

**MEMORANDUM OF UNDERSTANDING ON INDIGENOUS HEALTH
BETWEEN
THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OF THE
UNITED STATES OF AMERICA
AND
THE DEPARTMENT OF HEALTH OF CANADA
FOR THE PERIOD 2007 - 2012**

The Department of Health and Human Services of the United States of America and the Department of Health of Canada, hereafter referred to as the "Participants,"

Recognizing their common objective to raise the health status of First Nations people and Inuit in Canada and American Indians and Alaska Natives in the United States,

Also recognizing their common interest in improving their approaches to health issues with First Nations people and Inuit in Canada and American Indians and Alaska Natives in the United States by identifying and reinforcing best practices, and

Reaffirming their common interest in the sharing of knowledge, lessons, and experiences, which will serve to strengthen their individual approaches to issues within the context of the respective countries,

Have reached the following understanding:

1. PURPOSE

The purpose of this Memorandum of Understanding is for the Participants to share knowledge through a mutually acceptable, annual schedule of work, which may include the exchange of information and personnel, and the conducting of workshops, conferences, seminars and meetings.

2. ACTIVITIES

The Participants, in accordance with their legal authority, intend to develop joint efforts to exchange information effectively and appropriately, and enhance the development of collaboration

between them and, as appropriate, with other relevant agencies, groups, and individuals within their countries and with international organizations.

3. CONFIDENTIALITY

The Participants expect they will provide most of the information exchanged under this Memorandum of Understanding in a form appropriate for public dissemination, as permitted by the laws of their respective countries. The Participants should only share information not appropriate for public dissemination between each other according to their procedures and policies, as permitted by the laws of their respective countries.

4. FUNDING

Each Participant intends to fund its own activities subject to the availability of appropriated funds, personnel, and other resources.

5. PLAN OF ACTION

The Participants intend to develop a Plan of Action that will describe specific activities they intend to carry out under this Memorandum of Understanding. The Plan of Action may include, but is not limited to the following:

- i. Sharing information on initiatives regarding human resources for Aboriginal health;
- ii. Exchanging information and promising practices on suicide prevention and the prevention and treatment of alcohol and substance abuse;
- iii. Collaborating on disease-prevention and environmental programs;
- iv. Promoting cooperation between and among research institutions and agencies;
- v. Sharing information on approaches to maternal and child health; and
- vi. Exchanging information on urban and community health.

6. LIAISON OFFICERS

- a) The Participants intend to designate Liaison Officers to carry out activities under this Memorandum of Understanding. The Participants intend for those Liaison Officers, or their designees, to meet at least once a year to review and revise the Plan of Action.
- b) The Liaison Officer for the Department of Health of Canada should be the following:

Assistant Deputy Minister
First Nations and Inuit Health Branch
Department of Health of Canada.

- c) The Liaison Officer for the Department of Health and Human Services of the United States of America should be the following:

Director
Indian Health Service
Department of Health and Human Services
of the United States of America.

7. SETTLEMENT OF DIFFERENCE

The Participants should strive to resolve, by mutual decision, any differences that might arise from the interpretation or application of this Memorandum of Understanding.

8. DURATION

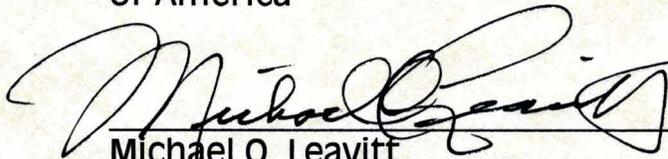
- a) The Participants intend for this Memorandum of Understanding to commence upon signature by both Participants, and to remain valid for a period of five (5) years. Following a review by the Participants, the Participants may, upon mutual written consent, extend this Memorandum of Understanding for an additional five-year period.

- b) The Participants may amend this Memorandum of Understanding by mutual written consent, specifying the date the amendment commences.
- c) Either Participant may discontinue this Memorandum of Understanding upon written notice to the other.
- d) Discontinuation of this Memorandum of Understanding does not affect the completion of cooperative activities formalized prior to discontinuation.

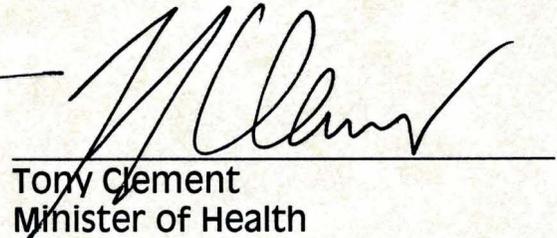
SIGNED in duplicate in Washington, D.C., on the 1st day of November 2007, in the English and French languages.

For the Department of Health and
Human Services of the United States
of America

For the Department of Health of
Canada



Michael O. Leavitt
Secretary of Health and Human
Services



Tony Clement
Minister of Health