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Aboriginal urbanization and rights in Canada: Examining implications for health

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ABSTRACT

Urbanization among Indigenous peoples is growing globally. This has implications for the assertion of Indigenous rights in urban areas, as rights are largely tied to land bases that generally lie outside of urban areas. Through their impacts on the broader social determinants of health, the links between Indigenous rights and urbanization may be related to health. Focusing on a Canadian example, this study explores relationships between Indigenous rights and urbanization, and the ways in which they are implicated in the health of urban Indigenous peoples living in Toronto, Canada. In-depth interviews focused on conceptions of and access to Aboriginal rights in the city, and perceived links with health, were conduced with 36 Aboriginal people who had moved to Toronto from a rural/reserve area. Participants conceived of Aboriginal rights largely as the rights to specific services/benefits and to respect for Aboriginal cultures/identities. There was a widespread perception among participants that these rights are not respected in Canada, and that this is heightened when living in an urban area. Disrespect for Aboriginal rights was perceived to negatively impact health by way of social determinants of health (e.g., psychosocial health impacts of discrimination experienced in Toronto). The paper discusses the results in the context of policy implications and future areas of research.

Introduction

There are over 370 million Indigenous peoples living worldwide, in countries on every continent (Gracey & King, 2009). Though a contested and fluid concept, some common elements of Indigeneity include "[s]elf-identification as Indigenous peoples by individual[s] and acceptance as such by their community; [h]istorical continuity and land occupation before invasion and colonization; [s]trong links to territories (land and water) and related natural resources; and [d]istinct language, culture, religion, ceremonies, and beliefs" (Gracey & King, 2009, p. 66). Though there is great diversity among Indigenous peoples, they often suffer from poor health outcomes compared to their non-Indigenous counterparts (Gracey & King, 2009; King, Smith, & Gracey, 2009). These health inequities are rooted in social determinants of health, including the fundamentally important role of colonialism. The International Symposium on the Social Determinants of Indigenous Health, a special working group organized within the WHO's Commission on the Social Determinants of Health (CSDH), identified the destruction of Indigenous peoples' ties to their land through colonial processes such as land theft and environmental dispossession as an important determinant of health inequities (CSDH, 2007). Respecting the rights of Indigenous peoples, including the right to self-determination, as outlined in the United Nations Declaration on the Rights of Indigenous Peoples, was identified by the symposium as an essential means of addressing the impacts of colonialism on health inequities (CSDH, 2007; UN, 2007).

The assertion of Indigenous rights takes on unique expressions in the context of an increasingly urban global Indigenous population. Though a reliable overall figure for the level of Indigenous urbanization is not available, a recent UN report examined increasing levels of urbanization among Indigenous peoples all over the world (UN, 2010). In Canada and the U.S., for example, over half of the Indigenous populations now live in an urban area, while in Australia and New Zealand, levels of Indigenous urbanization are over 70% (Australia, 2009; Canada, 2008; New Zealand, 2011; U.S., 2012). Though present and historical levels of urbanization vary considerably among Indigenous peoples, there has been a tendency in Western thought to equate Indigeneity with rural settings, and thus to construct Indigenous urbanization as problematic and unnatural. Indigenous peoples living in urban areas have been seen as inauthentic as they are assumed to be

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divorced from their cultures and traditions (Abu-Saad, 2008; Walker & Barchan, 2010).

This has implications for the spaces in which the assertion of Indigenous rights is deemed legitimate. The right to self-determination, for example, is often tied to a land base and as a result, it can be difficult for diverse Indigenous peoples living in one urban area to assert and exercise this right (Walker & Barchan, 2010). As violations of the rights of Indigenous peoples are at the root of the pervasive health inequities that exist between Indigenous and non-Indigenous peoples, increasing urbanization among Indigenous peoples raises many questions as to how this may impact their health, an area of research which has not received significant attention in the Indigenous health literature (Loppie-Reading & Wien, 2009; Wilson & Young, 2008). Focusing in greater detail on a Canadian case study, this paper explores relationships between Indigenous rights and urbanization, and the ways in which they are implicated in the health of urban Indigenous peoples in Toronto, Canada. With strong parallels to other Indigenous populations all over the world, particularly those in settler societies, such as Australia, New Zealand and the U.S., this study will inform research regarding urban Indigenous health more broadly.

Aboriginal urbanization in Canada

From just 13% of the total Aboriginal[1] population in 1961 to over 50% in 2006, Aboriginal urbanization in Canada has increased dramatically over the last half century (Canada, 2008; Norris & Clatworthy, 2011). Though this substantial increase in urbanization among Aboriginal peoples is clear, it is also quite complex. Levels of urbanization vary considerably by Aboriginal identity population. In 2006, 75% of non-status First Nations and 69% of Métis peoples lived in an urban area, while these proportions were just 40% among status First Nations and 37% among the Inuit (Canada, 2008). There are also important gender differences in levels of urbanization. Aboriginal women have been overrepresented in urban areas compared to men since trends in increasing urbanization began in the 1950s; at present, the proportion of Aboriginal women living in urban areas is 3% higher than that among men (55% of women and 52% of men) (Canada, 2011; Peters, 2005).

It is often assumed that this rapid increase in the number of Aboriginal peoples living in urban areas implies a mass exodus from reserves (tracts of land set aside by the federal government for use by First Nations, as per *1876 Indian Act*) and rural areas to urban centres. However, trends indicate that over the past 35 years, there have been consistent net inflows to reserves, and variable net in and outflows in rural and urban areas (Norris & Clatworthy, 2011). Aboriginal urbanization is thus characterized by high levels of urban mobility, both residential mobility (within an urban area) and migration (between urban, rural and reserve areas), compared to the non-Aboriginal population in Canada (Norris & Clatworthy, 2011). Though mobility flows and levels of urbanization are relatively well documented in Canada, neither the factors underlying these trends nor their implications in terms of experiences of urbanization among Aboriginal women and men are well understood (Cooke & Bélanger, 2006).

The legacy of colonialism: 1876 Indian Act

As noted in the context of Indigenous peoples globally, it is imperative to consider the ongoing impacts of colonialism, both as fundamental determinants of health inequities and as factors that shape links between access to rights and urbanization, in order to gain a better understanding of the complexities of these trends in urbanization (Adelson, 2005; Smylie, 2009). Specifically, it is important to consider how colonialism has constructed identities and restructured gender relations among Aboriginal peoples in Canada, in addition to the ways in which it has created conceptions of urban space as fundamentally incompatible with Aboriginal identities, as these factors have great bearing on Aboriginal urbanization.

The *Indian Act*, a product of colonialism, defined Aboriginal identities in terms of constructed racial divisions, based more on convenience for the Canadian state than on the political and cultural groupings that actually characterize Aboriginal peoples (Lawrence, 2004; Napoleon, 2001). This and other state legislation (e.g., the *1982 Constitution Act*) that define peoples as status or non-status First Nations, Métis or Inuit under the umbrella term Aboriginal can be highly divisive (Lawrence, 2004). While these legislated identities were largely the constructs of the colonial state, they now reflect real differences among Aboriginal peoples based on different lived experiences and access to rights, and have thus taken on deeper meaning (Lawrence, 2004; Thobani, 2007).

Growth among status First Nations populations in urban areas, particularly women, is also importantly linked with government policy and legislative changes to the *Indian Act* (Guimond, 2003; Norris, Cooke, Beavon, Guimond, & Clatworthy, 2004). Gender discrimination in the *Indian Act* severely circumscribed First Nations women's autonomy in virtually all aspects of life from marriage and sexuality, to land ownership and political decision-making (Peters, 1998; Stevenson, 1999). The subordination of Aboriginal women through the erosion of their political, economic and social power is exemplified by section 12(1)(b) of the *Indian Act*, which mandated that upon marrying men who did not have status, women and their children lost their status. Many women who 'married out' also lost their Band memberships (local governance structures on reserves created through colonial policy), and thus their rights to live on reserve. Effectively forced off-reserve, many women migrated to urban areas, which contributes greatly to their overrepresentation there (Peters, 2005).

Given the ways in which many Aboriginal women found themselves in urban areas, it is not difficult to see how colonialism has contributed to the poverty and marginalization that many experience (Canada, 1996; Peters, 1998). Dominant representations and stereotypes of urban Aboriginal women construct them as poor, transient, socially excluded, and sexually exploited; they are simultaneously the objects of much voyeuristic public attention and are systemically ignored and made invisible in urban areas (Culhane, 2003; Fiske & Browne, 2006; Pratt, 2005; Razack, 2002). That said, it is important to note that Aboriginal women have not been the passive recipients of these colonial constructions; the forced removal of women from reserves and subsequent marginalization in urban areas powerfully mobilized them to fight for gender equity in the *Indian Act*. In 1985, the Bill C-31 amendments to the *Act* reinstated status to many women and their children. However, for a number of reasons, including the discrepancies between legal status and Band membership, many women who regained status continue to live in urban areas (Fiske, 2006; NWAC, 1999; Peters, 2005).

[1] The term Aboriginal is used to describe the Indigenous inhabitants of the land that is now called Canada. The 1982 *Constitution Act* states that Aboriginal peoples of Canada include Indian, Inuit and Métis peoples. The term First Nations is used throughout this paper instead of Indian. First Nations populations can be further differentiated based on 'Indian status'. Status First Nations (or Registered First Nations) are those who are registered under the 1876 *Indian Act of Canada*, while non-status First Nations are not registered under this Act. Métis peoples, who are descendants of mixed communities of First Nations women and European fur traders, emerged as new group of Aboriginal peoples with unique culture, traditions, language and political organization.