurdles are similar to those faced by non-Aboriginal post-secondary students, they fail to take into account the larger picture of western education as a system that has historically failed Métis people.

This year, Métis provincial organizations have initiated funding programs for students entering health careers called the “Health Careers Support Program”. This is a four-year national initiative funded by Health Canada intended to support and increase the number of Métis health care professionals that will soon result in more Métis health practitioners across the country.

The Gabriel Dumont Institute: a model for Métis-controlled post-secondary education

The Gabriel Dumont Institute is a Métis operated post-secondary institution with more than a decade of experience in Métis education and research. With its focus on preparing students for a Métis future, the institute has been “instrumental in the development of technical infrastructure and the education of professional personnel for the Métis Nation” (Dorion & Yang, 2000, p. 180). The institute established a four-year

teacher education program and has succeeded in developing and delivering culturally relevant training and education programs in Métis communities all across Saskatchewan, including business administration, law enforcement, human justice, health care, resource technology and management, recreation and early childhood education, and housing administration (Dorion & Yang, 2000, p. 180). Since these are all areas where Métis people lag behind in education, training, and skills, the institute is positively contributing to the development of an economically strong and diverse Métis Nation. This conclusion is evident in the qualitative research completed with faculty, staff, and students indicating that the “institute programs greatly enhance the employability and income of Métis students” (Dorion & Yang, 2000, p. 184). Successful completion by students requires more than technical programming, however, as many students attributed their academic success to the development of positive identity as Métis students. Strong cultural identity fostered self-esteem and confidence enabling successful completion of their degree or diploma (Dorion & Yang, 2000, p. 185). The institute has also witnessed substantial changes in cultural awareness among students over the duration of its existence resulting in changes in political awareness. Graduates who rejoined their communities asked for the “institute's vision statement to be altered to represent more of a connection between education and Métis autonomy and sovereignty as Indigenous peoples” (Dorion & Yang, 2000, p. 185).

The Dumont Institute should be celebrated for its great success, but the institute cannot solve the entire gap that exists with respect to Métis education and its impacts on Métis people. For one thing Métis students receive little funding for post-secondary training or education which presents a significant economic barrier since most students

are left with a \$30,000-\$50,000 student loan debt upon completion of a four-year degree (Dorion & Yang, 2000, p. 186). Those students who do manage to succeed despite the economic barriers find that the skills and knowledge acquired in college or university does not protect them from the racism and discrimination they face in the workplace as Métis people (Dorion & Yang, 2000, p. 186). Colonialism and its lasting legacies still impact the lives of Métis people, which is something that they share in common with other Aboriginal peoples in Canada and beyond. Indian control of Indian education should apply to Métis people within a Métis context and it should result in movement at all levels of educational attainment. Otherwise colonialism continues unabated.

RECONTEXTUALIZING ABORIGINAL EDUCATION WITHIN A HEALTH HUMAN RESOURCES PERSPECTIVE

Understanding the historical context of education, specifically within a health human resources perspective assists in developing a framework for effective policy formation, institutional changes and community action. The historical impediments to education for First Nations, Inuit and Métis peoples provides us with the knowledge of how to do things better. This has already begun in recent decades to narrow the gap of skilled profession Aboriginal workers and mainstream Canadian workers. The gaps still persist and continue to impact health and wellness in First Nation, Métis and Inuit communities, in rural communities and in urban centres. Indigenous individuals involved in health care professions are typically found in the entry-level positions and they often lack the training or resources to advance within the field.

Several progressive organizations, particularly Indigenous health professional groups, policy think tanks, and mainstream post-secondary institutions have partnered with Indigenous communities and institutions to improve the opportunities for First

Nations, Inuit and Métis people to advance in health careers. These efforts need to be supported and expanded with appropriate resource allocation. Persistent increases in Indigenous post secondary achievement are often described as a great accomplishment for mainstream education and institutions, but it is important to remember that the First Nations, Inuit and Métis people are the fastest growing population in Canada.

Western education has historically done very little in the advancement of traditional knowledge around health and wellness for Aboriginal people. Formal education such as day and residential schools removed the youth from community education and the young learners' cycle of knowledge was broken. These unsuccessful educational practices and subsequent low academic success rates limited opportunities for higher education and professional training. First Nations, Inuit and Métis youth are still the least likely in Canada to graduate high school and even those who do graduate are often unprepared for post secondary education. Community controlled education provides a framework to alter the patterns established by earlier forms of western education, but these new initiatives will only become successful when they are properly supported. Curriculum must reflect the cultures and values of the communities as well as the training needs of the communities.

At the post secondary level, First Nations, Inuit and Métis student success continues to rise, but challenges remain. First Nations students with Indian status and many Inuit students are able to apply for financial support through the federal government's Post Secondary Support Program, but that program continues to be underfunded. No equivalent program exists for Métis or non-Status First Nations students. For those First Nations, Inuit and Métis students who are able to finance their education, they

are still likely to face obstacles regarding cultural insensitivity, family/community responsibilities, housing and travel. Given the low attainment levels at the high school level, many Aboriginal students may also require additional academic support. Many mainstream institutions have created programs to assist students in overcoming these obstacles, with varying levels of success. Several colleges and universities have specifically designed access and support programs focusing upon health sciences, attempting to improve the First Nations, Inuit and Métis health human resource landscape.

Indigenous Institutes often partner with mainstream institutions in these areas as well, providing important access to First Nations, Inuit and Métis students who might not otherwise enter or be retained at a mainstream college or university. Other Indigenous Institutes, such as the First Nations Technical Institute (FNTI) located on the Tyendinaga Mohawk Territory, are creating health programs focusing upon Indigenous health knowledge and practices (FNTI, n.d.). Programs such as these can help bridge the gap between western and Indigenous health practices, increasing First Nations, Inuit and Métis health. Post-secondary institutions clearly are essential to improving the First Nations, Inuit and Métis health human resource landscape, but they must further their efforts in areas such as community collaboration, access programs and student support. Post secondary institutions also need to support educational improvement at the elementary and high school levels in order to increase the number of students prepared for higher education. The following section describes some barriers to post secondary education that are evident in First Nations, Métis and Inuit students.

Barriers and Responses to Academic Success for First Nation, Métis and Inuit students

Historical barriers to education have transcended generations and still impact Aboriginal students today. There are additional barriers, some of which stem from issues around residential schools, but are also contemporary in nature. These can include: academic preparedness, barriers in math and science, geographic, demographic and social barriers, and having English as a second language (ESL). Contemporary approaches to dealing with these barriers are increasingly evident and will be discussed briefly.

Academic Preparedness

Lack of academic preparation is a major barrier to post secondary success within health careers and across all disciplines. Students graduating from remote or reserve schools often time have weaker skills and are less academically prepared to succeed in mainstream universities and colleges. In a study by Hull, Phillips and Polyzoi (1995) in the 1980's revealed that most reserve students were at least one year behind the expected grade level by the age of 13 (Hull, Phillips & Polyzoi, 1995, p. 39). This type of low academic preparation is a significant barrier for Aboriginal post secondary students and contributes to low retention rates at college and universities (Malatest, 2004, p. 12). Another study by Wiebe, Sinclair, Nychuk and Stephens (1994, p. 153) revealed that students in a premedical studies program at the University of Manitoba revealed that 80% of students felt academically unprepared to enter their program and the premedical studies program helped them succeed further.

Math and Science

Aboriginal students are not taking math and science at the levels needed to for entry into health based post secondary education and subsequently health careers.

Malatest (2004) states that while many students are not graduating high school, those who are, do not graduate with necessary courses such as math and sciences, core courses required to enter into health related disciplines (Malatest, 2004, p. 12). Mullens (2001) notes a critical shortage of Aboriginal people in science based fields such as health are a result of the lack of students taking math and science. The lack of exposure to careers and skills of people (role models) in science and health disciplines is also cited as a direct cause of the lack of interest in taking science and math courses (Mullens, 2001, p. 8). “Science and health educators estimate that fewer than one per cent of aboriginal students are majoring in science related courses. For example, of the 45,000 engineering students enrolled in the 34 engineering faculties across Canada, approximately 140 are Aboriginal students” (Mullens, 2001, p. 10). According to Mullens, in 2001 only 100 of Canada’s 58,000 physicians have Aboriginal ancestry (Mullens, 2001, p. 10).

Geography, Demography and Social Barriers

Many Aboriginal students coming to college and university are mature students. This demographic has different barriers to education such as relocation of family costs, day care, and family responsibilities (parents, children and other dependents of the Aboriginal students). This is especially prevalent for students from northern parts of the provinces and Inuit and may require some separate discussion.

The Aboriginal social and demographic of educational attainment in Canada is low. 1996 census data shows that in 1996, 53.5 per cent of Aboriginal populations over the age of 15 had completed less than high school (Statistics Canada, 2001). This low level of educational attainment impacts students in the future as well as the current labour force because of the lack of role models. In a study in 1992 by the University of

Manitoba, respondents felt that the main factors that dissuaded them from attempting post secondary education was the lack of role models who had taken university programs meaning to them, that university was not a viable option (Malatest, 2004, p. 12).

Other potential area that impact academic success is English as a second dialect (ESD). A study in 2001 on Saskatchewan ESD demonstrated that 74% of Saskatchewan's Métis and First Nations students had English as a second dialect and that Aboriginal student students were coming to school "speaking an Aboriginal language or a vernacular dialect of English at home and in their communities...Because vernacular dialects of English are strongly influenced by Aboriginal languages, Aboriginal students develop distinctive pronunciation, vocabulary, grammar, discourse and pragmatic usage" (Epstein & Xu, 2003, pg. 7). One of the impacts of students who use ESD is the "problem of inexplicably low levels of literacy...Canadian Indian children are often two to four grades behind in their measured reading levels" (Olson, 1993. p. 389). This has far reaching impacts when students are considering post secondary education. Access programs across Canadian institutions have recognized the barriers facing Aboriginal students and education, and are reducing these gaps in academic preparation and subsequent academic post secondary success rates.

Access Programs

Many colleges and universities have responded to the increasing Aboriginal student enrollment rates by implementing access programs offering alternative entry and admissions routes for students who may not have the required courses or admissions average. These courses can exist for specific programs (i.e. medicine or law) or across all disciplines. For example, Manitoba colleges and universities have had such programs

since the 1970s and resulted in higher success rates than other provinces. Since the introduction of the “Special Premedical Studies” program at the University of Manitoba, success rates went from only one Aboriginal student graduated as a physician (before the access program) to a 43% success rate (Malatest, 2004, p. 25). This extra year of university allowed them to finish courses and receive support from the institution and relieved them of a lot of family stress and financial stress (Malatest, 2004, p. 25). Support for students emotionally, financially, and academically are all linked closely to the provision of access programs. Institutions that offer access programs for Aboriginal students typically have support services geared to Aboriginal students.

Institutional Responses to Aboriginal students

Post secondary institutions across Canada have also responded to the increasing number of Aboriginal students by providing Aboriginal student services. In Ontario, institutions have been receiving funding since the 1980s through the Aboriginal Education and Training Strategy (now called the Aboriginal Education Strategy). This funding provides institutions with funding for Aboriginal services and programs. Most institutions have some kind of Aboriginal Student Service provision ranging from one Aboriginal student support worker to large Aboriginal student centres.

Initiatives such as peer mentoring and tutoring to advisement, advocacy and recruitment have been implemented across Ontario institutions that attempt to respond to Aboriginal student needs. The Gabriel Dumont Institute has comprehensive institutional support program for Métis students as well as programs at the University of Winnipeg, University of Manitoba, University of Alberta, and the University of Calgary. The National Aboriginal Student Services Association (NASSA) in the Canadian Association

of Colleges and Universities of Canada provides training and advocacy for institutions across Canada who currently have or are looking to implement Aboriginal student services.

First Generation Students

Recent research demonstrates that in some populations of Canadian students, there is a link between likelihood of students pursuing post secondary education and the educational attainment levels of their parents. The Canadian Millenium Foundation surveyed the 2003 Canadian graduating class to distinguish characteristics contributing to the pursuit of post-secondary education. The connection between parents and student was inextricable “Aboriginal respondents whose parents had pursued PSE were more likely to report that parents, other family members, friends and post-secondary representatives encouraged them to pursue a post-secondary program than were other Aboriginal respondents” (Malatest, 2007, p. 36). “First Generation students” are students who are the first generation in their family to pursue post secondary education (Malatest, 2007, p. 1).

The importance of having an enabling social network was revealed with the Aboriginal student population. The report indicated that:

Aboriginal respondents whose parents did not have a background in PSE were less likely to report encouragement from other family members (64 per cent) or a post-secondary representative (32 per cent) than were those whose parents had some PSE experience (77 per cent and 50 per cent, respectively). (Malatest, 2007, p. 36)

Aboriginal students who are first generation students rely on their parents and family to encourage and relate to their experience. For Aboriginal students, they are far less likely to have parents who had obtained post-secondary experience (37 per cent) than were non-Aboriginal youth (58 per cent) (Malatest, 2007, p. 37) and is a contributing

barrier to post secondary education. The Canadian Millennium Foundation has become an important tool for measuring and responding to post secondary education in Canada. It was established in 1998 as a private, independent organization created through an act of Parliament. Programs like research, bursaries, scholarships and institutional program support are the foundation of the foundation.

Institutional responses to the barriers faced by First Nations, Métis, or Inuit students through student services and access programs continue to be a positive move forward. As the population of Aboriginal people continue to increase, the integrity of institutional efforts will require continuous enhancement and appropriate resource allocation.

CONCLUSION

Through Medicine Stories I teach and I learn. I heal and I am healed. I tell and I listen. Both Teller and Listener are necessary to Story. Both Telling and Listening are Intense. Intentional. Giving. Receiving. Giving (Graveline, 2004, p. 17).

Telling and listening are important elements of transferring knowledge. This provision of context allows us to better understand current realities. The failure of western educational approaches for First Nations, Inuit and Métis peoples from initial contact to present day requires telling and listening. These failures have resulted in a Canadian health human resource landscape significantly underrepresented by First Nations, Inuit and Métis health professionals. The failures have also contributed to poor health for many Indigenous people.

In recent years, significant movement has been made to move the First Nations, Métis and Inuit health human resource issue forward so that qualified Aboriginal professionals are situated in the communities that need them the most. The need for a

critical evaluation and amendment to the education system is required so First Nations, Inuit and Métis peoples can move forward as healthy and sustainable communities, families and individuals.

SPOTLIGHT: Community Health Representatives

[note: I would envision this section being set-off in a text box or other highlighted fashion]

In the 1960s the Department of Indian Affairs and Health and Welfare created a new health care position in Inuit and First Nations communities – the Community Health Representative (CHR). Community Health Representatives (or Workers) are public health educators who promote “well-being and access to services by applying their specific skills in a community’s language and culture” (McCallum, 2006, p. 1). This new workforce was established to bridge gaps between Inuit and First Nations community members⁹ and non-Inuit/First Nations doctors and nurses. Initially both men and women were trained for the positions, but today the vast majority of CHRs are women.

McCallum (2006) describes the early curriculum of the CHR training programs and the communities involved:

Training involved three parts. The first part was an “Orientation” running from six weeks to two months and supervised by field nurses. It involved surveying reserves for facts about health and “health attitudes” and learning about the work of teachers, the RCMP, missionaries and government workers. The second part was a 3-month “formal training” program, which took place in a central area, in a classroom, and focused on germ theory, nutrition, first aid and teaching methods. After six weeks of general health education, the group was divided into men and women for another session of two weeks’ length: women attended discussions of public health nursing subjects; and men received practical sanitation training. The third part of the training program was a probation period of continued on-the-job training supervised by local nurses and health committees. After one year, CHRs would be considered for permanent full-time public service posts with the Medical Services Branch. During the first program, seven men and three women were trained in Norway House and hired in their own communities. There were five other CHR programs run in the 1960s alone, all west or north of Norway House. (pp. 2-3)

Since 1970, there have been vast changes in the field of Community Health Work. For example, CHRs were among the first health professionals to address addictions issues. The National Indian and Inuit Community Health Representatives Organization (NIICHO) is lobbying for standardized “core competency” training for all workers, a rewarding career path, and suitable salaries (McCallum, 2006, p. 6). Today there are more than 900 CHRs working with bands and the First Nations Inuit Health Branch (FNIHB) to improve the health status of Inuit and First Nations people in Canada. They continue to be critically important (and often underpaid) health educators serving Inuit and First Nations communities (McCallum, 2006, p. 6).

SPOTLIGHT: Aboriginal Midwifery

[note: I would envision this section being set-off in a text box or other highlighted fashion]

Within the mainstream, the field of midwifery is often misconstrued as either “new” and novel or ancient and passé and it is often not associated with contemporary medical practice. It is only within the last ten years or so that midwifery has become once again a legal field of practice in Canadian society, and Aboriginal people are somewhat marginalized in many of the current debates about appropriate legislation, education and registration. However, traditional Aboriginal people across North America have persisted in their original birthing traditions, and are experiencing resurgence in those traditions by other members of their communities and Nations. In this process, they are asserting sovereignty over the birthing process as an important aspect of a larger political stance of independence and self-reliance. In so doing, they often challenge the external regulations being developed to govern non-Aboriginal midwifery.

Midwifery education is flourishing in Native community-based programs in Ontario and Quebec and in four-year university programs elsewhere in Canada. The

Aboriginal Midwifery Education Program [AMEP] is the first four-year university program for Aboriginal Registered Midwives and is designed for Aboriginal students particularly in northern Manitoba. Practicing midwives operate out of various other health centres or are hired privately. There are also a number of community-based birthing centres including: the Inuulitsivik Maternity Centre in Puvirnituk, Nunavik; the Rankin Inlet Birth Centre, Nunavut; the Iewirokwas Midwifery Program, Akwesasne Mohawk Territory; and Tsi Non:we Ionnakeratstha Ona:grahsta – Six Nations Birthing Maternal and Child Centre, Six Nations of the Grand River. Inuit midwives have also organized Irnisuksiiniq - Inuit Midwifery Network. These programs and initiatives build bridges between Indigenous birthing traditions and western medical approaches, to provide safe and culturally respectful birthing support to First Nations, Inuit and Métis families. While these programs do provide important cultural and community based health care training, midwifery programs such as the Tsi Non:we Ionnakeratstha Ona:grahsta – Six Nations Birthing Maternal and Child Centre are problematic because they do not qualify graduating students with mid-wife licenses to practice outside of reserve communities. As well some of these programs, like Tsi Non:we Ionnakeratstha Ona:grahsta and are considered “private” and are not typically funded by communities who administer the Post Secondary Student Support Program or qualify for provincial government student loans.

SPOTLIGHT: Indigenous Physicians Association of Canada

[note: I would envision this section being set-off in a text box or other highlighted fashion]

The Indigenous Physicians Association of Canada (IPAC) is a group of First Nations, Métis and Inuit medical doctors and students from many nations across Canada who are interested in Indigenous peoples' health. The organization was founded in 2004

with the goals of supporting the establishment of a First Nations, Inuit and Métis physician workforce and to promote the health and wellbeing of First Nations, Inuit and Métis peoples in Canada.

Their organizational mandate is ‘to serve the interests of Indigenous physicians, medical students and the health related interests of Indigenous people in Canada by:

- Developing a data system to accurately monitor the number of Aboriginal medical students/residents and physicians;
- Contributing to Aboriginal knowledge (cultural competence, medical education, curriculum, sharing of Aboriginal knowledge, research and appropriate knowledge translation systems);
- Mentoring and support systems for Aboriginal medical students by Aboriginal physicians and the wider systems involved in training and supporting medical students;
- Providing support to each other as members;
- Address issues of Indigeneity and medical practice;
- Developing and supporting the implementation of Aboriginal medical student and physician recruitment and retention strategies; and
- Making contributions to national strategies around Aboriginal health as well as local and regional initiatives in addition to exploring individual levels of advocacy that support health improvements at the patient and community levels. (Indigenous Physicians Association of Canada, 2007)

They regularly participate in research initiatives related to their mission, vision and mandate, especially in the area of recruitment and retention of First Nations, Inuit and Métis people to medicine.

SPOTLIGHT: Aboriginal Nurses Association of Canada

[note: I would envision this section being set-off in a text box or other highlighted fashion]

In the early 1970s, Jean Goodwill, a Registered Nurse (RN) from Little Pine, Saskatchewan, and Baccalaureate-prepared public health nurse Jocelyn Bruyère, from Opaskwayak Cree Nation, Manitoba, and others worked to create a platform and a

gathering place for Aboriginal nurses in Canada. The inaugural meeting of the Registered Nurses of Canadian Indian Ancestry (RNCIA) was held in 1975 in Montreal/Kahnawake. RNCIA's primary goal was to assist in the improvement of the health status of Aboriginal people. Most of its objectives dealt with six basic principles: health promotion and research, consultation, facilitating Aboriginal control of Aboriginal health, influencing nursing education, recruitment, and maintaining a registry of Aboriginal Registered Nurses. RNCIA included both Status and Non-Status Registered Nurses, and changed titles over the years: in 1983 to the Indian and Inuit Nurses of Canada; and in 1992 to its current title, the Aboriginal Nurses Association of Canada (ANAC).¹⁰

The ANAC has worked tirelessly to recruit more Aboriginal nurses to the field. They have promoted nursing at career and job fairs and gathered financial support for educational bursaries for Aboriginal students in nursing programs. Members of the organization also assisted in the creation and work of the Indian and Inuit Health Careers program, access programs and the Native and Northern Nursing programs. These programs attempt to make nursing education both accessible and relevant to Aboriginal students. The ANAC has also been concerned with the hiring of Aboriginal nurses, and it announces job opportunities with the Medical Services Branch and lobbies on behalf of Registered Nurses working for the Branch. The organization also plays a central role in relaying problems related specifically to Medical Services including the under-representation of Aboriginal nurses, recruitment and retention, and the problem of cultural alienation of Aboriginal patients within the health system. It undertakes studies

and holds workshops to advise bands and nurses about contracts and responsibilities, and provides professional support for those in transfer situations.¹¹

The ANAC has also been active in health research, delving into the health issues of most importance to Aboriginal communities including family violence, diabetes, drug, alcohol and tobacco use, HIV/AIDS and fetal alcohol spectrum disorder. Moreover, members of the ANAC have contributed significantly to the development of theories of nursing practice within Aboriginal communities from cross-cultural nursing to the latest developments in Aboriginal nursing education, Aboriginal Health Nursing.

ENDNOTES

¹ In Canada today, Indigenous peoples are categorized under three umbrella groupings: First Nations, Inuit and Métis. These categories are organized around historic political relationships between different Indigenous peoples and the Crown as well as regional and genetic factors. Herein, the term 'Indigenous' is used to refer to all three groupings, especially in the pre-contact historic period, while the specific categories of First Nations, Inuit and Métis are used to discuss specific experiences. Further, specific Nation and geographic names are used where and when appropriate. 'Aboriginal' is used in the contemporary context only, in reference to Canadian legal terms.

² Some of these include the creation of reserves where First Nations were often confined with insufficient economic opportunities (including traditional and monetary economies), the dispersal of Métis people from their settlements, and the removal of northern peoples (i.e., Inuit, Innu and Cree) from their traditional harvesting territories into permanent settlements with insufficient resources.

³ The granting of citizenship to First Nations was an action of the federal government, without First Nations consultation. While some First Nations people embraced the recognition of Canadian citizenship, others continue to renounce it as a colonial tactic against First Nations' sovereignty and lands.

⁴ For further discussion, see Sabrina E. Redwing Saunders and Susan M. Hill, "Native Education and In-Classroom Coalition-Building: factors and models in delivering an equitable authentic education", *Canadian Journal of Education*, forthcoming.

⁵ This program is also known as "Gigendaasoo'ow- Wido'win", an Anishnawbe term that translates to "gaining knowledge through teaching one another". This program is based on alternative learning methods that are more consistent with traditional Aboriginal methods of teaching and learning. This program is jointly funded by the local school board and the Ontario Ministry of Education. The goal of the AAEP is to help aboriginal youths to finish high school, upgrade, receive assistance with literacy or participate in employment related training.

⁶ Many First Nations have concentrated their efforts through consortium relationships where a centralized office will administer funds for several Bands. Inuit funding is dispersed through the four regional areas in the Arctic and through provincially-designated organizations for southern Inuit residents. For example, the Mississaugas of New Credit administer post-secondary funds for Ontario-based Inuit.

⁷ For a detailed discussion see Douglas (1994).

⁸ The paper is based upon research with 27 Arctic high school principals, Inuit high school students across the Arctic, Inuit post-secondary students, northern and southern post-secondary schools, funding organizations for the Inuit regions, and people with an interest in Inuit education.

⁹ It is apparent, as well, that Métis people have been involved in CHR programs since the early stages.

¹⁰ For more information on the goals of the organization, see Mary-Ellen Kelm and Aboriginal Nurses Association of Canada, *30 Years of Community*. Ottawa: Aboriginal Nurses Association of Canada, 2005.

¹¹ For more information on the activities of the ANAC, see Aboriginal Nurses Association of Canada, *Twice as Good: A History of Aboriginal Nurses*. Ottawa: Aboriginal Nurses Association of Canada, 2007.

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