



DELIVERY AND FUNDING

of health services and social services for aboriginal people
(First Nations and Inuit)





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(First nations and inuit)



FRAME OF REFERENCE

AFFAIRES AUTOCHTONES ET RÉGIONS NORDIQUES
DIRECTION GÉNÉRALE DE LA PLANIFICATION STRATÉGIQUE, DE L'ÉVALUATION ET DE LA QUALITÉ

Santé
et Services sociaux

Québec 

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PREAMBLE

This frame of reference is a guide for the health and social services agencies and institutions in Québec's health and social services network that serve aboriginal clientele. It is a tool through which the ministère de la Santé et des Services sociaux aims to provide a better understanding of the particular context surrounding the delivery and funding of health services and social services in aboriginal contexts. The department also aims to clarify Québec's responsibilities regarding the delivery and funding of health services and social services for aboriginal clientele and thereby contribute to improving the health of Québec's aboriginal populations.

In this publication, the expression "aboriginal clientele" refers to First Nations people and Inuit living on an "Indian reserve" within the meaning of the *Indian Act* (R.S.C., c. I5), in an "Indian settlement"¹ or on "lands under agreement"² (hereafter referred to as "aboriginal communities"). It also refers to First Nations people and Inuit living outside aboriginal communities, for whom the rules surrounding the delivery and funding of health services and social services are analogous to those in force for Quebecers in general.

1. An "Indian settlement" is a parcel of land lived on by an Indian band and not having official status as an Indian reserve. There are five Indian settlements in Québec: Hunter's Point (Wolf Lake), Kanesatake, Kitcisakik, Pakuashipi and Winneway (Long Point).
2. "Lands under agreement" are lands governed by the James Bay and Northern Québec Agreement, with regard to the Cree and Inuit nations, and by the Northeastern Québec Agreement, with regard to the Naskapi nation.



QUÉBEC'S ABORIGINAL POPULATIONS³

Québec is home to 11 aboriginal nations recognized by the National Assembly: the Abenakis, the Algonquins, the Attikameks, the Crees, the Hurons-Wendat, the Innus (Montagnais), the Malecites, the Micmacs, the Mohawks, the Naskapis and the Inuit. Aboriginal nations, except for the Inuit, are generally referred to as “First Nations”. The total population of Québec’s 11 aboriginal nations was close to 83 000 on January 31, 2005, which represents about 1% of Québec’s total population.

There are 55 aboriginal communities in Québec. They include 24 designated as aboriginal communities under agreement: 9 Cree communities, 14 Inuit communities and the Naskapi community. The aboriginal communities under agreement had just over 25 000 members on January 31, 2005, or about 30% of the total aboriginal population. The aboriginal communities not under agreement had nearly 58 000 members, or about 70% of the total aboriginal population.

Among the aboriginal population, nearly 75% of people live on an Indian reserve, in an Indian settlement or on lands under agreement. A little over 25% live outside aboriginal communities, particularly in large urban centres. It is noteworthy that more than 50% of Québec’s aboriginal people are under 30 years old, compared with only 36.2%⁴ of Quebecers in general.

QUÉBEC GOVERNMENT GUIDELINES IN ABORIGINAL AFFAIRS

The resolutions adopted by the National Assembly in 1985 and 1989 and the 15 principles adopted by the Québec Cabinet in 1983 form the foundation for government action in aboriginal contexts. The resolutions and principles recognize the existence in Québec of 11 aboriginal nations entitled to self-government within Québec and to their culture, language and traditions; entitled, as well, to own and control land, to hunt, fish, trap, harvest and participate in wildlife management, and to participate in, and benefit from, Québec’s economic development.

One of the 15 principles states that “the aboriginal nations have the right to have and control, within the framework of agreements between them and the government, such institutions as may correspond to their needs in matters of culture, education, language, health and social services as well as economic development”.

3. The demographic data for Québec's aboriginal population are from an information kit entitled *Amerindiens and Inuit of Québec*, published by the Secrétariat aux affaires autochtones. The data can be consulted online at www.autochtones.gouv.qc.ca.

4. Institut de la statistique du Québec, January 2005.



In 1998, the Québec government made public a document⁵ setting out the guidelines for its policy in aboriginal affairs. The guidelines propose, among other things:

- the creation of a political forum for debate, discussion and concerted action between aboriginal people and the Québec government; and
- the conclusion of agreements to foster responsibility and promote development so that aboriginal people can attain greater autonomy and increase their participation in economic and community development.

It is the last point that most calls for action by the ministère de la Santé et des Services sociaux and its network, particularly through the conclusion of agreements enabling aboriginal communities to better take charge of health services and social services, while ensuring continuity and complementarity with the Québec network.

THE CONTEXT SURROUNDING THE DELIVERY AND FUNDING OF HEALTH SERVICES AND SOCIAL SERVICES FOR ABORIGINAL PEOPLE

Under section 91 of the *Constitution Act, 1867*, “Indians” and lands reserved for them are under the exclusive legislative authority of the federal government, which is why the federal government has historically assumed responsibility for the delivery and funding of health services and social services for First Nations people living in “Indian reserves” or “Indian settlements”. In 1876, the Parliament of Canada passed the *Indian Act*, which consolidated the various statutes previously passed in relation to “Indians”. The *Indian Act* was amended several times, notably in 1951 with the introduction of section 88, which prescribed that the laws of general application of a province are applicable to “Indians” living in that province, insofar as they do not interfere with federal laws, by laws passed by band councils or treaties.

Today, the delivery and funding of health services and social services for aboriginal people calls for action by various levels of government, depending on the nature of the services offered and the place of residence of the aboriginal clientele?in communities not under agreement, in communities under agreement or outside communities.

5. The document was published by the Secrétariat aux affaires autochtones in 1998 under the title *Partnership, Development, Achievement – Aboriginal Affairs – Québec Government Guidelines*.



Aboriginal people living in communities not under agreement

(a) Description of services provided in communities not under agreement⁶

The development of programs and the organization of health services and social services on the territories of aboriginal communities not under agreement are generally the responsibility of aboriginal authorities or the federal government, depending on whether or not the aboriginal communities have taken charge of service delivery.

The funding of the health services and social services provided on the territories of aboriginal communities not under agreement is the responsibility of the federal government,⁷ except with regard to the medical care covered by the Régie de l'assurance maladie du Québec.

The **health services** provided in aboriginal communities not under agreement consist mainly in community health programs focused on promoting health and preventing disease. So, we are speaking of front-line services like those generally offered by any institution operating a local community service centre (CLSC), particularly in maternal health, infant health, preschool health, school health, senior health and mental health. Services provided generally include vaccination; birth planning; health education and nutrition; alcoholism, smoking and drug addiction prevention; infectious disease control and other general clinic services, including the control of cardiovascular disease, hypertension and diabetes; and nursing care and personal home care. Some communities, especially those with the largest populations, also have services provided under a home care program, such as physiotherapy, occupational therapy and oxygen therapy.

In some communities, particularly those in remote regions, emergency services are available 24 hours a day, 7 days a week.⁸ All these services are provided at nursing stations or health centres⁹ located in the communities, and are funded by Health Canada, except for the medical care funded by the Régie de l'assurance maladie du Québec.

6. This excludes the communities of Viger (Cacouna/Whitworth), Gespeg and Hunter's Point, whose members obtain all the health services and social services they need directly from institutions in the Québec network or in a neighbouring aboriginal community. There are no organized health services or social services in these communities, because the people of Viger and Hunter's Point do not live in their communities on a permanent basis and the people of Gespeg do not yet have a defined territory.

7. There is an exception: The hospital services provided by Kateri Memorial Hospital on the Mohawk reserve of Kahnawake are funded by Québec.

8. The following communities provide 24/7 emergency services: Lac-Rapide (Barrière Lake), Winneway, Betsiamites, Mingan (Ekuanitshit), Natashquan, La Romaine (Unamen Shipu), Pakuashipi, Matimekosh, Manawan, Obedjiwan and Wemotaci.

9. The nursing stations are open 24/7 and provide emergency care, in addition to community health programs. The health centres are open during office hours and mainly provide community health services.



Health Canada also funds a program of non-insured health services¹⁰ that pays the cost of prescription drugs, vision care, dental care, some medical supplies and equipment, medical transportation,¹¹ and crisis intervention (psychological follow-up).

In addition, Health Canada funds six alcohol and drug treatment centres: five are for adult aboriginal people¹² and one, the Walgwan Centre in Gesgapegiag, is for aboriginal people 12 to 17 years of age.

In **social services**, a series of programs are funded by Indian and Northern Affairs Canada. The programs are like those generally offered by any institution operating a CLSC or a youth centre, particularly with regard to child, family and adult services, child and adult placement, home assistance,¹³ family violence prevention and the integration of people with disabilities.

Indian and Northern Affairs Canada also funds a certain number of safe houses for women and their children who are victims of family violence, residential centres for people with decreasing independence who need less than two and a half hours of care per day, and group homes for young people in difficulty, as well as foster families. These facilities and resources are generally located in the communities.¹⁴

It should be pointed out that facilities providing health services and social services in aboriginal communities not under agreement are not regarded as institutions of the Québec network, even though certain facilities in the communities are operated under a private institution permit issued by the ministère de la Santé et des Services sociaux on behalf of the band council.

Second- and third-line health services and social services, particularly care requiring long-term hospitalization or placement, are provided to aboriginal people in Québec through the institutions of the Québec network.

10. In order to obtain these services, Québec taxpayers generally have to pay for them, in whole or in part.
11. See page 17 for the special rules on the funding of ambulance transportation.
12. The Wanaki Center in Kitigan Zibi (Maniwaki), the Mawiomi Treatment Services in Gesgapegiag (Maria), the Centre de réadaptation Wapan in La Tuque, the Centre de réadaptation Miam Uapukun in Maliotenam (Sept-Îles) and the Onen'To:Kon Treatment Services in Kanesatake.
13. A distinction must be made here between the home assistance program funded by the Department of Indian Affairs and Northern Development, which includes homemaker services (household management) for people with decreasing independence, and the home care program funded by Health Canada, which pays for nursing care and personal care received at home.
14. The Department of Indian Affairs and Northern Development regularly updates a guide to existing health and social development resources in Québec's First Nations communities. Copies are available from the Québec regional office of the Department of Indian Affairs and Northern Development.



(b) Terms and conditions surrounding the delivery and funding of services in communities not under agreement

Generally speaking, Québec network institutions do not provide services on the territories of aboriginal communities not under agreement unless a special agreement is entered into with the local authorities (band or tribal council)¹⁵ or with the federal government and the community, if the latter has not taken charge of service delivery. The agreements must usually provide for a financial contribution corresponding to the cost incurred by the institution for the services in question.

Today, in most aboriginal communities not under agreement in Québec, the band or tribal councils have taken charge of the delivery of the front-line health services and social services provided in the communities. The band or tribal councils have signed funding agreements to that effect: with Health Canada, for health services, and with Indian and Northern Affairs Canada, for social services. The agreements generally provide for two types of funding: flexible transfer payments consisting of lump sums, based particularly on the number of people living in the community, and contribution payments to reimburse actual expenditures.

In **health** services, the communities that have taken charge of service delivery have signed multiyear funding agreements with Health Canada. The agreements provide for some flexibility between programs¹⁶ and for the creation of new ones based on community needs. The nursing staff who work in the communities are not under Health Canada responsibility.

In the communities that have not taken charge of health service delivery,¹⁷ the federal government ensures the delivery of services. Health Canada supervises the nursing staff who work in the nursing stations or health centres. Consequently, these communities have far less autonomy in service delivery and have no flexibility in the application of Health Canada programs.

In **social services**, the communities that have taken charge of service delivery must sign an agreement with the youth centre in their region covering the terms and conditions surrounding the delivery and funding of certain social services under the *Youth Protection Act* (R.S.Q., c. P-34.1), the *Act respecting health services and social services* (R.S.Q., c. S-4.2) and the *Youth Criminal Justice Act* (S.C. 2002, c.1).

15. Some communities have grouped together for the delivery of social services and also of certain health services, particularly medical transportation. Mingan, La Romaine and Pakuashipi formed Mamit Inuat; Odanak and Wôlinak, the Grand Conseil de la nation Waban-Aki inc.; Manawan and Wemotaci, the Conseil de la Nation Atikamekw.

16. Fixed programs, which do not allow for such flexibility, are excluded, particularly tobacco abuse, HIV/AIDS, diabetes, fetal alcohol syndrome, home care and medical transportation programs.

17. The following communities have not yet taken charge of health service delivery: Kanesatake, Kebaowek (Kipawa), Kitcisakik, Lac-Rapide, Timiskaming and Winneway. With the exception of Lac-Rapide, these communities are nevertheless in the process of taking charge of some services. Health Canada refers to them as "integrated communities" to distinguish them from "transferred communities".



These **bipartite agreements** allow the youth centres to bill the band or tribal councils for the services provided to people in the communities? accommodation in youth centre resources included. The daily rates for accommodation in youth centre resources are set by the ministère de la Santé et des Services sociaux.¹⁸ The network of health and social services agencies is informed of the rates in a department circular.

The communities that have not taken charge of social service delivery¹⁹ must enter into agreements with the youth centre in their region and Indian and Northern Affairs Canada. Through these **tripartite agreements**, the youth centres bill Indian and Northern Affairs Canada directly for the services provided to people in the communities. Coverage includes the full range of child and family assistance services and adult care services, including home assistance and placement.

Since June 2001, the introduction of section 37.5 into the *Youth Protection Act* has made it possible for aboriginal communities, through the signing of agreements with the Québec government, to be entrusted with some or all of the responsibilities normally devolving on directors of youth protection. Their availing themselves of this possibility has no influence on the federal government's responsibility to fund social services in aboriginal communities not under agreement.

Aboriginal people living in communities under agreement

Québec assumes responsibility for the funding of the health services and social services provided in the aboriginal communities that come under the James Bay and Northern Québec Agreement or the Northeastern Québec Agreement?signed, respectively, with the Cree and Inuit nations in 1975 and with the Naskapi nation in 1978.

The territories of the Inuit nation and the Cree nation constitute distinct health and social services regions in Québec: regions 17 and 18. Region 17 is administered by the Nunavik Regional Board of Health and Social Services; Region 18, by the Cree Board of Health and Social Services of James Bay. Amendments made to the *Act respecting health services and social services* in 1993 brought special provisions applicable to the Inuit region. The Cree region is governed by a special law, the *Act respecting health services and social services for Cree Native persons* (R.S.Q., c. S-5).

18. These rates are established under the *Regulation respecting the application of the Act respecting health services and social services* (c. S-5, r.1).

19. The following communities have not yet taken charge of the delivery of social services: Kanesatake, Lac-Rapide and all the Algonquin communities in the Abitibi-Témiscamingue region, namely, Kebaowek, Kitcisakik, Lac-Simon, Pikogan (Abitibiwinini), Timiskaming and Winneway.



The Naskapi community of Kawawachikamach has had its own CLSC since July 21, 2001, which is under the authority of the Côte-Nord (Region 09) health and social services agency.

In addition to universal services and programs, including those relating to public health, Québec is responsible for the funding of non-insured health services for the Crees, Inuit and Naskapis living in communities under agreement. It follows the same rules used by Health Canada in this area. Health Canada pays the cost of non-insured health services for the Crees, Inuit and Naskapis living outside communities under agreement.

The Cree, Inuit and Naskapi nations are still covered by certain health-related programs funded by the federal government, particularly home care and most of the community health programs funded by Health Canada.

Aboriginal people living outside communities

First Nations people and Inuit living outside aboriginal communities receive health services and social services in the Québec network, like all Quebecers. In addition, they are covered by Health Canada's non-insured health services program. The program provides mainly for the reimbursement of costs of prescription drugs, vision care, dental care, some medical supplies and equipment, medical transportation, and crisis intervention (psychological follow-up).

To be eligible for the program, an aboriginal person living in Québec has to meet only two conditions: He or she must be a "status Indian" or a recognized Inuit and have a Québec health insurance card. So, it is not necessary to live in an aboriginal community in order to be eligible for this federal program. With regard to eligibility for the similar program funded by Québec, Crees and Inuit must live in communities under agreement; otherwise, the federal government has the funding responsibility.

First Nations people and Inuit, regardless of where they live in Québec, are not covered by Québec's basic prescription drug insurance plan under the *Regulation respecting the basic prescription drug insurance plan* (c.A-29.01, r.2), since they are covered under non-insured health services programs.



GENERAL RULES REGARDING THE FUNDING OF HEALTH SERVICES AND SOCIAL SERVICES FOR ABORIGINAL PEOPLE

The general rules for the funding of health services and social services for aboriginal people are as follows:

- Aboriginal people, regardless of where they live in Québec, are covered by the *Health Insurance Act* (R.S.Q., c. A-29) and the *Hospital Insurance Act* (R.S.Q., c. A-28).
- Aboriginal people, regardless of where they live in Québec, are entitled to equal access to the health services and social services of the Québec network, like all Quebecers.
- The funding of health services and social services for aboriginal people is a responsibility shared between Québec and Canada according to the place of residence of the clientele and the services offered. More specifically:
 - Québec assumes responsibility for the funding of health services and social services for **aboriginal people living outside communities**, as it does for all Quebecers, with the exception of services covered by Health Canada in accordance with its program of non-insured health services, which is exclusively for First Nations people and Inuit.
 - Québec assumes responsibility for the funding of health services and social services for **aboriginal people living in communities under agreement (Crees, Inuit and Naskapis)**, including the funding of the non-insured health services program.
 - Québec's responsibility for the funding of health services and social services for **aboriginal people living in communities not under agreement** is limited by federal jurisdiction with regard to "Indians" and lands reserved for them. More specifically, **the funding of services provided in aboriginal communities not under agreement is under federal jurisdiction**,²⁰ except with regard to the medical care covered by the Régie de l'assurance maladie du Québec.

20. There is an exception: The hospital services provided by Kateri Memorial Hospital on the Mohawk reserve of Kahnawake are funded by Québec.



With regard to the services provided **in the centres operated by the institutions of the Québec health and social services network**—thus, outside the aboriginal communities—the following rules apply:

- Generally speaking, regardless of where they live in Québec, **aboriginal clientele cannot be required to make any financial contributions**, except those required of all Quebecers who use the network.
- There are two exceptions:
 - For **services provided by youth centres**²¹ to aboriginal people living in communities not under agreement, the youth centres **demand a financial contribution**, either from the band or tribal council under the bipartite agreements or from the federal government under the tripartite agreements. The contribution **covers the daily charges** determined²² by the ministère de la Santé et des Services sociaux for accommodation in institutions, group homes and family resources under the responsibility of the Québec network, **as well as the reimbursement of the costs of the other services** provided by the youth centres.
 - For placement in the facilities of rehabilitation centres²³ or in intermediate resources and the related family resources—except, however, for placement in the facilities of rehabilitation centres for people with alcohol or other addiction problems—**an amount corresponding to the daily charges** established by the ministère de la Santé et des Services sociaux for responsible third parties **is demanded** by the institution, either from the band or tribal council or from the federal government, depending on whether or not the aboriginal client lives in a community not under agreement at the time of his or her placement.

21. This includes services provided by rehabilitation centres to young people in difficulty.

22. These charges are provided for in the *Regulation respecting the application of the Act respecting health services and social services*. They are determined by the ministère de la Santé et des Services sociaux on the basis of the operating costs of the youth centre for all services related to the accommodation of health and social services users.

23. For people with intellectual impairments or pervasive developmental disorders, people with physical impairments, and mothers with adjustment problems.



SPECIAL RULES REGARDING THE FUNDING OF AMBULANCE TRANSPORTATION FOR PEOPLE IN ABORIGINAL COMMUNITIES NOT UNDER AGREEMENT

For medical transportation,²⁴ Health Canada has signed contribution agreements with most aboriginal communities not under agreement. Under the agreements, band and tribal councils can be reimbursed for actual expenditures for the transportation of community members. In the case of ambulance transportation, this means the amounts billed by ambulance companies. It is noteworthy that the bills correspond to only about 10% of the actual cost of the transportation service, the rest being paid by Québec through service agreements with ambulance companies.

Some contribution agreements apply to all community members, regardless of where they live. Others cover only members who live in their community, in which case the members living outside the community have to send their bills directly to Health Canada in order to be reimbursed.

Regardless of the type of agreement, Health Canada reimburses ambulance transportation costs only as final payer, that is, for cases that are covered neither by Québec, under its user travel policy,²⁵ nor by private insurers. Aboriginal people involved in road accidents are covered by the Société de l'assurance automobile du Québec. Those involved in industrial accidents are covered by the Commission de la santé et de la sécurité du travail. In the case of transfers between institutions in the Québec health network, the transportation costs are paid by the institutions concerned. For aboriginal people aged 65 or over who live outside communities, transportation is also paid for by the institutions of the Québec health network. The ministère de l'Emploi et de la Solidarité sociale pays for ambulance transportation for aboriginal people who live outside communities and receive allowances under the employment assistance program.

Health Canada funds air ambulance transportation for aboriginal communities not under agreement in remote regions. However, the transportation, by airplane or helicopter, must be requested in advance by the nursing services of the nursing station or by the community health services director.

24. Medical transportation includes not only ambulance services, but also any transportation provided for health reasons.

25. See *Normes et pratiques de gestion*, ministère de la Santé et des Services sociaux, Vol. II, circulaire 01-01-40-10, June 20, 2003.



A SUMMARY OF CERTAIN QUÉBEC RESPONSIBILITIES TOWARD ABORIGINAL COMMUNITIES NOT UNDER AGREEMENT

Public health responsibilities

In public health protection, aboriginal communities not under agreement are governed, like aboriginal communities under agreement, by the *Public Health Act* (R.S.Q., c. S-2.2). Physicians who diagnose illnesses subject to mandatory reporting must report them to the public health director of the region concerned. The aboriginal communities also follow Québec's immunization program. With regard to infectious diseases, the Québec health and social services network provides the same services to aboriginal communities as to all Quebecers. For instance, it provides vaccines and ensures follow-up during epidemiological investigations.

Public health directors in the regions are responsible for providing the aboriginal communities in their territory with all public health protection information, particularly concerning epidemics and risk situations that may affect the communities. When necessary, the information must be translated into English for communities in which French is not generally spoken. The aboriginal communities can also ask the public health department in their region to provide its expertise when risk situations are detected.

In health promotion and disease prevention, Health Canada funds a number of programs for aboriginal communities, including alcohol, drug and tobacco abuse programs, a prenatal nutrition program and a diabetes initiative. Aboriginal communities can establish their priorities according to the problems they face and their particular cultural context. They can also call upon the Québec network's expertise in promotion and prevention to support them in developing tailored intervention approaches. The transfer of knowledge and expertise must, however, be in line with the funding capacity of the institutions of the Québec network and the funding responsibility of the federal government, depending on the type of request.



Responsibilities geared to improved continuity and complementarity of services

(a) Continuity of services received in the Québec network

The ministère de la Santé et des Services sociaux, through its health and social services agencies, ensures that appropriate referral mechanisms exist between the institutions of the Québec network and the authorities responsible for the delivery of health services and social services in aboriginal communities not under agreement. The mechanisms, which can take the form of transfer protocols, have as their aim to ensure, where necessary, better continuity in the services received in the Québec network by aboriginal people living in communities not under agreement.

Accordingly, the protocols currently used by the Québec network of public institutions to ensure continuity of services must also be used, with any adaptations required, with clientele living in aboriginal communities not under agreement.

(b) Transfer of knowledge and expertise

At the request of the communities, the Québec health and social services network is on hand to provide training to staff working in aboriginal communities not under agreement, as it does with network staff. The training can even be tailored to the needs of the aboriginal context in collaboration with those concerned. The expertise of the First Nations of Quebec and Labrador Health and Social Services Commission can be very helpful in this area. The transfer of knowledge and expertise must, however, be in line with the funding capacity of the institutions of the Québec network and the funding responsibility of the federal government, depending on the type of request.



CONCLUSION

This publication clarifies the respective responsibilities of the federal government, the Québec government and network, and the aboriginal communities with regard to the delivery and funding of health services and social services for First Nations people and Inuit living in Québec.

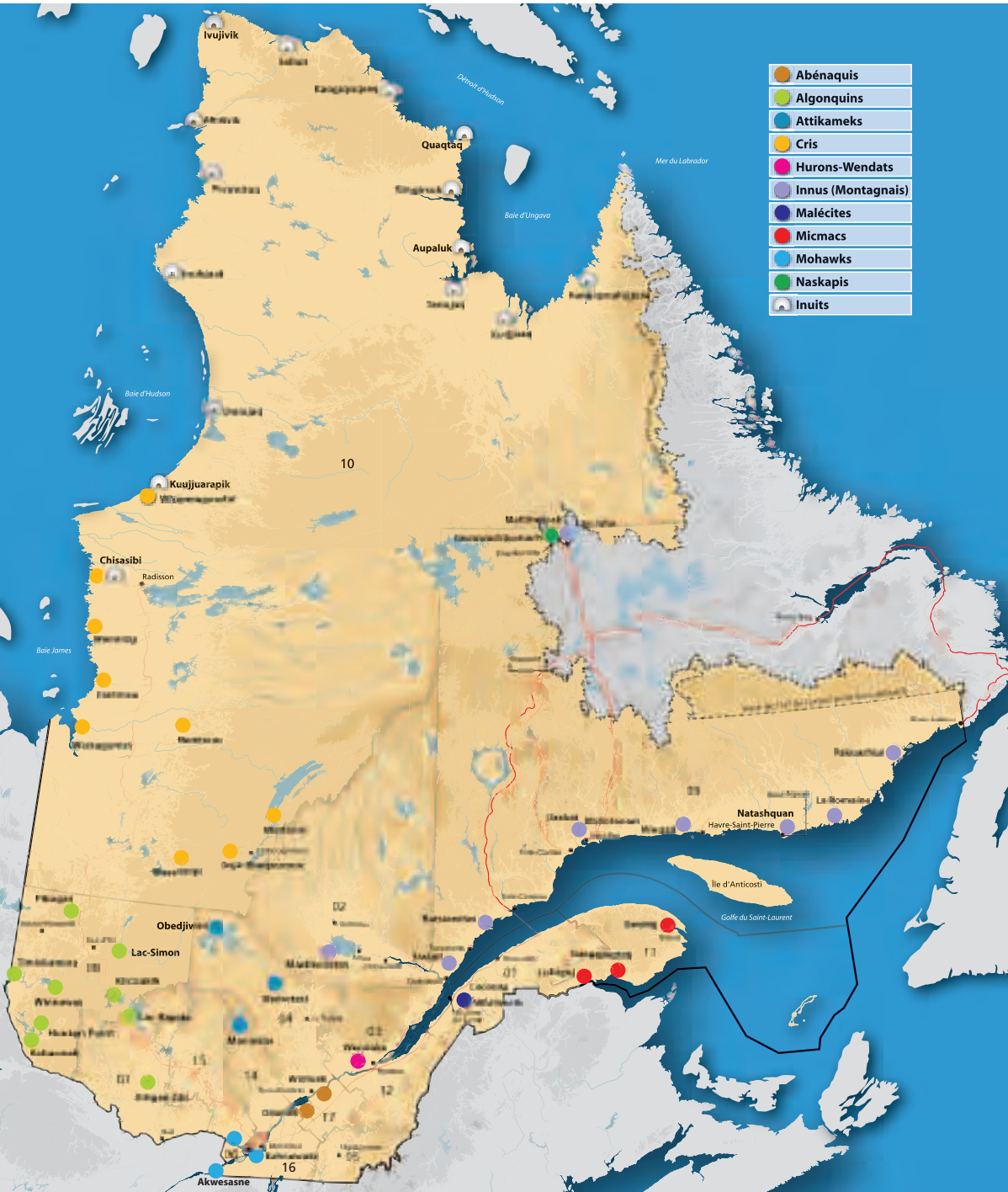
From the foregoing, it will be understood that the institutions of the Québec network are responsible for providing the same services to aboriginal clientele as to all Quebecers, whether front-line or specialized services are involved.

However, the institutions of the Québec network cannot assume a populational responsibility with respect to the aboriginal communities not under agreement. Québec recognizes the aboriginal communities not under agreement as being autonomous with regard to their own services and responsible for setting up those services according to the terms and conditions, and objectives, they deem appropriate, while complying with the laws and agreements in force

Finally, in its relationship with the aboriginal communities not under agreement, Québec recognizes that it has a responsibility with regard to the continuity and complementarity of services. In particular, it must ensure the existence of appropriate referral mechanisms to be applied when residents of communities not under agreement receive services in the centres operated by institutions of the Québec network and it must facilitate the transfer of expertise and knowledge according to the wishes that may be expressed by the communities.



APPENDIX 1 MAP OF ABORIGINAL COMMUNITIES IN QUÉBEC



Québec administrative regions

- | | | |
|----------------------------|----------------------------------|-------------------------|
| 01 Bas-Saint-Laurent | 07 Outaouais | 12 Chaudière-Appalaches |
| 02 Saguenay–Lac-Saint-Jean | 08 Abitibi-Témiscamingue | 13 Laval |
| 03 Capitale-Nationale | 09 Côte-Nord | 14 Lanaudière |
| 04 Mauricie | 10 Nord-du-Québec | 15 Laurentides |
| 05 Estrie | 11 Gaspésie–Îles-de-la-Madeleine | 16 Montérégie |
| 06 Montréal | | 17 Centre-du-Québec |

Adaptation of the Native Map, october 2005, Secretariat aux affaires autochtones.



ABORIGINAL POPULATION IN QUÉBEC

Abenakis

ODANAK COMMUNITY

Odanak Band Council
102, rue Sibosis
Odanak (Québec) J0G 1H0
Phone: 450 568-2819
Fax: 450 568-3553
E-mail: odanak@sogetel.net

WÔLINAK COMMUNITY

Abenaki Band Council of Wôlinak
10120, Kolipaïo
Wôlinak (Québec) G0X 1B0
Phone: 819 294-6696
Fax: 819 294-6697
E-mail: secretaire@wolinak.qc.ca

Algonquian

HUNTER'S POINT COMMUNITY

Wolf Lake Band Council
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Témiscaming (Québec) J0Z 3R0
Phone: 819 627-3628
Fax: 819 627-1109
E-mail: wolflake@cablevision.net

KEBAOWEK COMMUNITY

Eagle-Village Kipawa Band
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KITCISAKIK ANICINAPE COMMUNITY

Kitcisakik Band Council
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E-mail: dirigeneral@kitcisakik.ca

KITIGAN ZIBI COMMUNITY

Kitigan Zibi Anishinabeg Band Council
P.O. Box 309
Kitigan Zibi (Québec) J9E 3C9
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Fax: 819 449-5673
E-mail: frank.meness@kza.qc.ca

LAC-RAPIDE COMMUNITY

Algonquins of Barriere Lake
Lac-Rapide (Québec) J0W 2C0
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Fax: 819 435-2191
E-mail: ngaudaur@algonquinnation.ca

LAC-SIMON COMMUNITY

Lac-Simon Band Council
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Lac-Simon (Québec) J0Y 3M0
Phone: 819 736-4501
Fax: 819 736-7311

PIKOGAN COMMUNITY

Abitibiwinni Band Council
45, rue Migwan
Pikogan (Québec) J9T 3A3
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Fax: 819 732-1569
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TIMISKAMING COMMUNITY

Timiskaming Band Council
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Notre-Dame-du-Nord (Québec)
J0Z 3B0
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Fax: 819 723-2353
E-mail: info@timiscamingfn.ca

WINNEWAY COMMUNITY

Longue-Pointe Band Council
P.O. Box 1
Winneway (Québec) J0Z 2J0
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Fax: 819 722-2579
E-mail:
longpointfirstnationtlb@sympatico.ca

Attikameks

MANAWAN COMMUNITY

Manawan Atikamekw Council
135, rue Kicik
Manawan (Québec) J0K 1M0
Phone: 819 971-8813
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OBEDJIWAN COMMUNITY

Obedjiwan Band Council
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Obedjiwan (Québec) G0W 3B0
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WEMOTACI COMMUNITY

Wemotaci Band Council
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Wemotaci (Québec) G0X 3R0
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E-mail: petiquaja@mail.wemotaci.com

Crees

CHISASIBI COMMUNITY

Cree Nation of Chisasibi
P. O. Box 150
Chisasibi (Québec) J0M 1E0
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EASTMAIN COMMUNITY

Eastmain Band Council
147, rue Shabow Meskino
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Fax: 819 977-0281
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MISTISSINI COMMUNITY

Mistissini Band Council
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Fax: 418 923-3115
E-mail:
administration@nation.mistissini.qc.ca

NEMISCAU COMMUNITY

Nemaska Band Council
1, Lakeshore st.
Nemiscau (Québec) J0Y 3B0
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Fax: 819 673-2542
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OUJE-BOUGOUMOU COMMUNITY

Oujé-Bougoumou Cree Council
207, rue Opemiska
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Fax: 418 745-3168
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WASKAGANISH COMMUNITY

Waskaganish Band Council
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Waskaganish (Québec) J0M 1R0
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Fax: 819 895-8901

WASWANAPI COMMUNITY

Waswanipi Band Council
P. O. Box 8
Waswanipi (Québec) J0Y 3C0
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Fax: 819 753-2555
E-mail: info@waswanipi.com

WEMINDJI COMMUNITY

Nation of Wemindji
16, Beaver road
P. O. Box 60
Wemindji (Québec) J0M 1L0
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Fax: 819 978-0258
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WHAPMAGOOSTUI COMMUNITY

Cree Nation of Whapmagoostui
P. O. Box 390
Whapmagoostui (Québec) J0M 1G0
Phone: 819 929-3384
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Huron-Wendats

WENDAKE COMMUNITY

Huron-Wendat Nation Council
255, place Chef-Michel-Laveau
Wendake (Québec) G0A 4V0
Phone: 418 843-3767
Fax: 418 842-1108
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Innus (MONTAGNAIS)

BETSIAMITES COMMUNITY

Betsiamites Band Council
2, rue Ashini
P. O. Box 40
Betsiamites (Québec) G0H 1B0
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Fax: 418 567-8560
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bureau.politique@betsiamites.ca

ESSIPIT COMMUNITY

Essipit Montagnais Band Council
32, de la Réserve
P. O. Box 820
Les Escoumins (Québec) G0T 1K0
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Fax: 418 233-2888
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Site Web: www.essipit.com

LA ROMAINE COMMUNITY

La Romaine Montagnais Council
P. O. Box 121
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E-mail: innu@unamenshipu.qc.ca
Chief: Guy Bellefleur

MASHTEUATSH COMMUNITY

Lac-Saint-Jean Montagnais Council
1671, rue Ouiatchouan
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MATIMEKOSH COMMUNITY

Schefferville Montagnais Council
Matimekush-Lac-John
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Schefferville (Québec) G0G 2T0
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MINGAN COMMUNITY

Mingan Band Council
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Mingan (Québec) G0G 1V0
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NATASHQUAN COMMUNITY

Natasquan Montagnais Council
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PAKUASHIPI COMMUNITY

Pakuashipi Montagnais Council
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UASHAT-MALIOTENAM COMMUNITY

Innu Takuaikan Uashat mak
Mani-Utenam Council
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Inuit Communities

NOTHERN VILLAGE OF AKULIVIK

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NORTHERN VILLAGE OF AUPALUK

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NORTHERN VILAGE OF INUKJUAQ

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NORTHERN VILLAGE OF IVUJIVIK

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**NORTHERN VILLAGE OF
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**NORTHERN VILLAGE OF
KANGIRSUK**
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**NORTHERN VILLAGE OF
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P. O. Box 210
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Fax: 819 964-2980
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**NORTHERN VILLAGE OF
KUUJJUARAPIK**
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**NORTHERN VILLAGE OF
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NORTHERN VILLAGE OF QUATAQ
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NORTHERN VILLAGE OF SALLUIT
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NORTHERN VILLAGE OF TASIUJUAQ
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Tasiujaq (Québec) J0M 1T0
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Fax: 819 633-5026

NORTHERN VILLAGE OF UMUIJUAQ
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Malecites

**VIGER COMMUNITY OF
MALECITES**
Malecites de Viger
First Nation Council
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Cacouna (Québec) G0L 1G0
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1 888 399-2393
Fax: 418 867-3418
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Micmacs

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Gespeg Band Council
783, Pointe-Navarre boulevard
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Gaspé (Québec) G4X 6V2
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Fax: 418 368-1272
E-mail: micmac@globetrotter.net

GESGAPEGIAQ COMMUNITY
Gesgapegiac Micmac Band Council
P. O. Box 1280
Maria (Québec) G0C 1Y0
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Fax: 418 759-5856

LISTUGUJ COMMUNITY
Listuguj Mi'gmaq First Nation
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Mohawks

AKWESASNE COMMUNITY

Akwesasne Mohawk Council
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KAHNAWAKE COMMUNITY

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KANESATAKE COMMUNITY

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Naskapis

KAWAWACHIKAMACH COMMUNITY

Naskapi Band of Québec
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saa@mce.gouv.qc.ca
www.autochtones.gouv.qc.ca

APPENDIX 2 ABORIGINAL POPULATION IN QUÉBEC – 2005

Nations	Communities	Residents	Non-residents	Total
ABENAQUIS	Odanak	299	1 529	1 828
	Wôlinak	69	151	220
		368	1 680	2 048
ALGONQUIAN	Hunter's Point	11	253	264
	Kebaowek	263	423	686
	Kitcisakik	329	48	377
	Kitigan Zibi	1 491	1 114	2 605
	Lac-Rapide	497	119	616
	Lac-Simon	1 207	275	1 482
	Pikogan	546	277	823
	Timiskaming	544	1 011	1 555
	Winneway	355	348	703
	5 243	3 868	9 111	
ATTIKAMEKS	Manawan	1 915	224	2 139
	Obedjiwan	1 903	364	2 267
	Wemotaci	1 190	272	1 462
	5 008	860	5 868	
CREES	Chisasibi	3 393	109	3 502
	Eastmain	573	26	599
	Mistissini	2 879	274	3 153
	Nemiscau	570	81	651
	Oujé-Bougoumou	556	117	673
	Waskaganish	1 738	526	2 264
	Waswanipi	1 293	454	1 747
	Wemindji	1 155	95	1 250
	Whapmagoostui	752	41	793
	12 909	1 723	14 632	
HURONS/WENDATS	Wendake	1 276	1 712	2 988
INNUS/MONTAGNAIS	Betsiamites	2 673	689	3 362
	Essipit	178	213	391
	La Romaine	928	60	988
	Mashteuiatsh	2 026	2 712	4 738
	Matimekosh-Lac-John	715	102	817
	Mingan	499	15	514
	Natashquan	850	60	910
	Pakuashipi	277	1	278
	Uashat-Malotienam	2 766	621	3 387
	10 912	4 473	15 385	
MALECITES	Cacouna et Whitworth	2	757	759
MICMACS	Gespeg	0	490	490
	Gesgapegiag	541	644	1 185
	Listuguj	1 908	1 282	3 190
	2 449	2 416	4 865	

DELIVERY AND FUNDING
OF HEALTH SERVICES AND SOCIAL SERVICES FOR ABORIGINAL PEOPLE

Nations	Communities	Residents	Non-residents	Total
MOHAWKS	Akwesasne (Québec only)	4843	81	4924
	Kahnawake	7330	1945	9275
	Kanesatake	1347	665	2012
		13 520	2691	16 211
NASKAPIS	Kawawachikamach	765	69	834
Status Indians not associated with a nation		1	68	69
Total - Amerindian population		52 453	20 317	72 770
INUIT	Akulivik	500	17	517
	Aupaluk	150	2	152
	Chisasibi (Inuit part)	99	20	119
	Inukjuak	1 297	78	1 375
	Ivujivik	238	11	249
	Kangiqsualujjuaq	741	16	757
	Kangiqsujaq	537	29	566
	Kangirsuk	449	51	500
	Kuujuuaq	1 562	127	1 689
	Kuujuarapik	484	111	595
	Puvimituq	1 319	91	1 410
	Quaqtaq	315	21	336
	Salluit	1 108	77	1 185
	Tasiujaq	222	9	231
Umiujaq	336	37	373	
Total - Inuit population		9 357	697	10 054
Total		61 810	21 014	82 824

Sources: Indian Register, Indian and Northern Affairs Canada (INAC), December 31, 2004.

Registers of Cree, Inuit and Naskapi Beneficiaries under the James Bay and Northern Québec Agreement and the Northeastern Québec Agreement, Ministère de la Santé et des Services sociaux du Québec, January 31, 2005.



APPENDIX 3 RESOLUTIONS OF THE NATIONAL ASSEMBLY AND PRINCIPLES ADOPTED BY THE QUÉBEC CABINET

The resolutions of the national assembly

On March 20, 1985, Québec's National Assembly passed a resolution which still today forms the basis of relations between Québec and aboriginal people. The resolution is as follows:

Motion for the recognition of aboriginal rights in Québec:

That this Assembly:

- Recognize the existence of the Abenaki, Algonquin, Attikamek, Cree, Huron, Micmac, Mohawk, Montagnais, Naskapi and Inuit nations in Québec;
 - Recognize existing aboriginal rights and those set forth in the James Bay and Northern Québec Agreement and the Northeastern Québec Agreement;
 - Consider these agreements and all future agreements and accords of the same nature to have the same value as treaties;
 - Subscribe to the process whereby the Government has committed itself with the aboriginal peoples to better identifying and defining their rights—a process which rests upon historical legitimacy and the importance for Québec society to establish harmonious relations with the native peoples, based on mutual trust and a respect for rights;
 - Urge the Government to pursue negotiations with the aboriginal nations based on, but not limited to, the fifteen principles it approved on February 9, 1983, subsequent to proposals submitted to it on November 30, 1982, and to conclude with willing nations, or any of their constituent communities, agreements guaranteeing them the exercise of:
 - (a) the right to self-government within Québec;
 - (b) the right to their own language, culture and traditions;
 - (c) the right to own and control land;
 - (d) the right to hunt, fish, trap, harvest and participate in wildlife management;
 - (e) the right to participate in, and benefit from, the economic development of Québec;
- so as to develop as distinct nations having their own identity and exercising their rights within Québec;



- Declare that the rights of aboriginal peoples apply equally to men and women;
- Affirm its will to protect, in its fundamental laws, the rights included in the agreements concluded with the aboriginal nations of Québec; and
- Agree that a permanent parliamentary forum be established to enable the aboriginal peoples to express their rights, needs and aspirations

Subsequently, on May 30, 1989, the National Assembly passed the following resolution recognizing the existence of the Malecite nation:

That the National Assembly recognize the existence in Québec of the Malecite nation in the same way as the ten other aboriginal nations recognized by the resolution of the National Assembly of March 20, 1985.

The 15 principles

The 15 principles referred to in the resolution of the National Assembly are those which Cabinet adopted on February 9, 1983, which read as follows:

- 1) Québec recognizes that the aboriginal peoples of Québec constitute distinct nations, entitled to their own culture, language, traditions and customs, as well as having the right to determine, by themselves, the development of their own identity.
- 2) It also recognizes the right of aboriginal nations, within the framework of Québec legislation, to own and to control the lands that are attributed to them.
- 3) These rights are to be exercised by them as part of the Québec community and hence could not imply rights of sovereignty that could affect the territorial integrity of Québec.
- 4) The aboriginal nations may exercise, on the lands agreed upon between them and the government, hunting, fishing and trapping rights, the right to harvest fruit and game and to barter between themselves. Insofar as possible, their traditional occupations and needs are to be taken into account in designating these lands. The ways in which these rights may be exercised are to be defined in specific agreements concluded with each people.
- 5) The aboriginal nations have the right to take part in the economic development of Québec. The government is also willing to recognize that they have the right to exploit to their own advantage, within the framework of existing legislation, the renewable and unrenovable resources of the lands allocated to them.
- 6) The aboriginal nations have the right, within the framework of existing legislation, to govern themselves on the lands allocated to them.



- 7) The aboriginal nations have the right to have and control, within the framework of agreements between them and the government, such institutions as may correspond to their needs in matters of culture, education, language, health and social services as well as economic development.
- 8) The aboriginal nations are entitled within the framework of laws of general application and of agreements between them and the government, to benefit from public funds to encourage the pursuit of objectives they esteem to be fundamental.
- 9) The rights recognized by Québec to the aboriginal peoples are also recognized to women and men alike.
- 10) From Québec's point of view, the protection of existing rights also includes the rights arising from agreements between aboriginal peoples and Québec concluded within the framework of land claims settlement. Moreover, the James Bay and Northern Québec Agreement and the Northeastern Québec Agreement are to be considered treaties with full effect.
- 11) Québec is willing to consider that existing rights arising out of the Royal Proclamation of October 7, 1763, concerning aboriginal nations be explicitly recognized within the framework of Québec legislation.
- 12) Québec is willing to consider, case by case, the recognition of treaties signed outside Canada or before Confederation, aboriginal title, as well as the rights of aboriginal nations that would result therefrom.
- 13) The aboriginal nations of Québec, due to circumstances that are peculiar to them, may enjoy tax exemptions in accordance with terms agreed upon between them and the government.
- 14) Were the Government to legislate on matters related to the fundamental rights of the aboriginal nations as recognized by Québec, it pledges to consult them through mechanisms to be determined between them and the Government.
- 15) Once established, such mechanisms could be institutionalized so as to guarantee the participation of the aboriginal nations in discussions pertaining to their fundamental rights.

These 15 principles continue to underlie the government's action concerning aboriginal people.

Source: Secrétariat aux affaires autochtones, 1998. *Partnership, Development, Achievement – Aboriginal Affairs – Québec Government Guidelines.*



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