

**LETTER OF UNDERSTANDING**  
**BETWEEN**  
**MÉTIS NATION BRITISH COLUMBIA**  
**AND**  
**INTERIOR HEALTH AUTHORITY**

This Letter of Understanding made this 23<sup>rd</sup> day of September, 2023

Hereinafter referred to as “the Partners”

**WHEREAS** the Métis are a distinct Aboriginal people who are recognized in Section 35(2) of the Constitution Act (1982)<sup>1</sup>;

**WHEREAS** the mandate of the Métis Nation British Columbia (MNBC) is to develop and enhance opportunities for Métis Chartered Communities throughout British Columbia by implementing culturally relevant social and economic programs and services;

**WHEREAS** the Métis Nation British Columbia signed a Letter of Intent between Métis Nation British Columbia and the Provincial Government dated October 27<sup>th</sup>, 2021;

**WHEREAS** the Letter of Intent advances a “whole of government” approach to Métis relations, respecting Métis self-determination and moving toward a reconciliation agreement;

**WHEREAS** the Métis Nation British Columbia has signed the Métis Community Governance Charter with the fifteen (15) Métis Chartered Communities of:

- Boundary Local Métis Community Association
- The Cariboo Chilcotin Métis Association
- Columbia Valley Métis Association
- Elk Valley Métis Association
- Kelowna Métis Association
- Kootenay South Métis Association
- Métis Nation Columbia River Society
- Nicola Valley and District Métis Society
- Rocky Mountain Métis Association
- Salmon Arm Métis Association
- South Okanagan Similkameen Métis Association
- Two Rivers Métis Society
- Vermillion Forks Métis Association
- Vernon & District Métis Association
- West Kootenay Métis Society

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<sup>1</sup> See Appendix 1 for information on the Métis Nation British Columbia, including the Letter of Intent between Métis Nation British Columbia and the Provincial Government

**WHEREAS** Métis Nation British Columbia may sign additional Métis Community Governance Charters with new Métis Chartered Communities within the Interior Health region;

**WHEREAS the** Métis Community Governance Charters outline the working relationship between MNBC and the Métis Chartered Community and sets out guidelines for membership, Chartered Community governance, reporting, privacy, and data management;

**WHEREAS** the Interior Health Authority provides health care to the residents of the Interior Health Region as prescribed in the Health Authorities Act. Section 5(1) and Section 5(2)<sup>2</sup>. This includes Citizens of Métis Nation British Columbia and self-identified Métis;

**WHEREAS** the Government of British Columbia acknowledged that racism has made B.C.'s healthcare system an unsafe place for many Indigenous people and that harm to Indigenous people is known and has been perpetuated against Indigenous people for generations. The Government of British Columbia has committed to implementing all 24 recommendations of the In Plain Sight Report in BC;

**WHEREAS** the Partners may negotiate additional agreements that do not infringe upon or replace this Letter of Understanding.

#### **Definitions**

In this Letter of Understanding:

1. Métis means an Aboriginal person as defined in Section 35(2) of the Constitution Act (1982); who identifies themselves as Métis, is of historic Métis National Ancestry, is distinct from Aboriginal Peoples, and is accepted by the Métis Nation.
2. "Métis Community" means a group or body of Métis persons in subparagraph (1) above living in the same place, gathered closely together in forming a recognizable unity, having common characteristics and a community of interest based on Métis language, culture, history and traditions.
3. "Métis Nation British Columbia-Interior Health Leadership Table" (MILT) refers to a committee jointly established by the Partners to oversee the governance and strategic alignment of this Letter of Understanding.
4. "Joint Committee" refers to a committee jointly established by the Partners to oversee the implementation and review of the MNBC-IH Joint Health and Wellness Plan.

#### **Purpose**

The Purpose of this Letter of Understanding is to recognize and acknowledge that:

1. The Partners have common goals of (a) equitable access to health services and (b) improved physical, mental, emotional, social, and spiritual health and wellness outcomes, for Métis Citizens and self-identified Métis within the Interior Health Region.

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<sup>2</sup> See Appendix 2 for more information.

2. The Partners agree that the Métis Nation BC Regional Governance Councils of the Thompson/Okanagan, Kootenay and the Métis Chartered Community in the North Central region (Williams Lake) have the responsibility as elected officials of the Métis Nation British Columbia, to advise and influence the delivery of Aboriginal health services provided within the Interior Health region, for their respective communities.
3. The Partners agree to ensure that the planning and delivery of health services to Métis individuals, families and communities within the Interior Health region are culturally appropriate, utilizing the “Taanishi Kiiya” Métis Public Health Surveillance Program – Baseline Report, In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, and the DRIPA Action Plan Theme 3: Ending Indigenous-specific Racism and Discrimination, as core guiding documents for action within the health authority.
4. The Partners will agree to work together at the MILT and Joint Committee to identify opportunities for Métis Chartered Communities to participate in the planning and delivery of health programs to Métis individuals, families and communities. Where new funding opportunities become available from the BC Ministry of Health, the Partners will look for opportunities to support Métis Chartered Communities to participate in health planning and delivery.
5. The Partners agree on 8 shared priorities for improving Métis health and wellness as the strategic direction for the work plan under the LOU:
  - i. Métis Voice & Representation
  - ii. Métis Health Promotion & Access
  - iii. Métis Cultural Safety & Humility Education
  - iv. Mental Health, Harm Reduction, Substance Use & Wellness Supports
  - v. Métis Representation in the Interior Health Workforce
  - vi. Health Literacy
  - vii. Self-Determined Métis Health Information Systems
  - viii. Métis focused Health Emergency Management & Climate Readiness

### **Principles**

This Letter of Understanding is based upon the following principles:

1. Collaboration and inclusion
2. Mutual respect and cultural recognition
3. Transparency
4. Reciprocal accountability
5. Integrity
6. Culturally safe and appropriate care
7. Sustainable access and quality health services

### **THEREFORE THE PARTNERS HAVE REACHED THE FOLLOWING UNDERSTANDING:**

1. This Letter of Understanding constitutes a framework in which the Partners will work together to increase the influence of Métis Nation British Columbia in decisions related to health services that impact Métis individuals, families and communities within the Interior Health region (see map in Appendix 3). This framework encompasses new approaches to how Métis health services may be initiated and how Métis communities are meaningfully engaged in planning with Interior Health through the MILT and Joint Committee.

2. The Partners will support the Métis Chartered Communities to maximize their capacity to meaningfully participate and provide direction in the planning and delivery of health programs to Métis individuals, families and communities.
3. Recognizing the importance of the Métis Social Determinants of Health, the Partners will seek to improve the health outcomes for Métis individuals, families and communities by effective shared decision-making and shared accountability that will (a) reduce both real and perceived barriers and (b) increase access to health services.
4. The Partners will use a cooperative, collaborative approach to improving the health status of Métis individuals, families and communities through the design, delivery and evaluation of health services.

## **PROCESS**

1. The Interior Health Board Chair, President and Chief Executive Officer of IH, and Vice President, Aboriginal Partnerships will meet regularly with the Métis Nation British Columbia Minister of Health, Executive Director of Health, and Senior Technicians of Métis Nation British Columbia to assess progress, address issues and confirm the priority areas of focus contemplated in this LOU.
2. The Vice President, Aboriginal Partnerships and Executive Director of Health of Métis Nation British Columbia will be the senior officials responsible for strategic implementation of this LOU and will create and lead the Joint Committee.
3. Each partner will identify operational leads to create an annual work plan outlining key projects and deliverables related to the priority areas of work under this LOU. The work plan will be revisited and revised annually, as mutually agreed by the Partners.
4. Each partner will assemble project team(s) to advance the key projects and deliverables outlined in the work plan contemplated in subparagraph (3) above.
5. Métis Nation British Columbia acknowledges that IH is a public sector body subject to, among other things, the funding and reporting requirements of the Ministry of Health, public procurement requirements and its mandate as a regional health board.
6. The Partners commit to creating and continuing the Health Systems Advocate role as a shared position designed to support the work of this LOU, development and implementation of the shared priorities for Métis health and wellness.
7. The Partners will work to identify the available human, financial and capital resources (both internal and external) required to achieve the purpose of this Letter of Understanding to ensure appropriate resources are allocated to meet Métis specific health need within the Interior Health Authority region.

### **Evaluation of the Letter of Understanding**

The Partners will review the effectiveness of the Letter of Understanding and undertake a formal evaluation prior to any renewal or review, based on criteria agreed upon by the Joint Committee.


### **Dispute Resolution**

1. The focus of the dispute resolution process is to ensure the safety and wellbeing of Métis individuals, families and communities.
2. In the event of a dispute between Métis Nation British Columbia and the Interior Health Authority with respect to the interpretation, application or implementation of this Letter of Understanding, if the Joint Committee is unable to resolve the dispute, the issue will be passed to the respective signatories within the Partners for resolution.
3. If requested, culturally informed mediation processes may include a Sharing Circle and/or Métis Elders as participants and mediator.

**Term**


1. The Term of the Letter of Understanding will be five years from the date of its signing.
2. The Letter of Understanding may be reviewed, strengthened, and renewed with written consent of both Partners.
3. Every effort will be made to re-sign the Letter of Understanding before it sunsets, however it is acknowledged that if the Partners are unable to achieve this we will continue to work in partnership unless one of the Partners decides to terminate.
4. Either Partner may terminate this Letter of Understanding providing sixty days written notice including the reason for the termination.

**Dated on the 23<sup>rd</sup> day of September, 2023:**



**Lissa Smith**  
President  
Métis Nation British Columbia

*Witnessed By:*



**Louis De Jaeger**  
Minister of Health  
Métis Nation British Columbia




**Dr. Doug Cochrane**  
Board Chair  
Interior Health

*Witnessed By:*



**Susan Brown**  
President & CEO  
Interior Health

*Witnessed By:*



**Addie Pryce**  
VP Aboriginal Partnerships  
Interior Health

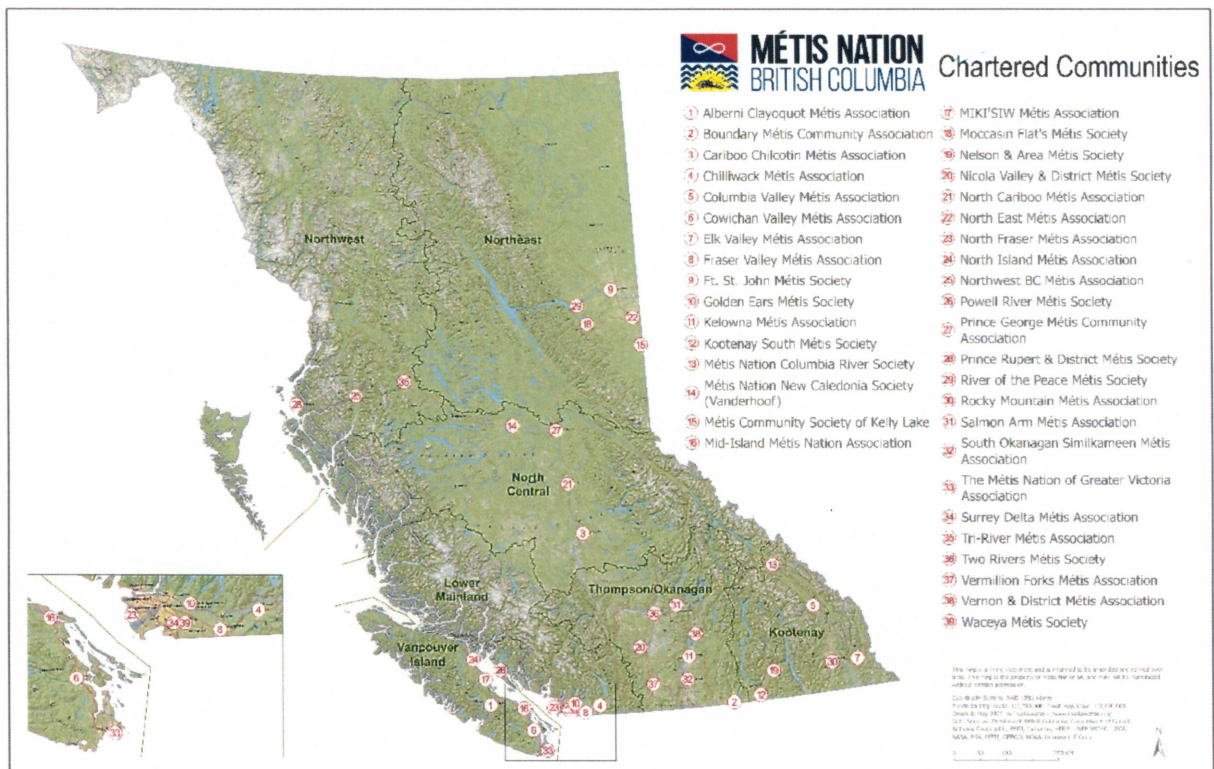


## Appendix 1

### MÉTIS NATION BRITISH COLUMBIA BACKGROUNDER

Métis Nation British Columbia was established in 1996 and continues to evolve today as an accountable governance structure, working on behalf of the 97,865 Métis people in BC (2021 Census) including over 25,580 provincial registered Métis Citizens. In BC, there are currently thirty-eight (38) Métis Chartered Communities with registered community members, in seven regions throughout BC. The provincial Board of Directors of MNBC, along with the Métis Women of BC (MW-BC) and the Métis Youth of BC (MY-BC) are elected by Métis Citizens through provincial mail-in elections.

The Board of Directors consists of seven (7) Regional Directors, a provincial Women’s Representative and a provincial Youth Representative, Vice President and President. Métis Nation BC has three (3) levels of governance, which include: the thirty-eight (38) Chartered Communities, seven (7) Regional Governance Councils and the MNBC Board of Directors.



In October 2021, MNBC signed a Letter of Intent (LOI) with the Province of British Columbia. The LOI outlines commitments to advancing a “whole of government” approach to Métis relations, upholding Métis self-determination and moving toward a reconciliation agreement.



**LETTER OF INTENT**

Dated for reference October 27, 2021

BETWEEN

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA**  
("British Columbia")

AND

**THE MÉTIS NATION BRITISH COLUMBIA**  
("MNBC")

(Collectively, the "Parties")

**WHEREAS:**

- A. The Parties entered into the Métis Nation Relationship Accord in September of 2006 and renewed the Accord in November 2016, committing to strengthen relationships between the provincial government and Métis people.
- B. The purpose of this Letter of Intent is to outline the Parties' understanding that British Columbia and the MNBC are advancing their relationship and are proposing a new "whole of government" approach to Métis relations as a partnership between MNBC and British Columbia respecting Métis self-determination.

**COLLABORATIVE PRIORITIES:**

With this Letter of Intent, the Parties intend to create a new collaborative, accountable, cross government approach to Métis relations incorporating an Assistant Deputy Minister's Committee to help coordinate the framework and vision in step with ongoing programs and initiatives of other ministries with MNBC.

1. The Parties acknowledge the opportunity to sunset the previous Métis Nation Relationship Accord II, and move to a reconciliation agreement in an emerging landscape of reconciliation as being framed by the *Declaration Act on the Rights of Indigenous Peoples*, the Truth and Reconciliation Commission Calls to Action and the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls to Justice.
2. The Parties propose to co-develop a new Métis Relations Working Table as the hub of engagement for MNBC and government with an approach to relations that



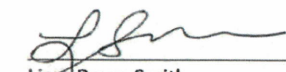
formalizes dialogue and integrates engagement on Métis priorities across all of government.


**ADDITIONAL MATTERS:**

3. Upon signing on this Letter of Intent, the Parties agree to immediately begin developing the technical requirements needed to formalize the table.
4. This Letter of Intent may be executed in counterparts and facsimile by the Parties.

**On Behalf of the Métis Nation BC:**

**On Behalf of the Province of British  
Columbia:**

  
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Lissa Dawn Smith  
Acting President  
Métis Nation BC

  
\_\_\_\_\_  
Hon. Murray Rankin, QC  
Minister of Indigenous Relations and  
Reconciliation



## Appendix 2

### IH roles and responsibilities

Interior Health Authority's roles and responsibilities according to the purpose and description under the Health Authorities Act. Section 5(1) and Section 5(2) which states that:

"The purposes of a board are as follows:

- (a) To develop and implement a regional health plan that includes;
  - (i) The health services provided in the region, or in a part of the region,
  - (ii) The type, size and location of facilities in the region,
  - (iii) The programs for the delivery of health services provided in the region,
  - (iv) The human resource requirements under the regional health plan, and
  - (v) The making of reports to the minister on the activities of the board in carrying out its purposes
- (b) To develop policies, set priorities, prepare and submit budgets to the minister and allocate resources for the delivery of health services, in the region, under the regional health plan;
- (c) To administer and allocate grants made by the government for the provision of health services in the region;
- (d) To deliver regional services through its employees or to enter into agreements with the government or other public or private bodies for the delivery of those services by those bodies;
- (e) [Repealed 2002-61-4] therefore not applicable;
- (f) To develop and implement regional standards for the delivery of health services in the region;
- (g) To monitor, evaluate and comply with Provincial and regional standards and ensure delivery of specified services applicable to the region.
  - (2) In Carrying out its purposes, a board must give due regard to the Provincial standards and specified services."

# Métis Chartered Communities

with Health Service Delivery Area Boundaries

