Stolen Sisters, Second Class Citizens, Poor Health: The Legacy of Colonization in Canada

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Abstract

This paper examines the multiple oppressions faced by Aboriginal women as a result of Canada's sexist and racist colonial past. We explore the destructive affects of colonization on gender relations and societal structures and argue that Aboriginal women suffer higher rates of poverty, ill-health, violence and sexual exploitation than non-Aboriginal women as a result. The Sisters in Spirit Campaign (2004) and Amnesty International's "Stolen Sisters" report (2004) illustrate how violence is a result of the social and economic marginalization of Aboriginal women. Short term solutions focus on serious jail sentences and fines on those who procure, exploit and prepetrate crimes on girls and women while long term solutions must address the elimination of poverty among Aborignal women while simultaneously revaluing Aborignal women and their culture. Unless these underlying causes of poor health for Aboriginal women are addressed there is little chance of improvement.

Personal Reflexive Statement

We believe in research that is action-oriented and community based that moves individuals and communities forward and adds their voices to the work we do. Mary states that as a light worker, research that is healing is her first priority. The purpose of research should be to empower communities who have been relegated to the margins by inappropriate use of power. Carrie believes that it is her ethical responsibility as a female Métis academic to not only discuss the effects of history, but to advocate for change in our society, change that will

address the effects of colonization that we are witnessing today. Wendee, as a feminist and academic, works to educate and eliminate sexism, racism and oppression caused by dominant power relations both in and out of the academy. We share a feminist anti-racist perspective in our teaching and research. The following paper is a response to the racism, sexism and health disparities affecting Aboriginal women in Canada today.

For Indigenous people in Canada, colonization remains one of the most destructive elements affecting societal structures today. Family organization, child rearing practices, political and spiritual life, work and social activities have been turned upside-down by Canada's colonial system. Aboriginal people (Indian, Inuit and Métis)[1] as a whole, have been marginalized by the racist policies and attitudes instituted by the British colonizers. As a result of colonization, the magnitude of social, economic and political problems faced by Aboriginal people is enormous. We argue while Aboriginal people have been affected as a whole, Aboriginal women have been doubly affected because of this racist ideology and by the pervasive sexism inherent in that ideology. In turn, the health of Aboriginal women is lower than any other group of women in Canada and is directly linked to their colonized, racist, sexist and patriarchal past.

HISTORICAL BACKGROUND OF FIRST NATION'S PEOPLE IN CANADA

In Canada, like other white settled dominions, the various social, cultural, political and economic dynamics that the concept of colonialism encompasses unfolded in the context of the development of the capitalist world system. As capitalism developed, evolved and passed through various stages, the role of colonies and colonized people changed. The first systematic European contact occurred during the initial phase of capitalism variously described as mercantilism or merchant capitalism. During this phase colonies and their indigenous people were often valued as a source of wealth that was extracted through the establishment of trading relationships and networks. In the Canadian context this partly explains the British acknowledgement and acceptance of Aboriginal people in measures such as the Royal Proclamation.

The emergence of industrial capitalism changed all this as a new concept of wealth emerged—wealth could be better accumulated through industrial production as opposed to trade. In the Canadian context this new understanding of wealth, natural resources and the control of lands, particularly those in the West, informed the decision of the business, commercial and political elites to create a new nation state in 1867. Among the anticipated outcomes was the

development of an industrial economy predicated on the creation of an expanding market in what was to become a largely agricultural West. The acquisition of this land by the Hudson's Bay Company and the subsequent removal of Aboriginal people from it though the treaty process were essential steps in this process. Under these circumstances Aboriginal people were no longer an asset, but a hindrance in that the land they occupied was now required to facilitate the creation of a market for Canadian industry through intensive settlement.

The fact that the international colonization of the geographical part of the world now called Canada and the subsequent internal colonization of the West was carried out by men steeped in centuries of patriarchal values and practices was to have and still has a dramatic impact on Aboriginal women. The additional fact that the emergence of Western European based capitalism involved the subjugation and domination of many other cultures and nations through inhumane actions such as the establishment of the African-American slave trade, the conquest of India and the South Pacific and the occupation of North America was also important because such actions were often justified and legitimated by the emergence of new forms of racism.

As a result of these dynamics and processes, Aboriginal women are the most marginalized, poor and unhealthy population in Canada. According to Bourassa, McNabb and Hampton, (2006, p.541) "Sexism, racism, and colonialism are dynamic processes rather than static, measurable determinants of health; they began historically and continue to cumulatively and negatively impact health status of Aboriginal women." Race and gender are social constructions and are not only a product of colonization, but a requirement since the oppression of one group over another relies upon the creation of inequality. In a capitalist system, inequality is an absolute necessity. Working class groups are oppressed by the dominant group that benefits from profits. The institutions within a capitalistic society perpetuate this oppression (Hull 2001, p.3; Porter 1965, p.18).

The ideology of race was used to control and manipulate the class interests that emerged from a staple based hinterland economy. For example, the fur trade was a very important part of Canadian political and economic history. Both First Nations and Métis people played important roles in advancement of the trade. British colonizers, traders and merchants used race to define these groups of people and to assert dominance over them. In this way, they ensured that the inequality and hierarchical aspect inherent in capitalism was entrenched in colonial policy.

Critical race theory acknowledges that this ideology was not only inherent in the early capitalist system but has profound effects in contemporary society. Critical race theory argues that race is a social construction, not a biological

characteristic. Race is an idea, a discourse, a system that ensures some people in society have an advantage over others. Race is a social construction that has profound consequences for material well-being in daily life. Critical race theory makes race visible and empowers those who have been oppressed through the process of "othering" by recognizing that social norms have been constructed to serve the interests of the privileged (Cherland and Harper 2007, p.108-110).

Similarly, postcolonial theory is articulated in the work of Edward Said (1993) who argued that races are constructed for the benefit of those in power. Race is an inherent aspect of colonization; although colonization has ended, its effects are still evident in society. He notes: "In our time, direct colonization has largely ended; imperialism, as we shall see, lingers where it has always been, in a kind of general cultural sphere as well as in specific political, ideological, economic and social practices" (Said 1993, p.9). Furthermore, Said (1993) argued that neither imperialism nor colonialism was a simple act of accumulation and acquisition, rather both are supported by ideological formations that ensure those who are being colonized become controlled through ideology and believe that they are "inferior" or "subordinate" to the colonizers.

While all Aboriginal people experienced the adverse effects of colonization, Aboriginal women faced more extreme effects as sexism and racism combined to oppress and marginalize them. In fact, the roots of the disparities for Aboriginal women can be traced back in Canada's history. Assimilation of Indian (First Nations) people began in a formal way in 1876 with the introduction of the *Indian Act*. A central element of this *Act* advanced the government's assimilation policy through the process of disenfranchisement or losing one's Indian status. For example, under Section 12(1)(b) of the *Act*, Indian (First Nations) women could lose their status if they married a non-Indian (First Nations) man. Women could not own property, and once a woman left the reserve to marry she could not return because non-Indians could not reside on the reserve even if a divorce had occurred. This also applied to her children. From the government's perspective, these women had been assimilated and had lost their Indian status. However, if an Indian (First Nations) man married a non-Indian woman, he not only retained his Indian status, but the non-Indian woman would gain status under the *Act* and so would their children (Wotherspoon and Satzewich 2000).

This legislation was challenged by Jeanette Corbiere Lavell in 1971 when her name was removed from her band list for marrying a non-status male and by Yvonne Bedard when she was not allowed to move back to her reserve after she separated from her non-status husband (Frideres and Gadacz 2005). Both women lost their cases in the Supreme Court of Canada in 1973. However, in 1977, Sandra Lovelace challenged this legislation by filing a complaint with the United Nations Committee on Human Rights. On July 30, 1981, the UN Human Rights

Committee ruled in favor of Ms. Lovelace finding Canada in violation. In 1985, Bill C-31 was passed into law stating that Indian women could no longer lose status through marriage and those who had lost status were re-instated (as well as their children).

The passage of Bill C-31 has not effectively remedied the discrimination faced by First Nations women today but has compounded the problems (Native Women's Association of Canada 2001, p.20). First Nation children can lose their status if one of their parents is non-status. The Native Women's Association of Canada (NWAC)[2] has been advocating on behalf of Aboriginal women regarding this issue since NWAC was established in 1974. In 2004, NWAC brought legal action against the federal government regarding matrimonial property on reserve at time of marital separation. There has been no settlement yet, however, a consultation process was launched by the federal government in September 2006 and concluded in February 2007.

The Department of Indian and Northern Affairs (INAC), Assembly of First Nations (AFN), and the Native Women's Association of Canada (NWAC) assisted with the consultation process (NWAC 2007:2). Recommendations have been made by the Ministerial Representative on Matrimonial Real Property Issues, Wendy Grant-John to the Minister of Indian Affairs and Northern Development, Hon. James Prentice. The recommendations made by the Ministerial Representative include:

1. Federal policies and legislative initiatives are to be based on a recognition of First Nation jurisdiction and respect for aboriginal and treaty rights;

2. Both federal and First Nation governments have obligations to respect and implement internationally recognized human rights values (INAC 2007, p.3).

The Canadian government also used racist ideology to enhance the assimilation process through education. The government would assert that Indian (First Nations) people were, by nature, unclean and diseased and residential schools would save Indian children from the "insalubrious influences of home life on reserve. School officials told students that cultural alienation was to be welcomed as the first step toward healthful living and long life" (Kelm 2001, p.57). In 1920, the *Indian Act* was amended so that it was illegal for Indian children to stay home from school. Essentially the government forced parents to send their children to the residential schools.

> For over a hundred years, a Canadian government policy to assimilate Aboriginal peoples by taking kids away from their families to residential schools where they were punished for speaking their language, practicing their own cultural and

religious traditions, and often the victims of physical and
sexual abuse, left generations of Aboriginal people without
parenting skills, without self-esteem, and feeling ashamed of
who they were and hopeless about the future (CRIAW 2002,
p.4).

The Royal Commission on Aboriginal Peoples (RCAP) released in 1996
contended that residential schools had the single greatest impact on Indian (First
Nations) people in Canada and continues to have inter-generational impacts. The
major outcome today is the high incidence of violence perpetrated against
Aboriginal women (Day 1995; Hart 1997). In fact, at least three-quarters of
Aboriginal women have experienced family violence and the mortality rate for
Aboriginal women due to violence is three times higher for Aboriginal women
than non-Aboriginal women. Further, the rate of suicide among Aboriginal
women is three times the national average and sexual abuse rates are higher
among Aboriginal women (NWAC 2004, p.4).

Higher rates of violence toward Aboriginal women lead to higher rates of
addiction and further victimization, such as involvement in the sex trade.
Contributing to this is the fact that Aboriginal women suffer the highest poverty
and unemployment rates in the country and are often vulnerable to the sex trade
industry. Finally, Aboriginal women are three times more likely to contract
HIV/AIDS than the non-Aboriginal population (NWAC 200, p.3-4).

These issues are clearly interconnected and are not easily remedied. As noted
by Raphael (2008), health status is produced through complex interactions of a
variety of social determinants. According to Raphael (2008) social determinants
of health are

the economic and social conditions that influence the health of individuals,
communities and jurisdictions as a whole … Social determinants of health
are about the quantity and quality of a variety of resources that a society
makes available to its members (p.1).

Social determinants of health include gender, Aboriginal status, minority status,
early childhood development, education, employment and working conditions,
food security, health care services, housing, income and income distribution,
social safety net, social exclusion/inclusion, unemployment and employment
security (Raphael 2004, p.6). Socio-economic status (SES) in particular is a
reliable predictor of health status because it illuminates material advantages or
disadvantages that accumulate over the lifespan and their effects on health
(Raphael 2004, p.13). Social and economic inequality produces inequities in
health status (Langille, 2004) and for Aboriginal people in Canada, the root cause
of their inequity is the legacy of colonization (Bourassa et al. 2006).

MULTIPLE SOCIAL STRESSES, ECONOMIC, AND POLITICAL BARRIERS

Compared to their grandmothers, contemporary women have experienced remarkable improvements in their lives, particularly in literacy and education. However, many women around the world have experienced an absolute decline in their quality of life. The global gap between rich and poor has widened (UN 2000) and women remain the poorest of the poor. Women still experience a wage gap[3] and are typically paid less than men for their labour. Even today, the nature of women's participation in the waged labour force is shaped by factors such as marriage, reproductive rights and the expectation that women have primarily responsibility for family care (Seager 2003, p.66). Overall, women work more hours each day than men, rest less, and perform a greater variety of tasks (Seager 2003:70). Women, because of their sex and gender, have different experiences than men as workers, parents and as members of their families and communities. These differences affect their health and well being in different ways than men and has led to a general awareness among researchers that gender is a determinant of health (Kaufert 2005).

Aboriginal women, however, are doubly marginalized. First, because they are Aboriginal and second because they are women, they experience a lesser status than men. Cora Voyageur (2000, p.82) notes that some sociologists refer to this as "multiple jeopardy" because colonialism has created multiple economic, social and political barriers both within Aboriginal and outside Aboriginal communities. Aboriginal women have lower incomes, less formal education, poorer housing, lower health status and a greater chance of becoming lone parents. Indeed, when looking at the impact of racism, sexism and colonization on Aboriginal women, gaps exist between Aboriginal women and Aboriginal men as well as non-Aboriginal men and women, but also *among and between* Aboriginal women themselves. For example, Métis women are more likely to be employed than status Indian women, but less likely than non-Aboriginal women (Saskatchewan Women's Secretariat 1999).

The two historic policies that particularly affected Aboriginal women negatively were the dispossession of Aboriginal women who married outside their communities and the removal of children to be educated in residential schools. The federal government in Canada would also use colonial policy, legislation and religion (via missionaries) to oppress Aboriginal women in ways that did not apply to men. Historically, in traditional Indian communities, women were removed from their roles as advisers and respected community members. Voyageur (2000) states that "Indian women and their egalitarian system were replaced by a male-dominated hierarchical system at the behest of Jesuit

missionaries [and] in return, Indian men were given authority and social standing" (p.82). As the Canadian Research Institute for the Advancement of Women (CRIAW) notes, "racism and sexism combine to produce more economic inequalities for racialized women than experienced by either white women or racialized men (2000, p.4).

Today, Aboriginal women face the highest poverty and violence rates in Canada. Statistics Canada (2006, p.195) data suggest that violence in marriages and common-law unions is a reality that many Aboriginal women face. Twenty-four percent of Aboriginal women, three times the figure for their non-Aboriginal counterparts (8%), experienced spousal violence from either a current or previous marital or common-law partner in the five-year period prior to the survey. Aboriginal women are also twice as likely (36%) as other women (17%) to experience emotional abuse from either a current or previous marital or common-law partner.

In addition, status Indian women are five times as likely as non-Aboriginal women to be non-participants in the labour force, and Indian women have lower and less equitably distributed incomes than registered Indian and other Aboriginal men (Hull 2001). The income of other Aboriginal women (Inuit, Métis, non-status Indians) is "less favourable than Aboriginal men and much less favourable than non-Aboriginals" (Hull 2001, p. 57). Overall, the health status of Aboriginal women is lower than that of Aboriginal men and non-Aboriginal men and women. Low income and social status as well as exposure to violence are among the major factors that contribute to the low health status of Aboriginal women.

A study conducted by the Saskatchewan Women's Secretariat (1999) notes: "Studies have shown that health differences are reduced when economic and status differences between people, based on things such as culture, race, age, gender and disability are reduced" (p. 44). Indeed, a more recent study undertaken by the Prairie Women's Health Centre of Excellence (2004) in Manitoba noted Aboriginal women have lower life expectancy, elevated mortality and morbidity rates and elevated suicide rates in comparison to non-Aboriginal women. However, Aboriginal women's poor health status can only be truly understood in the context of a range of health determinants, including socio-economic status, education and employment conditions, social support networks, physical environments, healthy child development and access to health services.

Violence against women, often ignored on the grounds that it is a private matter, is one of the constants faced by women around the world regardless of race, class, or age. Rape is often underreported because of the stigma attached to victim (Seager 2003). Moreover, the fear of rape influences and constricts women's behaviour. A factor that leads to sexual victimization of First Nation

women is the continued dominance of negative stereotypes of First Nations women as "squaw", "princess", or "sexually promiscuous" which were historically perpetuated by European colonizers (LaRocque 2005; Maltz and Archambault 1995). Media stereotypes continue to dominate images of Aboriginal women; prairie women in particular suffer from a negative stereotype (McLean 1970; Steckley 1999). Martin-Hill (2003) states that the media disseminates the ideology of the subservient and sexually available Aboriginal women leading to the internalization of colonial stereotypes and offers a cultural justification of sexual violence against Aboriginal women.

Victims of sexual assault suffer psychological, physical, and behavioural consequences that have long-term impact on women's health and wellbeing. Research conducted cross-culturally suggests that women of "minority" ethnic status are more vulnerable to sexual victimization than Caucasian women (Howard and Wang 2005; Koss 1993). In addition to sexual victimization, research suggests that gender-based violence is a learned behaviour, linked to male power, privilege and dominance in the family and society (Tolman 1999). The social structure which sustains and maintains gender inequalities such as the general acceptance by society of subordination of women to men, and the subordination of certain women to other women, or the socio-sexual roles of men and women driven by their religion, the media and culture, contribute to this way of thinking and acting (Status of Women Canada 2003).

Recent research conducted in a Canadian urban setting found adolescent girls who identify as First Nations or Métis report higher rates of sexual victimization than non-Aboriginal adolescent girls (Hampton et al. 2002). In this study, Grade 10 and 12 students from all high schools in a mid-size prairie city (n=2392) were surveyed; of these, 241 students identified as First Nations or Métis (Hampton et al. 2002). Aboriginal youth participants (n=201; ages 11-19) from community-based agencies that offer services to Aboriginal youth were included in the sample. Results showed young women of Aboriginal ancestry were more likely to report having been physically forced to have sexual intercourse. Identifying as Aboriginal increased the odds of physically forced intercourse by 2.59 times. There was a significant difference between Métis youth and Non-Aboriginal youth with young Métis females at an increased risk for physically forced intercourse in high school settings. Aboriginal youth recruited from the community were asked whether their first sexual intercourse experience was consensual. Almost half of the female participants (45.1%) reported that they didn't want to have sex the first time. Aboriginal females were 3.12 times more likely than Aboriginal males to report ever having had sex against their will at first intercourse. These results suggest that young Aboriginal females today in both high school and community settings suffer from sexual violence at higher rates than non-Aboriginal youth and Aboriginal males. These results can be

interpreted as continued evidence of multiple oppressions as a result of colonialism (Hampton et al. 2002:201).

Aboriginal women are more likely to die because of violence than non-aboriginal women (Thomlinson, Erickson and Cook 2000). In Canada, the mortality rate due to violence for Aboriginal women is three times the rate experienced by all other Canadian women. Aboriginal women with status under the Indian Act and who are between the ages of 25 and 44 are five times more likely to experience a violent death than other Canadian women in the same age category (Indian and Northern Affairs Canada 1996). Race and gender categorically combine to increase their likelihood of being assaulted.

The legacy of colonization is apparent in a myriad of ways: socially, economically, culturally and politically. Poverty and poor health are embedded in a social structure that has deep colonial roots. Women's status was changed within the family because they played domestic roles and were defined as men's (Tuhiwai Smith 2002). As noted earlier, Aboriginal women have poorer health outcomes than both Aboriginal men and non-Aboriginal men and women. In fact, women who have experienced physical or sexual abuse, as children or adults, are at greater risk of health problems, such as injury, chronic pain, gastrointestinal disorders, anxiety and clinical depression. Violence also undermines health by increasing self-destructive behaviors, such as smoking and substance abuse. The influence of abuse can persist long after the abuse has stopped. Over their lifetimes, survivors of abuse average more surgeries, physician and pharmacy visits, hospital stays and mental health consultations than other women, even after accounting for other factors affecting health care use and discounting emergency room visits (CRIAW 2002). In addition, life expectancy for Aboriginal women is 76.2 years compared to 81.0 for non-Aboriginal women. Aboriginal women experience higher rates of circulatory problems, respiratory problems, diabetes, hypertension and cancer of the cervix than the rest of the general female population. Women who are the victims of family dysfunction and violence often turn to alcohol or substance abuse. Hospital admissions for alcohol related accidents are three times higher among Aboriginal females than they are for the general Canadian population (NWAC 2002).

SISTERS IN SPIRIT AND STOLEN SISTERS

The Native Women's Association of Canada and other advocacy organizations have long spoken out against this "epidemic" of violence against Aboriginal women and children. In 2004, Amnesty International released a report documenting how the social and economic marginalization of Aboriginal women within Canadian society has led to a heightened risk of violence, particularly for

Aboriginal women living in poverty or working in the sex trade. Moreover, the level of violence against Aboriginal women is significantly higher than that experienced by other women. *Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada* (Amnesty International 2004) tells the stories of Aboriginal women and girls who have gone missing or who have been killed in Canada. The Report documents how the social and economic marginalization of Indigenous women, along with a history of government policies that have torn apart Indigenous families and communities and have pushed a disproportionate number of Indigenous women into dangerous situations that include extreme poverty, homelessness and prostitution.

The Report notes that violence towards Aboriginal women is often met with official indifference and systematic prejudice by police forces, government and society in general. This information is not new. NWAC and previous government commissions and official inquiries (e.g., Manitoba Justice Inquiry, Royal Commission on Aboriginal Peoples, United Nations human rights bodies) have put forward an extensive list of recommendations and reforms to ensure the justice system would protect Indigenous people. Amnesty and NWAC point out, however, that the lives of Aboriginal women and girls in Canada continue to be placed at risk because many of these recommendation have not been implimented and because police forces have often failed to provide an adequate standard of protection. The result is many of the disappearances and murders of Native women and girls go unsolved and are forgotten.

In March 2004, NWAC launched the *Sisters in Spirit* (SIS) campaign (http://www.sistersinspirit.ca/) to raise awareness of the extremely high rates of violence perpetrated against Aboriginal women in Canada. NWAC has estimated more than 500 Aboriginal women have gone missing in the last 20 years. Data from Indian and Northern Affairs (1996) support this claim, noting that Aboriginal women with status were five times more likely to die as a result of violence than any other group in Canada.

The apparent widespread indifference to the welfare and safety of Aboriginal women has spurred families and non-governmental organizations working on their behalf, to bring these issues before the police, media and government officials. A number of high profile cases of assaulted, missing or murdered Aboriginal women and girls have also helped focus greater public attention on the violence Aboriginal women face. The Robert Pickton case in Vancouver and the large number of deaths and disappearances along Northern British Columbia's Highway 16 are grisly proof that a proportionally larger number of Aboriginal women as compared to non-Aboriginal women were among the missing and dead. Robert Pickton, the former Port Coquitlam pig farmer, has been charged with the first-degree murder of 27 women who have gone missing

from Vancouver's Downtown Eastside. More than 60 women from the city's downtown eastside have been reported missing over the last two decades (Matas and Fong 2005). Many of the women were sex workers and drug addicts working in one of the city's toughest and poorest neighbourhoods. Amnesty International notes that 16 of the missing women are Indigenous, a number far in excess of the proportion of Indigenous women living in Vancouver (Amnesty International 2004: 23).

Highway 16, a 500 mile stretch of highway in northern British Columbia, became notorious during the 1990s and has been renamed the "Highway of Tears" because of the deaths and disappearances of more than 32 women and girls. Most of these deaths or disappearances have gone unsolved. In November 2005, a "Take back the Highway" demonstration organized by NWAC was held where hundreds of women, men and children, Native and non-Native Native prayed, sang, danced and marched along the highway to bring recognition to the lost women.

In November of 2005, the federal government acknowledged the problem of violence against Aboriginal women and signed a five year contribution agreement with NWAC to address racilized and/or sexualized violence perpetrated against Aboriginal women (Sisters in Spirit). With this funding NWAC has instigated research and made recommendations to address some of the violence against Aboriginal women.

In Canada today, many Aboriginal women are exploited by Indigenous and non-Indigenous men and extreme acts of brutality are often perpetrated against these women. Because of the historical (and continuing) racism, sexism and discrimination, Aboriginal women have entered a cycle of poverty that is very difficult to escape. Struggling with poverty, many women are forced to work in the sex trade to provide for themselves and their families. Women in the sex trade are entitled to protection and the same human rights as everyone else. International human rights treaties have been signed and committed to by numerous countries around the world (including Canada). NWAC and Amnesty note that many times acts of violence against Aboriginal women may be carried out in the expectation that societal indifference to the welfare and safety of women will allow the perpetrators to escape justice.

RECOMMENDATIONS

In Canada, Aboriginal women have faced destruction in their communities and families as a result of multiple forms of oppression. Aboriginal women experience the highest rates of violence and abuse of any population in Canada. The multiple oppressions they continue to suffer have translated into a myriad of

health and social problems. Considering that many Aboriginal women are single mothers, these problems are inter-generational.

The Sisters in Spirit campaign and Amnesty International have made recommendations for action including implementing the recommendations of the Royal Commission on Aboriginal Peoples, sustained funding for culturally appropriate services, increased recruitment of Indigenous police officers (particularly women), protection of women sex trade worker's fundamental rights, education programs addressing the history of colonialism and marginalization of Indigenous people and upholding international human rights instruments relevant to the prevention of violence of women.

The Royal Commission on Aboriginal Peoples made specific recommendations that could be translated into public policy. For example, they note that health services need to be re-aligned to be more responsive to the needs of Aboriginal women. They note: "The importance that Aboriginal women attach to healing cannot be overstated, and their role in achieving wellness needs to be acknowledged and incorporated in all aspects of the design, development and implementation of health and social services" (RCAP, 1996: Vol. 4, Chpt. 2). They made three key recommendations:

> 4.2.1 The government of Canada provide funding to Aboriginal women's organizations, including urban-based groups, to (a) improve their research capacity and facilitate their participation in all stages of discussion leading to the design and development of self government processes; and (b) enable them to participate fully in all aspects of nation building, including developing criteria for citizenship and related appeal processes.
> 4.2.2 Aboriginal governments and organizations provide for the full and fair participation of Aboriginal women in the governing bodies of all Aboriginal health and healing institutions.
> 4.2.3 Aboriginal governments and planning bodies with a mandate to develop new structures for human services undertake, in collaboration with women's organizations, an inventory of existing services, organizations and networks with a view to building on existing strengths and ensuring continuity of effort. (RCAP, 1996: Vol. 4, Chpt. 2).

These recommendations point to the need for change within mainstream (federal, provincial and local institutions and policies) and Aboriginal communities. They further point to a holistic, inclusive approach to addressing the needs and concerns of Aboriginal women.

Calls have also been made on the Canadian government "to organize the balance between local specificity and national coherence needed for effective

and lasting reductions in health disparities through action on social determinants of health, synchronizing disparate elements of our multinational, multicultural, and federal character" (Johnson et. al 2008:1610).

Awareness is slowly being raised about the missing sisters, nationally and internationally[4]. With the leadership of organizations such as NWAC, violence issues have become much more prominent and have been brought to the attention of Canadians.

We concur with these recommendations. The elimination of poverty among Aborignal women and re-valuing Aborignal women and their culture are key areas that influence the health of Aboriginal women. Unless this happens, the causes of poor health will never be eliminated. These, along with greater emphasis on the social determinants of health, are long term undertakings. In the short term, serious jail sentences and heavy fines on those who procure, exploit and prepetrate crimes on underage girls and women may raise some awareness of the undervaluing of Aboriginal women. However, the whole culture of "disposible women" needs to drastically change before the eradication of the colonial underpinnings of the past can occur.

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ENDNOTES

[1]Indian is the legal and historical term, however, First Nations is a term that is emerging from Canada's First Peoples and we will endeavour to be respectful in the use of the term(s).

[2]The Native Women's Association of Canada (NWAC) is an aggregate of organizations of representing and advocating on behalf of First Nations and Métis women in Canada.

[3]The wage gap is the difference in earning between women and men. It is measured by a ratio that compares average earnings for women and men who have worked full-time or a full-year.

[4]In August 2008, an international conference entitled "Missing Women: Decolonization, Third Wave Feminism, and Indigenous People of Canada and Mexico" was held at the University of Regina, Regina, Canada to raise awareness of Indigenous missing women in Canada and Mexico.

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