

# WHAT WE HEARD

Métis Chartered Communities, Métis Nation  
British Columbia (MNBC), and Island Health  
Roundtable Engagement

A report on the themes and recommendations that stemmed  
from engagement with Métis Chartered Communities and  
Island Health on June 12-13, 2024 in Nanaimo, B.C.



**MÉTIS NATION**  
BRITISH COLUMBIA



**Island Health**



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Maarsii to all Métis participants who took the time to attend and share their community's experiences in accessing health services and developing partnerships between the Métis Chartered Communities, MNBC, and Island Health. We honour and appreciate the contributions, thoughts, ideas, and opinions of representatives from the Métis Nation of Greater Victoria Association (Victoria), Cowichan Valley Métis Association (Duncan), Mid-Island Métis Nation Association (Nanaimo), MIKI'SIW Métis Association (Courtenay), North Island Métis Association (Campbell River), and Alberni-Clayoquot Métis Society (Port Alberni).

We also thank the MNBC Board Members, as well as the Island Health leadership, staff, and representatives who attended to listen to the perspectives presented by the Métis Chartered Communities and committed to addressing the priorities shared during the gathering.

Finally, we thank Kristen Elkow from Drawing Change for the two graphic illustrations highlighting the key discussions from the two days of meaningful conversation.



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## EXECUTIVE SUMMARY

An in-person Leadership Roundtable Engagement Session in Nanaimo invited Métis Chartered Community (MCC) leaders and representatives, MNBC, and Island Health to gather and engage in a dialogue around the guiding principles and core values of the Letter of Understanding (LOU) between Métis Nation British Columbia (MNBC) and Island Health to help inform its renewal. The conversation began with the need for a renewed LOU, but evolved into a broader conversation about the intricacies and barriers in the relationship between the three partners, best practices for engagement with communities, and Métis specific health priorities for Vancouver Island. The purpose of the LOU is to recognize and affirm Island Health and MNBC's shared commitment to ensuring equitable access to culturally appropriate and relevant health services for Métis individuals, families, and the six MCCs within the Island Health region. These commitments form the foundation for the collaborative efforts required to improve Métis health and wellness. Engagement, collaboration, and meaningful inclusion and partnerships were emphasized throughout the discussion as necessary pieces for the improvement of the health and wellness of Métis people across Vancouver Island, to honour the commitments made in the original LOU, and to uphold the recommendations outlined in [In Plain Sight](#), the [Declaration on the Rights of Indigenous Peoples](#), and [Taanishi Kiiya](#).

After two rounds of breakout sessions and multiple sharing circles over two days, several themes emerged:

- Métis-specific resources
- Trust and safety within healthcare spaces
- Accountability and Métis psychological safety
- Meaningful inclusion and engagement
- Relationship building
- Education

These conversations allowed leaders from Vancouver Island MCCs to present their communities' questions and concerns directly to MNBC and Island Health. While some positive work was highlighted through the discussion, the open dialogue also enabled MCC representatives to express their frustrations relating

to relationship-building and meaningful consultation with both MNBC and Island Health.

The perspectives and themes that were developed through these conversations will be used to develop an LOU health and wellness plan that includes clear and measurable objectives, roles, and responsibilities to ensure the practice of reciprocal accountability.

As more than a year has passed since our engagement session took place, MNBC recognizes that this delay has caused a negative effect to the relationships between Métis Citizens on Vancouver Island, MNBC, and Island Health. As part of our efforts to address this, MNBC is committed to working alongside MCCs and Island Health to develop a clearly defined LOU health and wellness plan that strengthens trust and supports ongoing reciprocal accountability.



## INTRODUCTION

The Métis Chartered Communities (MCCs) from Vancouver Island, MNBC, and Island Health gathered for an in-person Leadership Roundtable Engagement Session that was held on June 12 and 13, 2024, in Nanaimo, B.C., on the traditional territories of the Snuneymuxw First Nation, and the chosen home of the Mid-Island Métis Nation. We were welcomed to these lands by Elder Sandra Good from Snuneymuxw First Nation, and Kih̓t̓y̓ak Joy Bremner, Old One of the Mid-Island Métis Nation.

The purpose of the gathering was to bring together leadership from MCCs across Vancouver Island, MNBC, and Island Health to discuss the priorities that should be considered in drafting a renewed Letter of Understanding (LOU) between MNBC and Island Health.

Representatives from each of the six MCCs on Vancouver Island, staff, and leadership from MNBC, as well as staff and leadership (day two only) from Island Health were in attendance. Notable Attendees from Métis Chartered Communities included Elder June Graham, President of the Alberni-Clayoquot Métis Association; Old One Joy Bremner, Leader of the Mid-Island Métis Nation; Tyler Masee, President of the North Island Métis Association; Caitlin Bird, President of the Métis Nation of Greater Victoria; Rick Lewis, Elected Leader of the Cowichan Valley Métis Nation; and Chrys Sample, Vice President of the MIKI'SIW Métis Association. From Island Health, we had the President and Chief Executive Officer, Kathy MacNeil; the Vice President, Indigenous Health and Diversity, Equity and Inclusion, Dawn Thomas; Indigenous Board Member, Ron Rice (Wush'q); and the Board Chair, Leah Hollins. Finally, we welcomed Regional Director Patrick Harriott, Vancouver Island and Powell River, and Louis De Jaeger, MNBC's Minister of Health from the MNBC Board of Directors.

The previous LOU ([Appendix 1](#)) was signed in March of 2019 and outlines the commitments between MNBC and Island Health to improve access and equity for Métis care-seekers. MCC representatives were also in attendance and witnessed the commitments made by MNBC and Island Health.

The LOU expired in March 2024 but remains the basis for outlining the relationship between MNBC and Island Health. It includes the five principles of:

1. Collaboration and inclusion
2. Mutual respect and cultural recognition
3. Transparency
4. Reciprocal accountability
5. Integrity

The gathering allowed MCC members to reflect and share their perspectives on the impacts of the previous LOU in their communities and the changes they want to see in the relationship between MNBC, MCCs, and Island Health moving forward.

On the first day of engagement, an overview was given of the previous LOU, the work required to create a revised draft, the relevant partners involved, and the key foundational documents that ground and guide this work. Participants were grouped based on the MCC they represented into different breakout rooms to have more personalized conversations on four guiding questions:

1. What health priorities are most important to your community?
2. What Métis-specific considerations does Island Health (and the Board) need to be thinking about and considering for how to best provide health services for Métis communities?
3. What are the best methods for collaboration and engagement between Island Health, Métis Chartered Communities, and MNBC?
4. What guiding principles should the refreshed LOU include that reflect our core values and shared work?



**I'm not going back to my community and telling them that I have nothing to report that will be done. I can't go back with an empty answer again.**

The second day focused on reflecting on the results of the breakout sessions and coming together as a group in a sharing circle for an open discussion. MCC members expressed their perspectives to MNBC and Island Health leadership on the impacts, or lack thereof, of the previous LOU in their communities. The sharing circle also provided an opportunity for Island Health and MNBC to acknowledge the perspectives and frustrations of the MCCs and commit to meaningful action to promote positive change in the health and wellness of Métis people across Vancouver Island.

Community members shared that, as with many past engagements, they left this one feeling unheard and that their input was not meaningfully considered. Many noted that discussions tended to focus more on the relationship between Island Health and MNBC, rather than on the direct relationships between communities and either Island Health or MNBC. While participants clearly articulated the relationship barriers they face and called for accountability, they also expressed ongoing frustration with the continued lack of concrete action or visible outcomes.



## OVERVIEW OF COMMITMENTS AND OBLIGATIONS

The following documents and legislation call upon the federal and provincial governments, MNBC, and health authorities to take clear and measured actions toward improving Métis health and wellness.

During our engagement, we heard reference to many of these documents and the obligations within them by community members, as well as a frustration on the lack of action and accountability in meeting the duties they establish. Calls were made for measurable action to be considered in the development of a renewed LOU, as well as a health and wellness plan to achieve these goals.

As a result, a brief but non-exhaustive summary will be provided before discussing the relevant themes that came out of the engagement.



## OBLIGATIONS HELD BY THE FEDERAL GOVERNMENT

<p><b><u>1982 CONSTITUTION ACT</u></b></p>	<p><b>Section 35(1):</b> The existing aboriginal and treaty rights of the aboriginal peoples of Canada are hereby recognized and affirmed.</p> <p><b>Section 35(2):</b> In this Act, aboriginal peoples of Canada includes the Indian, Inuit and Métis peoples of Canada.</p>
<p><b><u>DANIELS DECISION (2016)</u></b></p>	<p>In a unanimous decision, the court found that Métis and Non-Status peoples are considered Indians under section 91(24) of the Constitution Act and hence confirms that the federal government has a responsibility for Métis health.</p>
<p><b><u>CANADA-MÉTIS NATION ACCORD (2017)</u></b></p>	<p><b>Sections 1-6</b>, but especially:</p> <ul style="list-style-type: none"> <li>• <b>1.1.3</b> Advance reconciliation of the rights, claims, interests and aspirations of the Métis Nation and those of all Canadians;</li> <li>• <b>1.1.5</b> Improve socio-economic conditions of Métis and their access to social and economic programs and services that address their needs;</li> </ul>
<p><b><u>THE TRUTH AND RECONCILIATION COMMISSION OF CANADA: CALLS TO ACTION</u></b></p>	<p><b>Call to Action 18:</b> We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.</p> <p><b>Call to Action 19:</b> We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.</p> <p><b>Call to Action 20:</b> In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.</p> <p><b>Call to Action 22:</b> We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.</p> <p><b>Call to Action 23:</b> We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.</p>

## OBLIGATIONS HELD BY THE PROVINCIAL GOVERNMENT

### DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT

**Section 3:** In consultation and cooperation with the Indigenous peoples in British Columbia, the government must take all measures necessary to ensure the laws of British Columbia are consistent with the Declaration.

**Article 2:** Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their Indigenous origin or identity.

**Article 24.1:** Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

**Article 24.2:** Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

### DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT ACTION PLAN: 2022-2027

**Action 3.7:** Implement recommendations made in the In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. healthcare report, striving to establish a healthcare system in B.C. that is culturally safe and free of Indigenous-specific racism.

**Action 4.10:** Prioritize the implementation of Primary Care Networks, the First Nations-led Primary Healthcare Initiative, and other primary care priorities, embedding Indigenous perspectives and priorities into models of care to increase Indigenous Peoples' access to primary care and other health services, and to improve cultural safety and quality of care.

**Action 4.11:** Increase the availability, accessibility and the continuum of Indigenous-led and community-based social services and supports that are trauma-informed, culturally safe and relevant, and address a range of holistic wellness needs for those who are in crisis, at-risk or have experienced violence, trauma and/or significant loss.

**Action 4.20:** Advance a collaborative, whole-of-government approach in the partnership between the Métis Nation of British Columbia and the Province of B.C., respecting Métis self-determination and working to establish more flexibility and sustainability in funding.

**Action 4.26:** Strengthen the health and wellness partnership between Métis Nation British Columbia, the Ministry of Health and the Ministry of Mental Health and Addictions, and support opportunities to identify and work to address shared Métis health and wellness priorities.

### IN PLAIN SIGHT REPORT

**Recommendation 7:** That the Ministry of Health establish a structured senior level health relationship table with MNBC, and direct health authorities to enter into Letters of Understanding with MNBC and Métis Chartered Communities that establish a collaborative relationship with clear and measurable outcomes.

## OBLIGATIONS HELD BY THE PROVINCIAL GOVERNMENT

<p><b><u>IN PLAIN SIGHT REPORT</u></b></p>	<p><b>Recommendation 8:</b> That all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous peoples.</p> <p><b>Recommendation 14:</b> That the B.C. government, PHSA, the five regional health authorities, B.C. colleges and universities with health programs, health regulators, and all health service organizations, providers and facilities recruit Indigenous individuals to senior positions to oversee and promote needed system change.</p> <p><b>Recommendation 20:</b> That a refreshed approach to anti-racism, cultural humility and trauma-informed training for health workers be developed and implemented, including standardized learning expectations for health workers at all levels, and mandatory, low-barrier components. This approach, co-developed with First Nations governing bodies and representative organizations, MNBC, health authorities and appropriate educational institutions, to absorb existing San'yas Indigenous Cultural Safety training.</p>
<p><b><u>TAANISHI KIIYA, MÉTIS PUBLIC HEALTH SURVEILLANCE PROGRAM BASELINE REPORT</u></b></p>	<p><b>Recommendation 1</b> calls on partners to develop strategies, programs, policies, and services to “[enhance] cultural safety and cultural wellness for Métis people; [ensure] that provincial health systems are responsive to and inclusive of the unique needs and cultural traditions of Métis people; [develop] Métis-specific cultural safety and cultural wellness training; and [increase] the numbers of Métis healthcare providers (physicians, nurses, etc.)” (pg. 109).</p>
<p><b><u>HSO CULTURAL SAFETY AND HUMILITY STANDARD</u></b></p>	<p>The Standard provides a roadmap for how to “identify, measure, and achieve culturally safe systems and services that better respond to the health and wellness priorities” of Indigenous people in British Columbia, including Métis. The Standard delineates what reciprocal accountability looks like, how to establish meaningful partnerships, and how to implement responsible leadership. Currently, it simply acts as a guide to developing those relationships that are rooted in reciprocal accountability but will soon be a requirement for health systems to meet, implemented through accreditation, and closely measured and monitored.</p>
<p><b><u>MÉTIS NATION RELATIONSHIP ACCORD II</u></b></p>	<p>Objectives of the Métis Nation Relationship Accord II:</p> <ul style="list-style-type: none"> <li>• Continue to strengthen existing relationships based on mutual respect, responsibility and sharing</li> <li>• Continue to improve engagement, coordination, information sharing and collaboration</li> <li>• Continue to work toward meeting the commitment of the First Ministers’ Meeting on Aboriginal issues as they pertain to Métis people and their aspirations to close the gap on the quality of life between Métis people and other British Columbians.</li> </ul>

## OBLIGATIONS HELD BY MNBC (ABBREVIATED IF REPEATED ABOVE)

<p><b><u>THE TRUTH AND RECONCILIATION COMMISSION OF CANADA: CALLS TO ACTION</u></b></p>	<p>Call to Action 18</p> <p>Call to Action 19</p>
<p><b><u>TAANISHI KIIYA, MÉTIS PUBLIC HEALTH SURVEILLANCE PROGRAM BASELINE REPORT</u></b></p>	<p>Recommendation 1</p>
<p><b><u>IN PLAIN SIGHT REPORT</u></b></p>	<p>Recommendation 7</p>
<p><b><u>CANADA-MÉTIS NATION ACCORD (2017)</u></b></p>	<p>Sections 1-6, but especially, 1.1.3, and 1.1.5</p>
<p><b><u>MÉTIS NATION RELATIONSHIP ACCORD II</u></b></p>	<p>Objectives of the Métis Nation Relationship Accord II</p>
<p><b><u>LETTER OF UNDERSTANDING BETWEEN MÉTIS NATION BRITISH COLUMBIA AND ISLAND HEALTH</u></b></p>	<p>Although expired, the commitments therein still apply, especially:</p> <p><b>The Purpose of this Letter of Understanding is to recognize and acknowledge that:</b></p> <ul style="list-style-type: none"> <li>• The Parties have a common goal of (a) equitable access to health services and (b) improved health and wellness outcomes, for Métis people within Island Health region.</li> <li>• The Parties agree that [MNBC] Regional Governance Councils of Vancouver Island ... have the responsibility ... to advise and influence the delivery of Aboriginal health services provided within the Island Health region, for their respective communities.</li> <li>• The Parties agree to ensure that the planning and delivery of health services to Métis individuals, family and communities within the Island Health region are culturally appropriate.</li> </ul>

**OBLIGATIONS HELD BY THE HEALTH AUTHORITIES (ABBREVIATED IF REPEATED ABOVE)**

<p><b><u>THE TRUTH AND RECONCILIATION COMMISSION OF CANADA: CALLS TO ACTION</u></b></p>	<p>Call to Action 22</p>
<p><b><u>HSO CULTURAL SAFETY AND HUMILITY STANDARD</u></b></p>	<p>The Standard</p>
<p><b><u>IN PLAIN SIGHT REPORT</u></b></p>	<p>Recommendation 7</p>
	<p>Recommendation 8</p>
	<p>Recommendation 14</p>
	<p>Recommendation 20</p>
<p><b><u>LETTER OF UNDERSTANDING BETWEEN MÉTIS NATION BRITISH COLUMBIA AND ISLAND HEALTH</u></b></p>	<p>Although expired, the commitments therein still apply, especially: The Purpose of this Letter of Understanding</p>

The discussions in the breakout sessions and the sharing circles helped to identify several key themes regarding community perspectives, the roles and responsibilities of each partner, the need for strengths-based consultation, and the best ways of moving forward in partnership. They are as follows:

### 1. MÉTIS-SPECIFIC RESOURCES

Many community members stressed their desire for Métis-specific resources for health services, and healthcare workers that are based *in community*. Comparisons were made between the funding that MNBC and MCCs receive for services and programs compared to the First Nations and the First Nations Health Authority (FNHA). However, emphasis was made that those conversations should not be perceived as advocating for taking funding away from the FNHA, rather, participants called for Métis-specific funding streams, distinct but similar to those established for the FNHA, that could be dedicated to addressing the community's identified needs.

Moreover, the current availability of 'Indigenous-based services' is not working for Métis people on Vancouver Island. The term '*Indigenous*' in the province, especially in health settings, has shifted to become synonymous with First Nations. As a result, most of the funding, which is allocated to providing broad Indigenous health services, is being dedicated exclusively to First Nations programs and services. Several of these programs<sup>12</sup> **exclude** Métis individuals, and the ones that are inclusive of Métis do not adequately and safely serve Métis people. As one community member shared, only 4% of their members have accessed Indigenous services in their community, and 0% had a positive experience. Furthermore, the cultural supports offered through Island Health fail to take into consideration the specific cultural elements that are unique to Métis culture. Participants called for a shift away from *Indigenous*-based services, which often exclude Métis people, toward distinctions-based services, which are Métis-specific and grounded in community.

Community members expressed the need for even the most basic health services in their communities, and emphasized the shortage of First Nations, Métis, and Inuit doctors in the health system. They also highlighted the lack of healthcare workers who speak the language, both literally (Michif, Cree, and French) and culturally, required for offering Métis-specific care. This lack of familiarity with Métis culture and identity can cause physicians to miss the potential risk factors that are unique to Métis people.



**I was without a doctor for two years - it is a nightmare not having a doctor, having to wait for prescriptions.**

Acknowledgment was made that there are some Indigenous-specific services available through Island Health; however, existing supports such as the Indigenous Liaison Nurses and Indigenous Patient Navigators positions often lack awareness of culturally safe care for Métis people. While it is important for these positions to exist, we heard from community that Island Health is failing its duty to ensure that those services are culturally-safe and relevant for all Indigenous people accessing services, including Métis individuals. One way of achieving this familiarity with Métis culture could be achieved through the fulfillment of Recommendation 1 from *Taanishi Kiiya?*, which calls for MNBC, the B.C. Ministry of Health, and the regional health authorities to “[increase] the numbers of Métis healthcare providers (physicians, nurses, etc.)” (pg. 109). Prioritizing the hiring of Métis staff members upholds the value of self-determination and ensures that healthcare services are provided by those who inherently understand the unique cultural context and needs of Métis.

The North Island Métis Association (NIMA) successfully secured funding to develop and maintain its own community-specific health team through dedicated advocacy for the needs of its Citizens to the local Primary Care Network (PCN).

<sup>1</sup> Government of Canada. 2022. [Indian Residential Schools Resolution Health Support Program](#).

<sup>2</sup> Province of British Columbia. 2024. [BC Residential School Response Fund](#).

This team helps community members navigate the healthcare system, advocate on their behalf, and support them in the services usually provided by the Indigenous Liaison Nurses and Indigenous Patient Navigators employed by Island Health. However, it required hard work and dedication before the MCC received those funds from the PCN.

The leaders from NIMA noted that their situation is not the norm among the MCCs on Vancouver Island, and that other communities do not have the capacity to maintain similar community-specific health teams. We heard multiple times from different community leaders that MCCs need to be met where they are at. They need the opportunity to create capacity to have community support and representation, rather than just at a regional level: something difficult to do when the overwhelming majority of MCC representatives operate on a volunteer basis.

A strengths-based approach can also be taken when we think about meeting MCCs where they are at. NIMA was able to staff and maintain its own Community-specific Health Team, who can offer a wealth of strengths and perspective that can be leveraged in the policy and program development occurring at MNBC and Island Health. It is important to acknowledge the opportunity to learn from and work with community when they have capacity, and the importance of ensuring that other communities are equally supported and meaningfully included.



**Our staff [have] been helpful, [but] the provincial health authority's Indigenous Patient Liaisons are not in community. community members don't seek those people out, they seek us out. We are one-on-one with them and supporting them.**

To create a culturally safe and Métis-specific network of care that is wholistic and grounded in cultural wellness and preventative care, calls were made for more Métis-specific health coordinators who are accessible in community and can guide community members through the programs and services available to them. MNBC's approach to this work is through the Regional Health Coordinator, Regional Mental Wellness Coordinator, and Harm Reduction

Coordinator positions. These roles are responsible for assisting Métis people navigate through the healthcare system, serving as a contact person for both Métis individuals and local MCCs, and understanding regional programs and services that are available to them. Currently, MNBC staffs one of each coordinator in each of the health authority regions, meaning that three individuals are assisting Métis Citizens with their health, mental health, and harm reduction support across the whole of Vancouver Island.



**What's happening regionally is happening differently among communities.**

Further, we heard the call from Citizens to build capacity within MCCs, and for funding to be allocated to hire more Métis-specific health workers that are familiar with the needs of its Citizens and can be present in each community. There is a need to have feet on the ground in community, not just accessible through a virtual communication. community members expressed an appreciation of the roles described above but indicated a need for more on-the-ground staff. Challenges related to the full utilization of these services by Métis individuals were attributed to heavy workloads in existing MNBC regional roles and highlighted the need for more accessible, community-specific representation. By creating capacity within MCCs, much like what has been created at NIMA with its own community-specific health team, support systems could be built within communities that are available in-person and community-specific, rather than region specific. Calls were also made for establishing a streamlined network between regional coordinators and communities, such as a monthly regional working group to discuss community-specific cases and issues.

## 2. TRUST AND SAFETY WITHIN HEALTHCARE SPACES

Many shared a general lack of trust in the healthcare system and described the ways in which health spaces are unsafe for Métis. Although much work is being done within the sector to promote cultural safety, Métis perspectives have been excluded from those conversations. Further, Métis iconography, culture, and traditional practices are absent in primary care facilities, creating barriers for Métis people to feel safe and welcome in those spaces. We heard that community members felt that policies at higher levels within health authorities do not necessarily filter down to frontline workers and affect how they care for Métis individuals.

“

**I’m not comfortable in your spaces. I’m not welcome. I’m not recognized. And I’m not alone in this — this is many of our truths — we are fighting to be seen.”**

**We’re not at a cultural safety level. We’re at a cultural awareness level. We’re not even able to discuss safety.**

Although some progress has been made in one community with the inclusion of Métis leadership on a Primary Care Network Steering Committee, that invitation was only extended at the request of the Métis leadership. Further, the space was initially so uncomfortable for the Métis Elders that they needed to step away until another Métis leader was able to take the time to make it more culturally appropriate and suitable for conversations about who the Métis are and what Métis cultural safety looks like. Often, Indigenous cultural safety training has applied pan-Indigenous approaches, which leaves Métis individuals and Métis health staff feeling excluded in healthcare settings. Cultural *safety* for Métis people walks in parallel to cultural *wellness*, so for these spaces to be culturally safe, there must be an established understanding of what wellness looks like within the distinct Métis culture. MNBC developed a description of what cultural wellness looks like in [KAA-WIICHIHITOYAAHK \(We take care of each other\): Métis Perspectives on Cultural Wellness](#).

“Cultural wellness is a key factor in promoting health and well-being. For many years, the Métis had to hide aspects of their culture and identity to stay physically safe, progress economically, and be respected in mainstream society. Even today, many Métis people experience that sharing their Métis identity can subject them to racism and misunderstanding. Cultural wellness is about promoting a world in which Métis people can express and celebrate their identity with pride.” (Kaa Wiichihitoyaahk, 2021, pg. 116)

Addressing these challenges requires a conscious effort toward fostering environments where Métis culture is valued and embraced. When Métis individuals feel empowered to share their identity without fear, it creates the foundation for improved engagement and outcomes within the health system. Recognizing this, MNBC has shifted the focus from the term “cultural safety” to “cultural wellness”, understanding that “safety” can be triggering for those who have often felt unsafe because of the oppression of their identity. While cultural wellness shares parallels to cultural safety, it also acknowledges the historical oppression of Métis identity and seeks to convey a feeling of strength and empowerment, inviting the Métis communities to contribute to wellness for all.

“Cultural wellness is demonstrated when Métis people are able to walk in the world feeling at ease, being proud of who they are, grounded and confident as Métis people. When Métis feel safe to share and display their Métis culture and identity, and never feel ashamed or have to justify who they are and where they come from, then we have achieved cultural wellness.” (Kaa Wiichihitoyaahk, 2021, pg. 123)

“

**We weren’t on the map at all. We wanted an opportunity to inform the health practitioner community of our culture and our priorities to better understand Métis perspective.**

It was made clear through our discussions that Métis voices are needed in decision-making spaces in the region — both those that currently exist, and those formed in the future. Métis representation at these tables is essential for cultural wellness, trust, and safety to be built into the healthcare system. Importantly, this inclusion should not have to be at the request of the MCC after the fact. Rather, it should be established at the outset of these tables. Further, it should not be the responsibility of the MCC or the individual to volunteer their time to sit at these tables. Adequate and appropriate compensation must be provided for the time and expert knowledge these individuals are contributing to the discussions.

### 3. ACCOUNTABILITY AND MÉTIS PSYCHOLOGICAL SAFETY

A major issue expressed by community members was a lack of accountability. A general feeling of engagement fatigue exists among community members, where they are asked to repeatedly participate in deficit-based conversations. Community members are consistently asked to share their stories of unsafe care, exclusion, and historical traumas with those seeking out their engagement, including the province, regional health authorities, and MNBC. This emotional labour is often retraumatizing, and during the sharing circle, the tone noticeably shifted, moving from hopeful engagement to a somber recognition of just how often these stories are told without being met with real change. Following this difficult sharing, well-intentioned promises are made, but no meaningful action is ever taken. This is partially the result of the lack of strengths-based conversations in these types of engagements. Rather than looking forward towards ways meaningful changes can occur and how MCC members can be directly involved in that change, we are constantly looking backward and asking about the system's injustices.

“It’s 2024. We’re identified as Indigenous in Canada under Section 35. We have an inherent right to have our needs met in Canada. Why are we here? It’s all in black and white. As an Indigenous person, why are we here? The facts are there. Why do we have to fight for them?”

As several participants highlighted, fighting for equal care for Métis should not be necessary. It is not a matter that the province, and by proxy regional health authorities, should be taking action; it is that they must take action. As noted in the *Overview of Commitments and Obligations* section, many of the *Recommendations and Calls to Action* from documents such as the [Final Report of the Truth and Reconciliation Commission](#), the [In Plain Sight report](#), and the [Declaration on the Rights of Indigenous Peoples Act Action Plan](#) clearly set out the responsibilities that the provincial government and health authorities bare to address disparities in Métis health outcomes, establish meaningful and collaborative relationships with Métis people through MNBC, and achieve the full realization of the inherent right to the highest attainable standard of physical and mental health.



**We don’t only want to meet with managers, but we need the decision-makers who are responsible for funding.**

Reference was made multiple times to the [Constitution Act of 1982](#), which acknowledges Métis Aboriginal Rights under Section 35, and the guarantees that should follow. As these important documents highlight, the duty of accountability and responsibility upon the provincial government and regional health authorities for the improvement of health outcomes for Métis people in B.C. is not aspirational, it is obligatory, and that was the sentiment felt in our conversations with community members.

The participants expressed frustration with the lack of accountability and lack of Métis-perspectives in conversations around Indigenous health and self-determination. Often, when MCCs are engaged on health-related issues, there is an absence of real decision-makers from health authorities and the provincial government in the room. Despite the legal obligations laid out above, the duties that the provincial government and health authorities have as a result of those obligations, and the supposed commitment to prioritize Indigenous-specific services, Métis are often excluded.

While the documents mentioned above mainly reference the duties that the provincial and federal governments bear to promote and protect Métis rights, there is also clear direction for health authorities in this work. In the [2023 Mandate Letter](#) written by the provincial government to Island Health, the obligations beholden to Métis people are clear:

“[In] the context of the United Nations Declaration on the Rights of Indigenous Peoples, the Declaration on the Rights of Indigenous Peoples Act, the Declaration Action Plan and Calls to Action of the Truth and Reconciliation Commission, you will develop and maintain an effective working relationship with the [...] Métis Nation BC (MNBC) [...] to ensure a high-quality, culturally safe, integrated, and well-coordinated system of care for Indigenous people in BC, which is free of racism. Specifically, you will work with [...] MNBC [...] to:

- Ensure the health authority continues the work to action the recommendations of the In Plain Sight Report working towards the elimination of Indigenous-specific racism; including implementing policy, practices, standards, and other changes as directed by the Ministry or the MMHA.
- Ensure the health authority works collaboratively with Indigenous partners in service planning and delivery activities and in the implementation of plans that already exist.
- Address gaps in health and mental health and substance use care services experienced by Indigenous people and vulnerable populations, including addressing access, cultural safety, humility, and eliminating Indigenous-specific racism.” (pg.5)

community leadership to ensure that accountability is being upheld. MCCs consistently called for regular, meaningful opportunities to collaborate and be consulted on the decisions and policies that affect their communities. Community leaders must be seen as a valuable resource and given an opportunity to develop health related documents, programs, and services that are relevant to their community’s context, rather than simply providing approval as a final and only step.

“**The system was nimble when it had to be. They started to trust each other differently in that space. It scaled up quickly. There are people alive today because of it.**”

During the sharing circle, one successful example of collaborative work was shared regarding the coordinated response to the COVID-19 pandemic by MCCs and Island Health. The health system was able to respond promptly to the needs of those who were most vulnerable, and with the collaboration of Métis individuals and staff from Island Health, received the help they desperately needed. Strengths-based examples such as this should be the basis of future relationship-building conversations. As communities have stressed: they are tired of being resilient.



“**Island Health is the cell tower, MNBC is the phone, and we’re in an area without service.**”

MNBC and Island Health must clearly define the pathways of communication between the community and decision-makers and meet regularly with

The changes being called for require meaningful partnership and collaboration between Métis people, frontline workers, managers, and importantly, leadership and decision-makers, as well as a relationship of reciprocal accountability to ensure that each party is taking action on the promises made to one another. Fortunately, in 2022 the Health Standards Organization developed the [British Columbia Cultural Safety and Humility Standard](#) (the Standard) which provides a roadmap for what reciprocal accountability looks like, how to establish meaningful partnerships, and how to implement responsible leadership. The Standard outlines the responsibilities of governing bodies, leaders, teams, and staff within health authorities and health and social services organizations to address Indigenous-specific racism and ensure culturally safe care for First Nations, Métis, and Inuit communities in B.C. It could serve as a guide for building relationships rooted in reciprocal accountability, aligned with Métis culture, priorities, and values. Without binding and measurable commitments and clearly defined roles, a future partnership agreement runs the risk of making little to no meaningful change in some communities, as was the case with the previous LOU.



**Looking at the previous LOU, none of the projected outcomes were accomplished on a community level. Maybe in Victoria, but not in communities in [North Island].**

#### **4. MEANINGFUL INCLUSION AND ENGAGEMENT**

It was made clear through the discussions that MCCs felt their involvement in the drafting of relationship documents, reports, and program development was insufficient. Métis people are frequently excluded from conversations regarding Indigenous issues on Vancouver Island. This lack of inclusion combined with a pan-Indigenous approach to Indigenous health has led to unsafe health spaces where Métis people are unable to have their healthcare needs met. Through our discussions, there was a callout from community for MNBC and Island Health to help facilitate meaningful and lasting relationships between MCCs, MNBC, Island Health, and local First Nations to establish mechanisms for ensuring

that MCCs are included from the very beginning on relevant health system issues.



**Traditional governance is consensus democracy. It should start at families, then communities, then nation.**

Much of the discussion related to the responsibility held by Island Health and MNBC to work with partners to include community voices in important spaces such as PCN Steering Committees, LOU discussions, Indigenous-specific program development, and other decisions-making spaces that directly affect the health of Métis people on Vancouver Island. For Métis representatives to be effective at these tables, they require an understanding of the structures and purpose of systems like Primary Care Networks and regular, meaningful, and non-tokenistic participation.

Even when there is an opportunity for community members to participate in these spaces, they are one voice drowned out in a room of many other voices, often First Nations or health authority staff. As previously discussed, most of the region's MCCs rely exclusively on volunteer representatives, meaning the time and costs associated with being involved in these types of spaces often fall on the individual. Compensating Métis representation at these decision-making tables directly results in the expanded capacity for Métis voices in those spaces, the improvement of cultural relevance of health services for Métis people, and as a result, the improvement of their health. By including proportional Métis voices from the outset of these planning and policy tables, we can ensure their perspectives carry through to foster improvements in health and wellness outcomes for Métis people and have a real effect in changing the health system programs and services.



**It wasn't until the PCN was developed that my daughter had the opportunity to share that she's Métis. Now, her doctors are asking specific questions that they weren't asking before.**

The community shared their worries that a lack of meaningful consultation, risks the creation of programs and services that are ineffective at addressing community health priorities and exclusionary for Métis people. As was expressed in the discussions, the previous LOU had little impact in several communities on Vancouver Island, the healthcare system is still unsafe, and Indigenous-specific health services are still unavailable for Métis individuals.

Meaningful engagement with community must be respectful and collaborative from the outset. Before priorities are defined, community members must be brought into the conversation to establish best practices for meaningful engagement. To do so, clear lines of communication must be better established and dedicated representatives from communities need to be identified. To aid the establishment of clearer communication, [Appendix 2](#) compiles a list of information and important contacts within each of the MCCs on Vancouver Island. These contacts, and the Communities they represent, need to be brought together with MNBC and Island Health to establish what meaningful and inclusive engagement is from their perspectives.

MNBC's Communications and Community Engagement team could play a key role in supporting direct and consistent engagement with MCCs. As experts in community engagement practices, they ensure that the best interests of the communities are front and center in developing meaningful engagement terms and conditions. Communities are looking for true partnership as the cornerstone of successful program design. It comes from the community, not organizations.

## 5. RELATIONSHIP BUILDING

Many participants highlighted the importance of building and strengthening existing relationships among the key partners in Indigenous health on Vancouver Island: between Communities and MNBC, Communities and Island Health, among different MCCs, and between Métis and First Nations.

Participants expressed that the current system is set up in such a way as to promote adversity between Métis and First Nations peoples. As noted

in the discussions, this is largely due to the colonial structures which still exist to divide Indigenous peoples and prioritize different approaches to each bilateral relationship. This division results in disproportionate recognition and support, and a lack of inclusion of Métis people in conversations surrounding topics such as intergenerational trauma, Residential Schools, the 60s Scoop, the Millennial Scoop, or Truth and Reconciliation.

Métis people suffered a broad range of experiences due to the residential school system, some of which mirror the experiences of First Nations individuals and some of which were distinctly unique to Métis individuals. Similarly to many First Nations children, many Métis individuals experienced physical, emotional, and sexual abuse in residential and day schools as well as lateral violence. Other Métis children were denied entry to residential and day schools for not having Indian status, while also being turned away from public schools for being Métis. Despite the broad range of experiences during the era of residential schools, many of the survivors share a common presence of intergenerational trauma, which is still being felt to this day and manifests itself in a multitude of ways.



**We have the same blood, but colonialism has made us feel that we need to compete for things.**

Métis leaders expressed interest in working together with First Nations for improved healthcare and access to services for Indigenous people, rather than separately. During discussions, some community members called for a united voice with First Nations and highlighted the history of cooperation and kinship between First Nations and Métis. Emphasis was also placed on the success of First Nations in the development of the First Nations Health Authority, and how that experience can be used as a roadmap for the development of Métis specific health resources. Participants acknowledged that these changes would need to be made at the political level and that there were individuals not in the room that would need to be involved for substantive change such as this to occur.



**We should be paddling in the same canoe instead of the competition that is being set.**

Another key takeaway from the engagement was that MNBC and Island Health need to meet more often with community *in person*. Participants expressed a desire for MNBC and Island Health to re-engage with community within six months of the engagement roundtable, however due to several limitations, including the elections being held both at MNBC and the Province of British Columbia, this timeline was not feasible. As mentioned in the Executive Summary, MNBC acknowledges that the delay in returning to community and the delay in this report causes harm to Métis people, and further compounds frustrations related to accountability. We commit to working with Métis Chartered Communities and Island Health to ensure that there are mechanisms to ensure accountability is built into our relationships moving forward.

People are tired of meeting online. Seeing people, sharing meals, and having time to share perspectives are essential parts of relationship development. These types of meetings must be established and maintained to create and foster meaningful and effective relationships. By doing so, a clear communication network can be developed so that MCCs can be involved and informed about the work being done at MNBC and Island Health. It starts with community.



**Everything from community begins in community. Our community voice is important - we are the ones who know the community and know the priorities of our community.**

## 6. EDUCATION

The need for education was a multifaceted theme that appeared throughout many of the discussions. It was clear from community members that there is a need for healthcare workers and Island Health leadership to learn more about Métis culture and priorities, for Métis individuals to be educated on the services that are provided by each of the partners and the roles

that MNBC and Island Health play in the region, and the importance of Métis youth learning about their history and culture.



**We're raising our youth in culture for the first time. We also need to do this in a good way.**

As was expressed in the discussions on cultural wellness, Métis identity and culture are directly related to an individual's health. Our discussions revealed that there is a lot of work to do for healthcare workers to understand the distinctions between First Nations and Métis culture and identity. There are structural changes that need to be made to cultural safety and humility training that healthcare providers are given, and as community members highlighted, it must include face-to-face training and be based in the community it will serve. Policy does not necessarily filter down.



It is important to acknowledge the recurring challenge within the health system: the unintended consequences of administrative and policy around distinction-based approaches to Indigenous identity, particularly when they fail to reflect the distinct experience of Métis people. Métis participants shared that a lack of cultural awareness within health systems can lead to instances of being unseen. Métis-specific denialism is a form of discrimination where Métis identity, rights, or health needs are dismissed, ignored, or invalidated. This denialism is compounded by structural inequities that manifest as racism. In one account, an individual initially received medical care, including a prescription for medication, but after disclosing their Métis identity, the provider revoked the prescription and made hurtful remarks. While this is one example, it reflects broader concerns raised by multiple participants regarding the consequences of identifying as Métis in healthcare settings. These experiences highlight how distinctions-based approaches focusing exclusively on First Nation-centred cultural safety methods overlook the needs of Métis people and contribute to policy and administrative conditions where Métis identity is misunderstood, questioned, or met with discriminatory responses. Distinctions-based approaches must include Métis-specific content to ensure health systems move forward in a way that respects Métis identities, rights, and governance structures, particularly those of the six MCCs on Vancouver Island, while maintaining a respect for First Nations governance.

There is also a growing need to invest in education within Métis communities. As was mentioned several times, the different roles and responsibilities that Island Health and MNBC carry in the provision of health programs and services remain unclear to many Métis people. As a result, they do not know about the services that do exist to help. Furthermore, with the resurgence of Métis culture being experienced in the province and beyond, there is a growing need to ensure that Métis youth learn about their history and culture to preserve Métis identity and ensure cultural wellness.

The theme of cultural resurgence and the importance of youth is a particularly good way of viewing the structural change that needs to happen broadly in the health system. It is bottom-up change that needs to

happen early and often. It is about molding the minds of those who will come after us and embedding culture in all things until the whole system has changed. Just as we must raise up our youth with an understanding of Métis culture, we too must raise up those who provide care to Métis people.

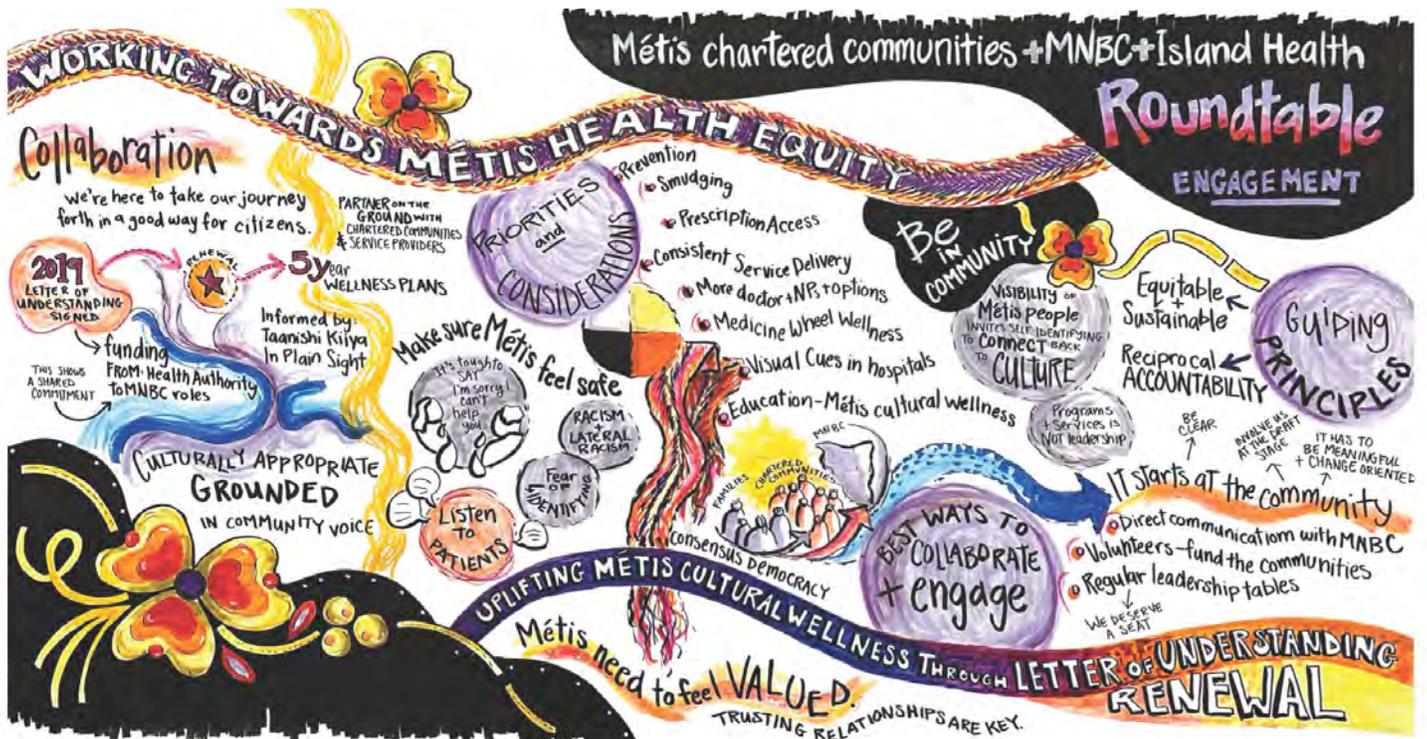


**Such a large number of our citizens are 55+ years. We have many Métis who are here, with many youth not knowing their traditions or their identity. With an education piece, that youth population will explode and will learn and know about their identity. It will show how much youth there is.**

Education also includes representation. Participants stressed that it is not enough for healthcare providers to attend cultural safety training. Placing markers of Métis representation in care facilities through resources, Métis symbols, art, staff members, Elders in Residence, etc., ensures that the knowledge gained through education is maintained and has a real, measurable impact on Métis individuals accessing those services. Education and representation are integral parts of fostering Métis identity and creating safe spaces for individuals to express their identity.



**A few years ago, at [the] hospital, I got prescribed T3s, and then only in the checkout line, when I told them I was Métis, they told me, ‘We don’t give these to you people.’ I know I’m Métis, but there is an assumption that because I do not look a certain way, I am not seen as Métis. When you think you are safe, and then have that safety taken away when you identify. We walk in two ways and in two worlds.**



## RECOMMENDATIONS & NEXT STEPS

Several themes emerged through conversations between Métis Chartered Community members, MNBC, and Island Health staff and leadership. This engagement has highlighted key areas for action, and we deeply appreciate the community's perspective in voicing their recommendations. The themes and actions that were called for will help guide MNBC and Island Health toward a renewed relationship with community and a collaborative partnership that builds upon the intention established within the first Letter of Understanding between the parties, signed in 2019.



**We can think of strategy, and this and that, but how do we make people feel whole when they enter your systems? Where's the invite to see me. We can plan all we want, but we need to get to the root of it. I'm not comfortable, welcome, or recognized in your spaces. There isn't even a platform for me to say that. We're fighting to be seen.**

The conversations and stories that were shared will guide our path towards identifying community-based priorities, deepening partnership relationships, and clarifying each party's unique contributions toward ensuring equitable access to health services for Métis individuals and families that are culturally appropriate and relevant. Broadly, what we heard from community members was a call for a commitment to address the themes that emerged from the gathering:

1. Métis-specific resources
2. Trust and safety within healthcare spaces
3. Accountability and Métis psychological safety
4. Meaningful inclusion and engagement
5. Relationship building
6. Education

These themes will form the foundation of our LOU renewal process and the development of the LOU health and wellness plan that is grounded in reciprocal accountability and includes clear and measurable objectives and timelines.

Included in this health and wellness plan will be actions related to:

- The prioritization and advocacy for equitable funding for MNBC and Métis Chartered Communities to develop Métis-specific health programs and services that address the specific needs expressed by Métis Chartered Communities.
- Ensuring Métis people and culture are present and represented in care settings through resources, Métis symbols, Métis staff, access to Elders, etc., so that Métis feel safe to identify themselves and practice their culture without discrimination.
- Ensuring that Métis Chartered Communities are consulted on how they would like to be engaged, leading to the development of a clear definition and process for meaningful and appropriate engagement with Métis people on Vancouver Island.
- Improved communications between Métis Chartered Communities and clearly defined pathways for meaningful engagement that enable Métis voices and experiences to be included in decision-making spaces.
- Commitments to engage with Métis Community leaders on the development of shared priorities for the LOU Renewal Engagement process. Importantly, this engagement must happen in the community and not be limited to one region or community.
- The establishment of regular and sustained in-person meetings in community that prioritize meaningful and effective relationships grounded in reciprocity.
- The development of relevant training and educational materials that include dedicated Métis content to create a greater understanding of Métis people, history, and culture and foster cultural wellness.

MNBC and Island Health are committed to prioritizing action in these areas to guide their work with MCCs on Vancouver Island so that community is an equal partner in the development of a renewed relationship document (e.g., LOU) and remains informed and involved in this work.

As we reflect on the valuable insights shared through this community engagement process, we recognize the importance of taking meaningful action on the priorities identified. We also recognize our responsibility to maintain ongoing dialogue and ensure opportunities for collaboration with MCCs to work toward supporting healthy and self-determining Métis children, families, and communities.

The next steps in this process include releasing this report to Island Health and MCCs within Island Health’s jurisdiction, setting time to collaborate with all parties in the development of an LOU health and wellness plan, and reporting on the progress of this work through ongoing engagement with MCCs.





LETTER OF UNDERSTANDING  
BETWEEN  
MÉTIS NATION BRITISH COLUMBIA  
AND  
ISLAND HEALTH

This Letter of Understanding made this 22 day of March, 2019

Hereinafter referred to as "the Parties"

**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 the Métis Nation Relationship Accord II with the Provincial Government, November 2016;

**WHEREAS** the Métis Nation Relationship Accord II identifies health (community, families and individuals) and data collection as two of its nine objectives;

**WHEREAS** the Métis Nation British Columbia has signed the Métis Community Governance Charter with the 6 Métis Chartered Communities of:

- Cowichan Valley Métis Association
- Mid-Island Métis Nation Association
- North Island Métis Association
- Alberni-Clayoquot Métis Association
- MIKI'SIW Métis Association
- The Métis Nation of Greater Victoria Association

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<sup>1</sup> See Appendix 1 for information on the Métis Nation British Columbia, including the Métis Nation Relationship Accord.

**WHEREAS** Island Health provides health care to the residents of the Island Health region as prescribed in the Health Authorities Act, Section 5(1) and Section 5(2)<sup>2</sup>.

### **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 other 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. "Joint Committee" refers to a committee jointly established by the Parties to oversee the implementation and review of the Letter of Understanding.

### **Purpose**

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

1. The Parties have common goals of (a) equitable access to health services and (b) improved health and wellness outcomes, for Métis people within the Island Health region.
2. The Parties agree that the Métis Nation BC Regional Governance Councils of Vancouver Island in the Island Health region 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 Island Health region, for their respective communities.
3. The Parties agree to ensure that the planning and delivery of health services to Métis individuals, family and communities within the Island Health region are culturally appropriate.

### **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

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

1. This Letter of Understanding constitutes a framework in which the Parties will work together to increase the influence of the Métis Nation British Columbia in decisions related to health services that impact Métis individuals, families and communities within the Island 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 Island Health through the Joint Committee.

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

2. The Parties will support the Métis Chartered Communities to maximize their capacity to meaningfully participate in the planning and provide direction in the planning and delivery of health programs to Métis individuals, families and communities.
3. Recognizing the importance of the social determinates of health, the Parties 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) improve access to health services.
4. Métis Nation British Columbia will aspire to have continued participation in Island Health's Aboriginal Health Council supporting the health and wellness of Métis people within the Island Health region depending on capacity for Island Health to support this participation.
5. The Parties 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.

The Parties will identify the available human, financial and capital resources (both internal and external) that are required to achieve the purpose of this Letter of Understanding. Island Health will work with Métis Nation British Columbia to better understand the needs of Metis people and how these needs can be addressed within the Island Health region.

Notwithstanding anything else to the contrary in the Letter of Understanding, Island Health and Metis Nation agree that this Letter of Understanding is intended to be a general statement of goals but is not intended to create, and does not create, legally binding obligations on the parties, nor is it enforceable against either of the parties in any court of law or otherwise.

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

The Parties will review the effectiveness of the Letter of Understanding and undertake a formal evaluation prior to any renewal or review based on criteria agreed 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 Island Health 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 Parties for resolution.

#### **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 renewed with written consent of both Parties.
3. Either Party may terminate this Letter of Understanding providing sixty days written notice including the reason for the termination.

Dated on the 22 day of March, 2019:

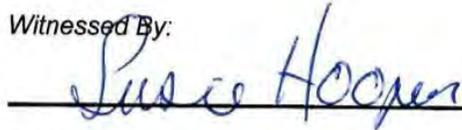


**Clara Morin Dal Col**  
President  
Métis Nation British Columbia



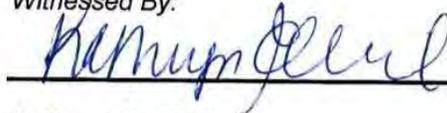
**Leah Hollins**  
Chair, Island Health

Witnessed By:



**Susie Hooper**  
Minister of Health  
Métis Nation British Columbia

Witnessed By:



**Kathryn MacNeil**  
President and CEO  
Island Health

## 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 89, 405 Métis people in BC (2016 Census) including over 18,000 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 November 2016 MNBC signed a historic bilateral agreement with the Provincial Government. The Métis Nation Relationship Accord II (MNRA II) provides the framework for the Province of BC and for MNBC to strengthen existing relationships, including those formed by the Tripartite Self-Government Negotiations (TSN) Process. The Accord also provides support to move forward collaboratively to close the gap in the quality of life of Métis Citizens in relation to Non-Aboriginal residents of BC. The MNRA II highlights Health as one of the nine priorities.



## BRITISH COLUMBIA

*BRITISH COLUMBIA is a place defined by its history, diversity and people. In recognition of the important role the Métis people play in our province, its past, present and future, the Province of British Columbia and the Métis Nation of British Columbia come together on this day, May 12, 2006, to sign a new accord that commits us all to strengthen our relationship and improve the quality of life of the Métis people of our province.*

*We recognize our shared responsibility and desire to ensure that all British Columbians have the opportunity to participate fully in, and benefit from, the prosperity and opportunities created in a united and strong British Columbia. We do this in the spirit of respect, recognition and renewal that reflects the true nature, heart and vision of the people and communities of this province.*

Handwritten signature of Gordon Campbell in blue ink.

PREMIER GORDON CAMPBELL

Handwritten signature of Tom Christensen in blue ink.

HONOURABLE TOM CHRISTENSEN  
MINISTER OF ABORIGINAL RELATIONS  
AND RECONCILIATION



# MÉTIS NATION RELATIONSHIP ACCORD II



WHEREAS the history of Canada has been greatly influenced by the Métis people who emerged in west central North America with their own language (Michif), culture, traditions, and self-government structures;

AND WHEREAS Métis people have played an important role in the history of Canada, guiding the early explorers and working as fur traders;

AND WHEREAS these Métis people refer to themselves, and are referred to by others, as the Métis Nation;

AND WHEREAS this recognition of the participation of the Métis people in the development of Canada is noted in section 35(2) of the Constitution Act, 1982, which states that the Aboriginal peoples of Canada includes the Indian, Inuit, and Métis peoples of Canada;

AND WHEREAS the Supreme Court of Canada has declared that Métis people, including those residing in BC, are included and recognized under section 91(24) of the Constitution Act, 1867;

AND WHEREAS at the First Ministers' Meeting on Aboriginal Issues in Kelowna on November 25, 2005, First Ministers committed to strengthening relationships with Aboriginal people based on mutual respect, responsibility and sharing as well as collaboratively working with Aboriginal people in order to close the gap in the quality of life for Aboriginal people in Canada;

AND WHEREAS the Province of British Columbia and Métis Nation British Columbia signed the Métis Nation Relationship Accord in May 2006 specifically to strengthen relationships with Métis people and close the gap in the quality of life for Métis people in British Columbia, and now wish to renew and build upon that Accord;

Now therefore the Parties agree as follows:

### 1. OBJECTIVES OF THE MÉTIS NATION RELATIONSHIP ACCORD II

- Continue to strengthen existing relationships based on mutual respect, responsibility and sharing
- Continue to improve engagement, coordination, information sharing and collaboration.
- Continue to work toward meeting the commitments of the First Ministers' Meeting on Aboriginal issues as they pertain to Métis people and their aspirations to close the gap on the quality of life between Métis people and other British Columbians.

### 2. SUBJECT MATTERS FOR THE MÉTIS NATION RELATIONSHIP ACCORD II PROCESS

The Parties agree on the following as a preliminary list of subject matters for the Métis Nation Relationship Accord II process. The Parties recognize that some work is already being undertaken in these areas and these efforts provide a foundation for enhanced work:

- Children and Families
- Education (Lifelong Learning) and Training
- Economic Opportunities (Including Procurement Opportunities with Crown Corporations)
- Health (Community, Family, Individual)
- Housing

Information sharing

Justice

Métis Identification and Data Collection

Wildlife Stewardship

Additional topics may be added at the request of the Parties to the agreement.

### 3. THE MÉTIS NATION RELATIONSHIP ACCORD II PROCESS

The Parties agree to continue to work toward the 2005 First Ministers' Meeting commitments and when appropriate, utilize a tripartite process in order to implement the objectives of the Métis Nation Relationship Accord II.

To support this relationship, the Parties to the agreement will each appoint two senior officials. These officials shall constitute the Métis Nation Relationship Accord II Secretariat. The Secretariat's primary roles will be to encourage the implementation of the provisions of the Accord and to review the progress of the implementation on an ongoing basis.

The Secretariat will assist in the coordination of strategies designed to address the social and economic gaps and arrange meetings on subject matters listed in section 2. Each Party will have the responsibility to ensure that relevant representatives will be in attendance based on the agenda topic.

Once a year, the Parties will make best efforts to convene a meeting between the President of the Métis Nation British Columbia and the Province of British Columbia as represented by the Minister of Aboriginal Relations and Reconciliation.

The Parties agree that the Métis Nation Relationship Accord II process will continue to support the overall multilateral process agreed to at the First Ministers' Meeting on Aboriginal Issues in November, 2005.

### 4. ACCOUNTABILITY REPORT

The Secretariat will prepare a joint progress report on results achieved under the Accord no later than March 31st each year, which the Parties will post on the Ministry of Aboriginal Relations and Reconciliation and Métis Nation British Columbia websites.

### 5. CLARIFICATION

The Métis Nation Relationship Accord II process will also recognize and respect existing bilateral and tripartite processes that are in place between the Parties.

For greater certainty, nothing in this Accord changes, affects, infringes on, or limits existing bilateral and tripartite processes now in place between the Parties but is intended to complement and enhance existing dialogues.

This Accord does not recognize, deny, define, affect or limit any Aboriginal rights within the meaning of Section 35 of the Constitution Act, 1982.

The Parties acknowledge the Government of Canada also has an important role to play in closing the gap in quality of life for Métis people in British Columbia. The Parties will work diligently to engage the Government of Canada while maintaining their shared commitment to progress towards the objectives of this agreement Accord.

Signed this 26<sup>th</sup> day of November in the year 2016.

On Behalf of the  
Province of British Columbia

On Behalf of the  
Province of British Columbia

On Behalf of the  
Métis Nation British Columbia

THE HONOURABLE JOHN RUSTAD  
Minister of Aboriginal Relations  
and Reconciliation

MARC DALTON  
Parliamentary Secretary for Métis Relations

CLARA MORIN DAL COL  
President, Métis Nation British Columbia

### Island Health Authority Roles and Responsibilities

Island 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."



## APPENDIX 2

In order to improve the lines of communication that exist between MNBC, Island Health, and the Métis Chartered Communities, as well as to encourage the involvement of community members in the decision-making spaces that exist within the health system on Vancouver Island, the following overview provides all partners with the important information and contacts of each of the Métis Chartered Communities in the region.

### Contact information as of November 2025.

#### **ALBERNI-CLAYOQUOT MÉTIS SOCIETY**

103-4917 Pemberton Road, Port Alberni, BC, V9Y 5JB

[alberniclayoquotcc@mNBC.ca](mailto:alberniclayoquotcc@mNBC.ca)

250-730-0137

<https://www.facebook.com/alberniclayoquotmetis-society/>

#### **Contact(s)**

President: June Graham

#### **COWICHAN VALLEY MÉTIS ASSOCIATION**

5213 Trans Canada Highway, Koksilah, BC, V9L 2C0

[cowichanvalleycc@mNBC.ca](mailto:cowichanvalleycc@mNBC.ca)

250-746-6146 / 250-732-0938

<https://www.facebook.com/profile.php?id=100080235176837>

#### **Contact(s)**

President: Richard Lewis

Vice President: Jan Ovans

#### **MID-ISLAND MÉTIS NATION ASSOCIATION**

2595 McCullough Road, Nanaimo BC, V9S 4M9

[midislandcc@mNBC.ca](mailto:midislandcc@mNBC.ca)

<https://midislandmetis.com/>

250-585-7441

<https://www.facebook.com/MidIslandMetisNation/>

#### **Contact(s)**

President: Joy Bremner

#### **MIKI'SIW MÉTIS ASSOCIATION**

559 6th street, Courtenay, BC, V9N 1M5

[mikisiwcc@mNBC.ca](mailto:mikisiwcc@mNBC.ca)

<https://www.comoxvalleymetis.com/>

250-871-7353

<https://www.facebook.com/comoxvalleymetis>

#### **Contact(s)**

President: Lloyd Houge

Vice President: Chrys Sample

#### **NORTH ISLAND MÉTIS ASSOCIATION**

Room #A123A -740 Robron Road, Campbell River, BC, V9W 6J7

[northislandcc@mNBC.ca](mailto:northislandcc@mNBC.ca)

<https://www.nimetis.com/>

250-287-7417

<https://www.facebook.com/NorthIslandMetisAssociation/>

#### **Contact(s)**

President: Tyler Masee

Vice President, Treasurer, Secretary: Charlotte Lever

Executive Director: Jackie Lever

Health Manager: Eric de Montarnal

Health & Housing Navigator: Lisa-Marie Szönyi

Health Administrative Assistant: Juanita Lever

#### **THE MÉTIS NATION OF GREATER VICTORIA ASSOCIATION**

c/o 231 Regina Avenue, Victoria, BC, V8Z 1J6

[greatervictoriacc@mNBC.ca](mailto:greatervictoriacc@mNBC.ca)

<https://www.mngv.ca/>

250-380-6070

<https://www.facebook.com/groups/themngv/>

<https://www.instagram.com/metisnationgreater-victoria/>

#### **Contact(s)**

President: Kim Jenson

Vice President: Caitlin Bird

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