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Urban Aboriginal Self-Determination in Toronto

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Introduction

This paper assesses how urban Aboriginal peoples¹ in Toronto are involved in building their Aboriginal communities. Self-determination remains a crucial component of Aboriginal aspirations despite the historical, jurisdictional, and socio-economic challenges faced by urban Aboriginal peoples in Canada. Addressing socio-economic disparities and the traumatic impacts of colonization is relevant to this paper because they can pose obstacles for the inclusion of Aboriginal peoples in making choices to support their life ways. However, these socio-economic disparities do not exist for all Aboriginal peoples. The Urban Aboriginal Peoples Study (UAPS) “has gone beyond the numbers” (Environics 2010, 6) to report on Aboriginal peoples from all socio-economic strata in urban centres, which has shifted the focus from indicators that highlight marginalization and high mobility rates. Even though the UAPS assists in broadening the Aboriginal experience beyond socio-economic indicators, this should not downplay the realities of despair that a significant number of urban Aboriginal peoples are confronted with and that a significant number of urban Aboriginal organizations focus on programs and services that assist individuals in crisis.

Self-determination for the purpose of this paper is to locate areas where Aboriginal peoples have become self-determining in policy processes. In other words, first, rather than accommodating Aboriginal peoples within mainstream society, this process would affirm Aboriginal authority in decisions regarding their interpretation of well-being, or the good life (*biimaadiziwin*). Second, Aboriginal peoples have become self-determining (Ladner 2009) where and when they define and seek solutions to their own problems. Self-determination in this sense involves the extent to which Aboriginal peoples in urban centres are involved in processes that accommodate their needs; in other words, where Aboriginal peoples identify their problems (Hedican 2008) and make choices in regards to their quality of life (Salée 2006) in political systems generally and policy processes specifically.

“Aboriginal community” is a working concept that welcomes input and discussion. Inclusive in membership, it refers to places within urban centres that provide Aboriginal peoples with choices that allow them to follow their life ways. For this paper, it locates institutions and organizations that are contributing to building Aboriginal communities in urban centres. This paper will address areas in which

Aboriginal communities are moving toward urban governance as a means of community building. Informed by interpretations of *biimaadiziwin*, the good life, followed by a discussion of self-determination within the context of the Royal Commission on Aboriginal Peoples (RCAP), the paper will proceed to a discussion by Salée of quality of life and its incorporation into public policy in Canada. Based on preliminary research findings, the paper will then identify selected institutions that serve Toronto's Aboriginal community that contribute to models of Aboriginal governance. The conclusion will assess how committees and organizations are moving toward urban governance in the Aboriginal community in Toronto.

Biimaadiziwin and Urban Aboriginal Communities

Biimaadiziwin informs and provides an integral component to approaches to Aboriginal well-being. Hart states that while there is no single Indigenous world view, "there appear to be more commonalities than differences among Indigenous world views" (2008, 132). After considering various approaches to Indigenous world views, he states that "it is evident that respectful individualism, communalism, and spirituality are core features of the ways Indigenous peoples of Turtle Island live" (Hart 2008, 134). For Hart, these concepts are central to the Aboriginal approach to helping based on the medicine wheel, which "reflects the cosmic order and unity of all things, variously interpreted by Aboriginal people from different societies. Generally it symbolizes wholeness, harmony, and balance, nurturing relationships, growth, healing, and *mino-pimatisiwin*—the goal of the good life—as well as respect, sharing and spirituality" (Hart 2008, 134). Rheault further explains:

In order to have a good life one must have a goal. This goal is to be free from illness, to live to the fullest. *Bimaadiziwin* is based on a concept of health and good living. One must work on prevention and not only healing. It is a Holy Life. One must eat well, act well, and live physically, mentally, emotionally, and spiritually well. Emotional well-being is a key to *bimaadiziwin*. (1999, 158)

According to Bobiwash (1997) one problem faced by urban Aboriginals is the separation of social service provision and political representation by government. Bobiwash explains:

Aboriginal people have always governed themselves by the principle of what is called in Ojibway "*bimaadiziwin*," or the principle of the "good life." Political leadership, the appointment of "*ogimaws*" or "bosses," was predicated upon the ability of the *Ogimaw* to provide the good life to their people. For Native people, a system of governance in which there are two arms—a civil service and a legislative arm independent of one

another—is usually incompatible with their traditional forms of government. The division of these two functions of governance is being effectively used by the Canadian and provincial governments to deny urban Native peoples, who have only ever organized themselves in the city on the basis of need, the right to political representation. (Bobiwash 1997, 86)

Biimaadiziwin for Aboriginal peoples has been interfered with by the dominance of non-Aboriginal ways that may impede its attainment. Achieving the good life in this sense involves approaches that empower Aboriginal community building.

The concept of self-determination admittedly poses conceptual problems and possibilities. For the purpose of this paper, self-determination is considered a spectrum polarized by self-determination at each end. Self-determination at one end represents Aboriginal life ways before contact with Europeans. At the other end it represents self-determination that has emerged from contact with and control by settlers in the modern era and attempts to restore Aboriginal self-determination.

This approach is informed by tracing RCAP's four stages of the history of the relationship between Aboriginal peoples and settlers, which originated at first contact in about 1,000 CE and continues to the present day (RCAP 1996, 36). The first stage, "Separate Worlds," identifies the period of first contact between Europeans and Aboriginal peoples, which commenced as sporadic encounters during North American exploration and extended to the fifteenth-century resource extraction in North America, mainly by England, France, and Spain. This stage ended as the physical and cultural distance between the two societies narrowed when Europeans began to establish permanent settlements in North America.

The second stage, "Contact and Cooperation," spans the period from the sixteenth century to the end of the eighteenth century. Patterns of interaction between Aboriginal peoples and Europeans varied from beneficial mutual cooperation to the harmful consequences of racial and religious prejudices and the introduction of diseases detrimental to Aboriginal peoples (RCAP 1996, 102). It was during this stage that the Royal Proclamation of 1763 established the relationship between the British Crown and Canada's Aboriginal peoples. (It remains the legal source of Aboriginal rights in Canada to the present day.)

The third stage, "Displacement and Assimilation," was the attempt during the nineteenth and twentieth centuries to re-establish relationships with Aboriginal peoples that conformed to non-Aboriginal expectations. Confederation placed Aboriginal affairs in the federal domain and the *Indian Act*, passed in 1876, empowered government to administer the affairs of Indians to the extent that they could not manage their own lands on reserves, or their money (RCAP 1996, 278). It was at this stage in the nineteenth century that residential schools were established by the federal government, assisted by various denominations of Christian churches, to assimilate Aboriginal children. The schools were established as a

pervasive means to forcibly remove Aboriginal children from their traditional ways and languages by dislocating them from their families and familiar surroundings. Aboriginal children were assimilated by an education that emphasized learning English or French and prevailing domestic and industrial skills that sought to resocialize Aboriginal children: “the ‘savage’ was to be made ‘civilized,’ made fit to take up the privileges and responsibilities of citizenship” (RCAP 1996, 335). These practices were compounded by the failure to provide adequate food, clothing, and medical services, and to keep children safe from teachers and staff who abused them physically, sexually, and emotionally (RCAP 1996, 379).

The fourth stage, “Negotiation and Renewal,” continues to the present day and is characterized by non-Aboriginal society’s admission of the failure of its interventionist and assimilationist approach. The *Constitution Act 1982* made provision for Aboriginal peoples in Sections 25 and 35 of the *Charter of Rights and Freedoms*. The Royal Commission on Aboriginal Peoples was commissioned in 1991 to “investigate the evolution of the relationship among Aboriginal peoples... the Canadian government, and Canadian society as a whole” (RCAP 1996, 699). Included among the 16 terms of reference is, “the recognition and affirmation of Aboriginal self-government; its origins, content, and a strategy for progressive implementation” (RCAP 1996, 699). In summary, RCAP informs the relationship between community development, governance, and decolonization between Aboriginal peoples and settlers. It also provides a lens to view approaches to Aboriginal inclusion in governance models.

Attaining quality of life for Aboriginal peoples is an important policy consideration because it is not only crucial for their well-being, but it is essential to empower them to engage in political processes. Obstacles that contribute to social exclusion for Aboriginal peoples include high poverty rates, low levels of educational attainment, inadequate preparation for the job market, and poor health (Salée 2006, 5). These factors drastically curtail the ability of most Aboriginal people to attain the levels of well-being expected by Canadians in general.

Despite these obstacles, there are many approaches to assess the concept of quality of life. The role of the state incorporates ideas of economic and social well-being that are premised on what the state provides its citizens, and the extent to which the state protects them from market deficiencies. The social capital approach regards well-being as maintaining social connectedness rather than income levels. The psychological or emotional criteria approach emphasizes a holistic understanding of quality of life where personal healing and reclaiming control over one’s life are fundamental (Salée 2006, 6–7).

Informed by the Four Worlds International Institute, Salée explains that quality-of-life issues may be addressed through the symbol of the medicine wheel. The wheel is divided into four parts, and demonstrates how these four parts are interrelated and interdependent, and may be used to facilitate applications that include individuals, family relationships, and the world. The medicine wheel application to the wider community encompasses four

environments. The political and administrative environment is where Aboriginal people are empowered to participate and make decisions in matters that directly affect their lives. The social environment is where the community is open to and supportive of individuals and groups working toward positive social change. The economic environment is where long-term sustainable systems of production protect the environment and contribute to building community capacity. The cultural and spiritual environment facilitates a dialogue on values and respect for diversity. Together these four applications of the community medicine wheel contribute to the important indicators of well-being (Salée 2006, 8). The good life reflects the proper functioning of each part and their continued interconnectedness (Salée 2006, 8).

Salée analyzes four major approaches that inform the Canadian literature on Aboriginal quality of life. The first approach focuses, usually in quantitative terms, on the socio-economic problems Aboriginal people face without proposing specific policy directions (Salée 2006, 9). In this approach, Aboriginal people are regarded as social problems framed analytically as objects of study rather than knowing subjects (Salée 2006, 11).

Contrary to the first approach, the following three approaches build on factual knowledge about Aboriginal peoples to propose policy to improve Aboriginal well-being by understanding Aboriginal quality-of-life issues. The second approach, informed by social capital theory, asserts capacity-building and community development (Salée 2006, 9), but acknowledges that the capacity for social capital for Aboriginal people has been weakened by state policies, cultural deterioration, and the erosion of traditional knowledge (Salée 2006, 12). The third approach seeks strategies to healing, stressing psychological reconstruction and personal transformation. The fourth approach flows from a critique of government policies concerning Aboriginal people that searches for policy alternatives concerned with fiscal responsibility, accountability, and the efficiency of service delivery (Salée 2006, 9).

Research to understand Aboriginal quality of life should seek to explore the effect of social processes of racialization and marginalization as outlined by five research endeavours: questioning the market; looking into patterns of exclusion; the effects of welfare retrenchment; internal socio-political dynamics; and policy audits. Of these five, looking into patterns of exclusion is relevant to this research project. Evidence-based studies that document the socio-economic marginalization of Aboriginal people fail to examine social processes of their exclusion: racism, cultural ostracism, and delegitimization in the public sphere also factor into the social subordination of minority groups. Although Canada has clear antidiscrimination policies, mechanisms of social exclusion may still operate in unsuspected ways (Salée 2006, 26).

Salée argues that despite these hurdles, Aboriginal people have formulated self-determining choices and quality-of-life issues with a view to exercising their own power outside the boundaries of the Canadian state (2006, 28).

Aboriginal Self-Determination and the City of Toronto

Addressing the traumatic effects of colonization as outlined by RCAP while seeking to attain the good life through empowerment in urban Aboriginal governance, this section examines Aboriginal committees and organizations that contribute to urban Aboriginal governance and quality of life. The City of Toronto provides a case example, where Aboriginal peoples are building their community through collaboration with municipal government and through Aboriginal organizations. After a brief statistical description of the Aboriginal population in Toronto, this section will look at the City of Toronto's Aboriginal Advisory Committee and its facilitation of the Statement of Commitment to Aboriginal Communities in Toronto. It will then proceed to assess steps taken toward community building by selected Aboriginal organizations whose services directly affect the legal, health, and family needs and life ways of Toronto's Aboriginal communities.

Toronto's Aboriginal community ranks fourth in size in Canada, after Winnipeg, Edmonton, and Vancouver (Statistics Canada 2006). The 2006 census of the metropolitan area of Toronto indicates an Aboriginal population of 26,575, which comprises 0.5 percent of Toronto's total population. Between 2001 and 2006, the Aboriginal population in Toronto grew by 31 percent, from 20,300 to 26,575 people. In 2006, 17,270 persons identified as First Nations, 7,580 identified as Métis, and 320 as Inuit. Of those who identified as First Nations, 45 percent reported being a Treaty Indian or a registered Indian (Statistics Canada 2009, 6). The census population understates the Aboriginal population, which is actually estimated to be between 25,000 and 100,000 persons, based on the following factors: first, the marginalization of Aboriginal peoples makes them a more transient population that is more difficult to enumerate during census; second, Aboriginal peoples may choose not to be counted in census (Statistics Canada 2011); third, the caseload reporting of Aboriginal clients by Aboriginal organizations indicates that the number of Aboriginal peoples in Toronto is understated (NCFST 2011).

In 2010, the City of Toronto and the Aboriginal Advisory Committee (AAC) were successful in facilitating the Statement of Commitment to Aboriginal Communities in Toronto (Toronto 2010a). Ten years before, in December 1999, Toronto City Council adopted the report of the Task Force on Community Access and Equity, which "recognized the unique status and cultural diversity of Aboriginal communities and their right to self-determination" (Toronto 2010b, 2). At the same time, city council established a community advisory committee on Aboriginal affairs. Of the approximately thirty Aboriginal-specific agencies that were invited to participate in what became the Aboriginal Advisory Committee, nine agreed to participate. According to its terms of reference, the committee meets four times a year. It now serves as a consultative committee for the City of Toronto. Among its accomplishments is the Statement of Commitment to Aboriginal Communities that was passed by city council in July 2010. According to

Mae Maracle, other Canadian cities were consulted by Toronto's AAC, but the statement of commitment is unique to Toronto because it is more binding than the protocols formulated in other cities (Interview, September 24, 2010).

The Statement of Commitment to Aboriginal Communities is a three-page document divided into three sections. The first, "Building Strong Relationships, Achieving Equitable Outcomes," recognizes and respects the unique status of Aboriginal communities in Toronto and supports Aboriginal rights to self-determination. Under the subtopic "Recognize," the City of Toronto recognizes the rights of Aboriginal people as stated in the Canadian Constitution and acknowledges them as original inhabitants of the land known as the City of Toronto. It also recognizes the diversity that exists within Aboriginal communities, and the effects of historical and contemporary injustices that affect many Aboriginal people living in Toronto.

Under the second heading, "Listen, Learn, Share, Promote," two commitments are listed. The first is a commitment to Aboriginal awareness training for the Toronto Public Service and "working with Aboriginal communities to improve public awareness of Aboriginal life in Toronto." The second commitment is to learn about the Aboriginal holistic approach.

Under the third heading, "Partner and Engage," three commitments are identified: (1) "working with Aboriginal partners to explore ways to strengthen the capacity of Aboriginal organizations" and to increase the representation of Aboriginal people on municipal boards and committees; (2) increase the number of Aboriginal employees; (3) work formally and informally with all levels of government to promote the interests of Aboriginal people in Toronto.

Aboriginal Legal Services of Toronto (ALST) is grounded in the belief that Aboriginal individuals require equitable treatment in the justice system. ALST was established in 1990 following a needs assessment by the Native Canadian Centre of Toronto that indicated that an agency dedicated to the legal concerns of community was needed. The support ALST provides includes advocacy in "all areas of the law as well as alternatives which can break the cycles of recidivism and dependency which [are] all too prevalent. These alternatives are more effective when they are community controlled and are based on the traditional cultural norms and values of the Aboriginal community" (ALST 2011). ALST explains that Aboriginal community control and culturally based justice alternatives facilitate Aboriginal involvement by integrating justice-related services with programs within the Aboriginal community (ALST 2011).

One Aboriginal community approach to justice is Gladue services, which were initiated by ALST. The Supreme Court of Canada decision in *R v. Gladue* (1999) indicated how the Criminal Code of Canada is to be applied to the sentencing of Aboriginal offenders regardless of where they live in Canada (meaning that they can reside in urban centres). The Gladue decision highlighted the need to provide judges with the background factors that lead to an offender coming before the court, and to place these factors within the

context of the systemic discrimination Aboriginal people face in Canada. The sentencing judge also requires recommendations for a sentence that addresses why the individual engaged in criminal activity and that provides alternatives to incarceration.

Subsequent to the decision, ALST and Toronto judges from the courts at Old City Hall discussed plans for a dedicated Gladue Court, and in October 2001 the Gladue (Aboriginal Persons) Court began operations. ALST has provided judges, Crown attorneys and the duty counsel, and defence and duty counsel with educational sessions on the issues facing Aboriginal people in the city. ALST has also provided a resource guide to Aboriginal programs and services in Toronto. The Gladue Court and five other courts in Toronto have Aboriginal court workers who are employees of ALST. These Aboriginal court workers assist the accused to find counsel, prepare release plans for bail or sentencing purposes, and explain the court process.

A significant component to Gladue Court is the writing of reports carried out by the Gladue (Aboriginal Persons) Court caseworker. The caseworker attends Gladue Court and, on the request of the judge, defence counsel, or the Crown, prepares written Gladue reports for Aboriginal offenders. These reports inform the court of the life circumstances of the Aboriginal person and options available to the court in terms of sentencing. While in court, the Gladue caseworker is able to meet with the offender and discuss what the Gladue caseworker's role is, and what the offender can expect to take place during the court process. The ALST program director, who is a lawyer and law instructor, oversees the Gladue Caseworker Program and directly supervises the caseworkers. This includes reviewing every Gladue report before it is submitted to the court, assessing the implications of the Crown's position as to sentence, and declining cases which are clearly inappropriate. ALST also provides funds to help offenders obtain treatment and/or to purchase tickets so they can get to treatment facilities (Campbell 2006).

Anishnawbe Health Toronto's (AHT) health-care model is based on traditional practices, which are reflected in its programs and services. AHT began with a diabetes research project that realized that a comprehensive approach to health care was needed by the Aboriginal community. As a result, in 1989, Anishnawbe Health Resources became recognized and funded by the Ontario Ministry of Health as a community health centre. As a fully accredited community health centre, AHT offers access to health-care practitioners (including traditional healers, elders, and medicine people), and ceremonies and traditions that are intrinsic to Aboriginal health care. AHT also works with the homeless. Training programs offered to community members provide opportunities for them to learn in a culture-based setting (AHT 2011). AHT, through its mission, vision, beliefs, and principles, envisions a healing centre for the Aboriginal community of Toronto. The circle of care informs us of AHT's approach to the good life:

When we refer to living a good life, we are talking about our way of life. The Aboriginal way of life promotes good health throughout life's journey. Through the traditional healers, elders, and medicine people, our songs, dances, stories, prayers, and ceremonies, we are introduced to many dimensions of healing, growth, and development. As we pursue our Aboriginal way of life, to live in balance and harmony with all of creation, we reclaim who we are—our Aboriginality. Our sacred path becomes one of healing, reconnecting us to the wisdom and traditions of the past and generations of the future. Guided by the teachings of our traditional healers, elders, and medicine people, the programs and services at Anishnawbe Health Toronto promote living a good life. (AHT 2011)

The founding of Native Child and Family Services of Toronto (NCFST) was guided by a vision of a single point of access to needed services under the control and guidance of the community. The organization had the goal of being family- and child-focused and holistic in orientation, “with a strong Native cultural base as [its] foundation” (NCFST 2011). Native Child and Family Services of Toronto (NCFST) is described “as one of the most significant expressions of urban Aboriginality” and is “proud to be a leader in the field of Native human services in Canada” (NCFST 2011). Located on College Street, NCFST is a Children’s Aid Society under the *Child and Family Services Act*, which means it has a mandate to protect children from maltreatment and to provide residential care for children in need. NCFST was founded in 1986 by members of Toronto’s Aboriginal community who were concerned about the number of children in the care of Children’s Aid Societies and the issues confronting them, such as poverty, addictions, and family violence. Another concern was that services provided by mainstream society did not meet the “needs of an increasingly voiceless and marginalized community” (NCFST 2011).

In almost 25 years, NCFST has gone from an \$80,000 budget with two staff to an agency of 180 staff and a service budget of over \$20 million (NCFST 2011). The agency provides many services, including Aboriginal Head Start, the Toronto Aboriginal Care Team (Addictions), children’s mental health services and case management. Major funders include the Province of Ontario, United Way Toronto, the City of Toronto, the Government of Canada, the Toronto Community Foundation, and the Royal Bank of Canada (NCFST 2011). NCFST estimates that the Aboriginal population of Toronto is approximately 60,000. One out of ten children in care in Toronto is Aboriginal, whereas the percentage of Aboriginal people living in Toronto is 0.5 percent (Statistics Canada 2009, 6). Most of their clients are self-referred single parents with young children, many of whom are involved with NCFST and welfare services and have children in care. Most clients are poor, and without support systems in an “environment deemed insensitive and inaccessible to Native people” (NCFST 2011):

Across Canada, Native people lead in the statistics of suicide, alcoholism, and family abuse. Native individuals, families, and communities often experience high levels of dysfunction resulting from feelings of powerlessness, hopelessness, and stress. Indigenous people, as compared to any other racial or cultural group in Canada, have the lowest life expectancies and highest infant mortality rates, live in substandard and overcrowded housing, experience lower education and employment levels, and have the highest incarceration rates. It has been estimated that a Native child in Toronto is five times more likely to be apprehended and placed in the care of the CAS than any other child. Many of these children have graduated to living on the streets in Toronto.

Kenn Richard, executive director of NCFST, explains that the future for Aboriginal peoples must include urbanization strategies so that the Aboriginal community is contemporary and sustainable. Self-determination is a developmental process with institutions that are built together within a land-base community: “Taking control of services has had a significant impact on our community, to which we are accountable. NCFST represents a land-base assembly where Aboriginal people are taking over authority as part of self-determination. One place to start with the future is with child welfare” (Interview, October 26, 2010).

In summary, the Aboriginal Advisory Committee, ALST, AHT, and NCFST were selected as committees and organizations that exemplify the inclusion of Aboriginal life ways in programs and services that reflect the urban realities of Aboriginal peoples in Toronto. ALST was instrumental in establishing and expanding Gladue services; AHT’s health-care model is based on traditional practices, which are reflected in its programs and services; and NCFST has taken control of family services with a strong cultural base as its foundation.

Analysis and Conclusion

This paper assessed how urban Aboriginal peoples in Toronto are building their Aboriginal community in the city, despite the historical, jurisdictional, and socio-economic challenges they are confronted with. The emphasis placed on *biimaadziwin*, the good life, indicates an Indigenous approach to community-building and governance. Salée informs us that Aboriginal quality of life should seek to explore the effect of social processes of racialization and marginalization. Despite these obstacles Salée argues that Aboriginal peoples have formulated self-determining choices and quality-of-life issues that empower them with the authority to govern their communities. This approach accommodates self-determination, informed by RCAP’s four stages of the relationship between Aboriginal peoples and the settler community. In this model, self-determination emerges from contact with and control by settlers in the modern era and attempts to restore Aboriginal

self-determination. Through research regarding Aboriginal peoples in Toronto, organizations whose practices of Aboriginal inclusion in urban governance moves closer toward self-determination have been identified. As these organizations move toward contributing to urban Aboriginal governance and quality of life, they continue to face the ongoing challenge of despair and crisis that is disproportionately confronted by Aboriginal communities in Toronto.

How can we understand the contribution of the selected Aboriginal organizations in Toronto as fostering *biimaadiziwin*, the good life, and working within a framework of Aboriginal self-determination? The Aboriginal organizations discussed here contribute to the good life because they incorporate Indigenous approaches to address the needs and interests of the members of Aboriginal communities in urban centres. While these organizations tackle the daily challenge of assisting members who are in crisis, they are increasing in their scope and capacity to serve their community. In areas of law, health, and child and family services they have incorporated Indigenous approaches that affirm Aboriginal authority in decisions regarding their interpretation of well-being, or the good life. Because these organizations are able to serve their communities, informed by Indigenous lifeways within the domination of mainstream society, we can identify these Indigenous places and practices as moving closer to restoring Aboriginal self-determination. Self-determination in this sense involves the extent to which Aboriginal peoples in urban centres are moving closer toward involvement and authority in organizations and services that are intrinsic to their needs and interests.

Endnote

1. A note on terminology: This project uses the Royal Commission on Aboriginal Peoples definition of “Aboriginal”: “The Commission uses the term Aboriginal peoples to refer to the Indigenous inhabitants of Canada when we want to refer in a general manner to the Inuit and to First Nations and Métis people, without regard to their separate origins and identities. The term ‘Aboriginal peoples’ refers to organic political and cultural entities that stem historically from the original peoples of North America, not to collections of individuals, united by so-called ‘racial’ characteristics. The term includes the Indian, Inuit, and Métis peoples of Canada” (Report of the Royal Commission on Aboriginal Peoples, Vol. 4, Perspectives and Realities, Terminology, xiv).

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